

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES  
BY SENATOR K.L. MOORE  
QUESTION SUBMITTED ON MONDAY 10th MAY 2021  
ANSWER TO BE TABLED ON MONDAY 17th MAY 2021**

**Question**

Will the Minister provide a table listing the number of cases of the major health conditions, namely cancer (separately listing those at stage 3 and stage 4), obesity, heart disease, mental health, drug and alcohol issues, dementia, diabetes and arthritis that were diagnosed in 2020, and in each of the previous 10 years?

**Answer**

Cancer

The most recent report from Public Health England's National Cancer Registration and Analysis Service (NCRAS) on Jersey-registered cancers was published on 15 December 2020 and includes data for the 4-year period from 2012 to 2016. Data for the next 4-year period (2017-2020) is not yet available through NCRAS and will be included in the next iteration of the report. Discussions with Public Health England about the timings of the next iteration of this report are ongoing.

The latest full report is available here:

<https://www.gov.je/Government/Pages/StatesReports.aspx?ReportID=5293>

This was the 12th report from this service to incorporate data for Jersey and Guernsey and is an update using local data for cancer incidence (new cases) and mortality. Page 21 shows the three-year counts and incidence rates for all cancers diagnosed in Jersey, with breakdowns for specific cancers through the rest of the report. Page 104 shows the completeness of staging data for the main five cancers in Jersey. Staging data is not available for all cancers.

The cancer registration process for the Channel Islands has been assisted by the NCRAS Intelligence Network (NCIN) within Public Health England (formerly the National Cancer Intelligence Network and before that the South West Cancer Intelligence Service) since January 1996. Jersey commissions cancer registration reporting from this body due to the many complexities involved, including correct reporting of primary vs secondary cancers, staging detail, and incorporation of accurate data for Jersey patients who receive cancer diagnosis and treatment at centres in the UK. The specialist coding, analysis and interpretation offered by the service ensure robust cancer registration reports are produced for Jersey, from which appropriate comparisons and conclusions can be drawn.

Alcohol and drug issues

Data on those with drug and alcohol issues is not held in one central location. The HCS Drug and Alcohol Service works in partnership with other third sector and charity organisations. (Data for these organisations is not provided in answer to this question.) The HCS Drug and Alcohol Service holds data for those engaged in treatment through the service as well as capturing interactions with individuals held in the Emergency Department, Police custody and deferred decisions and needle exchange.

Data below shows caseload and interaction data; individuals may appear in more than one category.

	Drug and Alcohol Service caseload <sup>1</sup>	Hospital Alcohol Liaison	Arrest referral: Police Custody contact	Arrest referral: Deferred Decisions <sup>2</sup>	Needle Exchange and harm reduction <sup>3</sup>
2011		354			
2012		430			
2013		330			
2014		387	105		
2015		839	91		
2016		805	124		
2017		873	112		
2018	382	839	148		289
2019	406	912	117	16	240
2020	410	706	204	28	302

### Notes

1) Data extracted from Care Partner relating to caseload of the HCS Drug and Alcohol Service. Data prior to 2018 is not available.

2) Prior to 2019, referrals with deferred decisions were managed by the Probation Service

3) Data not available before 2018 due to changes in definition and clarification of the pathway

In addition to the above data, public health monitors hospital admissions and deaths relating to alcohol and report this via the biennial Alcohol Profile (available from <https://www.gov.je/government/pages/statesreports.aspx?reportid=4356> ). The latest available alcohol profile was published in February 2019 and related to data up to 2018. The next iteration of this report, with data for 2019-2020, is being compiled by the Public Health Intelligence Team and will be published later this year.

### For all requested major health conditions

It is not possible to report by date of diagnosis in the following table. The table shows the number of people recorded with these conditions as at 31 December of each year.

	Obesity <sup>1</sup>	Coronary Heart Disease <sup>1</sup>	Mental Health <sup>1</sup>	Dementia <sup>1</sup>	Diabetes <sup>1</sup>	Rheumatoid Arthritis <sup>2</sup>
2011						
2012						
2013						
2014						
2015	9,389	2,583	713	542	3,666	565
2016	9,784	2,612	722	605	3,727	630
2017	10,411	2,675	740	672	3,859	699
2018	10,922	2,732	763	685	4,033	772
2019	10,807	2,776	792	686	4,190	846
2020	8,458	2,829	832	717	4,444	919

## Notes

### 1) Data source: Jersey Quality Improvement Framework (JQIF)

The JQIF, which incentivises GPs working in the Island to record patients with defined conditions, was introduced in 2015 when GP surgeries across Jersey moved to a General Practitioner Central Server (GPCS) and encourages accurate information about these conditions to be collected. Prior to 2015, data was held across dispersed systems and so it not available for this analysis.

Trends in numbers may reflect emphasis on reporting practices, changes to definitions within the Primary Care Governance JQIF definitions, as well as true changes to the pattern of disease amongst the population.

Face to face GP consultations in 2020 decreased by 16% which may have impacted on the recording of measurements required to qualify individuals on some disease registers (for example, the definition for the obesity register requires a qualifying BMI recording in the previous 12 months).

2) Rheumatoid Arthritis was originally included within the JQIF indicators but has since been removed to accommodate other indicators within the dataset. The incentivisation of recording has allowed GP surgeries to become familiar with the recording practices of rheumatoid arthritis, although caution should be used when interpreting figures for more recent years as there is reduced oversight by the Primary Care Governance Team of this data. Data for other forms of arthritis is not available.