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 M. P. J. HADLEY

Question 1

Will you please supply a copy of the business case for Bowel Cancer Screening, which was submitted to T & R, and which you said makes clear that one cohort will be screened.

Will you please supply a copy of the minute of the board, which authorised this submission, and is a change from the Draft Business Case approved by the board in January.

The Draft Business Case approved in January contained a financial case for screening two cohorts. Can you explain how the financial case for screening one cohort was exactly the same?

Will you please supply again the Minute and Draft Business Case, which was, supplied to me by your Acting Chief Officer on Monday 27th January.

Answer 1

In response to Deputy Hadley's request, the Health and Social Services Department has released the following documents on its website (*www.gov.gg/bowelcancerscreening*):

1. Extracts from HSSD Board minutes from August 2011 to April 2012 (when Deputy Hadley was a member of the Board), at which Bowel Cancer Screening was discussed. These minute extracts were previously released to Deputy Hadley on 27 January 2014.
2. Three versions of the Bowel Cancer Screening business case:
    a. The version submitted for the States' Strategic Plan in early 2011, which was available in the members' room at the States meeting in October 2011.
    b. The near-final version approved by the HSSD Board on 20 January 2012 (previously released to Deputy Hadley on 27 January 2014).
    c. The final version submitted to T&R on 10 February 2012 (which was also circulated by Deputy Hadley to all States Members on 16 December 2013).

The Department has also released an additional extract (10/2012) from the minutes of 20 January 2012, which was referred to in Deputy Dorey's speech at the January States Meeting, but was accidentally omitted from the set of extracts sent to Deputy Hadley on 27 January 2014. This extract (3a) and the associated Board Paper (3b) – which is a Highlight Report from a Bowel Cancer Screening Project Meeting – are important because they help to explain the way in which the changes to the Bowel Cancer Screening business case have been interpreted.

The central point at issue is the question of whether the HSSD Board agreed that the substantive bowel cancer screening service (from January 2012) should start by screening only one cohort of people. The Department believes that this is the case. There are three primary reasons why:

i. Some significant edits were made to the original SSP business case (2a) before it was finally submitted to T&R (2b/2c). Although not wholly consistent, these edits, which are identified below (see Note 1), appear to reflect a change from two cohorts to one as the starting point for the service.
ii. As a matter of fact, the service did start with one cohort from January 2012. There is no record of this having been challenged by Board members at the time or later in 2012.
iii. The highlight report from the Project Meeting, noted at the HSSD Board Meeting on 20 January 2012, stated that: "It was agreed after discussion that a **limited screening service mirroring the pilot scheme** was feasible and safe to begin in January 2012, dependent upon a new contract being agreed with the MSG for the interim period prior to procurement of the main service." The pilot scheme involved screening one cohort of 60-year-olds each year.

It has already been noted that communication about the bowel cancer screening programme could have been better throughout the life of the programme so far. It is evident that many of the documents considered by the HSSD Board were similarly ambiguous. None of the current HSSD Board members were members of the Department in January 2012, at which time the business case (2b) was approved. It is not possible for the current HSSD Board to say whether the former Board were fully aware of what they were approving, and what this would mean for the service in practice.

However, it appears reasonably evident that a decision to start the substantive bowel cancer screening service by screening only a single cohort (60 year olds) was taken at the start of 2012, and that was the message conveyed to staff, as the service was set up along those lines. It also appears reasonably clear that there were certain events which had to take place (including a review of the service, changes to the staffing model and a tendering process) before any switch from one to two cohorts could happen.

Finally, as shown by the Department's recently-released report on the "HSSD Bowel Cancer Screening Service: Evaluation and Recommended Next Steps", there have been two significantly different interpretations of the meaning of 'screening two cohorts' among the professionals involved with the bowel cancer screening service. One view is that this means screening two separate groups of people who have never been screened before. The other is that it means screening one group of people, and then screening the same group again a certain number of years later.

This is a significant difference of interpretation, which has a fundamental impact on the way the bowel cancer screening service is structured and run, and which has never been resolved before. This difference needs to be resolved in order for a decision to be made about the

expansion of the service, and this is the process which HSSD is now undertaking through its review of the service. It is therefore planned that a permanent service, reflecting the latest clinical advice, will be put in place during 2014.

While HSSD is prepared to release these documents in the interests of greater transparency, the Department wishes to note that a debate on the Bowel Cancer Screening service was had in full in the January 2014 States Meeting, in the course of debate on the motion of no confidence in HSSD, and issues relating to the service should have been covered in that debate.

