

### **2.3 Senator S.C. Ferguson of the Minister for Health and Social Services regarding the provision of over-60s with a free 'faecal occult blood test kit' at 2-yearly intervals:**

Would the Assistant Minister advise Members whether the Health and Social Services Department plans to follow the National Health Service's example and provide the over-60s with a free faecal occult blood test kit at 2-yearly intervals and if not, why not?

[10:00]

#### **Connétable J.M. Refault of St. Peter (Assistant Minister for Health and Social Services - rapporteur):**

Health and Social Services Department does not have plans to introduce faecal occult blood testing otherwise known as F.O.B.T. We are instead introducing a bowel-screening programme in 2013 based on the use of a procedure known as FlexiSig. FlexiSig is a simple version of a colonoscopy where there is a direct view of the entire inside of the bowel. Clinical evidence shows that one-off FlexiSig screening could reduce colorectal cancers by 20 per cent whereas F.O.B.T. testing at 2-yearly intervals may only reduce the result by 4 to 8 per cent in reduction of colorectal cancers.

#### **2.3.1 Senator S.C. Ferguson:**

But surely does the Assistant Minister not agree that prevention is better than cure and by adopting a prevention strategy, moving something into the primary care sector, the hospital consultant concerned with treating bowel cancer is less likely to have a long waiting list of patients anxiously waiting to receive his urgent attention?

#### **The Connétable of St. Peter:**

Of course it is always proper to avoid people becoming ill in any form and any procedure that does that is seen as the right way to go. I think Members must understand that the faecal occult blood testing is looking for microscopic elements of blood within the faeces of the person being tested. However, blood in faeces is not necessarily of itself an indicator of cancer. There are many other causes. Even as simple as taking too many aspirin can produce that same result. So it unfortunately produces quite a large range of false indicators which creates a lot of stress as well for the people having to go through other procedures which end up with them having to go in at the moment for colonoscopies in any case.

#### **2.3.2 Deputy T.M. Pitman of St. Helier:**

I am sorry if I missed it. Obviously, people must come before cost, but could the Assistant Minister give any indication of what the costs involved would be?

#### **The Connétable of St. Peter:**

For the average group, that is round the age of 60, the cost would zero because they will be targeted and invited in by the hospital for testing on the FlexiSig programme. Other people who wish to have a test done ... there will be a charge for people who are voluntarily coming in just to see if they can be checked outside the target age range.

#### **2.3.3 Deputy T.A. Vallois of St. Saviour:**

Could I ask the Assistant Minister whether there will be any consideration for people that have diseases such as ulcerative colitis or Crohn's disease because they have a higher likely chance of cancer than normal?

#### **The Connétable of St. Peter:**

The Deputy is absolutely correct. They are a higher risk group and they would be covered by the new FlexiSig procedures.

#### **2.3.4 Deputy M. Tadier:**

The Assistant Minister spoke about the various success rates of the 2 programmes, one at 60 per cent, one at 48, but will the Assistant Minister comment on the reach of both programmes and whether a blood test as proposed by the Senator is more likely to reach more people than those who perhaps have to come in for scans where they may not wish or otherwise be disposed to come into the hospital?

**The Connétable of St. Peter:**

I do not see there is going to be an issue with the reach because the same people will be targeted. The people who are currently targeted by the F.O.B.T. testing are the same people who will be targeted by the FlexiSig testing.

**2.3.5 Senator S.C. Ferguson:**

Surely the Assistant Minister understands that having sigmoidoscopy or colonoscopy or C.T. (Computed Tomographic) colonography, anybody having those would far prefer the choice of performing a painless test in their own bathroom which does not involve a 3-day clean prep diet. Does the Assistant Minister not understand this and agree?

**The Connétable of St. Peter:**

I certainly do understand it. I think unfortunately the Senator does not recognise the fact that a positive test done in a bathroom will result in a colonoscopy or a FlexiSig procedure. That is what will happen, whether, in fact, it is an indicator of cancer or not, whether they are taking too many aspirin-type potentially inflammatory drugs will involve them having a colonoscopy in the hospital if it comes as a positive out of an F.O.B.T. testing.

**2.3.6 Senator S.C. Ferguson:**

Yes, but that would be controlled, in fact, by the G.P. (General Practitioner), which is the way that primary care should work. Surely that is the whole idea. Move this sort of testing out into primary care, co-ordinated by the G.P.

**The Connétable of St. Peter:**

I appreciate the Senator's comments and certainly there is a great move within Health and Social Services at the moment to look at primary care delivering far more services reducing the pressures on the hospital but what we really want to be doing is increasing the preventative options of the FlexiSig, which will identify much earlier problems than the current F.O.B.T. testing will do.