Together

A Cancer Strategy for Jersey

MACMILLAN CANCER SUPPORT JERSEY

Government of JERSEY

2023 - 2027

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Acknowledgement

With thanks to all of those who contributed in any way to the development of the strategy, in particular the service users who openly shared their experiences. Their input has highlighted the need of working *Together*.

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.

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Foreword (Minister for Health and Social Services)

I am pleased to introduce this Cancer Strategy entitled, Together. This strategy represents a commitment to our islander's health and well-being, underpinned by a relentless dedication to improving the prevention, early detection, treatment, and support for cancer patients and their families.

Cancer is a formidable adversary, affecting the lives of countless individuals on our island. It knows no boundaries, respects no age, and shows no mercy. It challenges our healthcare system, our families, and our resolve. But today, we stand united against it, armed with a strategy that not only recognizes the complexities and challenges of cancer care but also provides a path forward.

This strategy is the culmination of collaboration, and expertise from healthcare professionals, patients and their family, patient advocates, and community stakeholders that include a vast group of charities focused on supporting cancer patients and their families. It acknowledges the diverse and evolving needs of our population and recognizes the importance of prevention, early detection, and comprehensive care throughout the cancer journey.

Our commitment extends beyond mere words on paper. It encompasses actions and investments that will shape the future of cancer care in our region. From bolstering prevention efforts, improving screening programs, and enhancing the coordination of care to investing in the training and recruitment of healthcare professionals, this strategy addresses every facet of the cancer experience.

Furthermore, it highlights the critical role of digital solutions, data reporting, and political support in achieving our goals. By harnessing the power of technology, optimizing our resources, and garnering the necessary political backing, we will turn this strategy into a reality that benefits all our citizens.

This strategy also reaffirms our dedication to a patient-centered approach. Every person diagnosed with cancer deserves a personalized treatment plan, a strong support network, and the best possible care. We are committed to ensuring that no one faces the daunting journey of cancer alone.

As we move forward, let this Cancer Strategy offer hope and serve as a testament to our unwavering commitment to our islanders' health and well-being. Together, we can and will make a difference in the fight against cancer. I urge all stakeholders, healthcare providers, and the community at large to work collaboratively towards the realization of this strategy's objectives.

I extend my heartfelt gratitude to all those who have contributed to the development of this strategy. Your dedication, expertise, and passion are the driving force behind our collective efforts. I have full confidence that with your support, we will achieve our vision of a healthier, cancer-resilient community.

Deputy Karen Wilson, St Clement
Minister for Health and Social Services
Government of Jersey

Foreword (Macmillan Jersey)

It is with great pleasure and gratitude to all involved that we present Jersey's first Cancer Strategy which has been thoughtfully developed by the Cancer Strategy Steering Group, in collaboration with a diverse range of professionals and the invaluable voices of individuals with lived experience. This comprehensive document stands as a testament to our island's commitment, collective expertise, and the inclusive approach taken in addressing the profound impact of cancer within our community.

We can all expect to be affected by cancer during our lifetime, whether we are diagnosed ourselves or through supporting a loved one. For those whose lives have been already impacted by cancer, we personally and professionally know of the many challenges and consequences this diagnosis can have. However, amidst the challenges it poses, our local health care community has through the development of this strategy recognised the extraordinary care being offered across Jersey; From our hospital team, community services and GP's, to the many charities and their incredible volunteers, and to the friends, family and neighbours, all doing what they can to make a difference at a difficult time.

By having this strategy in place, we have a plan for the island's priorities over the next five years, across the whole pathway from screening and diagnosis to treatment and beyond. This plan ensures equitable access to quality care and support for all individuals affected by cancer.

Furthermore, this strategy acknowledges that tackling cancer requires a multidimensional and collaborative approach. It encompasses not only the medical aspects of care and treatment but also addresses the emotional, social, and practical needs of individuals and their support networks.

The benefits of this cancer strategy extend far beyond the individual level. It sets the stage for enhanced communication, knowledge sharing, and innovation within the field of cancer care in Jersey. By aligning our efforts and resources, we can make a more significant impact, fostering a culture of continuous improvement and driving positive change in the way we prevent, diagnose, treat, and support individuals affected by cancer.

The strategy's emphasis on involving stakeholders throughout the development process is truly commendable. The Cancer Strategy Steering Group recognised the importance of actively engaging and including the voices of those with lived experience, alongside the expertise of professionals, to create a strategy that is both impactful and inclusive. This approach has given the strategy a genuine understanding and authenticity that will undoubtedly resonate within our community, making a meaningful and lasting impact on the lives of individuals affected by cancer.

Let us embrace this strategy with open hearts and minds, unified determination, and a shared commitment to action, as we strive to make a tangible difference in the lives of individuals affected by cancer within Jersey.

From all the team at Macmillan Jersey, we look forward to working with everyone to bring this strategy to life.

Lauren Perchard-Rees MSc BSc DipIBLM

Chief Clinical Officer / Cancer Support Specialist

Macmillan Cancer Support Jersey

Foreword (Cancer patient and Steering Group Member)

How are you coping with work? Are you managing to look after your home? Are you finding intimacy difficult? How are your children coping?

There is so much more to cancer than the disease itself or the surgery and therapies that treat it.

So, when tasked with producing a Cancer Strategy for Jersey how best to go about it?

Together!

It has been a huge privilege to be a patient member on the Steering Group for Jersey's first Cancer Strategy. Throughout the process it was clear that people affected by cancer are at the centre of this Strategy. Patient and carer voices were actively sought both directly and indirectly with events held for individuals and relevant charities.

Patient and carer voices are so important because cancer impacts every aspect of a person's life. Within days what I could eat became a guessing game. Within weeks my body and appearance changed drastically. Within months the dynamics of my relationships had changed. Within a year every little ache or rash brought with it the fear of progression. Five years on from diagnosis and it's clear many of those changes are permanent. And that's not just my story, that's a common thread in the stories of cancer patients. Some of it is true for carers as well.

Through the various Strategy events that were held three messages really stood out for me. The first was the desire to see people reducing their own risk. The second was people seeking medical opinion early because early diagnosis is so beneficial. I believe this Strategy lays out measures which will help achieve risk reduction and earlier diagnosis.

The third message was around living with cancer and survivorship, the parts of a person's life that aren't directly related to their cancer. Considering the whole of the person's life is important because it can impact their adherence to, or tolerance of, treatment. It can impact their ability to go off-island for essential treatment. It can impact prognosis and the quality of life of those who are cured. To treat cancer patients requires an approach that considers every element of the patient's life. I am excited by areas of the Strategy that aim to tackle this matter.

Cancer touches all of us either directly or through family, friends and colleagues. The voices of patients and carers are important but this strategy isn't just for them. This Strategy is for every islander. Every one of us can play a part in seeing this Strategy succeed if we just work Together.

Lorna Pirozzolo
Cancer Patient
Cancer Strategy Steering Group Member

Developing a Cancer Strategy for Jersey Channel Islands

Why we need a Cancer Strategy

Cancer is a significant global health issue that results in numerous deaths each year, with projections indicating a substantial increase in cases over the next two decades. In the United Kingdom (UK), for instance, one in two individuals born after 1960 will develop cancer at some point in their lifetime, while cancer rates have risen by 39% in the past 17 years due to an ageing population (1) (2) (3). Furthermore, advancements in treatment mean more people are surviving cancer and living longer after diagnosis (4). Healthcare services across the world are confronted with multiple challenges in delivering quality care to individuals with cancer and other long-term ailments.

In Jersey, an island with a diverse population presents unique barriers and issues that must be addressed to enhance cancer outcomes. Accordingly, a locally tailored cancer strategy that caters to the needs of the people is essential.

Extent of the Problem in Jersey, Channel Islands

The Channel Islands Cancer Report 2020, which examined cancer statistics from 2003 to 2016, reveals that cancer is a significant health concern in Jersey. The report indicates that for most types of cancer, Jersey has higher incidence rates than England and the South West. Notably, non-melanoma skin cancer (NMSC), breast cancer, prostate cancer, and colorectal cancer are the most common types of cancer in Jersey. The report further highlights that cancer is the primary cause of death in Jersey, and male Islanders have significantly higher cancer rates and death rates, excluding NMSC. There is a pressing need for improved prevention and early detection measures to mitigate the impact of cancer on the island population (5).

Our Strategy Development

We have developed this strategy through a co-design approach which has brought together people with lived experience of cancer (patients and their families), healthcare professionals from across the Health Services (Health and Community Services, Public Health Jersey, Primary and Preventative Health, Primary Care), Policy makers and Cancer Charities.

The strategy sits within the governance structure of the Health and Community Services Directorate of the Government of Jersey. A Steering Group was established to oversee the development. The steering group met monthly, and its participating membership is shown in Table 1.

Table 1. Steering group participating membership

Member	Organisation
Four service users	
Clinical Lead for Oncology Head of Intermediate Care Consultant in Public Health Public Health Policy Officer Assistant Public Health Analyst Consultant in Histopathology Interim General Manager for Primary, Preventative & Intermediate Care	Government of Jersey
Two general practitioners	Primary Care Body
Chief Clinical Officer	Macmillan Cancer Support Jersey

Vision

Our vision for Jersey is to prioritise cancer risk reduction and survival by ensuring equitable, safe, and timely diagnosis, treatment, and person-centred cancer care for all Islanders.

Aim

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

Objectives

The steering group's main objectives were to address the following key areas and how best this could be achieved:

- Reducing the risk factors for cancer
- Detecting and diagnosing cancer earlier
- Treating cancer better
- Strengthening the cancer services on Island
- Improving the patient and family experience
- Improving quality of life outcomes
- Advance cooperation and collaboration across different organizations on island

A working group was established to undertake the development of the strategy. This included the Clinical Lead for Oncology, Head of Intermediate Care and Consultant in Public Health. The working group met weekly.

Multiple stakeholder engagement meetings were undertaken, starting with an open forum at St Helier Town Hall for all islanders, a reach out session to Health & Social Care students at Highlands College, followed by focused sessions on a cancer site group or a population group, and a range of stakeholders attended. Additionally, there were two generic sessions.

All the information was summarised and presented back to the steering group for discussion and integration into the Strategy.

This approach taken by the steering group and working group in developing the cancer strategy for Jersey was intended to be thorough, collaborative, and inclusive and to reflect the needs of the Jersey population.

Introduction

Cancer Definition

Cancer is a generic term for a large group of diseases that can affect any part of the body (1). Other terms used are malignant tumours and neoplasms. The defining feature of cancer is the division of abnormal cells beyond control, exceeding their usual boundaries. These abnormal cells can then invade adjoining parts of the body and spread to other organs by a process called metastasis. Widespread metastases are the primary cause of death from cancer.

Classification

The International Classification of Diseases (ICD) coding system is universally recognised. Version 10 (ICD-10) is currently in use, with codes C00-C97 used for the classification of cancer. C97 denotes malignant neoplasms of independent (primary) from multiple sites (6).

