

2.3 Deputy P.V.F. Le Claire of St. Helier of the Minister for Health and Social Services regarding the cost of new cancer drugs.

I did email the Minister that this question was not exactly as I had worded it due to a last minute change and asked if he would accept the original version, but I have not heard from him.

The Deputy Bailiff:

No, you must ask the question as it is in the Order Paper, Deputy.

Deputy P.V.F. Le Claire:

Yes, Sir. I am just prefacing this question by the fact that it was not the question I had asked. Given that it is predicted that new cancer drugs will cost the National Health Service an additional £50 billion next year, would the Minister outline the implications for patients with cancer who wish to have access to these drugs in Jersey and the impact on the Health and Social Services budget?

Senator B.E. Shenton (The Minister for Health and Social Services):

The Deputy is right to draw attention to the high cost of modern cancer treatments. While modern society is right to acclaim the benefits of modern drug technologies which enhance life and extend the quality of life, these benefits cost huge sums of money. In fact, huge sums that perhaps it is difficult for the Jersey taxpayer to comprehend. The National Health Service on the mainland alerted the general public to the increasing cost of drug treatments for cancer patients. The high costs are due to the enormous research and development resources by drug companies to bring them from the laboratory to the hospital. Sorry, I have been given an answer by the department; I am just trying to cut it down a little bit because it is a bit waffly. Within the spheres of haematology and blood cancer treatment costs, expenditure has grown from under £50,000 in 1996 to a projected spend of over £400,000 in 2008. Within the context of cancer drug costs, Jersey's Retail Price Index is irrelevant. The current inflationary increases in drug treatment for cancer patients is estimated at being between 15 and 20 per cent over the next 5 years. These costs will have to be borne within the resources made available to my department, which is quite a struggle.

2.3.1 Deputy P.V.F. Le Claire:

There is a whole raft of implications for the States of Jersey budget in relation to cancer care and also for treatment for patients and patients who are receiving treatment. I would like to ask many questions, but I had better try and just stick to a couple if I can. The first one would be if a patient elects to receive cancer care drugs that are not prescribed or available from the Health and Social Services Committee or the States of Jersey, will that interfere with their right to access other services in conjunction with those treatments?

Senator B.E. Shenton:

This is a very difficult question. The Health and Social Services Department obviously takes advice from its experts and consultants in any particular field, and certainly as a politician you would not overrule their expert advice. We go by the N.I.C.E. (National Institute for Health and Clinical Excellence) guidelines, the clinical guidelines that are prevalent in the United Kingdom, and drug treatments would be within those guidelines. The care given by the department would always be within the guidelines provided by N.I.C.E.

2.3.2 Deputy P.V.F. Le Claire:

I think maybe it is a bit of a tricky question I asked. Maybe just in order to get out what I was trying to seek, which is important, normally the hospital has a practice that if you elect to have an operation outside of this jurisdiction, you may face difficulties coming back to Jersey to receive, for example, after care services like rehabilitation, et cetera. They may not wish to follow up or be responsible for something that has happened outside of the Island. In that same context, I am trying to ascertain if a drug is more effective for cancer and is purchased privately by the patient that does

not fall within the N.I.C.E. guidelines, will that patient purchasing that drug forfeit the right to the support services that would be available if they had have taken the other drug?

Senator B.E. Shenton:

With all due respect to the questioner, it does sound to me like he is talking about a specific case. The guidelines are there for a reason because obviously we have a budget and we have a system. If you come within the system you will be treated within the system. If you go out of the system, you will be treated outside the system. We cannot give an open chequebook to people who wish to be treated outside of the system.

2.3.3 Deputy J.A. Hilton:

Following the same theme, Members will be well aware from the U.K. (United Kingdom) media that a lottery seems to operate in the U.K. with regard to cancer treatment. I would just like to try and establish - he mentioned the N.I.C.E. guidelines - can the Minister assure Members that any available cancer treatment will be offered to Jersey residents, regardless of costs, best suited to their medical condition prevailing at the time?

