[Report 2004-2005] / Medical Officer of Health, Guernsey.

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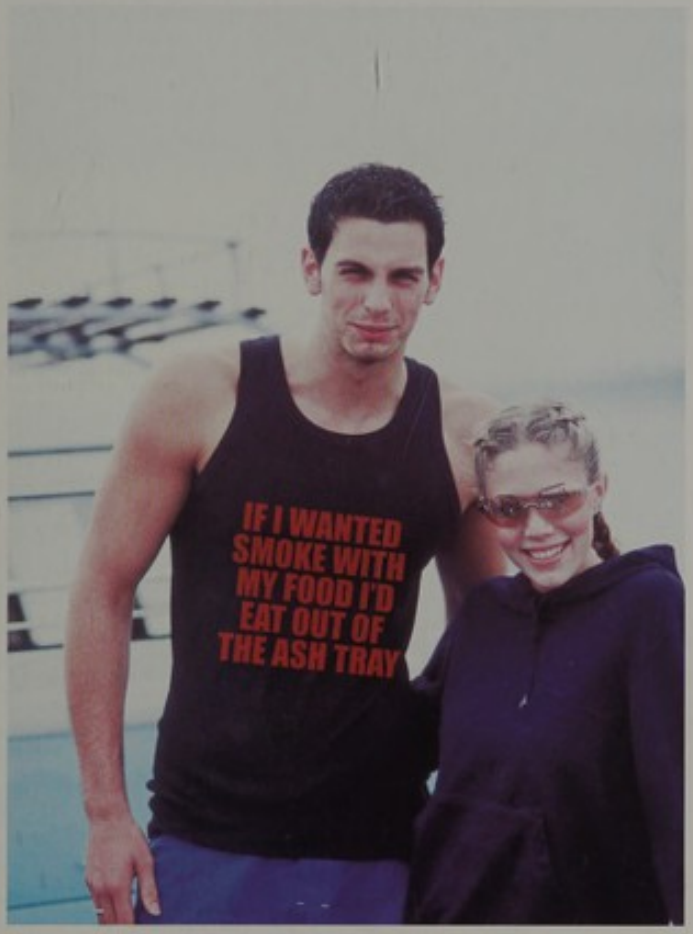
HEALTH AND SOCIAL SERVICES

A STATES OF GUERNSEY GOVERNMENT DEPARTMENT



106th ANNUAL MOH REPORT

11th ANNUAL DPH REPORT

Special theme:

'A year in the life of.....'

Report for Year 2004/05

HEALTH AND SOCIAL SERVICES DEPARTMENT

MEMBERS 2004-2005

Minister:	**Deputy Peter Roffey**
Deputy Minister:	**Deputy David Grut**
Other Members:	**Deputy Hunter Adam**
	Deputy Barry Brehaut
	Deputy Mrs Diane Lewis
Non Voting Members:	**Advocate Mark Dunster**
	Mr Bruce Mansell

Front Cover
Front Cover (top)
Guernsey Adolescent Smokefree Project (GASP) promote the *'Smokefree'* message

Front Cover (bottom)
Guernsey *'Quitline'* manager Mrs Andrea Tostevin and Quitline Advisor Mr Nick Eggleston move into the new 'Quitline' premises outside the Health Promotion Unit to better help support staff and patients once the PEH site goes *'Smokefree'* on 1st January 2006.

All pictures courtesy of Mrs Steph Charlwood, Health Promotion Unit, PEH

Health and Social Services Department
A States of Guernsey Government Department

Political responsibilities:

Promoting, protecting and improving the health of all, through the provision of hospital, community, social and public health services.

Core values:

In June 2004, the newly formed *Health and Social Services Department* agreed that in the provision and delivery of health and social care services:

- services should be 'user centered';
- service delivery should aim to be 'seamless';
- services should be 'needs led';
- interventions should be 'evidence based';
- the rights and dignity of service users should be respected;
- vulnerable service users would be protected;
- services should be accessible, equitble and non stigmatising;
- services should comply with 'good governance'

CONTENTS

Setting the scene

An Annual *Medical Officer of Health* (MoH) Report has been produced in Guernsey every year for the past 106 years, including during the War years and throughout the German Occupation.

Its purpose has been primarily to report to both politicians and the general public *'on the State of the Public Health'*, and to highlight those *'deleterious influences'* which could adversely affect this.

Director of Public Health, Dr David Jeffs

With changing patterns of disease in the community, and a more sophisticated understanding of the true *'determinants of health'*, the traditional annual reporting of incidence and prevalence figures of various (mainly infective) diseases, and the analysis of 'causes of death' are now regarded as an unsophisticated and somewhat unsatisfactory approach to accurately reflecting population health.

Reporting on health

A further difficulty in Guernsey and other small jurisdictions derives from the small numbers locally of all but the most common medical conditions, substantial 'year to year' variation between these, and consequently wide 95% confidence intervals. To overcome these problems, the Director of Public Health has collated and published five yearly population health data around Guernsey Census denominator population, in order to better track changes in health determinants and health outcomes over time.

These have been published under the titles *'Health for Guernsey people'* (February 1995), *'Our healthier islands'* (June 2000) and *'Healthier islands'* revisited (due for publication mid-September 2005). It would therefore be repetitious to use the same statistical data in an Annual Report, when an updated and more comprehensive overview has only recently been published.

Instead, it has been decided to focus more on the work of different public health directorate staff, and the processes by which we try and ensure *'the best health for the greatest number at the most affordable cost'*.

What is public health?

There are a number of accepted definitions of public health, but one which has been promoted in Guernsey for the last ten or so years is:

> *'Public health is that process which gathers, interprets and translates knowledge of health factors amongst the population into effective action'.*

This definition is preferred because it highlights the two essential skills of an effective public health practitioner – the ability to collect and analyse large volumes of health and health related data, and the ability to effectively apply such knowledge to produce improvements in population health in the most cost effective way.

During the consultation for the recent UK White Paper on Public Health *'Choosing health – making healthy choices easier'* (2004), it was suggested that there were three separate (but overlapping) *core domains* for public health, i.e. areas where public health skills such as epidemiology, bio-statistics, and the evaluation of 'healthcare evidence' have a special contribution to make. In Guernsey, these three domains encompass:

i. *Health protection* to include:

- Environmental Health
- Food safety
- Infectious disease control
- States Analyst's laboratory
- Emergency planning and major incident response

ii. *Health promotion* to include

- Activities of the Health Promotion Unit
- Health education more widely
- Managed services such as the Guernsey Adolescent Smoke-free Project (GASP), Guernsey Quitline, the Cardiac Action Group, etc.

iii. *The scope and quality of healthcare services* to include

- Health records
- Clinical coding
- Healthcare information
- Clinical audit
- Clinical risk management
- *Clinical governance* more generally
- Health strategy
- Reviews of specific service development

The scope, interrelationships and contributions of those staff whose primary role is to protect and promote the health, and assure and improve the healthcare of the populations of Guernsey and Alderney will be illustrated by some highlights of a typical year.

