

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY G.P. SOUTHERN OF ST. HELIER**

ANSWER TO BE TABLED ON TUESDAY 26th SEPTEMBER 2006

Question

Would the Minister inform members –

- (a) of the number of patients, if any, currently awaiting surgery to put in place a ‘gastric band’ together with the cost of such operations?
- (b) whether funding for this procedure has been agreed and, if not, the reasons why together with the timescale for resolution of any funding difficulties, if any? and,
- (c) whether any guidelines are in place that specify if such operations are treated as essential for reasons of ongoing health of the patient rather than as a cosmetic procedure of lower priority?

Answer

This question is timely, given the publication of the Medical Officer of Health’s Annual Report - 2006 on Friday 22nd September. While this report makes clear that there have been many successes in improving the health of Islanders, there is a great deal to be done if Islanders are to enjoy the optimum level of health and wellbeing. The Medical Officer of Health report is frank and candid about the major health risks and challenges which Jersey must confront; not least the bleak prospect of having to manage obesity (and diabetes) which the report describes as ‘the 21st Century epidemic’. Obesity and being overweight increases the very real risk of patients acquiring the ‘big killer’ diseases, including heart disease, cancer and diabetes. I draw little comfort from the fact that while Jersey is experiencing a marked increase in the level of obesity, it has not yet reached U.K. levels.

It is in this context that we must consider bariatric surgery (or ‘gastric band’ surgery). Bariatric surgery is a technique by which a ‘gastric band’ (a metal band) is placed around the stomach to effectively reduce the size of the stomach and thereby limit the intake of food by the patient. This radical surgical intervention is deemed to be the ‘last resort’ to prevent morbidly obese people becoming so obese that they suffer internal organ failure which can result in death. Bariatric surgery is an expensive surgical intervention and is relatively new, hence the numbers of surgeons who are able to perform this technique to a high level of competence are still few and far between. For many years to come, comprehensive bariatric surgical services will only be provided from U.K. major tertiary centres. In the short to medium term at least, the prospect of comprehensive bariatric surgical services being provided from local general hospitals, such as the Jersey General Hospital, is unlikely.

Clearly, the requirement for bariatric (gastric band) surgery increases as the phenomenon of increased morbidity in the population increases generally. While the Health and Social Services Department has in the past been able to secure surgery for a small number of patients on a case-by-case basis, the numbers now presenting for treatment in Jersey is such that the Department is not funded for this surge in demand without distorting other pressing health and social care priorities. This is a major political, as well as clinical, challenge for the States of Jersey.

Having set the context, it is now possible to provide detailed responses to the three questions asked as follows –

- (a) There are approximately 40 patients awaiting bariatric surgery and the cost of each intervention is approximately £10,000 per patient. The Health and Social Services Department has been referring patients to tertiary centres in the U.K. for approximately two and a half years now on an ad hoc basis. However, the numbers of patients now presenting will require the establishment of a partnership arrangement with one such centre to ensure that a clear clinical pathway for patients is in place and a dialogue with such a provider to that end is now underway. Four of the 40 patients are seeking private surgery. A further four patients of

the 40 have not complied with the assessment protocols required prior to that surgery and therefore cannot be considered for surgery at this time.

- (b) As Minister for Health and Social Services, I have not yet agreed funding priorities for 2007. However, the full funding for bariatric surgery for all those patients requiring it is unlikely to be agreed in 2007 for two reasons. Firstly, because of a range of other important competing priorities. These competing priorities include funding for new cancer drugs, improved accommodation for patients at two of the wards at Overdale Hospital, and the second year tranche of resources to improve services for looked after and adopted children. Secondly, because a group of managers, consultants and nurses are now examining the options as to how this form of surgery should be provided (see (a) above), this work will be included in a business case which the Waiting List Project Board will consider. Until this work is completed, the Health and Social Services Department will continue to seek and fund bariatric surgery for the most extreme of cases where the level of morbidity is such that it is life-threatening.
- (c) In the context of the above, the Health and Social Services Department deem bariatric surgery to be an important health care intervention required by certain patients if their quality of life is to be significantly improved. Given the very nature of morbid obesity in Jersey it is self-evident that bariatric surgery is most certainly not a 'cosmetic' procedure. (The Health and Social Services Department more generally does not allow for cosmetic surgery at the taxpayers' expense in any field of medicine or surgery). The factors which determine the suitability of a patient for bariatric surgery are highly complex. They most certainly include a psychological assessment as bariatric surgery requires patients to comply with an exacting regime for the rest of their lives and some patients are unable to comprehend or manage this. Of fundamental importance is the need to search out far less radical procedures before clinicians and their patients feel the need to consider this ultimate and radical intervention.