

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY I. GARDINER OF ST. HELIER NORTH
QUESTION SUBMITTED ON MONDAY 16th MARCH 2026
ANSWER TO BE TABLED ON MONDAY 23rd MARCH 2026**

Question

“In relation to endocrine disorders and thyroid disease, will the Minister –

- (a) detail, for each of the last ten years, the number of Jersey residents diagnosed with thyroid disease, broken down by year and diagnosed type (including hypothyroidism, hyperthyroidism, autoimmune thyroid disorders (such as hashimoto’s thyroiditis and graves disease) and thyroid cancer;
- (b) provide, for each of the last ten years –
 - (i) the annual budget allocated to thyroid-related clinical services, endocrinology services, and thyroid disease monitoring within Jersey’s health system; and
 - (ii) the number of consultant and other endocrinologists and thyroid specialist clinical staff employed within the Health Department; and
- (c) advise whether –
 - (i) any epidemiological or public health review has been undertaken during the past ten years examining thyroid disease trends, clusters or increases in thyroid-related disease in Jersey’s population;
 - (ii) the Health Department has assessed possible environmental contributors to thyroid disease, including exposure to persistent environmental pollutants; and
 - (iii) Jersey maintains any system for monitoring population-level trends in endocrine disorders that could indicate emerging public health concerns?”

Answer

(a)

Hypothyroidism is commonly diagnosed and managed in primary care, with diagnoses recorded in the EMIS system. Information in EMIS is held by GPs, rather than by the Government. Whilst the Government of Jersey can interrogate the EMIS system on a pseudo-anonymised basis, information is not quality assured (outside of conditions recorded under the Jersey Quality Improvement Framework - JQIF). Primary care figures for thyroid disease are therefore not provided here, as they could be inaccurate or misleading.

For context, NHS England does not currently publish official statistics on hypothyroidism prevalence; with the indicator being retired from the English QOF (Quality Outcome Framework) in 2014.ⁱ

Some thyroid disease patients will be seen in secondary care. With regards outpatient data; it is not possible to disaggregate thyroid conditions from general specialism data (usually endocrinology) because outpatient activity is not officially clinically coded, and there are no dedicated thyroid-only clinics. With regards inpatient data; the data held represents activity rather than diagnosis of thyroid disease. Annual activity data for thyroid disease is shown (for context) in Table 1.

Additional Context - Coded inpatient episodes relating to Thyroid disease, 2016-2025, Health and Care Jersey

Table 1 shows the number of unique patients per year with a coded inpatient episode relating to one of the four types referenced in the question. It is important to note that much of the activity would take place in either the primary care or outpatient setting, which are not reflected in the data presented in this table.

In addition, small numbers of inpatient episodes from 2024 and 2025 are yet to be coded which may cause these numbers to increase slightly in the future.

Table 1. Coded inpatient episodes relating to Thyroid disease, 2016-2025, Health and Care Jersey

Discharge Year	Autoimmune thyroiditis (Hashimoto's thyroiditis)	Graves disease	Hyperthyroidism	Hypothyroidism
2016	6	16	32	699
2017	12	18	33	725
2018	11	23	45	844
2019	9	19	47	872
2020	13	19	49	738
2021	8	10	40	689
2022	13	18	52	590
2023	7	13	46	466
2024	12	12	36	334
2025	8	9	26	202

Thyroid cancer incidence has remained statistically similar over the last 10 years. Thyroid cancer diagnosis rates over the 2012 to 2022 period are shown in Table 2, alongside the age-standardised rate (adjusted for Jersey's population) and statistical confidence intervals. Due to small numbers, data has been aggregated into three-year reporting periods (as standard in the Channel Islands Cancer Report).

Table 2. Thyroid cancer diagnosis counts and incidence rate, 2012-2022, Jersey

3-Year Period	Individuals Diagnosed	Age-standardised Incidence Rate (per 100,000 population)	95% Lower Confidence Limit	95% Upper Confidence Limit
2012-2014	17	5.33	3.09	8.55
2013-2015	20	6.68	4.05	10.34
2014-2016	22	7.23	4.51	10.97
2015-2017	25	8.03	5.18	11.88
2016-2018	19	6.04	3.63	9.46
2017-2019	14	4.57	2.48	7.68
2018-2020	20	6.18	3.76	9.56
2019-2021	24	7.37	4.71	10.98
2020-2022	29	8.81	5.89	12.67

In the last 10 years, there have been less than five deaths due to thyroid cancer in Jersey. Due to the small numbers, it is not possible to provide a breakdown of this data over time without disclosing sensitive information.

(b) (i)

The below figures are based on the closing budget in each year 2016-2025 for the Diabetes Service cost centres.

Year	Budget (£'000)
2016	1,021
2017	1,060
2018	1,281
2019	1,518
2020	1,313
2021	1,649
2022	2,128
2023	2,493
2024	2,481
2025	2,709

Notes:

For 2016-2022, this is based on the following cost centres KMS150- Diabetes, KNM210- Diabetes, KNM215- Diabetic Technology

For 2023-2025, this is based on cost centres 100554 Diabetes, 100957 Diabetic Technology

(b) (ii)

Two consultants are employed by Health & Care Jersey, covering all areas of diabetes and endocrinology, including thyroid. In addition, one Registrar works in diabetes and endocrinology as well as General Medicine; approximately 1.5 days of their working week are spent in Endocrinology.

(c)(i)

Public health monitors rates of all cancer types, through the commissioning of the Channel Islands Cancer Report (prepared by the National Cancer Registration and Analysis Service - NCRAS), including thyroid cancers, as detailed in part a.

(c)(ii)

There is currently no evidence of an increase in thyroid disease in Jersey, and therefore no indication at present of a need to investigate environmental contributors. The Government of Jersey routinely monitors a wide range of environmental pollutants in line with established regulations and standards. Should data ever indicate a concerning rise in thyroid disease, the Health Department would scope the need for a detailed assessment of whether any environmental exposures could be linked to the observed trend.

Recently, a Scientific Advisory Panel has been working to investigate PFAS, an environmental contaminant in Jersey. In their second report into the health effects of PFAS at high levels, they conclude “*The evidence linking PFAS exposure to endocrine disorders, including thyroid dysfunction and metabolic issues like obesity and type 2 diabetes, was found to be inconsistent. While some studies indicated potential associations, these were not uniformly supported across different populations and settings.*” The report can be found on www.gov.je/PFAS and the evidence for thyroid dysfunction is on page 63.

A 2013 review of cancer in Jersey looked at key risk ^{110BJ} This included consideration of two environmental factors; Radon gas and UV light exposure, neither of which were linked to thyroid (Head & Neck group) cancers in the review.

(c)(iii)

Public health monitors rates of all cancer types, through the commissioning of the Channel Islands Cancer Report (prepared by the National Cancer Registration and Analysis Service - NCRAS), including thyroid cancers, as detailed in part a.

ⁱ [Hypothyroidism-NHS England - QOF Database](#)

ⁱⁱ [R CANCER IN JERSEY 20130731 MC V1.pdf](#)