Note 1 – Edits to Bowel Cancer Screening Programme business case

These comments focus only on the aspects of the business case/s which relate to screening one or two cohorts. It is quite possible that there are other aspects of the business case which changed from one version to the next, but these are not relevant to the point in question.

A. Edits to the Executive Summary

(2a) Original SSP submission	**(2b) Board-approved business case / (2c) Final business case submitted to T&R**
It is proposed to: i. Introduce a bowel cancer screening service in Guernsey using flexible sigmoidoscopy; ii. **Invite both men and women of two age cohorts** to attend for screening at the Princess Elizabeth Hospital; iii. Detect cancers at an early treatable stage as well as precancerous polyps which will be removed before they develop into cancer; iv. Prevent around **30-40 deaths** from bowel cancer in Guernsey over ten years; v. Prevent **60-70 new cases** of bowel cancer in Guernsey over ten years; vi. Save money from the costs of treatment avoided on people who otherwise would have developed cancer or may have advanced cancer; vii. Avoid of carers costs.	i. To roll out bowel cancer screening using flexible sigmoidoscopy following a successful pilot study in line with the Cancer Strategy and HSSD 2020 Vision. ii. **To invite both men and women** to attend for screening at the Princess Elizabeth Hospital. iii. To improve detection of bowel cancers at an early treatable stage. iv. To detect precancerous polyps which are removed before they develop into cancer as a preventive measure. v. To achieve early detection of bowel cancer precancerous polyps which will: • Prevent premature deaths from bowel cancer; • Reduce the number of patients who present with advanced cancer or as emergency admissions and Improve the overall • outcome of bowel cancer patients; • Save money on hospital admissions for surgery for bowel cancer; • Save money on investigation, treatment and end of life care on patients who present with advanced bowel cancer.

	vi. To promote public awareness of symptoms of bowel cancer and encourage healthy life styles such as a healthy diet as part of the screening programme. vii. To **detect precancerous polyps and remove these at an early age of 60** which will prevent bowel cancer developing in the older population and thus protect this vulnerable population from the effects of cancer as they invariably have other age related medical conditions.

In point (ii), the text "of two age cohorts" was removed between the SSP submission (2a) and the business case approved by the HSSD Board (2b). There was no further change before the business case was submitted to T&R (2c). However, the mention of 'two cohorts' was retained on p2 of the business case – see Note 1C below: 'Areas that were not edited'.

In the new point (vii), the business case approved by the HSSD Board (2b) specifically refers to "detect[ing] precancerous polyps and remov[ing] these at an early age of 60." There was no further change before the business case was submitted to T&R (2c).

These two changes imply a deliberate change of focus from a service that starts with two cohorts to a service that starts with one, namely 60-year-olds.

Additionally, points (iv) and (v) in the original submission (2a) refer to numbers of deaths from and cases of bowel cancer which could be prevented by screening. These numbers have been removed in the new points (iv) and (v) in the case approved by the Board (2b) and submitted to T&R (2c).

B. Edits to the text

On p2 of the original SSP submission (2a), under 'Aims and Scope of the Proposal', the bullet points have generally been edited in line with the edits to the Executive Summary outlined above. Points (iv) and (v) were edited to remove reference to the number of deaths and diagnoses prevented, and a new point (vii) was inserted, which refers specifically to screening people "at an early age of 60." However, the reference to "two cohorts" in point (ii) was not removed in this instance.

On p10 of the original SSP submission (2a), under para 1.2.8 (ii), it says: "the selected age group is 55-65 years because an average age for detection of polyps is 60 years old." This section does not appear in the business case approved by the Board (2b) or submitted to T&R (2c).

On p14 of the original SSP submission (2a), under para 1.2.12, it says: "In Guernsey it is proposed to use only flexible sigmoidoscopy for two age cohorts for screen (*sic*) men and women in the 55-65 year age group …" This section does not appear in the business case approved by the Board (2b) or submitted to T&R (2c).

On p15 of the original SSP submission (2a), under para 1.2.12 [duplicate numbering], it says: "The initial screening round aims to screen 1,120 patients screened per annum (two cohorts of 800 with assumed take up rate of 70%)."

The closest equivalent in the business case approved by the Board (2b) and submitted to T&R (2c) is para 1.2.5, which 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." Absolute numbers of people to be screened (whether 500 or 1,000) are not given.

On p16 of the original SSP submission (2a), also under para 1.2.12 [duplicate numbering], it says: "The programme will exclude patients … on follow up of high risk polyps detected during the screening programme." This section does not appear in the business case approved by the Board (2b) or submitted to T&R (2c).

