

2.19 The Deputy of St. Martin of the Minister for Health and Social Services regarding the advancement of an initiative publicising information about prostate cancer and the establishment of a bowel screening programme:

Will the Minister inform Members what action, if any, has been taken to advance an initiative publicising information about prostate cancer to encourage men over a certain age to see their G.P. (General Practitioner) and the establishment of a bowel screening programme as outlined in response to an oral question on 3rd June 2008 by the former Minister for Health and Social Services?

The Deputy of Trinity (The Minister for Health and Social Services):

The National Screening Committee U.K. whose advice we follow does not recommend screening for prostate cancer. The search for a suitable test has been pursued by researchers in some depth due to the importance of prostate cancer as a relatively common cancer. This search has to date been unsuccessful. Recent articles do not recommend the P.S.A. (Prostate Specific Antigen) level test as a basis for a screening programme due to giving rise to relatively frequent false positives and false negative results which can lead to unnecessary investigations and treatment or false reassurances respectively. In her annual report of 2008 *Our Island Our Health*, the Medical Officer of Health recommended that men who wish to consider P.S.A. testing should seek advice with regard to its benefits and limitations from their G.P. It still remains my intention to offer bowel colorectal screening to men and women aged 50 to 69 as soon as it is feasibly possible.

2.19.1 The Deputy of St. Martin:

I am grateful for the Minister's answer but really it tells us nothing and did not really answer the question. I have had the answer before that the Minister has given us. But what I was given assurance in June last year by the former Minister was that an initiative would be taken to ensure that there was much more publicity given about the problem, made aware to people over the age of 50. Also a bowel screening programme would be taking place. That was June of last year. I was asking the Minister what initiatives have been taken to advance that promise.

The Deputy of Trinity:

The Jersey Colorectal Screening Implementation Group has prepared a positive plan to introduce bowel screening but there are unfortunately some limiting factors which are the capacity in endoscopy units and the funding for a screening programme and a lack of a population database, of which you would invite cohorts of Islanders to take part to call them and to recall. I would not want to see any screening programme set up which cannot be sustained over many years. Regarding the P.S.A. levels, unfortunately researchers are still trying to find something. If there was something that did come out from the National Screening Committee, we would look at thinking of doing it. But I take the point publicity is very important and I take this opportunity to thank individuals of our Island who are prepared to come forward and talk openly about their experiences. I would like to applaud their approach. It is only through that personal approach that it raises the awareness and hopefully men would listen to their advice and their experiences and visit their G.P.

2.19.2 Deputy P.V.F. Le Claire:

I wonder if I might stretch just a little. Having identified and diagnosed correctly incidents of cancer, whether it be for this particular set or other sets, is the Minister

for Health and Social Services confident that patients who have been diagnosed are going to receive timely care in this Island under the current constraints of her budgets? Is there any opportunity for those who feel that their care is not being taken care of as quickly as they would need or like it to be, is there any opportunity for them to go to other countries like France to receive that care under the current arrangements?

The Deputy of Trinity:

Yes, there is. If you talk about the P.S.A. levels, once they have been diagnosed from the G.P., the G.P. makes a referral to the appropriate consultants and it goes on from there. We do have a very good oncology department. They are working very hard and they are busy. As I said before, the links to Southampton and other areas on the U.K. is important. As regarding France, it is very difficult for me to comment because each patient's needs and each patient's treatment is individual.

Deputy P.V.F. Le Claire:

Can I please, Sir, just ...

The Bailiff:

I am sorry, Deputy, I think we have run out of time.