Senator B.E. Shenton:

What I can give the assurance of is that any available cancer treatment recommended within the system by our consultants will be provided to Jersey residents. What I cannot give is a carte blanche guarantee that people can go out and select their own cancer treatments because some of these cancer treatments come in at quite literally hundreds of thousands of pounds. We quite literally have million Pound patients and to give that sort of service you would have to give me an unlimited budget.

2.3.4 Deputy I.J. Gorst:

Perhaps it is me that is being confused, but I am not sure quite that I understand what the Minister's answer was to the Deputy's initial question. He is obviously well aware of the situation in the United Kingdom where people have opted for drugs which are not on the N.I.C.E. list and then been refused treatment afterwards in an N.H.S. (National Health Service) hospital. Can he confirm that that is the case in Jersey? If it is, could he confirm that he will undertake to review that that is appropriate? Because it seems to me, Sir, that it is not. Thank you.

Senator B.E. Shenton:

The N.I.C.E. guidelines have had an enormous attack in the U.K. by various parties saying that the thresholds are too low and that they have not adjusted for changing technologies. What we cannot do is pick up the pieces if people try out untested and untried treatments off their own back, as Deputy Le Claire said, in a foreign country and then expect us to pick up the pieces. This is a very complex issue which is very difficult to answer in the States Chamber. What I will say is the N.I.C.E. guidelines are under review at the moment. They are under review in the U.K.; they are also under review in Jersey. There is a body that feels that the way the N.I.C.E. guidelines are formulated is the wrong way to go about providing cancer treatments, but I cannot give the Deputy the assurance that the department will pay for any treatment at any cost. We have to have guidelines, we have to have a policy and obviously we have to operate within budgets.

2.3.5 Deputy I.J. Gorst:

Thank you, his answer is slightly clearer if a little fuzzy around the edges. Could he confirm that he will then either issue some guidelines that the members of the Jersey public can understand or even that States Members can understand so there is a little bit of clarity about what is available or what is not available?

Senator B.E. Shenton:

I certainly have no hesitation in doing that. My Assistant Minister and I are quite fortunate because there are no States sittings or very few States sittings over the next couple of months which will give us plenty of time, because we are not involved in elections either, to come back to the Deputy hopefully by the end of the year or early next year.

2.3.6 Deputy J.B. Fox of St. Helier:

That was precisely the question I was going to ask, do we have a timescale that we could indicate to people that are clearly worried about their condition and their care as to when this information will be available as to a way forward that you see is practical and achievable? Thank you.

Senator B.E. Shenton:

We obviously have current guidelines in place, but given the amount of publicity and the amount of disquiet in the U.K. over the N.I.C.E. guidelines, what I would like to do is review that policy and then provide it to the House rather than give you the existing policy. So if I can come back to the House by, as I said, the end of the year or early next year that would give us enough time to review the situation.

2.3.7 Deputy P.V.F. Le Claire:

The Minister offers States Members and Islanders themselves a very important opportunity to evaluate what is available for people in Jersey given the fact that we have a very high level of cancer rate in Jersey in some areas. Would the Minister undertake also, when he provides us with that paper, to circulate that within the Island to the media so that it is available for people to have access to? Would he also be able to, within that paper, outline how that compares with other jurisdictions within the United Kingdom, where we take most of our relevancy from? Just on one last point in relation to access to cancer treatments within the European Union - I appreciate we are not within the European Union - access to cancer treatment within different countries has just been ruled or is being ruled into legislation within the E.U. (European Union) that cancer treatment abroad, basically health tourism, is something that cannot be denied by member states. Would that be something that he could also cover in that paper, please?

Senator B.E. Shenton:

I would be happy to provide the guidelines to States Members together with a ... it would be quite a meaty tome but with a summary for the general public as well. With regard to health tourism, I think that is a different issue. It is another issue that is very important and one that our department is looking at because there has been a movement with regard to health tourism not only in the E.U. but worldwide as governments come under more and more pressure within their health budgets. Health tourism is a serious issue and it is something that we have been looking at. We were looking at it before I became Minister for Health and Social Services, some work by Senator Syvret, and we are hopeful to announce a policy on health tourism in the next few months.