

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY M.R. HIGGINS OF ST.
ANSWER TO BE TABLED ON TUESDAY 26th FEBRUARY 2019**

Question

Further to his response to Written Question 34/2019, will the Minister identify the “*long-term conditions*” to which he referred; and will he publish his Department’s projections of how many people will be living with these conditions in the future, as well as an explanation of how it intends to deal with them?

Answer

The King’s Fund [an independent charity working to improve health and care in England www.kingsfund.org.uk] defines long-term conditions as “chronic diseases or conditions for which there is currently no cure, and which are managed with drugs and other treatment.” There are a wide range of different conditions, or morbidities, such as diabetes, chronic obstructive pulmonary disease and hypertension.

Due to advances in medicines and technology, more people are living to older age with more long-term conditions, and therefore the management of their health becomes more complex.

General practices maintain disease registers for a number of long-term conditions through the Jersey Quality Improvement Framework. An analysis of these registers can be found in the Statistics Jersey *Health conditions and multi-morbidity report*, published in December 2018:

<https://www.gov.je/News/2018/pages/healthconditionsandmultimorbidity2018.aspx>

Extrapolated projections of these disease registers estimate how many individuals will be living with long-term conditions and can be found in the Public Health Statistics Unit *Disease projections 2016-2036 report*:

<https://www.gov.je/news/2017/pages/diseaseprojections2016to2036.aspx>

It must be noted that this report describes the potential level of occurrence of disease in Jersey, based on the current prevalence of disease combined with the projected future population, assuming the recent level of net inward migration continues. The results of this analysis demonstrate what may potentially happen if the current disease prevalence continues while the population increases and ages. It does not take into account health and care interventions that may affect that current prevalence. In other words, encouraging healthy lifestyles by supporting people to be more active, eat well, stop smoking, drink responsibly and generally manage their health better can reduce the likelihood of long-term conditions developing.

When I referred to long-term conditions in Written Question 34/2019, I referred to developing skills of practitioners and patients in the community to avoid serious illness, as described above, but also to delay illness getting worse. As an island, we will need to put more effort into screening for those with certain risk factors, and when disease is diagnosed, do more to help people to self-manage their conditions. From a clinical perspective, we will also need to do more to proactively manage long-term conditions, through regular checks and monitoring. I am working closely with officers and primary care partners to explore potential service delivery models, which are in the process of being developed.