

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES BY DEPUTY  
P.V.F. LE CLAIRE OF ST. HELIER**

**ANSWER TO BE TABLED ON TUESDAY 13th MAY 2008**

**Question**

1. Is the incidence of cancer in Jersey high in comparison to other Channel Islands, European Union (E.U.) countries and the USA per head of population and if so, what is planned to address this situation?

**Answer**

The overall age-standardized cancer incidence rate for Jersey was 431.3 per 100,000 population in 2003-05. This rate is similar to the overall rate for Guernsey and the South West Region of England and the 25 EU countries. It is higher than for England & Wales and Europe as a whole and lower than overall rates for Scotland, France and USA.

As to specific cancers with relatively high incidence rates in Jersey, lung cancer remains one of the biggest cancer challenges. As well as high local incidence, it also has a high mortality rate. This is the Island's legacy from cheap cigarettes. Head and neck cancer is also relatively high in incidence here – the main risk factors being smoking and drinking. The Health and Social Services Department has been working to reduce tobacco and alcohol consumption on the island to try to prevent some of these cancers. It is envisaged that anti-smoking legislation introduced last year - together with services provided free to help people to stop smoking - will be helping to turn the tide and help reduce cancer incidence in the future.

Melanoma (skin cancer) has a higher incidence than would be expected which is probably related to outdoor lifestyles and a good diagnosis service. Melanoma is a cancer that can be treated if caught in time and causes few deaths. The Medical Officer of Health will be working with the Dermatology Service at the General Hospital towards improving understanding of the pattern of incidence of this cancer in Jersey.

Work is also planned to establish a Jersey Cancer Strategy Group to take forward work initiated in partnership with colleagues at the South West Cancer Intelligence Service (part of the SW Public Health Observatory).

**Question**

2. What analysis, if any, has been conducted to identify any correlation between levels of cancer in the Island and emissions from Bellozanne Incinerator and the Nuclear Reprocessing Facilities in Northern France, and what measures, if any, are planned for monitoring these areas in the future?

**Answer**

Modeling of emissions from Bellozanne based on real-time weather data indicates that most of the Island is affected by these emissions. However, epidemiological studies examining the impact of emissions from incinerators on people working at or living near them have not demonstrated a causal relationship to any specific disease. A recent large study carried out in the UK investigated the incidence of cancer near municipal solid waste incinerators and found that the increased incidence of certain cancers (all cancer, stomach and lung) was more likely to be associated with the socio economic factors of the area than the incinerator. Incinerators built since 1996 are subject to tighter regulations on emissions and levels of pollutants from incinerators are now much lower than before.

The Health and Social Services Department already undertakes sampling of local marine and agricultural produce for radioactivity. These results are published in an annual report 'UK Radioactivity in Food in the Environment', which is available on the Health Protection web site. The reports have shown that the levels

of radioactivity on and around Jersey are very low.

In the first week of May 2008 our Health Protection Unit, in conjunction with the radiological branch of the HPA in UK have installed a long term monitor for air-borne radiation in St Helier.

### **Question**

3. Is the Minister confident that any leak or incident from Nuclear facilities in France will be made known to the Jersey Authorities under the current monitoring systems, in order to sufficiently protect the population of Jersey?

### **Answer**

There are two parts to this answer.

Firstly, under the World Health Organisation (WHO) International Health Regulations 2005 it is a requirement for Public Health Emergencies of International Concern to be notified to WHO. This follows directly the experiences from the Chernobyl Reactor event in 1986. The WHO will then, through a system of focal points in the international jurisdictions, alert governments to the event/s. An incident at one of the French nuclear facilities would require the French Authorities to notify WHO of the event through this procedure. For Jersey, other UK Crown Dependencies and Overseas Territories the WHO focal point is the UK Health Protection Agency Centre for Infections at Colindale. The contact focal point for the UK with Jersey is Public Health Services of the Health and Social Services Department.

Secondly, the above system is somewhat bureaucratic, given what may be a short time frame for an impact on Jersey. States Ministers and officers have been working with French colleagues in La Manche to improve collaboration on international issues affecting both jurisdictions - particularly Emergency Planning and the development of the nuclear site at Flamanville and the existing facility at La Hague. Senior Officials at La Manche have confirmed that in the event of an incident, Jersey would be notified directly.

### **Question**

4. How closely does Jersey follow National Health Service policies in relation to the funding and availability of new cancer drugs?