Impact of Cancer

Cancer is a complex and challenging disease that affects many aspects of a person's life. Not only does it cause physical symptoms and side effects from treatment, but it also has a profound impact on the emotional and social well-being of the person with cancer and their loved ones. Cancer can cause anxiety, distress, depression, and changes in roles and relationships. These psychosocial effects can persist long after the cancer is treated or cured. Therefore, it is essential to provide comprehensive care that addresses both the physical and mental health needs of the patient and family throughout the cancer journey and beyond cure (7) (8) (9).

Risk factors

The development of cancer involves several stages, starting from a pre-cancerous lesion and culminating in the formation of tumours. While some factors that increase the risk of cancer are beyond our control, others can be influenced. Risk factors, such as smoking, alcohol use, obesity, lack of physical activity, and exposure to harmful substances or radiation, can increase the likelihood of developing cancer. In contrast, factors such as age, gender, family history, and genetic mutations cannot be altered.

However, reducing modifiable risk factors can help prevent some cases of cancer and reduce its impact on society. Ultraviolet (UV) light, tobacco smoke, and human papillomavirus (HPV) are among the most common and preventable causes of cancer.

It is important to note that not all individuals with risk factors will develop cancer, and not all individuals without risk factors will be free from the disease.

The risk factors for cancer are shown in Table 2.

Table 2. Risk factors for the development of cancer (1) (10)

Risk factor group	Risk factors
Personal	Increasing age; Sex; Ethnicity; Deprivation; Obesity; Genetic predisposition
Behavioural	Tobacco use; Alcohol consumption; Unhealthy diet; Physical inactivity
Environmental	Pollution; Radiation; including ultraviolet light; Radon gas; Asbestos
Biological	Human papilloma virus (HPV); Hepatitis B and C; Helicobacter pylori; Epstein-Barr virus; Parasites

Screening and Early Detection

Early detection is crucial for improving cancer outcomes and patients' quality of life and can be achieved through two approaches: screening and early diagnosis.

The aim of screening is to identify individuals with findings suggestive of cancer or pre-cancer before they develop symptoms (1). Further tests should follow when abnormalities are detected, and referral for treatment should be made where cancer is present.

Early diagnosis consists of:

- Awareness of the symptoms of cancer and of the importance of seeking medical advice when they are observed
- Access to clinical and diagnostic services
- Timely referral to treatment services

Both approaches require effective health systems that provide accessible, affordable, and quality services for cancer prevention, diagnosis, and treatment. Diagnosing cancer at an early stage improves the chances of receiving curative treatment and saving lives.

Treatment

Cancer patients may receive several types of treatment depending on their diagnosis, disease stage, and personal preferences. The main treatment modalities are surgery, radiotherapy, and systemic anti-cancer therapy (SACT), which includes various drugs that act on the whole body. Some patients may also benefit from nuclear medicine or bone marrow transplant. The goal of treatment may be to cure the cancer, to shrink it, or to prevent it from spreading.

Palliative care is an approach intended to improve the quality of life of patients with chronic or life-limiting diseases, such as cancer. In many cases palliative care begins soon after diagnosis and involves the provision of physical, psychological, social, and spiritual support. It can relieve the symptoms of cancer, improving patient comfort and wellbeing.

We note that the development of the Palliative Care Strategy for the island is currently underway and will address the comprehensive palliative needs of our cancer patients.

Surgery

Surgery is a common treatment option for many cancer patients. According to data from England in 2013-2014, about 45% of patients with cancer had surgery to remove their primary tumour. The likelihood of having surgery depends largely on how advanced the cancer is when it is detected (11).

Radiotherapy

Radiotherapy is a type of cancer treatment that uses high doses of radiation to kill cancer cells. According to data published, 27% of patients diagnosed with cancer in England during 2013-2014 had curative or palliative radiotherapy, as part of their primary cancer treatment. Furthermore, approximately 50% of all cancer patients will receive radiation therapy during their course of illness with an estimation that radiation therapy contributes to around 40% towards curative treatment (11).
Rapid progress in this field continues to be boosted by advances in imaging techniques, computerized treatment planning systems and radiation treatment machines. This progress translates into a broader number of patients being eligible for treatment.

Systemic Anti-cancer Treatment (SACT)

Systemic Anti-cancer Treatment (SACT) is a term that refers to several types of drugs that target cancer cells throughout the body, including chemotherapy, immunotherapy, targeted therapy, and hormone therapy. SACT can be used for different purposes, such as curing cancer, controlling its growth, or relieving its symptoms. SACT is often combined with other treatments, such as surgery or radiotherapy, to improve outcomes for patients.

Approximately 28% of patients diagnosed with cancer in England in 2013-2014 received SACT as part of their primary cancer treatment (11). In the past decade, significant advancements in cancer therapeutics have resulted in many new drug developments and strategies for more effective cancer treatment. As a result, the percentage of eligible patients receiving SACT has increased since 2014, along with the cost of the newer drug options.

Improving Quality of Life Outcomes

Improving quality of life outcomes in cancer patients is a major goal of oncology care. Quality of life encompasses physical, psychological, social, and spiritual aspects of well-being that are important for patients and their families. Providing adequate pain and symptom management, offering emotional and practical support, facilitating communication and decision making, and addressing existential and spiritual needs is part of the treatment.

However, quality of life is also influenced by patients' subjective perceptions of their situation, their coping strategies, their personal values and preferences, and their relationships with others. Therefore, oncology care should be personalised and tailored to each patient's needs and expectations, considering their support objects, their perception of treatment efficacy, and their feedback on the care process. By doing so, oncology care can help patients to maintain or improve their quality of life during active cancer treatment.

Survivorship

Cancer survivorship pertains to the physical, mental, and social aspects of living with and beyond cancer. The number of cancer survivors is increasing due to ageing populations and improved early detection and treatment. According to Cancer.net, about 67**%** of cancer survivors have survived 5 or more years after diagnosis. Cancer guidelines and services acknowledge that optimal cancer care extends well beyond diagnosis and treatment, even for those who have been treated successfully.

Well established and accredited survivorship programmes are running successfully in the community which include the Macmillan HOPE survivorship course.

Nurse-led survivorship programs are an additional innovative and effective way to address the needs of cancer survivors by involving oncology nurses in the delivery of comprehensive and coordinated care for cancer survivors.

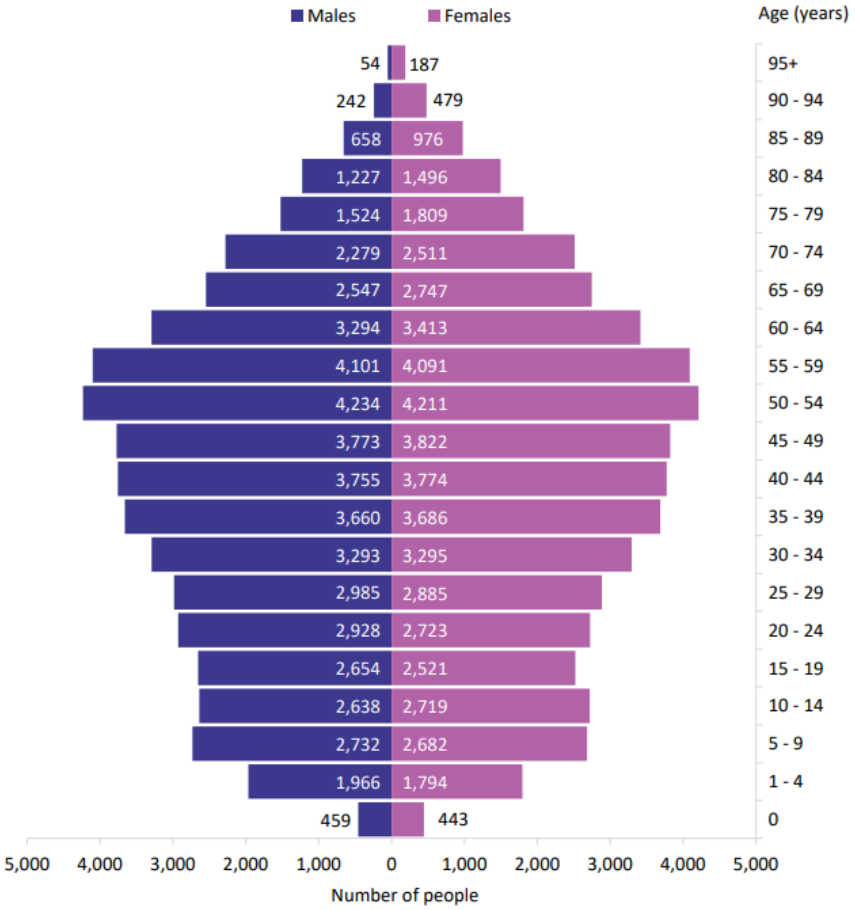
Nurse-led survivorship programs can also provide education, counselling, referral, and advocacy services to help survivors cope with the physical and psychosocial effects of cancer and its treatment, such as fatigue, pain, anxiety, depression, fear of recurrence, sexual dysfunction, and financial hardship. By empowering survivors to take an active role in their own health and well-being, nurse-led survivorship programs can enhance their satisfaction, self-efficacy, and quality of life.

Statistics

Demographics

On 21 March 2021 Jersey had a population of 103,267, with the majority living in or close to St. Helier. This represents an increase of 5,395 since 2011, most of which was driven by migration (12). Jersey's population structure is balanced by sex but characterised by a large proportion of adults in late middle age (Figure 1).

Figure 1. Population structure of Jersey



Based on the 2021 estimate, the majority of the Jersey population falls into the working age group, with 66% of residents aged between 16 and 64 years, while 18% are over 65 and 16% below working age. These proportions have remained relatively stable since 1981.

Interestingly, the demographics of Jersey closely resemble those of the UK, with 63% falling into the 15-64 age group, 18% in the 0-14 age group, and 19% in the over 65 age group, according to Statista.com (13).

The vast majority of Jersey residents identify as white, with 95.8% of the population. However, less than half consider themselves to be of "Jersey" ethnicity, with almost a third identifying as "British." White Europeans make up 14.5% of the population, while Asian and Black ethnicities account for 1.9% and 0.9%, respectively. Additionally, 1.3% of residents identify as mixed ethnicity (12). This is particularly noteworthy given the link between age and cancer, and ethnicity and cancer.

Risk Factors and Cancer in Jersey

In Jersey, certain risk factors have been identified as contributing to the incidence of cancer.
An estimated 30-40% of cancers can be prevented through changes in modifiable lifestyle and environmental risk factors known to be associated with cancer incidence.

Ultraviolet (UV) light from the sun or tanning beds

The Channel Islands have a high rate of skin cancer. According to a report by Public Health England National Cancer Registration and Analysis, 40% of all cancers in Jersey were non-melanoma skin cancer (NMSC). The age-standardized rate (ASR) for NMSC in Jersey is close to double the rate in South West (which is comparable). Guernsey's rate is 17% higher than Jersey.