Dr David Jeffs
Director - Public Health and Strategy

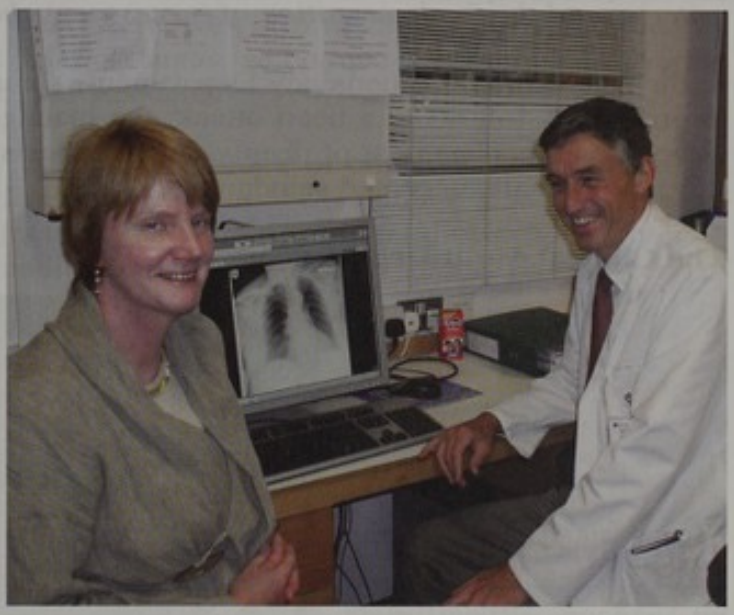
October 2005

January 2005

The new Accident and Emergency (A&E) Department Contract

Traditionally, the 'Casualty Department' has acted as the interface between primary and secondary levels of healthcare, and has often been seen as the 'front door' of the hospital.

Today there are between 15,000 and 16,000 'patient contacts' with the A&E Department at the Princess Elizabeth Hospital each year.



Training co-ordinator Dr Liz Norris and A&E 'lead' Dr Brian Parkin with new digital x-ray viewing in A&E.

Many of these are minor injuries or less serious medical conditions, others are sent in for a 'consultant opinion' from one of the hospital specialists. However, amongst them, there are always a number of cases of serious injury or an otherwise potentially life threatening medical emergency.

Until January 2003, medical staffing of the A&E Department was provided by all locally registered family practitioners on rotation. Whilst some were fully up to date in the practice of emergency medicine, others only worked in the Department on a few occasions each year, and lacked the same degree of expertise.

In order to assure a high and dependable standard of emergency treatment for all attendees - whether locals or visitors, a new Contract came into force in January 2003, specifying a more limited number of practitioners to provide emergency services, but requiring higher standards of training. In January 2004, a lead practitioner was appointed to co-ordinate medical care within Department, with another senior doctor to co-ordinate training.

The training programme has included of the development of a one year 'teaching plan' for all doctors working in A&E, *'care pathways'* have been developed for a number of common conditions, two training CD's have been produced, and a study day held to update practical skills. The new skills learnt are felt to have contributed materially to more successful health outcomes in at least four seriously ill patients, of varying ages, and suffering from a variety of acute conditions.

As a means of confirming that standards of emergency care are high, various aspects of accident and emergency department functioning have also been subject to *'clinical audit'*.

'Clinical audit' has been defined as *'a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria, and the implementation of (necessary) change (NICE 2002)'.*

In the Accident and Emergency Department, clinical audits have been completed in thrombolysis following a heart attack, the management of cardiac arrest and acute asthma, and management of deep vein thrombosis. All have been shown to meet or exceed nationally accepted standards.

The Clinical Audit Department

Clinical audit nurses Morag Fitzpatrick and Eithne Downey report on progress on various clinical audit projects.

As well as assisting in clinical audit in the A&E Department, clinical audit lead nurse Miss Morag Fitzpatrick and clinical audit nurse Miss Eithne Downey report:

- Many clinicians are now auditing their own practice with assistance from the clinical audit department in literature search, project design, data analysis and all aspects of presentation.

- Mental Health in general has slowly embraced the concept of clinical audit with many projects being carried out both by the clinical audit department and within the departments themselves. An audit of 'transitional care' from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) provoked much discussion and changes in practice were implemented which have seen improvements in this area of care. Psychology, the day centre at Castel, acute care and the memory clinic (winners of the 2002 Insurance Corporation Bursary Award) have all submitted completed projects.

- Management of paediatric epilepsy highlighted failings in the current system mainly concerning the storage and transfer of information. These issues have now been addressed by the clinicians involved

- Nursing audit continues to progress despite the lack of 'protected time' for this. Specialist Nurses in particular are now using audit to demonstrate the benefits of their service.

- Participation in more National audits allows us to compare our standards with others of similar size. Blood transfusion, thrombolysis and stroke are a few of those subjects where how we perform can be measured directly against NHS standards. In most areas we compare favourably, indeed in many we perform to a higher standard.

- Greater participation by a growing number of clinicians has allowed the development of multi-disciplinary audit. Disciplines are now keen to expand an audit project to encompass other disciplines, thereby demonstrating through audit how each discipline affects the delivery of care given by the other.

February 2005

The *'Hope'* Medical Research Fellowship

Guernsey patients undoubtedly benefit greatly from medical research carried out elsewhere. As a small contribution to help redress this balance, in 1984, the former Board of Health established a two yearly *'Wessex Medical Research Fellowship'* to sponsor medical research of particular relevance to Guernsey, but of wider applicability. During the past twenty two years, health related research has been supported in areas as diverse as bowel cancer, childhood asthma, the genetics of breast cancer, age related sight degeneration, and the development of a vaccine against meningitis B.

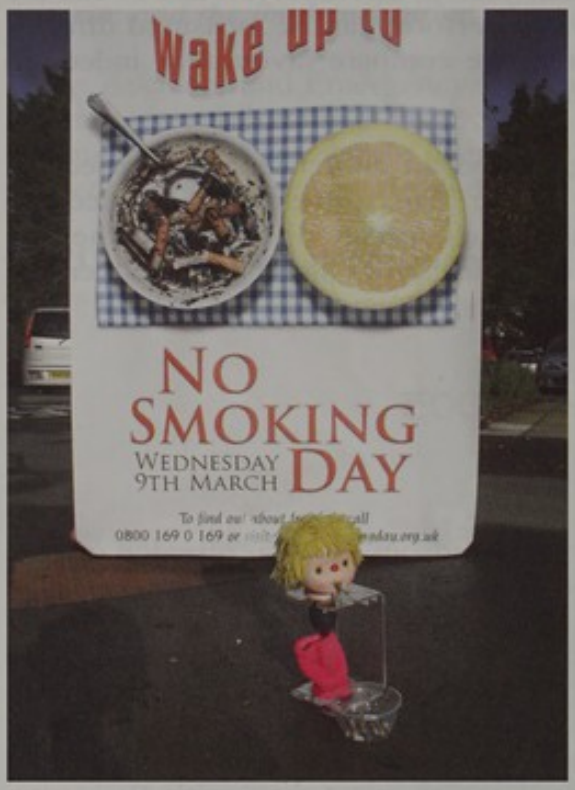
The standard of applications is now extremely high, and choosing between the several excellent submissions is always challenging.

