

**STATEMENT TO BE MADE BY THE  
MINISTER FOR HEALTH AND SOCIAL SERVICES  
ON MONDAY 25th APRIL 2022**

**Radiotherapy options for Jersey**

In February this year in support of P.113/2021 (as amended) in this Assembly, I said I would commission a report to look at the range of options for establishing radiotherapy on-Island, alongside off-Island options.

The possibility of offering radiotherapy on-island is something which I have been keen to investigate. Work has been ongoing for some time to examine the feasibility of providing radiotherapy services here and, today, I am pleased to present the radiotherapy options appraisal report undertaken by independent consultants *In-Form Solutions*. In a balanced way, and taking into account the views of stakeholders, the report looks at the risks and benefits of a range of options, both on-and off-Island. It does not make any formal recommendations but presents a number of options for further consideration. A copy of the report will be published on the States Assembly website shortly.

Radiotherapy is generally delivered by a machine called a Linear Accelerator (LINAC), which is housed in a 2-metre thick concrete bunker. As one would expect, the provision of radiotherapy is highly regulated because of its potential to cause serious harm.

Treatment involves the calculation of an overall dose of radiation, which is then divided into smaller doses, called 'fractions'. These are usually delivered on a daily basis throughout a working week. Radiotherapy is normally provided on an outpatient basis.

Currently, our consultants have access to five cancer centres in the UK that provide excellent care and treatment with good outcomes. Some 70% of our activity is referred to Southampton University City Hospital, with the Royal Marsden (a dedicated cancer centre), accounting for 22%. All have extensive facilities – including multiple LINACs. Jersey patients have the same waiting times as UK patients, although UK-based consultants would be expected to use their nearest cancer centre and may therefore have less choice than their Jersey counterparts.

Radiotherapy is a specialist service which would not normally be available locally to a population of just over 100,000 people. However, we know that on-Island radiotherapy facilities are something that many Islanders would wish to have. It would allow patients to be in a familiar environment, close to family and friends at what can be a lonely and anxious time, which can also impact mental health and emotional wellbeing. Treatment in the UK usually involves between 20 and 30 overnight stays but sometimes it can be as long as 45 nights. We know that some patients choose not to undergo treatment because of the difficulties of travel and the strain of separation from their families.

In considering on-Island or off-Island approaches, it is important to have access to demand and capacity information. The authors of the report are complimentary about the quality and provenance of HCS and Statistics Jersey data. This has meant they have confidence in baselining the current demand and cost data and projecting these forward over a 20-year period from 2022 to 2043.

Taking 2019 as the base year to avoid any effects of Covid on the numbers, 221 Jersey patients were treated and 3,121 fractions of radiotherapy delivered in that year. Projecting forward, the

report suggests that radiotherapy demand is increasing due to an ageing and growing population (not a greater incidence of cancers per capita) and suggests that demand will increase to 4,687 fractions by 2043. This excludes private patients and Guernsey patients.

It also assumes that 20% of demand will remain to be treated at UK specialist centres due to the complexity of treatment and specialist equipment required. On the other hand, it is acknowledged that on-island provision may result in a higher uptake of radiotherapy as a treatment option for palliative care and for some breast cancers. When this is taken into account, the number of total fractions required by 2043 would increase to 4,888, of which 3,882 could be provided in Jersey.

The report finds it unlikely that emerging technologies will significantly reduce the demand for radiotherapy over the next 20 years.

At full capacity, after planned downtime, a single LINAC machine can deliver 7,500 fractions per year. This means that potential on-Island demand by 2043 would only reach about 45% of full capacity.

Even if all Guernsey and private patient demand were added to Jersey's demand, it would still not exceed total capacity within the next 20 years but would result in approximately 85% utilisation. A positive factor arising from underutilisation is that waiting times should be minimal and less than current waits in the UK, with the prospect of improved health outcomes.

In relation to staffing, the report suggests a partnership approach would be appropriate given the challenges in recruiting to specialist roles, governance and regulation. There could be potential risk to any service if the Government of Jersey alone sought to recruit, retain and provide appropriate training and development opportunities within a small local facility. Therefore, a combination of Government of Jersey provision alongside a UK partner organisation from within the NHS or private providers is suggested as being more resilient.

It is also important to consider one particular risk inherent in an on-Island facility. With a single LINAC machine there would be a high impact of an interruption to service due to equipment breakdown. Patients could suffer harm if treatments were postponed. Sufficient assurances would be needed from a UK partner organisation for prompt referrals off-island with the alternative being a 4-6 week wait to join NHS service provision.

It will be for the next Minister for Health and Social Services, Council of Ministers or this Assembly to decide whether to take forward any of the options to full business case preparation. Any consideration must ensure that clinical safety and the clinical outcomes that would flow from on-Island care must be as good as, if not better than, our existing arrangements. As now, we must continue to provide islanders with safe, reliable and high-quality radiotherapy services. I realise this can be a personal and emotive issue, but I hope the objective analysis in this report will assist and inform any future debate on this issue.

Given the report points out that any on-island option would realistically not be available until 2027 at the earliest, I am asking the HCS teams to review our provision with the aim of improving the experiences and outcomes for Islanders using the current off-Island provision. This should include consideration of additional travel support, varied accommodation arrangements and provider options, as well as approaches to improved palliative care.