

Thursday 5 October 2023

AGENDA

- Welcome
- July public event in collaboration with Closer to Home
- The Cancer Strategy Dr E Gomes, Consultant Oncologist with Lauren Perchard-Rees from MacMillan Jersey
- Introducing the revised bowel screening initiative Sue de George
- Update on Carers' Strategy Dr Margaret Bayes, Carers' Jersey
- Close



July event in collaboration with Closer to Home



















The delivery of the Jersey Cancer Strategy

TOGETHER

Dr Elizabet Gomes Dos Santos (Service Lead for Oncology HCS) &

Lauren Perchard-Rees (Chief Clinical Officer, MacMillan, Jersey)

Cancer in Jersey: the population needs

One in two people in the UK born after 1960 will be diagnosed with cancer during their lifetime.

Cancer incidence in the UK has risen by 39% since 2002, and by 19% in the last decade.

- Higher cancer incidence (Compared to UK) for certain cancers
 - Higher exposure to cancer risk factors (Skin, Lung, H&N)
 - Prostate
- Lower participation in screening programmes.

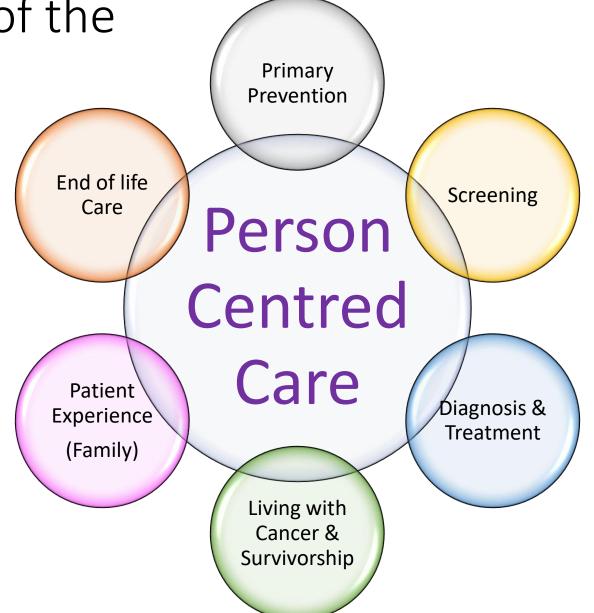
Jersey		South West		
Cancer Site	ASR	Cancer Site	ASR	
Other Skin	605.6	Other Skin	386.5	
Prostate	274.5	Prostate	239.7	
Breast	230.8	Breast	227.3	
Lung	102.9	Colorectal	97.0	
Colorectal	98.3	Lung	84.9	
Malignant Melanoma	72.2	Upper Gastrointestinal	53.8	
Upper Gastrointestinal	55.4	Malignant Melanoma	43.6	
Head and Neck	43.1	Uterus	38.0	
Lymphoma	38.1	Lymphoma	36.2	
Uterus	28.6	Head and Neck	29.3	

In 2021 cancer was responsible for 34% of all deaths in Jersey,

far ahead of cardiovascular disease of 24% as second highest cause of death in Jersey

Components of the Strategy





Aim



We aim to make cancer care a top priority in Jersey and guarantee that Islanders have access to comprehensive cancer care services.

A different steering committee

- Patients and family members (1/3 of the steering committee)
- Primary and Preventative Care
- Public Health
- Charities