The rate of malignant melanoma in Jersey is higher than in the South West and in Guernsey. The ASR is 72 per 100,000 in Jersey, 44 per 100,000 in the South West is, and 53 per 100,000 in Guernsey. According to Cancer Research UK 86% of melanoma skin cancer cases in the UK are preventable (5).

Tobacco smoke

Tobacco use is a major contributor to cancer and death related to cancer. Tobacco use causes many types of cancer, including cancer of the lung, larynx (voice box), mouth, oesophagus, throat, bladder, kidney, liver, stomach, pancreas, colon and rectum, and cervix, as well as acute myeloid leukaemia. People who quit smoking, regardless of their age, have substantial gains in life expectancy compared with those who continue to smoke. Also, quitting smoking at the time of a cancer diagnosis reduces the risk of death (14).

The proportion of Jersey's population who smoke has declined in recent years (15). In 2021, 13% of people aged 18 years and above were smokers, similar to the UK rate of 14% in 2020. In 2021, 300 people successfully quit smoking through the Help2Quit smoking cessation service, representing a quit rate of 47% (15).

Alcohol

Drinking alcohol can increase your risk of cancer of the mouth, throat, oesophagus, larynx (voice box), liver, and breast. The more you drink, the higher your risk. The risk of cancer is much higher for those who drink alcohol and use tobacco.

The average alcohol consumption per Jersey adult (aged 15 years or older) in 2022 was 12.0 litres of pure alcohol per year (equivalent to around 8.1 pints of beer or 2.6 bottles of wine per week) up from 11.5 litres per year in 2019. People in Jersey drink more alcohol than most other nations with a third of islanders regularly binge-drinking, according to Public Health intelligence Alcohol Profile 2022 report. When ranked against OECD countries, Jersey came second only to Latvia when it comes to the average amount of alcohol residents consume each year (16).

HPV

The HPV vaccine is a safe and effective way to prevent more than 90**%** of cancers caused by HPV. In the UK and in Jersey, girls and boys aged 12 to 13 years are routinely offered the first HPV vaccination when they're in school Year 8. The 2nd dose is offered 6 to 24 months after the 1st dose. It's important to have both doses of the vaccine to be properly protected (17).

In Jersey in 2021-2022, 82% of eligible Year 8 females and 76% of eligible Year 8 males received the first dose of the HPV vaccine (18). In the same academic year, 87% of eligible Year 9 females and 80% of eligible Year 9 males received the second dose of the HPV vaccine in Jersey, completing the course (18). These numbers are very similar to the UK data published in the Health Protection Report (volume 15, number 20). We should none the less aim to have as close to a 100% vaccination rate as possible.

Obesity and sedentary behaviour

Sedentary behaviour is an emerging risk factor for several cancers. Sedentary behaviour refers to any activity that involves low energy expenditure and minimal movement, such as sitting, lying down, or watching television. It has been associated with increased risk of colorectal, endometrial, ovarian, prostate, and breast cancers in several prospective cohort studies.

Public Health initiatives such as the “Love to ride” and “30 bays in 30 days” is commended.

Screening in Jersey

Screening programmes operate in Jersey for bowel cancer, breast cancer and cervical cancer. These are separate to the diagnostic tests undertaken in symptomatic patients.

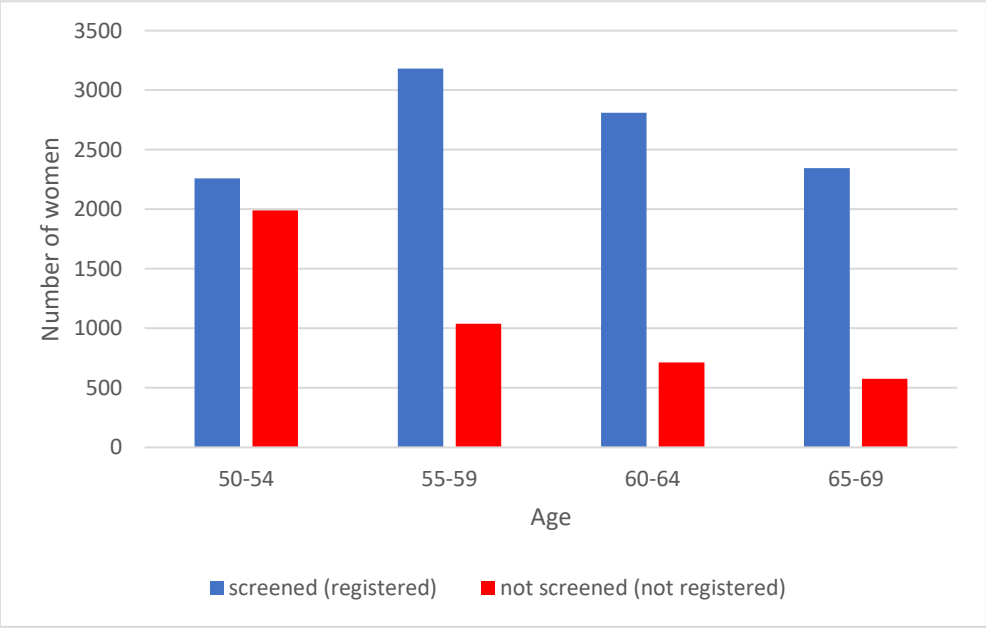
Opt-in screening is a process currently in place in Jersey. This allows individuals to voluntarily participate in a screening program for a certain condition or risk factor. Opt-in screening can have benefits such as increasing personal autonomy and reducing unwanted testing. However, opt-in screening can also have drawbacks such as lower participation rates, selection bias, and missed opportunities for early detection and intervention.

Breast screening

The breast screening programme is available to females between 50 and 69 years of age. On reaching their seventieth birthday, females may elect to remain in the programme for a further five years. Most eligible females are recommended to have breast screening every two years, although in a small number of cases annual screening is indicated based on risk.

Jersey operates an opt-in system for breast screening, once a person reaches 49 years, they can register for breast screening and once they become eligible at aged 50 years, they will be sent an appointment. We know that there are a significant number of individuals who qualify within the population who have not accessed the programme. This is driving health inequality within the Island. To systematically approach such inequalities, the service must become opt-out, to ensure equal access to screening for all eligible women. This is estimated to result in an addition of approximately two thousand women to the screening service across a 2-year cycle. Based on a comparison of URN's and numbers of women on Commit (the breast screening database) we can see there are a large number of women who are not currently registered for breast screening, this is especially evident in the first years of eligibility see Figure 2.

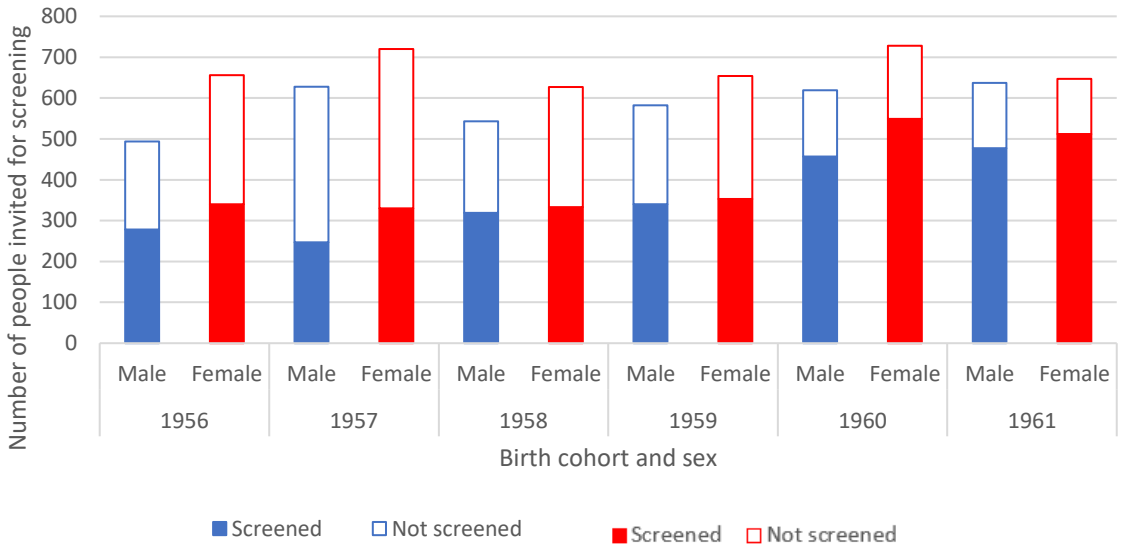
Figure 2. Screened women in the breast screening programme and estimated not-screened women. Based on URN's captured in Commit 2019-2021.



Bowel Screening

The bowel screening programme is offered to males and females, in cohorts based on their year of birth. Population office records are used to generate invitations to participate in the programme. Currently the FIT (Faecal Immunochemical Test) has replaced flexible sigmoidoscopy as the initial method of screening. FIT is a stool test designed to identify possible signs of bowel disease. It detects minute amounts of blood in faeces (faecal occult blood). Many bowel abnormalities which may develop into cancer over time, are more likely to bleed than normal tissue.

Figure 3. Number of people invited to participate in bowel screening in Jersey, and uptake, by birth cohort and sex.

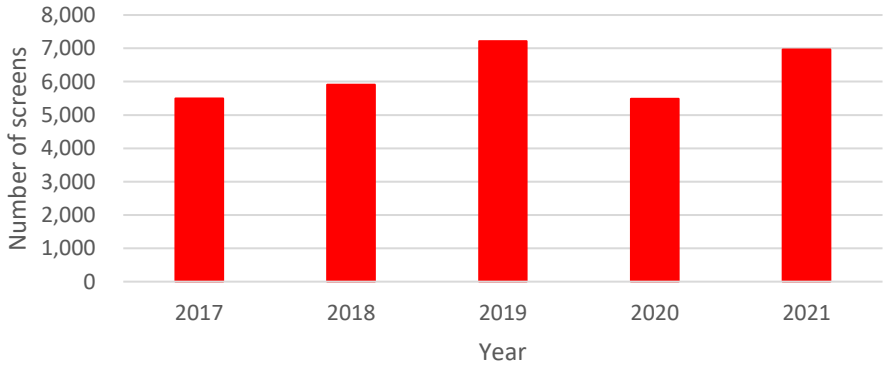


Participation has improved since the Faecal Immunochemical Test (FIT) was introduced for those in the 1960 and 1961 birth cohorts, see *Figure 3* and continues to be expanded to include a larger cohort of individuals i.e., all male and females between 55–60-year-old.

Cervical screening

The cervical screening programme is available to anyone with a cervix between 25 and 64 years of age. The recommended frequency of screening is every three years, reducing to every five years following the person's fiftieth birthday. The number of cervical screens undertaken annually is shown in Figure 4.

Figure 4. Number of cervical screens undertaken in Jersey, by year.



