3.10 Deputy R.G. Le Hérissier of the Minister for Health and Social Services regarding the future provision of cardiology services:

What decisions, if any, has the Minister made regarding the future provision of cardiology services?

Senator S. Syvret (Minister for Health and Social Services):

Last summer I announced that the Health and Social Services Department would undertake a review of cardiology services with the intention of determining the best form of cardiology service for Islanders. Specifically, the terms of reference examined what cardiological services could be provided in Jersey and which specialist services would be most effectively provided from a major tertiary centre in the United Kingdom. The working party consisted of managers, clinicians, nurses and technicians, and included Dr. Andrew Luksza, Consultant Physician at the General Hospital. The working parties report was produced in early February 2006 and I have accepted its recommendations and conclusions, amongst which was that it was not safe or viable to engage in invasive cardiology techniques such as angiograms with a population cohort as small as Jersey's, therefore I intend to make a Ministerial decision to this effect very shortly. In the meantime, the Health and Social Services Department is already in the latter stages of finalising the job description for the post of Consultant Cardiologist. The agreement to this job description by the Royal College of Physicians is expected shortly. The subsequent recruitment process will then be entered into and the appointee will be in post by September 2006. All the auguries would suggest that this would be an extremely popular post and my department expects there to be a strong shortlist. In the meantime, our service continues to be delighted by Dr. Andrea Strauss, locum consultant physician. Dr. Strauss has been successful in reducing the public waiting time for elective cardiology consultations down from 3 months to 6 weeks.

3.10.1 Deputy R.G. Le Hérissier:

Would the Minister outline the options that were considered in reaching the decision and, secondly, what are the cost savings, if any, that will follow from it?

Senator S. Syvret:

I do not believe there are cost savings. It will probably be, effectively, a cost-neutral decision with obvious increases for inflation and things of that nature. The other options that were considered were, for example, engaging in invasive cardiology work in the Island, which would have involved the creation or the importation of a catheterisation laboratory and all of the ancillary staff required to be with it. Also the clinical governance requirements would mean that any invasive cardiology work carried out would require the constant presence and ready access to a cardiac crash team. Also there has to be the ready access to a team who are capable of carrying out cardiac surgery in the event of procedures perhaps going wrong in the event of invasive diagnostic techniques. This is the kind of provision that exists in other tertiary centres which specialise in this activity in the U.K. These were the kind of options we considered. None of the other jurisdictions of comparable size, Guernsey, the Isle of Man, or the Isle of Wight, engage in invasive cardiology, instead they use specialist tertiary centres. So, that was the conclusion that we came to. Indeed, that conclusion was further reinforced by a letter from the British Cardiac Society which said, and I will quote a little from it: "Dr. Nicholas Brooks has passed me your letter dated 11th January 2006 and I have taken from the Chairman of the BCS (British

Cardiac Society) Professional Standards and Peer Review Committee and the President of the British Cardiovascular Intervention Society. We agree with you that a cardiac catheter laboratory angiography service is not viable or safe for the Jersey population of 87,000. These arguments are even stronger for a local PCI (Percutaneous Coronary Intervention) service served by a single-handed cardiologist, let alone a single-handed physician with an interest in cardiology."

3.10.2 Deputy R.G. Le Hérissier:
Would the President acknowledge that the model that has been chosen will still rely very much on people making air trips which will add, of course, to the stress of the heart condition? Secondly, Sir, would he agree that the figure quoted in his report of £250 per trip when one considers special planes - these planes being met on arrival - taxis/ambulances across London, and a possibility of relations is a totally misleading figure?

Senator S. Syvret:
That assertion is not correct. The figure is accurate. And it also has to be borne in mind that of those patients who undergo invasive cardiology diagnostic techniques a certain percentage invariably require further physical intervention. That will, for example, be under the Jersey cohort, 89 patients out of 215 would expect, upon the taking of an angiogram, then to be subject to immediate work such as the insertion of stents and catheterisation. Therefore, people would need to be in a tertiary centre where that kind of work could be carried out. It could not be carried out safely in Jersey. The fact is, it is not ideal, of course, for people with any clinical condition to have to travel to the United Kingdom but the fact is people have to travel more and more to specialist centres, this is not just a case of Island populations but it is the case in the United Kingdom. There may not be a district general hospital or hospital of any description near where you happen to live that provides the particular specialist service that you need. We are seeing a greater and greater move to specialisation and certain tertiary centres specialising and developing a highly successful rate of treatment for certain conditions, and that is the trend that we are working with.

3.10.3 Deputy R.G. Le Hérissier:
Would the Minister promise to provide me with the figures as to how that £250 per trip was arrived at? Could I please have the figures so I can analyse those? Secondly, Sir, would he not acknowledge that in fact the U.K. experience is very different from the continental experience where such services like angiography are placed in smaller district hospitals? They have a very different approach, why was this not considered?

Senator S. Syvret:
Yes, I am happy to provide the Deputy the figures. It was not considered in Jersey because the physical isolation of a small island community means that when things go wrong you do not have access to the other expert emergency teams, which may be the case in France. You may have another hospital 50 miles down the road that can deal with the specialisms you require. But what the Deputy does not state in his question is the fact that the health service in France, whilst acknowledged to be one of the finest in the world, costs an extremely large amount of money. Now, perhaps, we could start doing things like invasive cardiology work in Jersey; renal transplants; radiotherapy, for example, is another service that sometimes is requested to be placed on-Island. Now if it is the wish of Members of this Assembly to start raising vastly

increased amounts of tax to pay for these things then we could possibly consider doing some of them. But you are looking at many, many more tens of millions of pounds to pay for all these services to be on-Island. But, in any event, even if money were no object, the fact is the clinical outcomes, the success in terms of treating the specialist illnesses is greater, is better, and is of higher quality in tertiary centres where they specialise in doing this kind of work.