Developing an Inclusive Strategy



The Consultation process

- ✓ Framework development
- ✓ Discovery Phase
- ✓ Analysis and priority setting

HIGH LEVEL TIMELINE FOR THE DEVELOPMENT OF THE CANCER STRATEGY



Strategy development



Process

Meetings

Listening

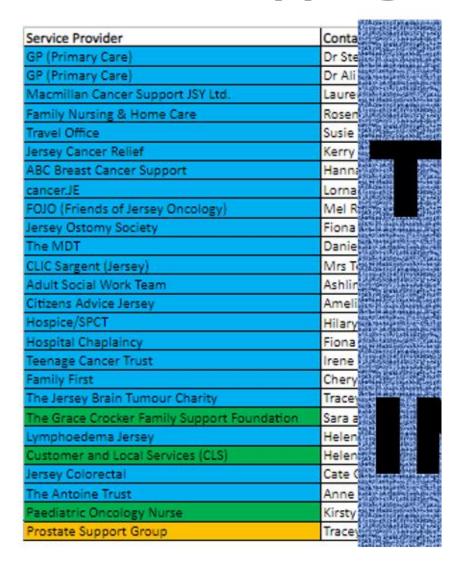
Equals

Shared professional values

Respected organisational values

Agreed common goals

Service Mapping





abc

Jersey























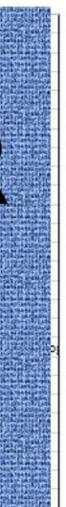
cancer. E













Together

Advance cooperation and collaboration across different organizations on island.

- Facilitate working together between different organizations to share resources, expertise, and best practices to improve the quality of life and outcomes for cancer patients.
- Develop a service directory for the cancer workforce, and a service guide for cancer patients of all support services on island.

Collaboration Projects

Collaboration project with Jersey Cancer Trust

• The Daisy Bus Service (Southampton General Hospital)

Collaboration for research with Cancer Research UK Jersey

• The funds raised in Jersey go towards the Southampton Cancer Research Centre

Collaboration project with FOJO (Friends of Jersey Oncology)

- Oncology Vascular access PICC line Nurse led project
- Oncology treatment starter packs for patients

Collaboration projects with Adult Social Services and Primary and Preventative Care

• Care4All: Screening program for adults with learning disabilities

Planned Collaboration project with Community Services

- Collaboration with Cancer.JE
- Collaboration with Cancer Relief

Collaboration Projects underway within HCS

- Digitalization of the Cancer Services across HCS
 - BookWise Oncology
 - Somerset Cancer Registry (SCR)
- MDT Cancer Coordinator Pathway Project and Cancer Manager recruitment

Partnership working - Our experience



Oncology Dietitian

Community
Radiotherapy
Expert
Practitioner

Joint ENT
Multidisciplinary
team meetings

Oncology Nurse Led -Survivorship clinic

Improving the Cancer Journey Jersey (ICJJ)



- Acknowledging our unique strengths & experiences
- Identifying the gaps what are patient's needs?!
- Learning from best practice and UK research
- Customising it to Jersey
- Building a workforce
 - ➤ that will communicate on a daily basis
- Towards improved experience of cancer in Jersey







































Patients and their family members who actively participated in the steering committee and working groups played a vital role in shaping the strategy's development.

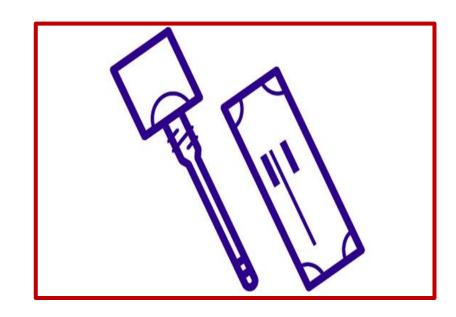


Introduction to FIT Bowel Screening

Sue De George – Screening Programmes Manager

Aims

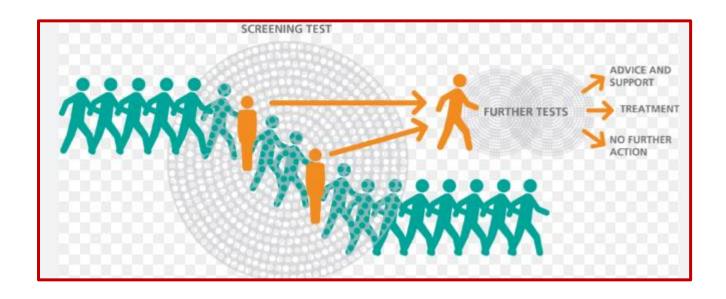
- What is screening?
- Explain why we screen
- What is FIT Screening?
- Results
- Preparing for a colonoscopy
- Expected outcomes
- Reduction of health inequalities
- Reasonable adjustments
- Uptake so far
- How you can reduce your risk
- Signs and symptoms to look out for



What is Screening?



