

**REPLY BY THE MINISTER OF
THE HEALTH AND SOCIAL SERVICES DEPARTMENT
TO A QUESTION ASKED PURSUANT TO RULE 6 OF THE
RULES OF PROCEDURE BY DEPUTY A. H. ADAM**

Question 1

The number of sessions for bowel cancer screening has decreased from 2 to 1 per week. In the reply it was stated this was because the capacity of the session had increased and it was implied that the number being screened had not decreased.

For clarity, how many appointments per session were available when there were two sessions per week?

How many appointments per session are available with one session per week?

Does this indicate a reduction in those being screened?

The figures for the number contacted, the number attending and the uptake were collated for 2011, in the pilot scheme, and as part of the bowel cancer screening service these KPIs were to be updated each year.

Answer 1

From the end of January 2012 to September 2012, there were two sessions per week. Each session had a maximum capacity of 8 appointments for flexible sigmoidoscopies, rising to 10 appointments as the service became established.

From September to November 2012, and from January to April 2013, there was one session per week. This reduction was due to the refurbishment of the Day Patient Unit. At this time, each session still had a maximum capacity of 8 to 10 appointments.

There were no sessions in December 2012, following the decision of the (then) HSSD Board to reduce services to contain the Department's overspend.

There is now one session per week with a maximum capacity of 12 appointments per session.

The number of people screened has fluctuated over time, for a variety of reasons, including the temporary cessation of the service and the impact of the refurbishment of the Day Patient Unit. However, HSSD has remained committed to ensuring that one cohort of 60-year-olds is screened each year, and there remains a good public uptake for the service.

The business case for the service, submitted following the successful States Strategic Plan bid, says: "Currently eight to ten participants are screened in two sessions. Based on the results of the pilot study of a single cohort, approximately 500 participants will be screened per year per cohort" (para 1.2.5.1).

It should be noted that one session per week with up to 12 appointments provides a maximum capacity of 624 appointments per year. Conversely, two sessions per week with up to 10 appointments gave a maximum capacity of 1,040 appointments per year – which is substantially higher than the level of demand for which the business case planned and budgeted.

Question 2

You stated that you are working under the principle of screening one age cohort, that is Islanders who turn 60 in a given year. As it is often mentioned that the number of the population reaching age 60 is increasing, it would be expected that the number being offered screening would be increasing.

How many people were in the cohort in 2012?

How many in 2013?

Has the number in that age group increased?

Answer 2

The 2012 cohort was predominantly made up of people born in 1952, and the 2013 cohort of people born in 1953. According to the latest population count from the Policy and Research Unit, there are 849 islanders in the cohort born in 1952 and 832 in the cohort born in 1953: that is, a small decrease.

Question 3

You stated that the second factor in the numbers attending is the percentage who take up the invitation.

During the pilot study in 2011, in the 10 week period, 182 people attended for screening, an overall uptake rate of 83%.

Based on the figures from the pilot study, it would be projected that numbers for a full year would be over 4 times that of the 10 week pilot, ie over 700 people.

What was the percentage uptake in 2012, when 572 people attended?

What is the percentage uptake so far in 2013?

If there is a reduced percentage uptake, in comparison to the pilot study group, what do you intend to do to address this?

Answer 3

This information will be available in the review of the bowel screening service, which is currently being undertaken. HSSD does not intend to take any action on the screening rates until the review has been completed.

Question 4

The Minister clearly stated that the total sum allocated for bowel cancer screening service is being spent.

In the business case submitted, the sums were: £294,000 in 2012; £327,500 in 2013.

This sum was to cover the cost of service delivered by MSG, and HSSD staffing, facilities and administrative costs.

Included in the business case was the cost of 2 sessions per week by MSG, and the training of endoscopy nurse to perform sigmoidoscopy.

It is my understanding that not all of the elements of the business case have been implemented.

Why, therefore, has there not been a reduction in spend?

Answer 4

The Department is further investigating the costs of the service, in light of recent questions raised by Deputy Hadley. A full response to both this question and Deputy Hadley's enquiries will be released at the earliest possible opportunity.

Question 5

The objective of screening for bowel cancer was to detect early signs of the disease.

The figures from the pilot study were positive.

What are those for 2012?

Who is the officer responsible for providing these figures?

Answer 5

These figures will be provided as part of the review of the Bowel Screening Service which is currently being undertaken. The Department will release these early next year.

Information is recorded and monitored by officers on behalf of the Department. It is the Department which is responsible for ensuring that these figures are kept.

Date of Receipt of the Question: 2nd December 2013

Date of Reply: 17th December 2013