Further recent data from the screening programme that looks at the period from 2019 to 2022 and compares the coverage rates for two age groups: 25 to 49 years and 50 to 64 years showed that the cervical screening coverage for both age groups exceeded the UK target of 80%. For women aged 25 to 49 years, the coverage was closer to 85%, with over 14,200 individuals screened. For women aged 50 to 64 years, the coverage was just over 83%, with over 8,400 individuals screened.

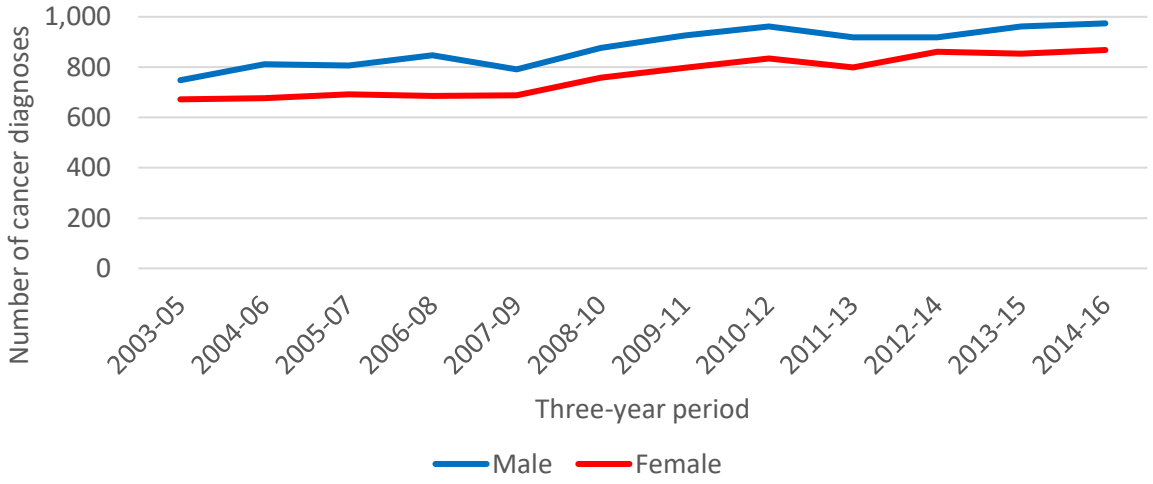
However, despite the high coverage rates, there is still room for improvement. Cervical cancer is the most common cancer among women under 35 years of age and can be prevented by regular screening. Therefore, it is important to encourage more women to attend screening, especially those who belong to groups that are frequent non-attenders, such as women over 50, younger eligible women, women from ethnic minority groups, and lesbian, bisexual and transgender women. An opt-out system where all eligible individuals would be contacted and offered a screening test could improve uptake in these groups and address the inequality.

Incidence

The number of cancers diagnosed annually in Jersey's population has increased steadily in recent years (5). The number of diagnoses in males has consistently exceeded that in females, although population-level staging data is not available. Between the three-year periods 2003-2005 and 2014-2016, cancer diagnoses rose 30% in males and 29% in females. See Figure 3. This is approximately double the estimated growth of the male and female populations in the same period, at 15% and 13% respectively.

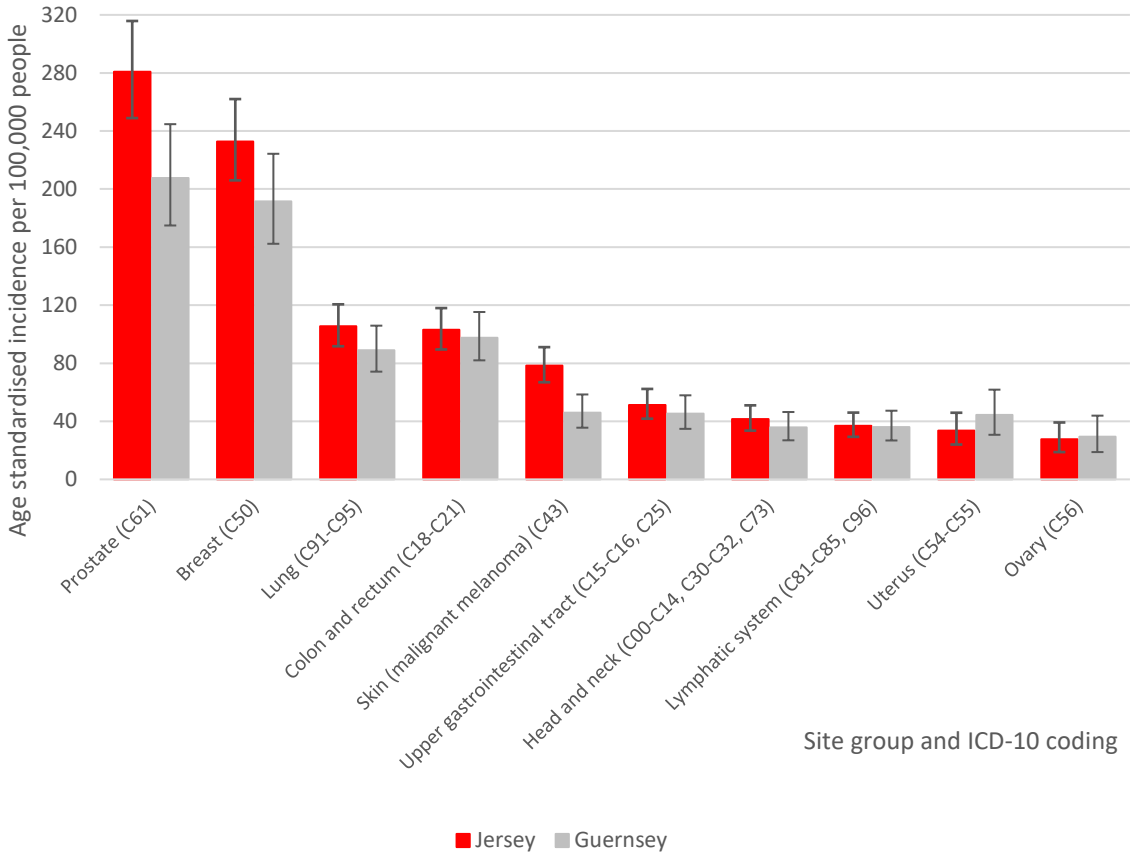
This increase in cancer diagnoses highlights the need for high-quality oncology services in Jersey. The health services need to be adequately staffed and resourced to meet the growing demand for cancer care. It is also crucial to increase cancer prevention and screening programs to identify cancers at an earlier stage when they are more treatable. Collaboration with primary care providers and other healthcare care services i.e., charities will be necessary to provide comprehensive cancer care to the population.

Figure 5. Number of cancer diagnoses in Jersey's population, by sex, between the three-year periods 2003-2005 and 2014-2016 (excluding non-malignant melanoma) (5).



The age standardised incidence of cancer in Jersey and Guernsey, by site group, is shown in Figure 6. For most site groups, incidence in the two jurisdictions is similar. However, for prostate and skin (malignant melanoma) the incidence is higher in Jersey (5).

Figure 6. Age standardised incidence of cancer in Jersey and Guernsey per 100,000 people, for 2014-2016, for the ten site groups with the highest incidence in Jersey (excluding non-malignant melanoma) (5). The confidence intervals shown have been set at 95%.



The rate of all cancers in Jersey is higher than in the South West of England. We diagnose approximately an additional 50 patients per 100,000 population per year (excluding non-melanoma skin cancers) in Jersey as compared to the South West of England. In relation to non-melanoma skin cancer we have close to double the age-standardized rate (ASR) per 100,000 population as compared to the South West of England (5).

The rate of head and neck, lung cancer, prostate and malignant melanoma in Jersey is higher than in the South West of England. The rate of brain, kidney, and ureter and leukaemia in Jersey are lower than in the South West of England (5).

Referrals

Island-wide data available on the number of patients referred with a suspected diagnosis of cancer is not available, as referrals are currently managed at specialist department level and are paper based. There is also a lack of data on the timescales associated with the various stages in the referral process, preventing comparison with other jurisdictions. The inefficiency and delayed process have caused dissatisfaction among GPs, patients, and HCS staff, which is widely acknowledged.

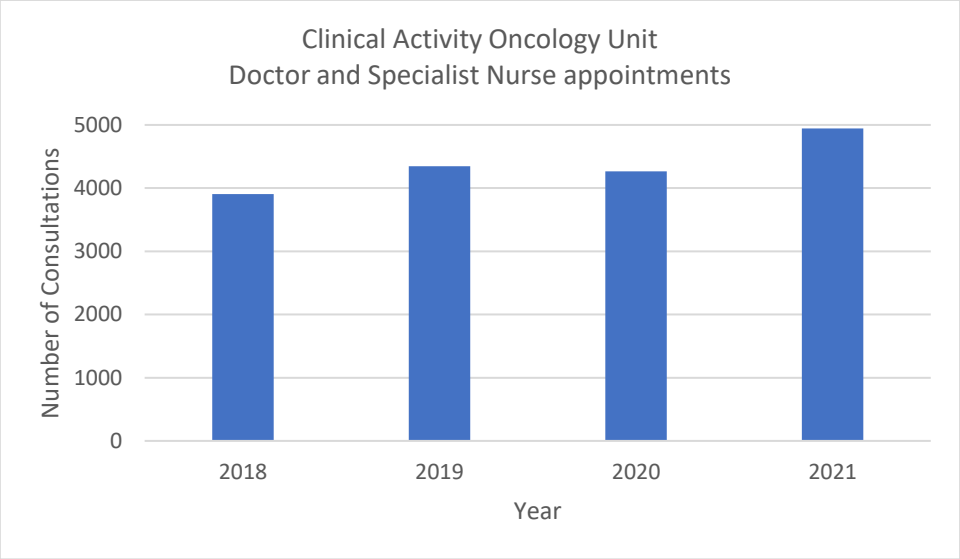
Efficient communication between different health sectors on island is currently challenging, which can lead to delays in patient care. To address this issue, digital solutions are urgently needed to improve communication, track the patient pathway, and ensure real-time data on patient waiting times (PWT) are collected.

On-Island Care

Oncology Department activity

The Oncology Department has observed a substantial increase in direct clinical activity with cancer patients in recent years, as indicated by Figure 7, which shows a rise of more than 25% in doctor and nursing consultations conducted between 2018 and 2021. The Department is dedicated to providing the best care and support to cancer patients by meeting the clinical needs of the cancer patients.