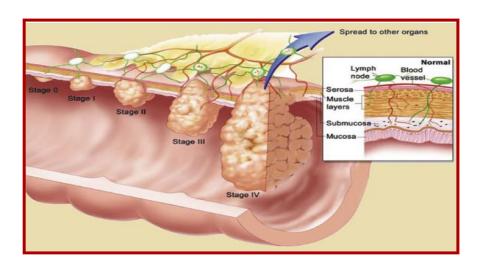
- Screening is the testing of apparently healthy population to identify previously undiagnosed diseases or people at high risk of developing a disease
- Screening aims to detect early disease before it becomes symptomatic



Why screen?

- 1 in 15 UK males and 1 in 18 UK females will be diagnosed with bowel cancer in their lifetime
- Around 18 people in Jersey die of colorectal cancer each year
- Between 2012 and 2016 colorectal cancer was the 5th most common cause of cancer in Jersey
- 5 year survival rates can be as high as 93% if detection occurs when the disease is still localised

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What is FIT?

FIT is faecal immunochemical test (FIT)

- The Faecal Immunochemical Test (FIT) looks for tiny traces of blood in stool that are too small to see
- FIT is a one off stool test completed at home
- The test recognises human blood
- FIT only detects human blood from the lower intestines
- Medicines and food do not interfere with the test
- FIT is more accurate and have fewer false positive results than other tests
- Islanders will be invited to participate in the programme every 2 years from aged 55 to 65 which may then be extended to a wider age group





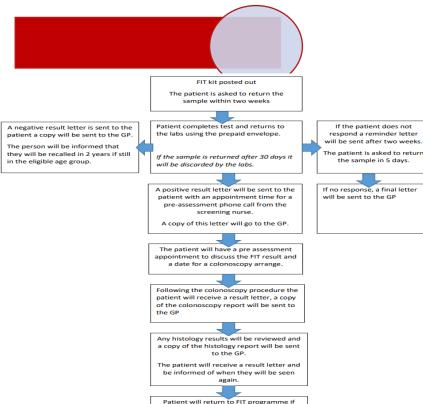
FIT Pathway







- First cohort of people born in 1960 was invited from November 2021
- Islanders will automatically receive a FIT KIT in the post
- The FIT kits will be posted out and include a letter inviting the participant to engage in the programme, a FIT KIT, a leaflet, and a prepaid envelope Islanders will be invited every 2 years between the ages of 55-65



within eligible age group regardless of

How to take the test



How to take the test

Get it Ready.

Write the date of your sample on the label on the sample tube.



Do it.

Twist the lid of the tube to remove the stick. Then scrape the surface of your poo to cover the grooves on the end of the stick as shown.



Please don't add too much!

Push the lid closed with a 'click'. Flush the toilet paper.

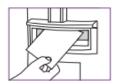


Post It.

Make sure you have written the date on your sample. Insert the tube into the envelope provided and close. Post your sample back within two weeks of the date on your letter.







How to use the FIT home screening test

Visit gov.je/BowelScreening to view a video in English, Portuguese and Polish on how to take the test



- Instructions are printed on the leaflet
- A QR code and a website address guides the participant to a short film demonstrating how to use the KIT
- No special preparation or diet is required for the test
- All information provided is in English and can be accessed in Portuguese
- Participants are asked to return the sample within 2 weeks



What happens if the FIT test is positive?

