

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
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ANSWER TO BE TABLED ON TUESDAY 23rd FEBRUARY 2010**

Question

“What is the cost to the Health Service in Jersey from respiratory illness per annum?
What are the main causes of respiratory illness and can these be given on a percentage basis?
What are the interventions that are given in Jersey to alleviate these illnesses?
What are costs and manpower implications in doing so?”

Answer

Increasing costs

It is not possible to calculate with any degree of meaningful accuracy the cost of respiratory illness to Health and Social Services. It does however represent a significant and growing cost.

At present respiratory diagnoses represent 4 out of the top 10 reasons for acute emergency admissions in Jersey, with the rate of repeat emergency admissions rising by 10% in the past 5 years. Outpatient respiratory referrals have also increased significantly.

Chronic obstructive pulmonary disease (COPD) alone accounts for 1,000 admissions each year, with an average length of stay of between 5 and 7 days (ie. 5,000 - 7,000 bed days). Given that COPD is prevalent in more the 10% of people aged 70 or over, the costs associated with managing and treating this condition will inevitably increase as our population ages.

Causes of respiratory illness

There are many causes of respiratory illness, of which the primary one are listed below. Many cases have multiple, as opposed to single causes and it is not possible to indicate in percentage terms the number of cases attributable to each cause. Smoking and passive smoking, are obviously major factors and initiatives which support smoking cessation will bring major health benefits, although it should be noted that recent studies indicate that up to one third of patients with COPD are non-smokers. Therefore even if our aging population did not smoke COPD would still represent a significant health challenge.

Primary causes include:

- viral lung infections in childhood or inadequate lung development in childhood
- smoking or passive smoking
- hereditary factors
- air pollution
- nutrient or social deprivation (poor diet, poor housing)
- occupational or accidental exposure to materials such as dust, asbestos fibres and other irritant particles

Interventions

The core components of the local service include:

Chronic obstructive pulmonary disease	Outpatient/Inpatient care Rehabilitation Oxygen therapy Nebuliser service
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	Lung volume reduction surgery/Transplantation Palliation Prevention Non invasive ventilation Static/dynamic respiratory function tests
Lung Cancer	Rapid assessment (lung function, CT scans and Bronchoscopy). Treatment will be dependant on the assessment process but could include referral and surgery at Southampton General Hospital (approximately 10% of cases). Other treatments include: <ul style="list-style-type: none"> • Radiotherapy • Chemotherapy • Palliation
Asthma	Outpatient/Inpatient Occupational asthma Assessment and regular review of more severe cases
TB	Small numbers Intensive workload – frequent review/contact tracing
Other diseases	Obstructive sleep apnoea Allergic rhinitis Chronic cough Interstitial lung disease

Cost and manpower implications

As indicated above it is not possible to provide a breakdown of all the costs, which will include both costs incurred during Jersey based treatment and referrals to the UK.