DPH, Dr David Jeffs, 'Hope' for Guernsey Chairman Mr Roger Allsopp FRCS, and 'Hope' Chief Executive Mr Ray Kipling sort applications for the 11th Guernsey Medical Research Fellowship

In February 2005, the Health and Social Services Department (HSSD) agreed to award the 11th Guernsey *'Hope'* Fellowship to Dr Margaret Thompson of Southampton and Dr Penny Thompson of Guernsey for their innovative work on parental involvement in the management of *attention deficit hyperactivity disorder* (ADHD) amongst children aged 3 or 4 years.

Around 100 children with ADHD are known to the *Child and Adolescent Mental Health Services* (CAMHS) in Guernsey.

March 2005



National *'No Smoking'* Day

The Fourth Guernsey *'Healthy Lifestyle'* Survey published in October 2004 confirms that adult smoking levels continue to decline, with only **23%** of Guernsey men, and **19%** of Guernsey women who responded reporting that they continued to smoke. Even amongst this group, **69%** of male and **80%** of female smokers said they intended to give up within the next year.

Along with New Years Day, National *'No Smoking'* Day provides an opportunity to 'quit in company', and the local *Guernsey Quitline* always experiences an increase in demand for support and aids to smoking cessation in the lead up to the second Wednesday in March.

'Smokefree' enclosed public and work places in Guernsey

In the recent Guernsey *'Healthy Lifestyle'* Survey above, a clear majority of the adult Guernsey population surveyed (**64%** up from **56%** in 1998) supported increased restrictions in areas where *'other people smoke'* might impinge on their own comfort and well-being. Even amongst smokers, some **44%** considered that *'restriction on smoking in public places'* would assist them in their desired intention to give up.

It was therefore particularly gratifying that some three weeks after National *'No Smoking'* Day, the States agreed by 29 votes to 12 to support the States Report *'Protecting the health of workers and the public against environmental tobacco smoke'* (Billet d'Etat III 2005). This called for a total ban on smoking in all enclosed public and work places, along the lines already agreed in the Republic of Ireland, in Scotland and in an increasing number of other jurisdictions worldwide.

A Working Party has now been established to discuss the implementation of the proposed law, and what exemptions and exceptions might be allowed.

April 2005

Health records

Good quality health records should be the 'common currency' which provide vital patient documentation, whilst helping ensure the quality and appropriateness of clinical services delivered.

Most authorities now agree that a *'unitary patient record'* is essential to ensure that important clinical information is available to all those delivering clinical and social care, at the time when they need this.

In Guernsey health records may be held by primary care practitioners, with the Medical Specialist Group, or in a variety of different locations within the Health and Social Services Department, including separate child health records at Lukis House and mental health records at the Castel Hospital.

A further difficulty has been the accumulation of 'non active' records. In the Health Records Department at the Princess Elizabeth Hospital alone, there are some 120,000 records held, although the 2001 *Census* would suggest a resident population of a little more than 60,000.

Since health records became part of the Public Health Directorate in September 2004, an early priority has been the identification of 'secondary archiving' for non-active records.

Clinical Coding

In addition to the clinical care of the individual patient, dependable health data is essential for day to day operational management, such as ensuring the right numbers and skill mix of clinical staff, for clinical audit, service reviews and the planning of future health services. Intrinsic to all this is the need for accurate clinical coding.

To ensure the quality of our clinical coding, we arrange an external audit of coding accuracy every eighteen months or so. External clinical coders, visit the PEH, and examine 100 randomly pulled health records across all specialities, but proportionate to the busyness of that speciality.

Data Quality Manager Mrs Allyson Huntington congratulates Clinical Coders Mrs Margaret Cann and Mrs Sue Sheppard on their impressive audit results.

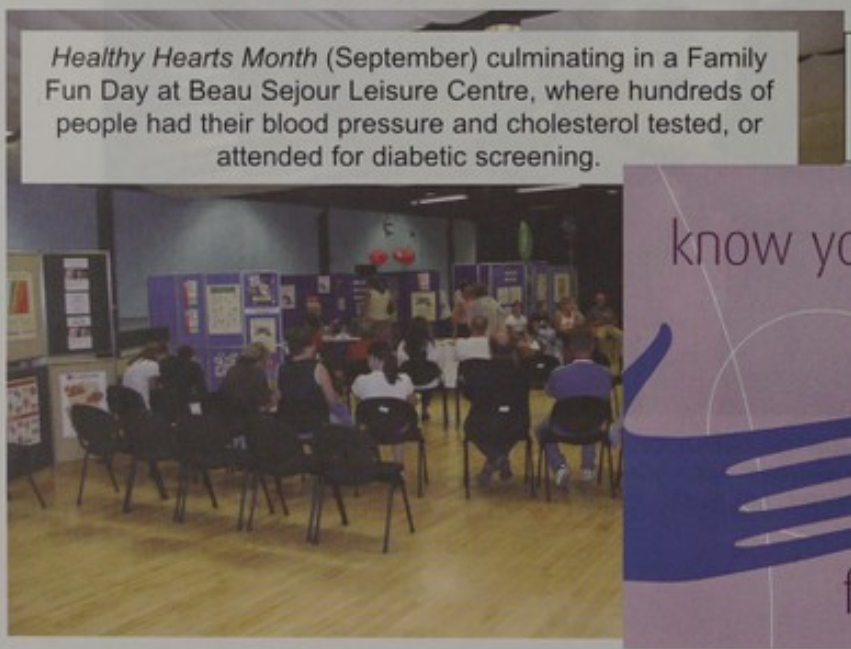
Health promotion 'at work'

Promotion of *'Walk Your Way to Health'* programme

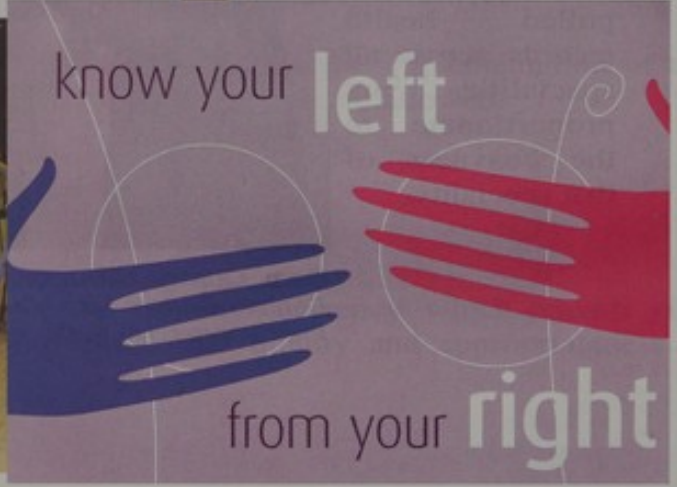
Working with schools to promote *'Sun Awareness'* (May)

Launch of Men's Health Month *'Hazardous Waist' Campaign* (June)

Year 6 children attend the *'Safety Calling'* challenge to promote accident prevention



Healthy Hearts Month (September) culminating in a Family Fun Day at Beau Sejour Leisure Centre, where hundreds of people had their blood pressure and cholesterol tested, or attended for diabetic screening.