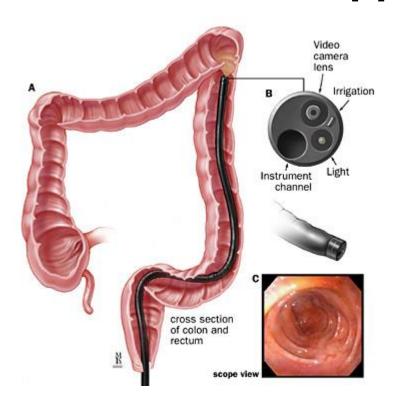
Results



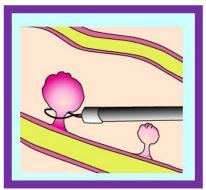
- 100 patients screened at a threshold of 80µgHb/g
 3% Positivity rate these participants will be offered a colonoscopy
- Participants who receive a negative result will be notified by letter/text within 3 weeks a copy will be sent to the GP – participants are made aware that no screening is 100% effective and if they develop any signs or symptoms they should seek medical help
- Participants who receive a positive result of 80 µgHb/g faeces will receive a letter with an appointment time within 2 weeks, and will be invited to speak to a nurse to arrange a colonoscopy. A copy of this letter will be sent to the GP
- Pre-assessment is expected to be carried out within two weeks of the positive result. This will either be over the
 telephone or at an appointment. Participants will receive a full explanation of the colonoscopy, associated risks
 and possible outcomes. Following assessment, if the patient meets the criteria they will be provided with an
 appointment for a colonoscopy.
- Colonoscopies will be booked within a month of a positive result
 Traces of blood in your poo can be caused by other medical conditions and doesn't necessarily mean you have cancer. But if it is cancer, finding it at an early stage means treatment is more likely to work

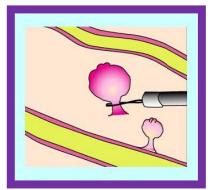
What happens at colonoscopy

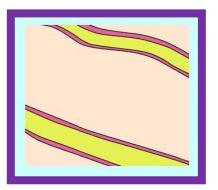














Expected Outcomes



100 patients screened at a threshold of 80µgHb/g

Positivity rate 3%

Of those 3%

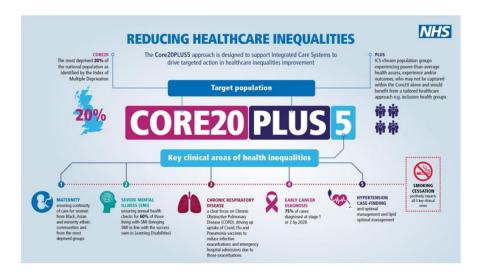
- 5.2% Colorectal Cancer
- 24.3% High risk adenoma
- 43.5% All Adenomas

Clark G et al Gut 2020

Negative test at a threshold of 47µgHb/g Risk of interval cancer within 2 years of a negative test was 0.1%

