

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY THE CONNÉTABLE OF ST. JOHN  
QUESTION SUBMITTED ON MONDAY 5th JULY 2021  
ANSWER TO BE TABLED ON MONDAY 12th JULY 2021**

**Question**

Will the Minister advise –

- (a) the total number of cancer screenings per month for the years 2018 to 2021;
- (b) the total number of appointments for cancer treatments that were delayed, deferred, missed, or cancelled per month for the years 2018 to 2021;
- (c) what action, if any, is being undertaken to encourage people to attend screenings; and
- (d) what action, if any, is being undertaken to increase capacity to cope with any backlog?

**Answer**Cervical Cancer screening (smears)

	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTAL
2018	549	507	482	433	466	467	409	553	522	531	532	456	5907
2019	674	633	686	651	635	596	620	616	588	571	543	403	7216
2020	590	511	373	55	110	369	530	477	548	729	686	512	5490
2021	536	684	761	605	554	620							3760

Cervical screening is available to women aged 25 – 64 years at their GP surgery or at Le Bas centre free of charge. They are recommended to attend every 3 years.

Bowel Screening

	2018	2019	2020	2021
<b>Jan</b>	66	49	59	28
<b>Feb</b>	63	46	32	28
<b>Mar</b>	51	48	49	16
<b>Apr</b>	43	56	0	8
<b>May</b>	53	48	0	0
<b>Jun</b>	64	66	1	2
<b>Jul</b>	101	72	0	
<b>Aug</b>	41	38	0	
<b>Sep</b>	46	51	28	
<b>Oct</b>	71	39	44	
<b>Nov</b>	54	54	35	
<b>Dec</b>	23	25	22	
	676	592	270	82

The Bowel screening programme in Jersey to date has been a flexible sigmoidoscopy which is offered to members of the public in their 60<sup>th</sup> year. This is an invasive procedure that requires significant preparation on the part of the patient and post-Covid, patients were also asked to self-isolate prior to this in keeping with other planned procedures. As we emerged from the 1<sup>st</sup> wave of Covid, screening endoscopy sessions recommenced, but at a lesser capacity due to impact of infection control measures to reduce transmission of Covid and the required time therefore in between patients. Many patients who were invited for a bowel screen declined due to the reasons above.

In addition, due to patients with symptoms (therefore not screening) requiring the same procedure, clinic capacity has been prioritised for these islanders that have symptoms of higher clinical risk rather than those people needing a flexible sigmoidoscopy for a screening purpose alone. Additional endoscopy capacity has been commissioned as part of a Covid recovery bid and will support access to both symptomatic and screening appointments in 2021. A new model of bowel screening currently in the planning stages, which is in place in other jurisdictions such as Guernsey and the UK, will allow us to offer bowel screening to more islanders for the future and support the recovery process from Covid. This is expected to commence in the autumn. This is a home test rather than an invasive hospital procedure and offers comparable rates of cancer detection and should ultimately support a wider uptake of bowel screening by the public.

#### Breast screening

2018		2019		2020	
Month	Women Screened	Month	Women Screened	Month	Women Screened
January	468	January	263	January	397
February	479	February	528	February	439
March	417	March	452	March	283
April	520	April	408	April	0
May	505	May	346	May	9
June	466	June	405	June	103
July	623	July	494	July	189
August	721	August	466	August	111
September	569	September	386	September	297
October	564	October	455	October	440
November	604	November	477	November	461
December	383	December	310	December	229
<b>Total attendance</b>	<b>6319</b>	<b>Total attendance</b>	<b>4990</b>	<b>Total attendance</b>	<b>2958</b>

- (a) the total number of appointments for cancer treatments that were delayed, deferred, missed, or cancelled per month for the years 2018 to 2021;

These figures are not available. However, while the Covid pandemic brought challenges for all and oncological treatments were deferred/ cancelled and even stopped within the NHS, locally no patient's plan of treatment was deferred or stopped, with the exception of a few supportive therapies that would not affect patient outcomes.

- (b) what action, if any, is being undertaken to encourage people to attend screenings;

Health promotion activity is undertaken throughout the year, which includes the distribution of a range of publications/posters for both healthcare professionals and patients/public describing the available services in regard to cancer screening and how the public can access these. This information is also available in Polish & Portuguese. This year, this has included some newly produced easy-read versions to support persons living with learning disabilities/difficulties. Information is also available on the gov.je website, which has recently been updated. Health promotion staff attend Closer to Home events to advertise these services in the community e.g. parish halls. In addition, workplace sessions are delivered e.g. 'well women' and 'well men' events.

There is an increased focus on different cancer screenings on particular days throughout the year, in tandem with international campaigns such as cervical cancer screening week in June, breast cancer month in October, cervical cancer prevention week in January, and HPV awareness day and colorectal cancer awareness month in March.

Post-Covid, a business case was submitted to Treasury for recovery monies to increase our normal screening capacity to allow more people to come forward who were affected by the interim cessation of cancer screening during Covid. To promote this additional capacity, there has been increased activity across social media platforms and a radio campaign.

(c) and what action, if any, is being undertaken to increase capacity to cope with any backlog?

A business case is being developed to implement a new model for bowel screening. This will allow us to screen more patients for bowel cancer as the home test approach will support both the reduction of the backlog and also provide increased capacity in the future.

In the autumn of 2020, when restrictions eased and non-emergency clinical contact could resume, additional funds were requested and secured for cervical cancer screening. The impact of this is shown below in Q4 2020, where more smears were delivered than in previous years, a result of more members of the public coming forward for screening and the capacity being available to deliver that activity.

Cervical screening samples received