A poster from *'Know your left from your right'* Breast Awareness Campaign (October)

This has confirmed further progress on the already high level achieved in the previous audit, as follows:

Percent accuracy	April 2003	April 2005
Primary diagnosis	90.6%	93%
Secondary diagnosis	89.3%	91.6%
Primary procedure	93.6%	93.6%
Secondary procedure	87%	96.7%

The External Auditors commented *'The better you get, the more difficult it is to demonstrate 'year on year' improvement..... these results really put coding at the PEH amongst the top echelons of all NHS Trusts in terms of accuracy of clinical coding'.*

Healthcare Information and the *Electronic Health and Social Care Record* (EHSCR) Project

The Healthcare Information Unit now use *'Business Objects'* to analyse coded healthcare information and produce a variety of routine and special reports. These include the monthly maternity and hospital activity reports, performance data for consultant appraisal, and comprehensive analyses of activity in the medical, surgical, anaesthetic, obstetric and gynaecology, and paediatric departments for an ongoing series of 'Service Reviews'.

It is hoped to shortly start placing routine reports on the HSSD Intranet, which will allow all staff to access these, to better understand trends in their own activity and case mix, and that of the health services more generally.

The present *Patient Administration System* in use across HSSD premises will no longer be supported after 2006, and public health directorate staff have been active in helping draw up specifications for its replacement, particularly with regard to the collection of 'secondary healthcare data' as part of the overall *'Electronic Health and Social Care Record'* (EHSCR) Project.

May 2005

Health Promotion

With the advent of warmer weather, Health Promotion priorities switch during the summer months from tobacco control to a range of activities designed to encourage healthier diets, and safe and healthy outdoor activity. These include:

- *'Walk your way to health'* activities
- *Sun awareness* (May)
- Men's health - *'Hazardous waist'* (June)
- *'Safety Calling'* (Child accident prevention) – now in its tenth year (July)
- *Healthy Hearts* month (September) last year the Family Fun Day at Beau Sejour, attracted hundreds of people had their blood pressure and cholesterol tested, or attended for diabetic screening.
- 'Know your *left* from your *right*' breast awareness (October)

June 2005

Infection and Communicable Disease Control

Communicable disease control has always been an essential public health function. The Director of Public Health has chaired the local Infection Control Committee for many of the past ten years, whilst the Deputy Medical Officer of Health has had delegated responsibility for communicable disease control and the Environmental Health Department for outbreak investigations, particularly those involving food poisoning.

Infection Control Nurses Mrs Elaine Burgess (lead) and Mrs Kay Bull test air quality in the new 'fourth theatre' at the PEH.

To ensure better co-ordination between hospital, community and wider public health services, incorporating the two infection control nurses within the Public Health and Strategy Directorate was felt to be both logical and beneficial.

The benefits of better integrating these services has been confirmed by our successful containment of an outbreak of mumps amongst over 44 local adolescents and young adults in the latter part of 2004, identification of the potential for spread of food poisoning from visiting cruise liner, and liaison with nursing and residential homes to minimise the import of *methicillin resistant Staphylococcus Aureus* (MRSA) from the community into the acute hospital setting.

July 2005

Environmental Health

States Analyst Dr David Mortimer and CEHO Mr John Cook in front of the new St Martins premises

- Purpose built new offices for the *States Analyst Laboratory* and the *Office of Environmental Health and Pollution Regulation* were officially opened in July 2005. They were constructed on time and under budget. After over 18 years in temporary premises, these facilities will provide excellent accommodation for many years to come.

- The *Environmental Pollution (Guernsey) Law 2004* was passed by the States in March and registered at the Royal Court in October 2004.

- This legislation will significantly enhance Guernsey's ability to take a proactive approach to minimising the environmental impact of polluting activities.

- Under the new law, the Chief Environmental Health Officer became the *Director of Environmental Health and Pollution Regulation* (Designate). This new designation signifies an important change in the role, the Director being independent of any States Department in implementing the Environmental Pollution (Guernsey) Law, 2004. At the same time the Environmental Health Department was renamed the *Office of Environmental Health and Pollution Regulation*.

- Millions of gallons of sewage were discharged into the environs of St. Peter Port harbour during October 2004 when maintenance works forced the closure of the pumping main. The intervention of the *Director of Environmental Health and Pollution Regulation* ensured that the discharge lasted no longer than absolutely necessary to complete the works, adequate testing of seawater was undertaken so that bathers could avoid potentially polluted areas and that adequate provision and planning was made for future works so that the episode would not be repeated.

- The *Office of Environmental Health and Pollution Regulation* has also been involved with the proposed legislation to stop smoking in workplaces. It has involved the Chartered Institute of Environmental Health in the formulation of the policy, is involved with the legislation detailing the exemptions and will be charged with enforcing the legislation when it comes into force. It wholeheartedly supports the introduction of such legislation.

- EHO Mr Stan Horton tests swimming pool water quality on a visiting cruise liner. Increased shipping movements have the potential to bring new communicable disease to the islands.

Inside the new States Analyst Laboratory

States Analyst Laboratory

After many years in temporary premises, the *States Analyst Laboratory* also moved to the ground floor of the new building shared with the *Office of Environmental Health and Pollution Regulation* in St Martins during March and April 2005. The move went extremely smoothly and without major problem.

These new premises will allow the States Analyst to continue to provide an effective and cost efficient analytical service – 65% of the work of the Laboratory is water analysis for Guernsey Water and the remainder includes leachate analyses for Guernsey Technical Services and the Environmental Health Department, bathing water analysis for the Environment Department, shellfish hygiene, swimming pool testing, blood alcohol analyses and drugs analyses. As alluded to above, the Laboratory also analyses sea water for the presence of sewage and sample from cruise liners!

August 2005

Family Planning Services

One of the greatest challenges facing any healthcare system is how to ensure a fair provision of resources to match any major increase or change in demand. This is the challenge currently facing the sexual health services (broadly defined) in Guernsey.

For historical reasons the family planning, genitourinary medicine and sexual health services in Guernsey have all developed independently, and largely as 'stand alone' entities.

All have shown a substantial increase in demand during the past ten years. For example, between 1997 and 2003 the Family Planning Clinic has seen a 146% increase in new clients and 105% increase in total attendances.

Despite this, it has largely been largely successful in its primary objective of containing *'unplanned adolescent pregnancies'*. Between 1999 and 2003, total teenage conceptions (births plus terminations of pregnancy) were **20.7** per 1,000 women aged 15-17 years, compared with a rate of **44.7** per 1,000 women aged 15-17 years in England in 2001.

There was again an increase in total attendances in 2004, and also an increase in women seeking terminations, but in the absence of figures for terminations performed in England, it is not known whether this is an absolute increase, or reflects a preference by more women to have a termination in Guernsey.