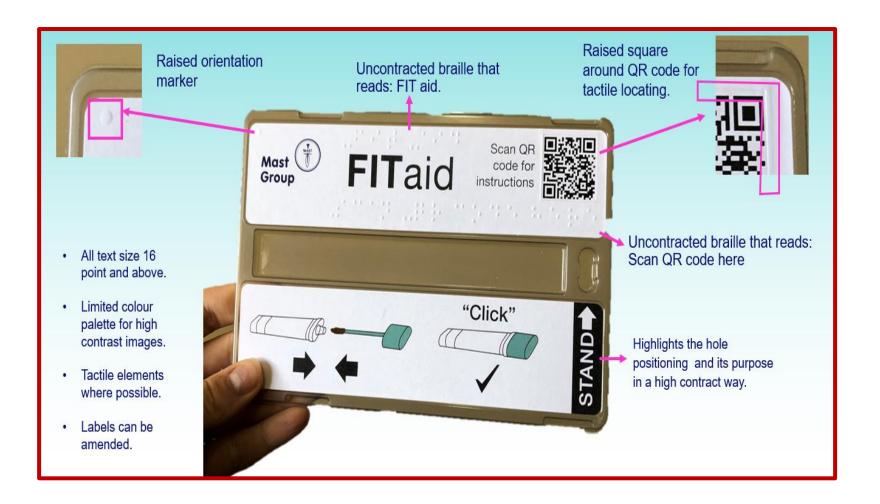
Reduction of Health inequalities

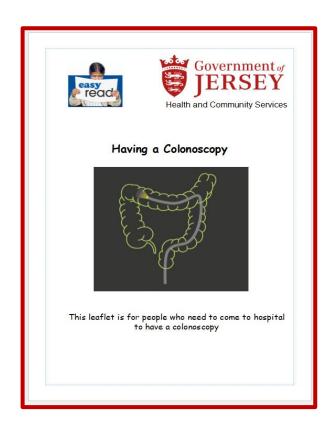
- Eligible participants with a learning disability
- Known people with a learning disability were identified by working with the learning disability team. These participants were then sent a easy read information
- This was supported by a teaching session at Eagle house to share information to the team leaders about the new service
- 100% of participants responded
- Eligible participants currently in the Prison system
- - We have contacted the Gaol Healthcare who advise of any eligible participants for the service and support people to participate
- Engaged in a health promotion event at the prison
- 100% uptake in this eligible population
- Eligible participants with living with severe mental illness
- - Linked in with the team who are setting up a pathway and wellbeing clinics for people in the community with known severe mental illness to encourage uptake and support to engage with the programme



Reasonable adjustments







How are we doing so far?

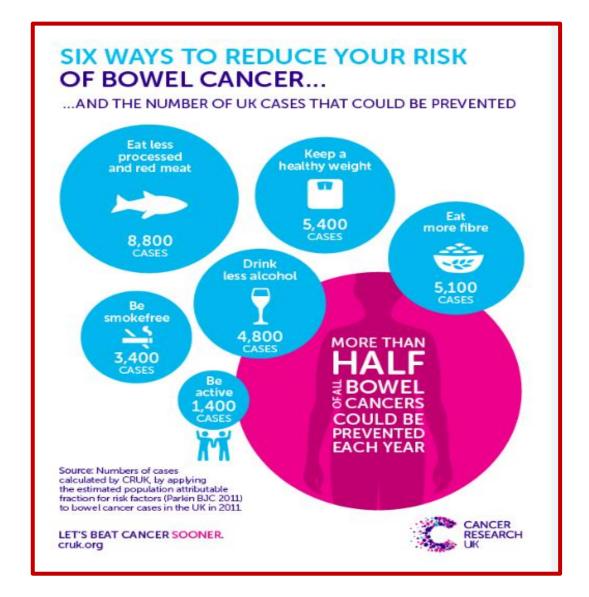
	MALE	FEMALE	TOTAL NUMBER OF KITS SENT	NUMBER RETURNED	UP TAKE
1960	637	743	1380	1045	76%
1961	661	665	1326	1031	78%
1962	653	684	1337	1023	76.5%
1963	719	701	1420	1121	79%
1964	778	760	1538	1117	73%
1966	620	671	1291	1012	78%

From 2021 we have invited 8000 Islanders Overall our programme has had 77% uptake



More than half of bowel cancers could be

prevented





Signs and symptoms to look out for



Knowing the symptoms of bowel cancer could save your life



Bleeding from your bottom and/or blood in your poo



A persistent and unexplained change in bowel habit



Unexplained weight loss



Extreme tiredness for no obvious reason



A pain or lump in your tummy

If you have any concerns or if things just don't feel right, go and see your doctor.

Contact the team

60 C6

- 01534 444 376
- bowelscreening@health.gov.je









Thank you for listening



Update on Carers' Strategy

Dr Margaret Bayes, Carers' Jersey



THANK YOU



Tentative date of next meeting: Thursday 11 January 2024