On p18 of the original SSP submission (2a), under para 1.2.15 (ii), it says: "Assuming 70% uptake, if 1120 people are screened, it is estimated that the screening programme will detect around 9-10 new cancer patients per year." This section does not appear in the business case approved by the Board (2b) or submitted to T&R (2c).

On p23 of the original SSP submission (2a), under para 4.1, it says: "In summary the proposal is for revenue funding requirement of £328,000 per annum ongoing to fund a screening programme covering an anticipated 1,120 individuals annually based around 2 age cohorts." This section does not appear in the business case approved by the Board (2b) or submitted to T&R (2c).

On p31 of the original SSP submission (2a), there is a flowchart which says: "Product description: … To target men & women it (*sic*) two cohorts (age to be determined)." This chart does not appear in the business case approved by the Board (2b) or submitted to T&R (2c).

In the revised business case (2b), on p4, it says under para 1.2.4.1: "Pending the results of an ongoing tendering process, a Consultant and a Clinical Nurse Specialist (once qualified) will carry out the flexible sigmoidoscopy, which will increase the number of people screened. This will enable the development of expansion of the screening programme to a second cohort." This can also be found on p6 of the business case submitted to T&R (2c). It is not in the original SSP submission (2a).

This indicates that the service was to start by screening one cohort of people, and continue in that vein until steps were taken to enable expansion to a second cohort. This includes conducting a procurement process. That process was started in 2012, but was put on hold due to the refurbishment of the Day Patient Unit (which had been flagged as a risk in the versions approved by the Board and submitted to T&R – cf. p10 in 2b or p12 in 2c). This was likely to have been a purely operational decision, and there are no minutes to indicate that the Board were aware of this at the time.

It also indicates that changes to the staffing model would be required to enable the expansion of the service. In particular, it refers to a Clinical Nurse Specialist becoming qualified. The nurse in question had not yet completed the necessary qualifications at the time of leaving HSSD in June 2013, and a permanent replacement has not been recruited. This will now be resolved through the Department's review of the service.

In the revised business case (2b), on p10, it says: "In working towards a fully rolled out service, it is likely that HSSD will need to continue to find solutions to issues as they arise as HSSD work towards a fully rolled out service over the coming year or two. HSSD will need to be flexible in the use of resources within the agreed envelope to deliver the service." This is also on p12 of the final business case submitted to T&R (2c), but is not in the original SSP submission (2a). Again, this indicates that the service was to start by screening one cohort of people until expansion became possible.

C. Areas that were not edited

On p2 of the original SSP submission (2a), under 'Aims and Scope of the Proposal', it again says: "Invite both men and women of two age cohorts to attend for screening at the Princess Elizabeth Hospital." On p2 of the business case approved by the Board (2b) and submitted to T&R (2c), under 'Aims and Scope of the Proposal', it says: "Invite both men and women of two cohorts to attend for screening at the Princess Elizabeth Hospital."

All other aspects of the 'Aims and Scope' have been edited (in 2b and 2c) to reflect the changes made to the Executive Summary – see Note 1A and 1B above. As the retention of 'two cohorts' is inconsistent with the other changes made to this section and to the rest of the business case, the Department has consistently taken the view that this was the result of a less-than-thorough edit of the paper, rather than a deliberate difference in policy.

On p22 of the original SSP submission (2a), under para 2.4, it says: "By taking a very conservative approach, if 20 out of 1000 patients are diagnosed with precancerous polyps a year which are removed before they progress into cancer that would save £200,000 in the future in the treatment alone excluding diagnostic tests or palliative care costs, had the patients developed cancer." This paragraph also appears as para 2.4 on p7 of the business case approved by the HSSD Board (2b) and p8 of the final version submitted to T&R (2c).

D. Comparison of Financial Cases

It is not possible to make a direct comparison of the financial cases. In the original SSP submission (2a), the administrative costs are broken down into 7 items, but the procedure costs are presented as a single line with a value of £270,000 (total budget £327,500). In the business case approved by the HSSD Board (2b) and submitted to T&R (2c), the procedure costs (broken down into 10 lines) are given as £235,000 in the first year and £268,500 in subsequent years. In both versions, the total budget is £294,000 in the first year and £327,500 per annum thereafter.

In both 2b and 2c, within the breakdown of procedure costs, the "Procedure Services" costs (relating to the endoscopy carried out by MSG) are given as follows:

	2012	2013
Procedure Services * 2012 Phase 1 (Pre T)	32,500	-
Procedure Services * 2012 Phase 2 (Pst T)	50,000	100,000

Presumably the "T" referred to is the tendering process, although this is not stated. Again, this indicates that there was an intention to expand the scope of the service following the successful completion of a procurement exercise. However, as that has not yet been done, the scope of the service has not yet changed.

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