### **Answer**

The Health and Social Services Department funds and provides all new cancer drugs which have been approved by the UK / NHS National Institute for Health and Clinical Excellence (NICE), and which can safely be delivered on the Island.

### **Question**

5. What is the annual expenditure for cancer drugs?

### **Answer**

The annual expenditure by the Health and Social Services Department specifically on cancer drugs (as opposed to drugs to treat patients who have cancer) for the last 3 years is approximately as follows: 2005 - £771,504; 2006 - £851,492; 2007 - £1,059,910. This is an overall figure taken from the pharmacy IT system for all issues of drugs classified in BNF Chapter 8 (Malignant Disease and Immunosuppression) excluding sections 8.2.1 (antiproliferative immunosuppressants) 8.2.2 (corticosteroids and

other immunosuppressants) and 8.2.4 (other immunomodulating drugs) where the majority of use would be for non cancer treatment. This is the best indicative figure obtainable within the time available. It does not include other drugs which are used in cancer patients (e.g. filgrastim, erythropoietin (EPO), antiemetics etc). These figures include treatments for private patients as well as public. Additionally, this does not include figures for any primary care prescribing by GPs (e.g. anastrozole for breast cancer or bicalutamide for prostate cancer).

### **Question**

6. What is the total estimated spend from private health care on cancer drugs in Jersey each year?

### **Answer**

In order to provide a detailed estimate, the finance staff within the Department would have to compile the data by sorting through all private patient invoices which involve cancer treatments. This will take approximately six months. Perhaps the Deputy would advise me of whether he is sufficiently enquiring on this point so that we can justify deflecting finance staff from their core duties at this time? (The finance staff within the Department are under a considerable amount of pressure at this time due to a number of vacancies).

### **Question**

7. Will the Minister advise what actions are being taken to ensure that cancer sufferers in Jersey have the best chance of survival and recovery?

### **Answer**

It will always be a challenge for a small Island such as Jersey to do all that is reasonable to ensure cancer patients have an equivalent standard of care, and outcomes of treatment, to those expected in larger, developed nations. As noted below (Q8), our arrangements for access to tertiary care are well developed and robust.

The Department is a partner organisation within the SW Cancer Intelligence Service (see Q1). A key role for the Cancer Intelligence Service is to examine cancer survival rates which includes comparing Jersey with the SW Region. Although Jersey has very small numbers to analyse, our cancer survival rates are similar suggesting our patients are receiving an equally good service.

Jersey needs to improve its coverage rates for breast, and cervical screening as there is a wealth of evidence that early diagnosis of cancer leads to the best chance of being cured. As soon as funding is identified the Department will be embarking on a new screening programme for bowel cancer which is already available in some parts of the UK – bowel cancer being another common cancer where there is a great opportunity to save more lives through earlier diagnosis.

### **Question**

8. Is the Minister willing and able to offer patients who revert to France as a last resort for cancer treatment a full refund of their expenditure and if so, can he advise how many such cases there were in 2007?

### **Answer**

No. There are already suitable arrangements in place. Consultants who care for individual cancer patients

will (where appropriate) determine any referral to a tertiary centre. Jersey has well developed clinical links with UK centres and there is sufficient capacity in our referral system so the question of 'last resort' does not apply.

The Department does not have any arrangements for reimbursing the costs of overseas treatment. Patients are at liberty to seek medical treatment in France or elsewhere should they choose to do so - but costs incurred would be their own responsibility.

### **Question**

9. What extra demands in terms of cost are expected to achieve a stand still position for Jersey in terms of cancer drugs in the next 5 years?

### **Answer**

Annual expenditure for cancer treatments is increasing at approximately somewhere between 10 and 20% per annum. In order to continue to provide all treatments approved by NICE/NHS, there is no reason to assume that this pattern will not continue given the likely number of new and more expensive treatments being approved in the coming years. Indeed, it is possible that we may observe an annual increase of around 15% - taking also into account the growing proportion of older people in our population and the higher incidence of cancers in older age groups.

### **Question**

10. Does the Minister have benchmark figures to assess how the number of bed days taken up with cancer patients in 2007 compares to other Channel Islands, E.U. Countries and the USA?

### **Answer**

The Department does have benchmark data which is based on a primary cancer diagnosis (ICD-10, Disease Codes C00 – C97). The latest data for Jersey (year 2007) is 407 patients, accounting for 642 'hospital episodes' and 3315 bed days. The assessment of this benchmark data will form part of the work of the South West Cancer Intelligence Service in the coming months.