Certainly all women requesting an abortion locally are offered counselling, and there has been an increase in 65% of women using this service in 2004 over 2003.

There has also been an increase in clients wishing to be screened, and it was felt to be important to meet this need.

Some of the trained staff have updated their knowledge of family planning and sexually transmitted infections by attending a foundation course.

Mrs Pam Bowden (Nurse), Dr Sarah Riley and Family Planning Manager Mrs Sue le Page at work in the Guernsey Family Planning clinic in St Peter Port

The Sexual Health Clinic and Guernsey 'Sexual Health Strategy'

The Sexual Health Clinic at Orchard House, St Martins, has shown an even larger increase in demand, with a **544%** increase in new clients, a **260%** increase in total clients, a **300%** rise in *chlamydia* diagnoses, a trebling of cases of *gonorrhoea*, and a major increase in HIV prevalence between 1994 and 2003.

The Sexual Health Clinic now prescribes ongoing retroviral therapy for HIV sufferers, and current indications are that with expert treatment, many can now anticipate a near normal life expectancy.

There is very strong evidence that funds invested in better sexual health services represent a major net economic benefit, i.e. the costs of unintended pregnancy, higher rates of child illness amongst the children of young mothers, higher costs of social care, the costs of treating sexually acquired diseases, maintaining those of working age within the workforce, etc far exceed the cost of prevention.

To examine how this might best be achieved in the Guernsey context, representatives of those agencies involved in providing such services have been meeting to develop a Guernsey *'Sexual Health'* Strategy. This was presented to the Health and Social Services Department in June 2005. The greatest challenge will be to ensure a sufficient provision of resources to meet increasing demand. To achieve this, a mix of existing and new sources of funding will need identified. In particular the principle of whether *'free'* and *'anonymous'* sexual health services within a largely *'fee for service'* primary care system can be sustained will need to be decided.

PA to the Director of Public Health, Mrs Yvonne Kaill assembles drafts of the proposed Guernsey sexual health strategy prior to it being sent out for wider consultation

September 2005

'Healthier Islands' revisited

A central stated aim of most health systems is a variant of *'maintaining and improving the health of the population it serves'*. Indeed, in the *World Health Report* 2000, the WHO states that *'Better health is of course the 'raison d'ètre' of a health system'*.

A prime function of public health is to monitor and report on that improving health As summarised in the introduction, the publication of a five yearly review of health and health determinants in Guernsey for the period 1999-2003 and published in September 2005 represents a major piece of completed work. *'Healthier Islands' revisited* concludes:

- The vast majority of Guernsey adults consider themselves to be in good general health.
- These subjective impressions are confirmed by good quality health and healthcare data, which now shows significant improvement across all major causes of death and *'potential years of life lost'* during recent years.
- On the material presented, it is clear that both personal and population health in Guernsey has never been better, and compares favourably with a range of other jurisdictions.
- Individuals themselves can do much to maintain and improve their own health, particularly through making *'healthy lifestyle choices'*.
- Much evidence is presented that many Guernsey individuals have already successfully adopted one or more *'healthy lifestyle'* changes. More can be done however, particularly by further discouraging smoking, and supporting population measures to ensure a healthy diet and regular exercise.
- Given the level of good health enjoyed by the majority of Guernsey residents, healthcare expenditure does not seem excessive in comparison with other countries.

October 2005

Clinical Risk Management

Although it can be demonstrated that generally standards of health and healthcare in Guernsey are high, in even the best managed systems, there will be untoward clinical events and unfavourable outcomes from time to time.

It is important that there is a structure to examine such *'clinical incidents'*, to learn from *'what went wrong'* and to *'close the loop'* using the experience of the past so as not to repeat it in the future.

Clinical risk management meetings continue to occur in all major specialities when clinical incidents reports are considered, and appropriate recommendations made.

In addition, morbidity and mortality meetings are organised to look at more serious events. During 2004/2005 there have been:

- monthly maternity and neonatal case reviews undertaken by staff representatives of the different professions involved.
- two meetings to review patients known to the Adult Acute Mental Health services.
- case reviews amongst the Adult Acute Services. Initially there was some reluctance from some surgeons and anaesthetists to agree to set up such meetings, but this has been resolved with the assurance that all reports will be fully anonymised.

November 2005

'Clinical Governance'

Training and audit in the Accident and Emergency Department and the other *clinical audit* and *clinical risk management* activities summarised in this report are important components which contribute to our developing overall 'clinical governance' structures.

Ensuring and demonstrating the quality of clinical care and the success of clinical outcomes involves a network of related activities, across a range of professions, and at several levels in the organisation. These include:

- basic quality/clinical governance infrastructure
- co-ordination between the several professions involved in the delivery of clinical care
- communication and involvement of clinical staff at all levels of the organisation.

It is pleasing to report that two years into a three year *'clinical governance'* strategy, that we are still *'on track'* to have established clinical governance structures, and demonstrable clinical governance activities across all HSSD sites, which are expected to involve all those delivering clinical care by the end of 2006.

December 2005

The 18th World AIDS Day will be celebrated in Guernsey on 1st December 2005. In Guernsey, as in may other parts of the world, this will be marked by the purchase (and wearing) of a crossed 'red ribbon'.

The first case of HIV in Guernsey was notified in 1992, with new cases often occurring in 'clusters', when an index case has infected several other people. However, overall prevalence is still low compared with other jurisdictions, with a cumulative population prevalence of around 0.62 per 1,000 population aged 15-49 years, approximately half the rate of England, and a fifth of the rate of France. Even higher rates are recorded in other European countries, such as Spain, Portugal and Italy.

HSSD premises prepare to go *'Smokefree'*

In the White Paper on Public Health *'Choosing health – making healthy choices easier'* the UK Government commits itself to a *'Smokefree'* NHS by the end of 2006.

Following the success of the *'Smokefree Public and Work Places'* States Report in March 2005, the HSSD are keen to ensure that their own premises set a good example and can be demonstrated to meet the standards required of other public and work places.

Accordingly, staff smoking rooms are being phased out, outside 'smoking shelters' prepared, and the Guernsey *Quitline* Offices transferred to the PEH site to ensure that Nicotine Replacement Therapy and support will be more readily available for both staff and patients *(see front cover)*.

As from the 1st January 2006, all internal areas of HSSD premises will become *'smokefree'*, to better protect staff, visitors and patients against the proven hazards of environmental tobacco smoke.