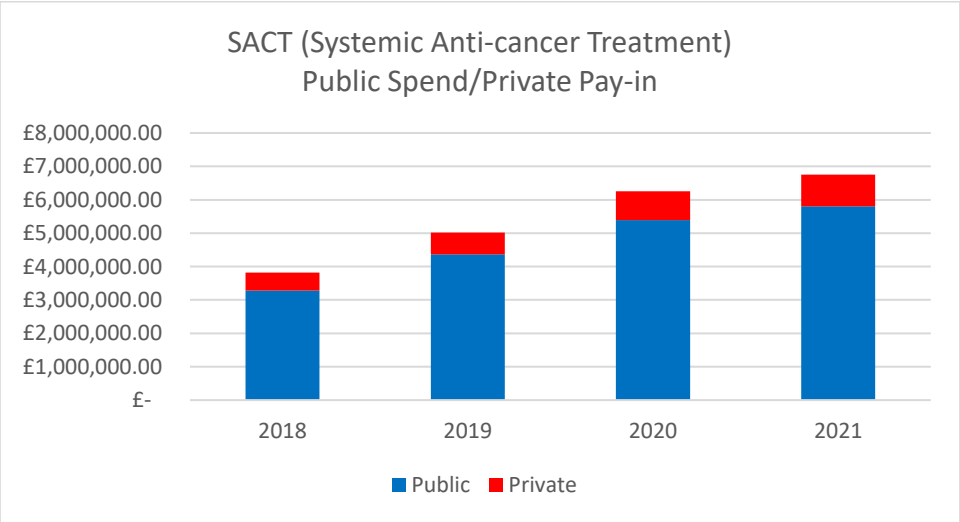
Figure 7. Clinical Activity Oncology Unit



Systemic Antic Cancer Treatment (SACT) spend.

The data indicates a substantial rise in SACT spending from 2018 to 2021, amounting to approximately 77%, Figure 8. This increase can be attributed to the introduction of immunotherapy as a new treatment option for certain cancers. Although immunotherapy is more expensive than conventional chemotherapy, it has the potential to enhance the quality of life and survival rates of many patients.

Figure 8. SACT (Systemic Anti-Cancer Treatment) Public Spend/Private Pay-in



The private income has been increasing consistently as well and represents 15-17% of the total SACT spend. The SACT revenue from the private patients is reinvested into the public budget to support the public cancer fund. Increasing the private revenue could further offset the costs of the new drugs for the public patients.

Off-Island Care

In 2021, a total of 339 patients were referred for off-Island cancer care, excluding radiotherapy. In the same period, 341 patients were referred for off-Island radiotherapy. Some patients had more than one off-Island referral in 2021. Due to the manual coding of off-Island referrals, a small margin of inaccuracy in the data reported is possible. A total of 12 off-Island referrals were cancelled following generation in 2021. The reasons for cancellation included staff shortage, treatment plan changes and patient factors. Some off-Island referrals resulted in multiple appointments; the total number of off-Island appointments arranged in 2021 was 1,374. The costs incurred by the Government of Jersey for off-Island cancer care in 2021 are shown in Table 3. Costs, to the nearest £, incurred by the Government of Jersey for off-Island cancer care in 2021, including costs associated with the provision of escorts. Table 3.

Table 3. Costs, to the nearest £, incurred by the Government of Jersey for off-Island cancer care in 2021, including costs associated with the provision of escorts.

Cost area	Total cost (£)
Clinical	2,452,770
Air travel	169,336
Sea travel	1,481
Accommodation	186,791
Food	20,718
Total	2,831,098

It is noted that in 2017, according to the 2017 Activity and Costs (PLICS) data, approximately £1,257,430 was spent on off-island cancer care. Thus, we have an increase of 125% in spend. The increase in off-island cancer care costs between 2017 and 2021 may be attributed to several factors, such as the disruption of services due to the COVID-19 pandemic, the rising prices of UK providers, and the lack of radiotherapy facilities on the island.

An air ambulance service operates for patients requiring medical care *en route* between Jersey and southern England. Air ambulance usage data is held separately to that for other off-Island referrals. In 2022, 24 patients travelled to southern England by air ambulance for cancer care. The approximate cost for each air ambulance journey in 2022 was £6,300. Therefore, an additional £302,000 taking the total cost of off-island care to over £3.1 million pounds.

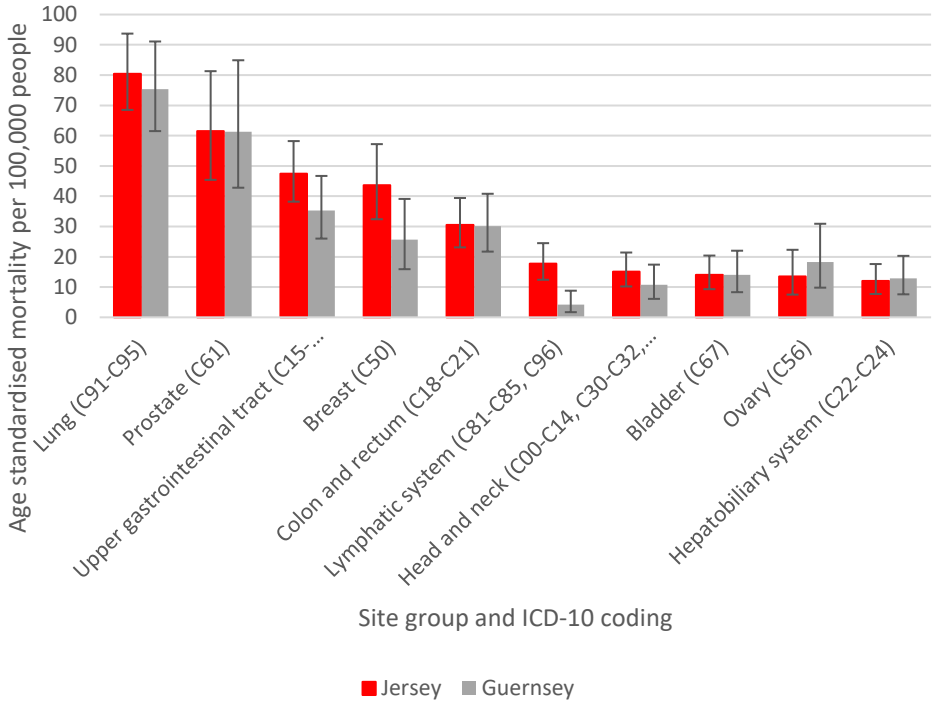
As is known, radiotherapy is not available on the island, unlike most chemotherapy and diagnostic services, which means that more patients need to travel off-island for this treatment. Hence, it is important to re-explore the feasibility and cost-effectiveness of providing radiotherapy on the island with the target of considering serving the population of both Channel Islands.

Mortality

In 2021, cancer was the leading cause of death in Jersey, accounting for 34% of all deaths on the Island (19). The age standardised mortality due to cancer in Jersey and Guernsey, by site group, is shown in Figure 9. Age standardised mortality due to cancer in Jersey and Guernsey per 100,000 people, for 2014-2016, for the ten site groups with the highest mortality in Jersey (excluding non-malignant melanoma) . The confidence intervals shown have been set at 95%. Figure 9. For most site groups mortality in the two jurisdictions is similar, however for cancer of the lymphatic system mortality is higher in Jersey (5).

The death rate for head and neck and lung cancers in Jersey is higher than in the South West of England. The death rate for colorectal cancer is lower in Jersey than in the South West of England.

Figure 9. Age standardised mortality due to cancer in Jersey and Guernsey per 100,000 people, for 2014-2016, for the ten site groups with the highest mortality in Jersey (excluding non-malignant melanoma) (5). The confidence intervals shown have been set at 95%.

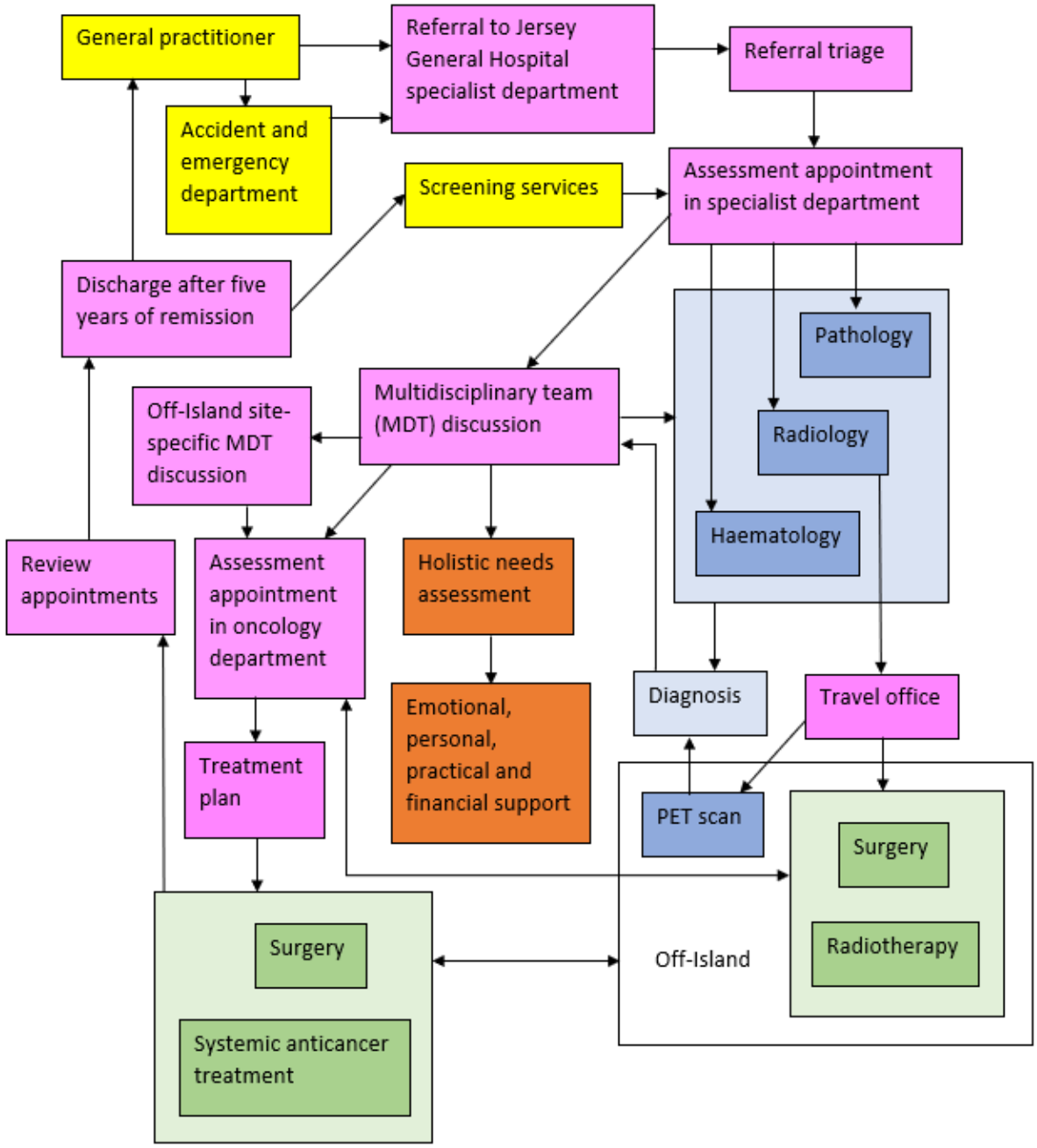


Services

Cancer Pathway

Cancer patients in Jersey access clinical services both on and off-Island. The cancer pathway in Jersey is shown in Figure 10, although the exact route taken by each patient is determined on an individual patient basis.

Figure 10. Cancer pathway in Jersey

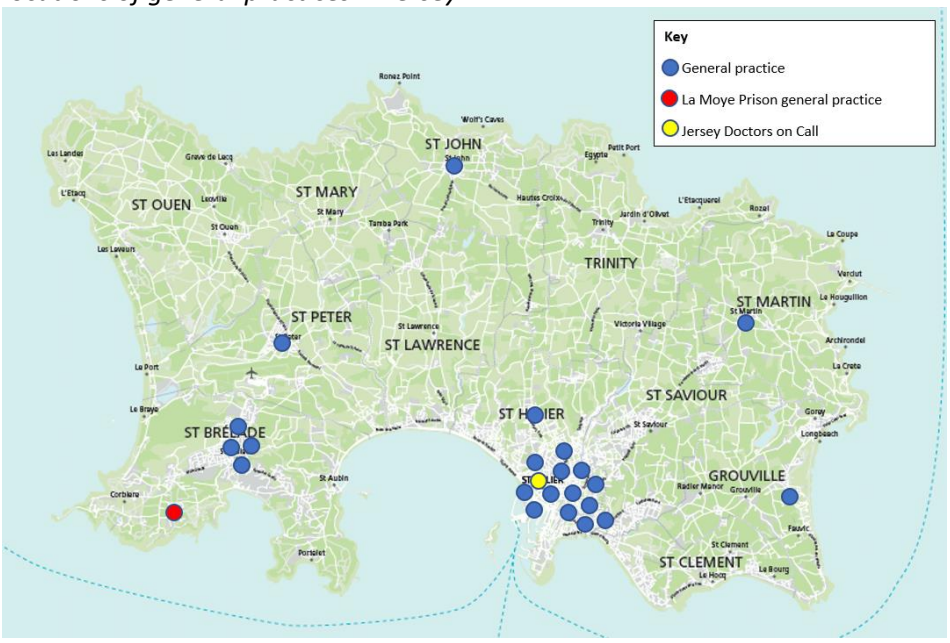


General Practitioners/Primary care

General practice (GPs) is a vital component of the health care system in Jersey. It provides accessible, comprehensive, and coordinated care to individuals and families. GPs play an important role in health promotion, disease prevention, chronic disease management, and are a key part of the pathway for early cancer diagnosis through both routine and urgent referrals.

In Jersey, GP surgeries are private businesses. Anyone resident in the island for more than six months is eligible for a health card. Card holders are eligible for subsidised GP appointments and free prescriptions. The locations of general practices in Jersey can be seen in Figure 11. Several of the locations are staffed only on a part time basis, and some general practices operate across multiple locations. It is important to note that some patients access care from a general practice through telephone consultations and home visits.

Figure 11. Locations of general practices in Jersey



One of the challenges of providing quality healthcare is the lack of integration and interoperability between different health sectors. Currently, all GP services use the same EPR i.e., EMIS (Electronic Management Integration System) that is accessible to primary and preventative care and Hospice. It is not accessible to the hospital staff and does not integrate with the hospital EPR. Likewise, the GP services do not have access to the Hospital EPR, and communication is through letters. This impacts negatively not only the initial referral process and its lack of timeliness but also important communication between clinicians takes multiple days between transcribing, printing, posting, receiving, and actioning. The lack of ease of communication between the different health sectors on island is a stumbling block to efficiency and timely patient care.

Jersey General Hospital/Secondary Care

Jersey General Hospital is a secondary care provider for suspected cancer cases. It has a multi-disciplinary team that evaluates referrals from different sources and plans the best diagnostic and therapeutic strategies for each patient.

The hospital has on-site Radiology facilities, but some cases may require off-site interventions i.e., Endoscopic retrograde cholangiopancreatography (ERCP) and Positron emission tomography (PET) scan.

The hospital Pathology department offers comprehensive testing but further immunohisto-chemistry, molecular and genetic testing must be done off-island.

The hospital works in partnership with off island providers and other stakeholders to ensure the best possible outcomes for patients.

The hospital offers a wide range of specialty cancer services that include diagnostic and interventional Radiology, Pathology, Breast Surgery, Colorectal Surgery, Dermatology, Gastroenterology, Gynaecology, Haematology, Head & Neck Surgery (ENT and Maxillofacial), Neurology, Oesophago-gastric surgeon, Respiratory, Urology, Oncology, and a dedicated systemic anti-cancer treatment (SACT) unit.

Most of the specialties have clinical nurse specialist (CNS) dedicated to support the cancer patients throughout their journey and liaises with other professionals involved in their care.

A more comprehensive table listing the Speciality Cancer Services available at Jersey General Hospital can be found in annex i.

Off-island/Tertiary care

Patients travel off island for all radiotherapy treatments. Radiotherapy is the cornerstone of many initial treatments such as for Brain, Breast, Head & Neck, Lung, Oesophagus, Rectal, Bladder, Prostate, Cervical and Uterine cancers. Palliative radiotherapy is important for all cancers at different stages of the disease.

Patients also travel off island for more complex surgeries i.e., Brain, Lung, Sarcoma (any site), Oesophagus, Gastric, Liver, Pancreas, Prostate (robotic), and advanced stages of gynaecological and urological cancers.

Haematology patients travel off island for high dose chemotherapy, bone marrow transplant and newer treatments such as CAR-T cell treatments.

Patients also need to travel off island for nuclear medicine interventions be it for diagnosis (PET scan) or treatment (neuroendocrine tumours, thyroid cancer, and prostate cancer).

The cancer services in southern England that are most frequently used by cancer patients in Jersey are listed in Table 4.

Due to transport schedules, it is not always feasible for patients to use the airport or port nearest to the cancer service they are attending. Transport from Jersey to the relevant hospital is funded by the Health and Community Services Directorate and organised through the travel office.

Table 4. Cancer services by location in Southern England

Number	Location	Cancer services
1	Cambridge	Addenbrooke's Hospital Royal Papworth Hospital
2	London	Guy's and St. Thomas' Hospitals King's College Hospital Moorfields Eye Hospital Royal Free Hospital Royal Marsden Hospital Royal National Orthopaedic Hospital St. Bartholomew's and The Royal London Hospitals St. George's Hospital University College London Hospitals
3	Portsmouth	Queen Alexandra Hospital
4	Southampton	Princess Anne Hospital Royal South Hants Hospital Southampton General Hospital
5	Bournemouth	The Royal Bournemouth Hospital

Stakeholder Engagement and Emerging Themes

Risk Reduction

Discussions on risk reduction centred on lung, skin, gastrointestinal, and liver cancers. Several risk factors were mentioned, including smoking, alcohol consumption, diet, and sun exposure. Vaping was viewed as a gateway into smoking as well as a cessation aid, and the accessibility of vaping materials to young people was a source of concern. People from deprived backgrounds and minority groups, workers in the construction and agricultural industries, and those without English as their first language were identified as difficult to reach through risk reduction campaigns. Several Islanders also expressed an interest in reducing their own cancer risk, with limited access to healthy food and physical inactivity noted as barriers.

The approaches to risk reduction mentioned ranged from clinical interventions to health promotion activities and campaigns. It was reported that previous Government, private sector, and charity initiatives had been successful in Jersey, especially those targeted at the Portuguese and Polish communities. Adopting risk reduction interventions from other jurisdictions was proposed, based on the success of recent smoking cessation campaigns in Portugal and France and the installation of public sun protection dispensers in Australia. There was widespread enthusiasm for conveying risk reduction messages via social media, with platform selection deemed key in reaching the intended audience.

> "Campaigns should use videos and younger adults in those videos, on social media like YouTube, TikTok, Twitter and Instagram… Facebook is for the oldies!"
>
> "A wonderful initiative from the Help2Quit service identified influential students in schools and offered them the chance to be trained, which cuts right into the target and empowers people to engage with a snowball-effect health change"
>
> "Bowel and colon cancer are eminently preventable by removing polyps"
>
> "Prevention with skin cancers is something where we can really impact"

Consensus: Work to reduce Islanders' exposure to risk factors for the development of cancer, with a particular focus on the risk factors for skin cancer. Increase health information messages on different platforms targeted to the younger population. Continue to support the Help2Quite service and 'Reduce your drinking' programme among others.

Screening

Jersey's current screening programmes for bowel, cervical and breast cancer were discussed in detail and feedback on these was largely positive. The recent introduction of FIT for bowel screening was seen as transformational on account of its convenience, comfort, and the additional capacity the move from flexible sigmoidoscopy created for other investigations. The choice of venues for cervical screening was praised, although Jersey having just one mammography machine was criticised on account of the waiting time for a breast screening appointment. The value of opportunistic oral cancer screening in the context of dental appointments was also mentioned.

It was felt by many that participation in screening programmes could be improved. Suggestions for achieving this included educating Islanders on screening, increasing their awareness of the

programmes, sending invitations to all eligible Islanders, operating mobile screening services, and forming partnerships with employers. The potential benefits of introducing new screening programmes for liver, lung, prostate, and upper gastrointestinal tract cancer, as well as screening with increased frequency, were also considered. Targeting screening programmes at those employed in construction, fishing, and agriculture, as well as prisoners and mental health services users was proposed, as was operating screening services outside of normal office hours and in community settings. The likelihood that any increase in screening would lead to an increase in referrals was cited as a potential risk, compounding the capacity issues resulting from COVID-19.

"So, for the time being, it seems as if unless we, miraculously, have screening van or another mammography machine and a whole load of staff, it will be difficult to catch up"

"For cervical screening, the main problem with it is that as yet it's not a full recall system and is still opt-in, so people have to register for it, and we'd like to make it an opt-out system"

"We've got massive capacity with our machine to be able to do 10,000 FIT test analysis"

"It is extremely disappointing that unfortunately with the time we weren't screening over COVID during COVID, we are now unfortunately got this delay"

Consensus: Opt-out Screening Programs with supportive legislation and fit for purpose software to support screening management across the different services is crucial.

Referrals

It was widely recognised that improvements were needed to the referral processes for cancer patients. The form currently used to refer patients from primary to secondary care was said to be cumbersome on account of its length and layout. A streamlined digital alternative and an application enabling the inclusion of clinical images were proposed as replacements. Primary care input was considered key in making progress with this, although the costs involved were a source of concern.

The referral processes between secondary care departments and for patients receiving off-Island care were also deemed to be inefficient, potentially delaying patients' treatment. The potential to redesign the current referral processes to incorporate a greater digital component was recognised. It was believed this would reduce inappropriate referrals, facilitate more effective triage, and enable better communication between services.