Clinical Risk Manager Mrs Jean Ellyatt and tobacco control co-ordinator Mrs Gerry Le Roy of the Health Promotion Unit prepare for the launch of 'smokefree' hospital premises as from 1st January 2006

Appendices

A1 Vital Statistics – Guernsey 2004

- Births and birth related data
- Deaths and death related data
- Deaths by age, sex and IC10 codes 2004
- Vital statistics Alderney 2004

A2 Staff providing public health services 2004

Vital Statistics 2004

● Births and birth-related data

	Guernsey		England & Wales
	2004	5 Year Mean 1999-2003	2001
Estimated mid year resident population:	59,969*	59,807	52,943,000
• males	29,318*	28,138	26,142,000
• females	30,651*	30,669	26,801,000
• M : F	0.96	0.95	0.98
Population density/Km² [Area 63.1Km²]:	950	950	51.8
Marriages:	355	349	263,500
• marriages/000	5.9	5.84	5.0
Divorces:	189	173	144,600
• divorces/000	3.2	2.9	2.7
Divorces : Marriages	0.53	0.50	0.55
Live birth registrations:	586	624	594,360
• males	311	321	304,489
• females	275	304	289,871
• M : F	1.13	1.05	1.05
Births outside marriage:	203	205	238,086
• % all births	34.6%	33%	39.5%
Stillbirths:	1	2.6	3,159
• Rate/000 live births	1.7	4.2	5.3
Infant deaths:(<1 year)	3	2.8	3,267
• infant death rate/000 LB	5.2	4.5	5.6
Crude Birth Rate/000	9.8	10.4	11.4
Natural increase per annum:	+0.08%	+0.20%	+0.13%

* includes *'natural increase'*, but excludes net migration

Vital Statistics 2004

● **Deaths and death-related data** (By ICD 10 Codes)

	Guernsey		England & Wales
	2004	**5 Year Mean 1999-2003**	***2001**
Total deaths: (number)	538	557	535,600
• males	243	264	255,500
• females	295	296	280,100
• M : F	0.82	0.88	0.91
Crude death rate:/000	8.9	9.3	10.1
Circulatory deaths (I00-I99): No	185	200	266,720
• males - rate/00,000	273	322	359
• females - rate/00,000	343	347	218
Cancer deaths (C00-C97/D00-D48):	149	128	138,313
• males - rate/00,000	229	240	243
• females - rate/00,000	268	191	167
Lung cancer deaths (C34): No	37	26.4	30,199
• males - rate/00,000	79	54	64
• females - rate/00,000	46	35	30
Breast cancer deaths (C50): No	6	7	11,759
• females - rate/00,000	19.6	22.8	43
Alcoholic liver disease and cirrhosis (K70) (K74): No	4	1.2	4,494
• males - rate/00,000	6.8	2.1	11
• females - rate/00,000	6.5	2.0	6.0
Injury deaths (S00-X59) (including suicide): No	11	9	12,483
• males - rate/00,000	27.3	21.3	38
• females - rate/00,000	9.8	9.8	15
Suicide deaths (X60-X84): No	4	3	3,614
• males - rate/00,000	13.6	8.2	11.0
• females - rate/00,000	0	2.0	3.0

Note: One male and one female death are still awaiting the findings of an inquest and therefore cause of death at present remains 'unclassified'

* Source: OHE *'Compendium of Health Statistics'* (13th Edition 2003)

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 2004

ICD10 Code	Cause of Death	Age Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+		Age All Ages	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Group I																	
Infectious and parasitic diseases																	
A41	Other Septicaemia	0	0	0	0	0	0	1	1	1	2	2	1	3	10	**7**	**14**
Total Group I		**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**1**	**2**	**2**	**1**	**3**	**10**	**7**	**14**
Group II																	
Neoplasms																	
C05	Malignant neoplasm of palate	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**0**	**1**
C08	Malignant neoplasm of other and unspecified major salivary glands	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**1**	**0**
C09	Malignant neoplasm of tonsil	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**1**	**0**
C15	Malignant neoplasm of oesophagus	0	0	0	0	0	0	1	0	0	2	0	0	4	1	**5**	**3**
C16	Malignant neoplasm of stomach	0	0	0	0	0	0	0	0	1	0	1	0	2	1	**4**	**1**
C17	Malignant neoplasm of small intestine	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
C18	Malignant neoplasm of colon	0	0	0	0	0	0	0	0	1	1	0	1	3	8	**4**	**10**
C20	Malignant neoplasm of rectum	0	0	0	0	0	0	0	0	0	0	1	0	2	1	**3**	**1**
C22	Malignant neoplasm of liver and intrahepatic bile ducts	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
C24	Malignant neoplasm of other and unspecified parts of bilary tract	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
C25	Malignant neoplasm of pancreas	0	0	0	0	0	0	0	0	1	1	4	3	1	5	**6**	**9**
C32	Malignant neoplasm of larynx	0	0	0	0	0	0	0	0	0	0	1	0	0	0	**1**	**0**
C34	Malignant neoplasm of bronchus and lung	0	0	0	0	0	0	1	0	6	2	8	2	8	10	**23**	**14**
C38	Malignant neoplasm of heart, mediastinum and pleura	0	0	0	0	0	0	1	0	0	0	0	0	0	0	**1**	**0**
C41	Malignant melanoma of bone and articular cartilage of other and unspecified sites	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**0**	**1**
C43	Malignant melanoma of skin	0	0	0	0	0	0	0	0	0	0	1	0	0	0	**1**	**0**
C44	Other malignant neoplasms of skin	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**1**	**1**
C50	Malignant neoplasm of breast	0	0	0	0	0	0	0	0	0	2	0	0	0	4	**0**	**6**
C53	Malignant neoplasm of cervix uteri	0	0	0	0	0	0	0	0	0	1	0	1	0	1	**0**	**3**
C54	Malignant neoplasm of corpus uteri	0	0	0	0	0	0	0	0	0	0	0	1	0	1	**0**	**2**
C55	Malignant neoplasm of uterus, part unspecified	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
C56	Malignant neoplasm of ovary	0	0	0	0	0	0	0	0	0	4	0	3	0	2	**0**	**9**

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 2004

ICD10 Code	Cause of Death	Age Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+		Age All Ages	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
C57	Malignant neoplasm of other and unspecified female genital organs	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**0**	**1**
C61	Malignant neoplasm of prostate	0	0	0	0	0	0	0	0	0	0	2	0	3	0	**5**	**0**
C64	Malignant neoplasm of kidney, except renal pelvis	0	0	0	0	0	0	0	0	1	0	1	1	0	0	**2**	**1**
C67	Malignant neoplasm of bladder	0	0	0	0	0	0	0	0	0	0	1	0	0	1	**1**	**1**
C71	Malignant neoplasm of brain	0	0	0	0	0	0	0	0	1	0	1	1	0	0	**2**	**1**
C73	Malignant neoplasm of thyroid gland	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
C76	Malignant neoplasm of other and ill-defined sites	0	0	0	0	0	0	0	0	0	0	0	0	0	4	**0**	**4**
C79	Secondary malignant neoplasm of other sites	0	0	0	0	0	0	0	0	0	0	0	0	1	1	**1**	**1**
C80	Malignant neoplasm of without specification of site	0	0	0	0	0	0	0	0	1	0	0	1	1	5	**2**	**6**
C83	Diffuse non-Hodgkin's lymphoma	0	0	0	0	0	0	0	0	0	0	0	1	0	1	**0**	**2**
C85	Other and unspecified types of non-Hodgkin's lymphoma	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
C90	Multiple myeloma and malignant plasma cell neoplasms	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
Total Group II		**0**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**14**	**14**	**21**	**18**	**29**	**50**	**67**	**82**
Group III																	
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism																	
D64	Other anaemias	0	0	0	0	0	0	0	0	0	0	1	0	0	0	**1**	**0**
Total Group III		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**1**	**0**
Group IV																	
Endocrine, nutritional and metabolic diseases																	
E43	Unspecified severe protein-energy malnutrition	0	0	0	0	0	1	0	0	0	0	0	0	0	0	**0**	**1**
E86	Dehydration	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
Total Group IV		**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**2**