"A new GP referral system could work if it's done right"

"Primary care is key to all this"

"98% of our cancers come from GPs"

"So, I think we really need to make it simple, facilitate that process and obviously if it could be electronic, that's the best"

"We are looking at the Somerset registry, which isn't really a registry, it's basically a patient pathway coordination programme"

Consensus: The development of electronic patient referral processes, to ensure provision is made for urgent cancer referrals from GP's is fundamental. This will help streamline the communication

between primary and secondary care, reduce delays and errors, and improve patient outcomes and satisfaction. Adhering to the suspected cancer pathway guidelines should be adopted as it will meet the needs and expectations of both patients and clinicians.

Investigations

Diagnostic imaging featured heavily in discussions on investigations. It was stressed that the rise in requests for images and the associated reporting had increased pressure on radiographers and radiologists, without planned expansion of the necessary workforce or infrastructure. The waiting times for diagnostic imaging also drew criticism. The present scope for general practitioners and junior clinicians to submit imaging requests without the need for consultant approval, and to view images in primary care settings, were raised as deficiencies in need of improvement.

The pathology service in Jersey General Hospital was commended, although the wait for biopsies was censured. It was felt that investment in the pathology service was needed to support the increase in testing generated by developments in cancer treatment. Recent genetic, molecular, and digital advances were welcomed, along with some understanding that it was unfeasible for the most novel tests to be undertaken and processed on the Island. Separate to the established screening programme, FIT was mentioned as a useful diagnostic aid.

"I have to order all my scans through consultants"

"We've had fantastic progress in anti-cancer drugs that have impacted on quality of life and quantity of life that also has impacted directly and indirectly, other services such as pathology and radiology, they need much more scans, more frequent scans, and those services haven't necessarily grown as they should have"

"Pathology diagnosis is becoming more and more complex. We need more information, newer test that can't be done on-Island, and so all of that costs time and money and everything that goes with that"

"Using FIT in those patients who you suspect may have bowel cancer symptoms or have symptoms is much better at detecting cancer"

Consensus: *Challenges and opportunities in the field of diagnostic imaging and pathology for cancer care in Jersey is highlighted. The need for more resources and infrastructure to cope with the growing demand for pathology testing and reporting as well as interventional and diagnostic radiology was stressed.*

Diagnosis

One of the main factors that affect the prognosis and survival of cancer patients is the stage at which the disease is detected and treated. Early diagnosis of cancer can significantly improve the chances of successful treatment and recovery, as well as reduce the burden on the health system and the society. There were however reports of diagnoses being made later than expected, on account of the cost associated with accessing primary care and the impact of COVID-19 on the availability of appointments. These barriers may result in delayed diagnosis and worse outcomes for some cancer patients. Therefore, it is crucial to address these challenges and ensure that everyone who is eligible for screening can benefit from it.

The value of holistically assessing the needs of each patient receiving a cancer diagnosis was articulated, and the quality of care received at this stage in the pathway was acclaimed. A holistic assessment can help to identify the most appropriate and personalised care plan for each patient, as well as to provide them with adequate information, support, and resources to cope with their condition.

"Diagnosing early, obviously, you know, makes huge difference in all cancers"

"we are feeling in general that we are diagnosing a little bit later than what we should and that can also obviously have a lot to do with COVID, although I don't think it's impacted that much, but it also how you are able to access the GP, so that's important"

"holistic evaluation of all patients when the diagnosis is made, available to all cancer patients on-Island and the ones that are newly diagnosed"

Consensus: Improving screening uptake and access to all islanders. Support with cost associated with accessing primary care and efficient referral process from primary to secondary care. Ensuring all patients diagnosed with cancer receive a holistic need assessment and a personalised treatment plan.

Treatment

Comments on treatment covered surgery, SACT and radiotherapy. The quality of both government and private care available in Jersey was commended, although care in the UK was said to be more variable. Recent advances, such as the use of genomics and molecular markers, were noted to be costly but seen as vital in increasing the proportion of treatment conducted in Jersey. Delays in the commencement of treatment and, on occasion, the lack of review appointments were sources of frustration. Increasing the capacity of diagnostic imaging and theatre facilities, implementing breach dates for treatment pathways, and strengthening the communication and coordination among multidisciplinary teams were suggested as potential solutions for improved care.

"I have had very good experience. I'm particularly impressed with oncology"

"I did the private route, which sort of keeps me out of a lot of this system, but I think the whole experience was very good. The only thing I would say is not really any follow up after treatment"

"I have family in the UK and the horror stories that they go through, staying in corridor, you know, in a bed waiting for treatment. So, whatever is being done in Jersey, it's being done well"

"We have more patients living longer, with newer and expensive medications"

Consensus: Increasing the capacity of diagnostic imaging, implementing breach dates for treatment pathways, and strengthening the communication and coordination among multidisciplinary teams is key.

Off-Island Care

Jersey's reliance on UK hospitals for the diagnosis and treatment of Islanders was recognised, but concerns were raised regarding the timescales involved and the co-ordination of the process. Greater oversight from the oncology department and contractual levers were proposed as remedies. The exhaustion, anxiety, isolation, and financial implications associated with travelling off-Island were referenced, along with the need for additional support for patients receiving treatment in the UK.

"Head and neck patients are always complicated and need a lot of care off-Island as well"

"We definitely feel sometimes that our patients do fall to the bottom of the list just because they're not there in front of them"

"It's a very different experience if you've never travelled, and quite a different impact if say, a parent goes, then you've lost childcare"

Consensus: Many patients must travel off-island for diagnosis, surgery, radiotherapy, and other treatments, which can be costly, stressful, and disruptive to their lives and families. Improving support networks and information resources for cancer patients and their caregivers who travel off-island (travel assistance, accommodation, counselling, and peer support). Improve service level agreements (SLA) and communication from off-island health providers in real-time through digital solutions.

Support Services

Discussions on support services focussed on the offering within the charity and community sector. The support services available were applauded and patients' reliance on them was referenced frequently. Some felt support services were underutilised, stemming from a lack of awareness of their remit, some patients' reluctance to seek charitable assistance and limited communication with clinicians. It was mentioned that a holistic needs assessment was being launched, to identify which support services would best meet the needs of all patients diagnosed with cancer. The need for a single source of information on the support services available was stressed, as was a preference for support services to co-locate.

The lack of robust pre-rehabilitation and rehabilitation physiotherapy services was commented.

The loss of the day hospice service was considered detrimental, and its reinstatement was highly supported.

"Jersey is lucky to have many charities which are involved in healthcare, and we need to make sure that everybody knows what everyone is doing and how they can interact with each other"

"We've relied very heavily on charities"

"As a patient who's youngish, you're just trying to keep working, trying to keep everything, but you don't get the help that you need to do that"

"GP bills – some feel awkward approaching a charity"

"The holistic needs assessment is something that is extremely important, and it will be available to all cancer patients on-Island"

"Have all the information together in one sheet as to what is available and making sure people are reaching out in a timely fashion"

Consensus: Improved communication and awareness of all support services on island is needed, a comprehensive mapping of all the services was recommended. Holistic need assessments for all cancer patients, improved psychological support and improved physiotherapy services would impact on the quality of life of the cancer patients greatly.

Survivorship

Several stakeholders spoke of survivorship, explaining that its importance has grown as the number of cancer survivors in Jersey has increased. Experiences of survivorship varied by cancer site. It was said that survivors of breast cancer benefitted from excellent support, yet testicular, gastrointestinal, and gynaecological cancer survivors were sometimes overlooked. The support for survivors with stomas in the community was seen as inferior to that available to inpatients and in need of improvement. The flexibility demonstrated by employers with respect to survivors' professional duties was appreciated.

"When you finish treatment, it's not the end"

"More people are living longer with or without cancer and the after-effects of treatments"

"it's a lot of people my age who are still working and living through it"

"Looking at living with cancer and survivorship, that is something that is extremely important. And obviously with bowel cancer that is also important in terms of stomas, and so we would really like to look at that aspect of the survivorship"

Consensus: A survivorship program can help cancer patients' transition from active treatment to long-term follow-up care and survivorship. By addressing the holistic needs of survivors, these programs can improve their health outcomes and quality of life.

Data and Evidence

The paucity of local cancer data was frequently referenced by stakeholders. It was acknowledged that the available intelligence indicated Jersey's cancer incidence and mortality were high, yet there was little insight into disease patterns in population subgroups. Similarly, a lack of data on those not accessing cancer screening programmes was reported. It was felt that better data would inform the

targeting of interventions to reduce risk and improve the uptake of screening. Incorporating enhanced data reporting requirements into General Practitioners' contracts and establishing a cancer registry for Jersey were proposed as solutions to the issues raised. The importance of using published evidence also featured in discussions, with the Cochrane Library cited as a valuable source.

> "We know there's a lot to do and everything comes down to having, also, a lot of data that we can understand what is happening and where we can intervene"
>
> "If we had our data, we would know who wasn't coming, and then reach out to them"

Consensus: Enhanced data reporting requirements to ensure more comprehensive data on cancer incidence and mortality rates but also database, supported with software, of cancer cases, treatment, and outcomes, providing valuable insights into disease patterns, risk factors, and screening uptake.

Workforce

Difficulties in the recruitment of clinical staff were voiced repeatedly, especially with respect to allied health professionals. The cost of living in Jersey, the impact of the COVID-19 pandemic, immigration policy, the lack of succession planning, and the timescale of the recruitment process were identified as contributing factors. The need for workforce expansion to accommodate the rising number of cancer patients was highlighted. Investing in modern services, promoting healthcare careers among students in Jersey, providing subsidised accommodation, succession planning, and facilitating the return of non-clinical nurses to patient facing roles were put forward for consideration.

> "They're desperate to recruit, they've maxed out the number of locums that they can get. You can't get people to come and live here because it's too expensive"
>
> "Skin cancer is increasing. Where are all the dermatologists? I think it's eight rounds of recruitment"
>
> "Once they realise the cost of living in the Island, how much a house will cost, they say I just can't because there's no way that I can survive"
>
> "There's no succession planning, so we're gonna be left in a really sticky situation"
>
> "Staffing levels haven't increased at all, and I think we're hitting for a crisis really regarding this"
>
> "Need to encourage local students to take up careers with the AHP field"

Consensus: One of the main challenges faced by the healthcare system in Jersey is the recruitment of clinical staff, particularly specialist nurses and allied health professionals. The high cost of living in Jersey being a major stumbling block. Workforce expansion is critical but so is investing in modern and innovative services that can improve efficiency and quality of care.

Other Themes

Other themes raised included the procurement of clinical and laboratory services and the impact of COVID-19 on the healthcare system. The importance of political support in strategy development

and implementation was highlighted, particularly with respect to funding. Regarding engagement, the attendance profile in stakeholder sessions was observed to have influenced the willingness of those present to discuss cancer. Several issues related to Jersey's wider healthcare system and other healthcare projects on the Island also surfaced.

"COVID had an impact on everything"

"It's important to have the strategy obviously, but most importantly to ensure that our politicians buy in"

Consensus: The negative impact of Covid on Cancer care in particular the impact on screening programs needs to be addressed. The importance of political support in the strategy development and implementation of the agreed deliverables was deemed crucial.

Support Services on Island for Cancer Patients

Cancer patients in Jersey have access to a variety of services that can help them cope with their condition and improve their quality of life. These services are provided by different organisations and professionals who work together to offer comprehensive and holistic care.

It became evident from the stakeholder engagement sessions that it was necessary to map all the existing services. By doing so we have been able to identify an array of clinical and non-clinical support services that are available to all cancer patients on island. The result of this mapping exercise is a list of services and charities that cover various aspects of cancer care, such as financial support, emotional support, practical assistance, counselling, group support and others.

Below, in *Table 5*, is a summary list of all the services and charities that were identified. Subsequently a detailed review was undertaken via face-to-face interview with the service principals to better document available services and their operations. See annex ii.

Table 5. Services available to cancer patients

Service	Service offer
ABC Breast Cancer Support	● Financial support ● Emotional support ● Health promotion campaigns
Adult Social Work	● Financial advice ● Practical assistance ● Care home placements ● Sourcing care at home ● Sourcing equipment at home ● Counselling
British Red Cross. (*Relaunch planned for 2023)*.	● Emotional support ● Practical assistance ● Home care support ● Facilitating care transfers
Cancer.JE	● Resource hub of Information, Advice, Links and Patients' stories
Citizens Advice Jersey	● Debt and monetary advice ● Practical assistance ● Basic information on healthcare rights, costs, and support services
CLIC Sargent Jersey	● Financial support ● Emotional support
Customer and Local Services	● Incapacity benefits ● Care allowances ● Connecting communities
Family First	● Financial support ● Emotional support ● Practical assistance ● Website resource with Information and Advice
Family Nursing and Home Care	● 24-hour community nursing ● Palliative and end-of-life care ● Rapid Response and Reablement ● Mental health crisis intervention ● Emotional support ● Home care ● Facilitating care transfers ● Prevention and immunisation ● Education workshops
Friends of Jersey Oncology (FOJO)	● Financial support ● FOJO pack ● Oncology unit equipment funding ● PICC lines service funding ● Training funding
Hospital Chaplaincy	● 24-hour onsite service ● Ward presence ● Special services, rites, and rituals ● Contact with faith community ● Emotional support and counselling
Jersey Brain Tumour Charity	● Emotional support ● Social events
Jersey Cancer Relief	● Financial support ● Practical assistance ● Specialist Nurse funding

Service	Service offer
Jersey Cancer Trust	● Fundraising for the Wessex Cancer Trust ● Transport within UK ● Accommodation within UK ● Clinical equipment
Jersey Hospice Care	● Inpatient Unit ● Community palliative care ● Bereavement and emotional support ● Spiritual care ● Complementary therapy ● Education and training workshops
Jersey Ostomy Society	● Stoma management advice ● Financial support for products ● Financial support for equipment ● Buddy system ● Social events
Lymphoedema Jersey	● Treatment of lymphoedema ● Products ● Ongoing support
Macmillan Cancer Support Jersey	● Specialist cancer support ● Emotional support ● Financial support ● Practical information ● Counselling ● Wellbeing and therapies service ● Group support ● Ear acupuncture ● Book café and community hub ● Health and social care placement opportunities
Teenage Cancer Trust Jersey Appeal	● Specialist Nurse funding ● School programme funding ● Activity weekend funding ● Teenage Cancer Trust Unit funding
The Antoine Trust	● Financial support ● Specialist Nurse funding ● Educational funding ● Paediatric palliative care funding
The Grace Crocker Family Support Foundation	● Fundraising for Family First
Travel and Overseas Treatments Office	● Travel for patients requiring treatment within UK ● Escorts ● Accommodation within UK ● Jersey Emergency Transfer Service ● Repatriation

Collaboration Projects

Through the process of developing this strategy, a positive immediate impact was the opportunity for the hospital team involved to develop a closer relationship with other departments within Government and charities in particular Macmillan Jersey who were involved throughout. The insights shared and gained through the strategy development process regularly returned to the need for a stronger connection between the hospital team and the community sector supporting people with cancer, to improve the experience for patients and their families.

Collaboration projects can improve the quality, safety, and efficiency of cancer care, as well as enhance patient satisfaction and well-being. They can also reduce health disparities and improve access to care for underserved populations affected by cancer. Therefore, collaboration projects between health and community services are vital to improve cancer care and achieve better health outcomes for all. Below in Table 6 is a summary list of multiple collaboration projects underway with Hospital Community Services.

Table 6. Collaboration Projects

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

Collaboration projects with Adult Social Services and Primary and Preventative Care • Care4All: Screening program for adults with learning disabilities.
Collaboration projects with Macmillan Jersey • Specialist Oncology Dietitian • Radiotherapy Support Service • Improving the Cancer Journey Jersey (ICJJ) – Holistic needs assessments and care planning • Joint HCS / Macmillan Jersey – Ear Nose and Throat Multidisciplinary team (MDT) meetings • Oncology Nurse Survivorship Clinic
Collaboration project with Jersey Cancer Trust • The Daisy Bus Service (Southampton General Hospital).
Collaboration project with FOJO (Friends of Jersey Oncology) • Oncology Vascular access - PICC line Nurse led project. • Oncology treatment starter packs for patients
Collaboration for research with Cancer Research UK Jersey • The funds raised in Jersey go towards the Southampton Cancer Research Centre.
Planned Collaboration project with Community Services • Collaboration with Cancer.JE • Collaboration with Cancer Relief.

Key Points

- Work to reduce Islanders' exposure to risk factors for the development of cancer, with a particular focus on the risk factors for skin cancer.
- Increase health information messages on different platforms targeted to different population groups (younger population, over 50 year-old men, etc.).
- Opt-out Screening Programs with supportive legislation to ensure equitable access to all islanders.
- Suitable software to support screening management across the different departments.
- The development of electronic patient referral processes, to ensure provision is made for urgent cancer referrals from GP's.
- Support with cost associated with accessing primary care.
- Streamline the communication between primary and secondary care, reduce delays and errors, and improve patient outcomes and satisfaction.
- Address the need of the growing demand for pathology testing and reporting.
- Investment in radiology workforce and infrastructure to match the growing demand for imaging and reporting services of the cancer care pathway.
- Strengthening the communication and coordination among multidisciplinary teams.
- Ensure all patients diagnosed with cancer receive a holistic need assessment and a personalised treatment plan.
- Improve access to financial support during the cancer patient journey.
- Improving support networks and information resources for cancer patients and their caregivers who travel off-island (travel assistance, accommodation, counselling, and peer support).
- Improve service level agreements (SLA) and communication from off-island health providers in real-time through digital solutions.
- Improved communication, awareness, collaboration with all support services on island.
- A survivorship program to help cancer patients' transition from active treatment to long-term follow-up care and survivorship.
- Enhanced data reporting requirements to ensure more comprehensive data on cancer i.e., incidence, staging, treatment, and outcomes.
- Workforce plan to mitigate the challenges faced by the healthcare system in Jersey is the recruitment of clinical staff, particularly specialist nurses and allied health professionals.
- Address the negative impact of Covid on Cancer care in particular the impact on the screening programs.
- The importance of political support in the strategy development and implementation of the agreed deliverables.

Deliverables

Following a comprehensive review of the statistics, services, and findings from the stakeholder engagement sessions, the steering group developed the following priorities/deliverables. These are described in Table 7, along with the associated ownership, timescales, and success criteria.

Table 7. Strategy deliverables, ownership, and success criteria for 2023-2027

Objective	Deliverable	Ownership	Timescale
Reducing the risk factors for cancer	**1. Work to reduce Islanders' exposure to risk factors for the development of cancer, with a particular focus on the risk factors for skin cancer.**	• Public Health • CYPS • Health and Community Services • Charity/Community Sector	2023-2027
	Success will be evidenced by developing public awareness campaigns and educational programs ensuring awareness to the younger generation. Regularly monitor and evaluate the impact of the initiatives implemented to determine their effectiveness.		
Detecting and diagnosing cancer earlier.	**2. Increase uptake of screening services on island by all islanders.** • **Introduce the Opt-out screening process where all eligible islanders will be automatically enrolled in the screening program.**	• Government of Jersey • Primary and Preventative Care • Health and Community Services	2023-2025
	Success will be evidenced by increase in numbers of screening in particular breast cancer, expansion of the FIT test to a larger population and ensure an all-inclusive software that can manage the data, communication, and logistics of the screening program across the different service providers.		
	3. Support the development of electronic patient referral processes, to ensure provision is made for urgent cancer referrals from GP's.	• Health and Community Services • Primary Health Services	2023-2024
	Success will be evidenced by the implementation of an electronic referral process and improved referral timescales for cancer patients from general practitioners.		
Treating cancer better.	**4. Resources to expand the oncology, pathology, and radiology services to meet the growth in demand and ensure high-quality and patient-centred care for all cancer patients.**	• Health and Community Services • Government of Jersey	2023-2027
	Success will be evidenced by improved and timely access to clinical care for cancer patients. This can be monitored by reduced waiting times, increased capacity, and improved patient outcomes.		

Objective	Deliverable	Ownership	Timescale
	5. To achieve a balance between the benefits and costs of new drugs and treatments. Ensuring efficient and effective use of treatments for all cancer patients.	• Health and Community Services • Government of Jersey	2023-2025
	Success will be measured by ensuring that we conduct cost-effectiveness analysis, quality of life assessments and track treatment utilization rates.		
Strengthening the cancer services on Island.	**6. Digitalization of Cancer services to improve the available data for better treatment and support planning of cancer patients and for conducting population-level analyses.**	• Health and Community Services • Public Health • Government of Jersey	2023-2025
	Success will be evidenced by using technology to improve communication, coordination, and access to information across the cancer care continuum.		
Improving the patient and family experience.	***7.*** **Deliver personalized care and support to all cancer patients and their caregivers.**	• Health and Community Services • Macmillan Jersey • Other Charity/ Community Sector	2023-2024
	Success will be evidenced by access to Holistic needs assessment for all patients diagnosed with cancer and personalised care plan.		
Improving quality of life outcomes.	**8. Progress the development of the oncology Nurse-led survivorship clinic to all cancer survivors**	• Health and Community Services • Macmillan Jersey	2023-2024
	Success will be evidenced by improving the quality-of-life outcomes for cancer survivors by enhancing their well-being, functioning and satisfaction with life.		
Advance cooperation and collaboration across different organizations on island.	**9. Facilitate working together between different organizations to share resources, expertise, and best practices to improve the quality of life and outcomes for cancer patients.**	• Health care providers • Charity/Community Sector • Government of Jersey	2023-2027
	Success will be evidenced by advancing a network for all cancer services to better serve the patients. Creating a platform for regular dialogue and information exchange. Developing joint initiatives that address patient needs.		
	10. Develop a service directory for the cancer workforce, and a service guide for cancer patients of all support services on island.	• Public Health • Macmillan Jersey • Cancer.JE • Charity/Community Sector	2024
	Success will be evidenced by clarity among the cancer workforce and cancer patients on the services available in Jersey.		

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