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 2004

ICD10 Code	Cause of Death	Age Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+		Age All Ages	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Group V																	
Mental and behavioural disorders																	
F03	Unspecified dementia	0	0	0	0	0	0	0	0	0	0	0	0	0	3	**0**	**3**
Total Group V		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**3**	**0**	**3**
Group VI																	
Diseases of the nervous system																	
G12	Spinal muscular atrophy and related syndromes	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
G23	Other degenerative diseases of basal ganglia	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**0**	**1**
G30	Alzheimer's disease	0	0	0	0	0	0	0	0	0	0	0	0	0	2	**0**	**2**
G35	Multiple sclerosis	0	0	0	0	0	0	0	0	1	0	0	1	0	0	**1**	**1**
G40	Epilepsy	0	0	0	0	0	0	0	0	0	0	0	0	1	2	**1**	**2**
Total Group VI		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**2**	**1**	**5**	**2**	**7**
Group IX																	
Diseases of the circulatory system																	
I11	Hypertensive heart disease	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**0**	**1**
I21	Acute myocardial infarction	0	0	0	0	0	0	0	0	3	2	7	2	10	19	**20**	**23**
I25	Chronic ischaemic heart disease	0	0	0	0	0	0	0	0	0	0	6	1	5	9	**11**	**10**
I26	Pulmonary embolism	0	0	0	0	0	0	0	0	1	1	2	0	1	1	**4**	**3**
I27	Other pulmonary heart diseases	0	0	0	0	0	0	0	0	0	0	2	0	0	1	**2**	**1**
I31	Other diseases of pericardium	0	0	0	0	0	0	0	0	2	0	0	0	0	0	**2**	**0**
I35	Nonrheumatic aortic valve disorders	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
I38	Endocarditis, valve unspecified	0	0	0	0	0	0	0	0	0	0	1	0	0	1	**1**	**1**
I42	Cardiomyopathy	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
I50	Heart failure	0	0	0	0	0	0	0	0	0	0	2	0	17	22	**19**	**22**
I60	Subarachnoid haemorrhage	0	0	0	0	0	0	1	0	2	0	0	1	0	0	**3**	**1**
I61	Intracerebral haemorrhage	0	0	0	0	0	0	0	0	1	1	1	0	0	3	**2**	**4**
I63	Cerebral infarction	0	0	0	0	0	0	0	0	0	0	0	0	3	1	**3**	**1**
I64	Stroke (or cerebrovascular accident)	0	0	0	0	0	0	0	0	0	0	0	5	6	24	**6**	**29**
I67	Other cerebrovascular diseases	0	0	0	0	0	0	0	0	0	0	0	0	3	6	**3**	**6**

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 2004

ICD10 Code	Cause of Death	Age Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+		Age All Ages	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
I70	Atherosclerosis	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
I71	Aortic aneurysm and dissection	0	0	0	0	0	0	0	0	0	0	1	0	1	0	**2**	**0**
I74	Arterial embolism and thrombosis	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
I88	Nonspecific lymphadenitis	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
Total Group IX		**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**9**	**5**	**22**	**10**	**48**	**90**	**80**	**105**
Group X																	
Diseases of the respiratory system																	
J18	Pneumonia, organism unspecified	0	0	0	0	0	0	0	0	0	0	2	0	11	29	**13**	**29**
J39	Other diseases of upper respiratory tract	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**1**	**0**
J43	Emphysema	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**0**	**1**
J44	Other chronic obstructive pulmonary disease	0	0	0	0	0	0	0	0	5	1	3	0	7	2	**15**	**3**
J46	Status asthmaticus	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**1**	**0**
J47	Bronchiectasis	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
J69	pneumonitis due to solids and liquids	0	0	0	0	0	0	0	0	0	0	1	0	0	1	**1**	**1**
J81	Pulmonary oedema	0	0	0	0	0	0	0	0	0	0	0	0	0	3	**0**	**3**
J84	Other interstital pulmonary diseases	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
J85	Abscess of ling & mediastinum	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
J96	Respiratory failure, nec	0	0	0	0	0	0	0	0	1	0	1	0	0	0	**2**	**0**
Total Group X		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**8**	**2**	**7**	**0**	**20**	**36**	**35**	**38**
Group XI																	
Diseases of the digestive system																	
K55	Vascular disorders of intestine	0	0	0	0	0	0	0	0	0	0	0	0	1	1	**1**	**1**
K56	Paralytic ileus and inestinal obstruction without hernia	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
K65	Peritonitis	0	0	0	0	0	0	0	0	0	0	0	0	1	0	**1**	**0**
K70	Alcoholic liver disease	0	0	0	0	0	0	0	1	2	0	0	0	0	0	**2**	**1**
K72	Hepatic failure, nec	0	0	0	0	0	0	0	0	1	0	0	0	1	0	**2**	**0**
K74	Fibrosis and cirrhosis of liver	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**
K76	Other diseases of liver	0	0	0	0	0	0	0	0	0	0	1	0	0	0	**1**	**0**
K92	Other diseases of digestive system	0	0	0	0	0	0	1	0	0	0	0	0	2	0	**3**	**0**
Total Group XI		**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	**3**	**0**	**1**	**0**	**6**	**2**	**11**	**3**

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 2004

ICD10 Code	Cause of Death	Age Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+		Age All Ages	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Group XIV																	
Diseases of the genitourinary system																	
N17	Acute renal failure	0	0	0	0	0	0	0	0	0	0	1	0	2	1	**3**	**1**
N18	Chronic renal failure	0	0	0	0	0	0	0	0	0	0	0	0	2	0	**2**	**0**
N19	Unspecified renal failure	0	0	0	0	0	0	0	0	0	0	1	0	3	2	**4**	**2**
Total Group XIV		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**7**	**3**	**9**	**3**
Group XVI																	
Certain conditions originating in the perinatal period																	
P07	Disorders related to short gestation and low birth weight, nec	1	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**0**
P95	Still birth	1	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**0**
Total Group XVI		**2**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**
Group XVII																	
Congenital malformations, deformations and chromosmal abnormalities																	
Q23	Congenital malformations of aortic & mitral valves	1	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**	**0**
Q91	Edwards' syndrome & Patau's syndrome	0	1	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**1**
Total Group XVII		**1**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**
Group XVIII																	
Symptoms, signs & abnormal clinical & laboratory findings, not elsewhere classified																	
R02	Gangrene, nec	0	0	0	0	0	0	0	0	0	0	0	1	1	3	**1**	**4**
R09	Other symptoms and signs involving the circulatory and respiratory systems	0	0	0	0	0	0	1	0	0	0	0	0	0	3	**1**	**3**
R54	Old age (senility)	0	0	0	0	0	0	0	0	0	0	0	0	4	25	**4**	**25**
R57	Shock, nec	0	0	0	0	0	0	0	0	1	0	0	0	0	6	**6**	**0**
R58	Haemorrhage, nec	0	0	0	0	0	0	0	0	0	0	2	0	0	2	**2**	**0**

GUERNSEY - DEATHS BY ICD 10 CODE AND AGE GROUPS - 2004

ICD10 Code	Cause of Death	Age Under 1		Age 1-14		Age 15-24		Age 25-44		Age 45-64		Age 65-74		Age 75+		Age All Ages	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
R99	Other ill-defined & unspecified causes of mortality	0	0	0	0	0	0	0	0	1	0	0	0	0	0	**1**	**0**
Total Group XVIII		**0**	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**2**	**0**	**2**	**1**	**10**	**31**	**15**	**32**
Group XIX																	
Injury, poisoning and certain other consequences of external causes																	
S09	Other and unspecified injuries of head	0	0	0	0	2	0	0	0	0	0	0	0	0	0	**1**	**0**
S72	Fracture of femur	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**0**	**1**
T07	Unspecified multiple injuries	0	0	0	0	2	0	0	0	0	0	0	0	0	0	**1**	**0**
T51	Toxic effect of alcohol	0	0	0	0	0	0	2	0	1	0	0	0	0	0	**3**	**0**
T59	Toxic effect of other gases, fumes & vapours	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**0**	**1**
Total Group XIX		**0**	**0**	**0**	**0**	**2**	**0**	**2**	**0**	**1**	**1**	**0**	**0**	**0**	**1**	**5**	**2**
Group XX																	
External causes of morbidity and mortality																	
W69	Drowning & submersion while in natural water	0	0	0	0	0	0	1	0	0	0	0	0	0	0	**1**	**0**
W70	Drowning and submersion following fall into natural water	0	0	0	0	1	0	0	0	0	0	0	0	0	0	**1**	**0**
X08	Exposure to other specified smoke, fire and flames	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**0**	**2**
X70	Intentional self-harm by hanging, strangulation and suffocation	0	0	0	0	1	0	3	0	0	0	0	0	0	0	**4**	**0**
Y12	Poisoning by & exposure to narcotics & psychodysleptics, nec, undertermined intent	0	0	0	0	0	0	1	0	0	0	0	0	0	0	**1**	**0**
(blank)	Awaiting inquest	0	0	0	0	0	0	1	1	0	0	0	0	0	0	**1**	**1**
Total Group XX		**0**	**0**	**0**	**0**	**2**	**0**	**6**	**1**	**0**	**1**	**0**	**0**	**0**	**1**	**8**	**3**
Total Deaths		**3**	**1**	**0**	**0**	**4**	**1**	**15**	**3**	**39**	**25**	**58**	**32**	**124**	**233**	**243**	**295**

Alderney Vital Statistics - 2004

	Males	Females	Total 2004	5 year mean
Population	1,114	1,145	**2,259**	2,294
• M : F			**0.97**	0.97
Births - In Guernsey:	7	7	**14**	9.4
Births - In Alderney:	0	1	**1**	0.8
Total Births to Alderney residents:	7	8	**15**	10.2
Births outside marriage:	0	1	**1**	4.2 (41%)
Crude Birth Rate/000	-	-	**6.6**	4.5
Marriages registered in Alderney:			**16**	13
Deaths registered in Alderney:	15	18	**33**	22.8
Crude Death Rate/000			**14.6**	10.1
Natural Increase:*			**-18 [-0.8%]**	-12.6 [-0.6%]

* *'Natural increase'* is the difference between the crude birth rate and the death rates expressed as a percentage of the resident population.

Appendix Two

A2 Staff providing public health services 2004

Director of Public Health/Medical Officer of Health
Dr David Jeffs FRCP FAFPHM MFPH FRSH

Personal Assistant
Mrs Yvonne Kaill

Part-time Medical Staff:

Deputy Medical Officer of Health
Dr Brian Parkin MB BS BSc MRCP MRCGP DRCOG

Sexual Health Clinic
Dr Nicholas King LRCP MRCS MBBS

Infection Control:

Mrs Elaine Burgess RSCN, ENB329/998, C&G 7307,
MSc (Health Sciences)
Mrs Kay Bull RGN, ENB329/998

Environmental Health Department:

Chief Environmental Health Officer and from June 2004 - Director of Environmental Health and Pollution Regulation (Designate)
Mr John Cook MCIEH - Chartered Environmental Health Practitioner

Deputy Chief Environmental Health Officer
Mr Tony Rowe MCIEH

Environmental Health Officers
Mr Tony Abbs (from November 2004)
Chartered Environmental Health Practitioner
Miss Christine Bell BSc (Hons) MREHIS (from October 2004)
Mr Tobin Cook MSc (until July 2004)
Chartered Environmental Health Practitioner
Mr Stan Horton MCIEH
Mrs Mhairi Macgregor BSc (Hons) MCIEH (until April 2004)
Mr Stuart Wiltshire MCIEH

Waste Regulation Officer
Mr Simon Welch BSc MCIWM

Pest Control Operatives
Mr Paul Tostevin
Mr Michael Brache

Secretary
Mrs Marilyn Bougourd

Health Promotion Unit:

Health Promotion Manager
Miss Yvonne Le Page Bed(Hons) PgDip(Health Promotion)

Health Promotion Officer (smoking and heart disease)
Mrs Gerry Le Roy RGN

Health Promotion Assistant (cancer)
Mrs Lucy Whitman MSc (Conservation Biology)

Resources Officer
Mrs Stephanie Charlwood

Secretary
Mrs Bella Mahy

Clinical Governance:

Clinical Risk Manager
Mrs Jean Ellyatt RGN, SCM, CMS, Cert MHS

Clinical Audit Nurses
Miss Morag Fitzpatrick RGN, BSc Health Studies Dip HE
Miss Eithne Downey RGN Dip HE BN MSc (Health Education)
Miss Maria Ronney RGN *(maternity cover July - December 2004)*

Health Records and Healthcare Information:

Healthcare Information Manager
Mrs Allyson Huntington

Healthcare Information Analysts
Mrs Helen Jones BSc (Hons)

Health databases
Mrs Jenny Elliott

Health Records Manager
Mrs Jenny Powell

Clinical Coders:

Senior Clinical Coder
Mrs Margaret Cann, ACC

Clinical Coder
Mrs Sue Sheppard

States Analyst Laboratory:

States Analyst
Dr David Mortimer BA BSc(Hons) PhD CChem FRSC MCIWEM

Mr Laurence Knight BSc (Hons) CChem MRSC
Mr Michael Hughes BSc (Hons) MIBiol
Mrs Joanne Alder BSc (Hons)
Mrs C. Joan Le Tissier HNC
Dr Peter Atkinson BA MSc MPhil PhD
Mrs Carol Deveau