

JSNA Health and Wellbeing Profile 2024/25

Dementia

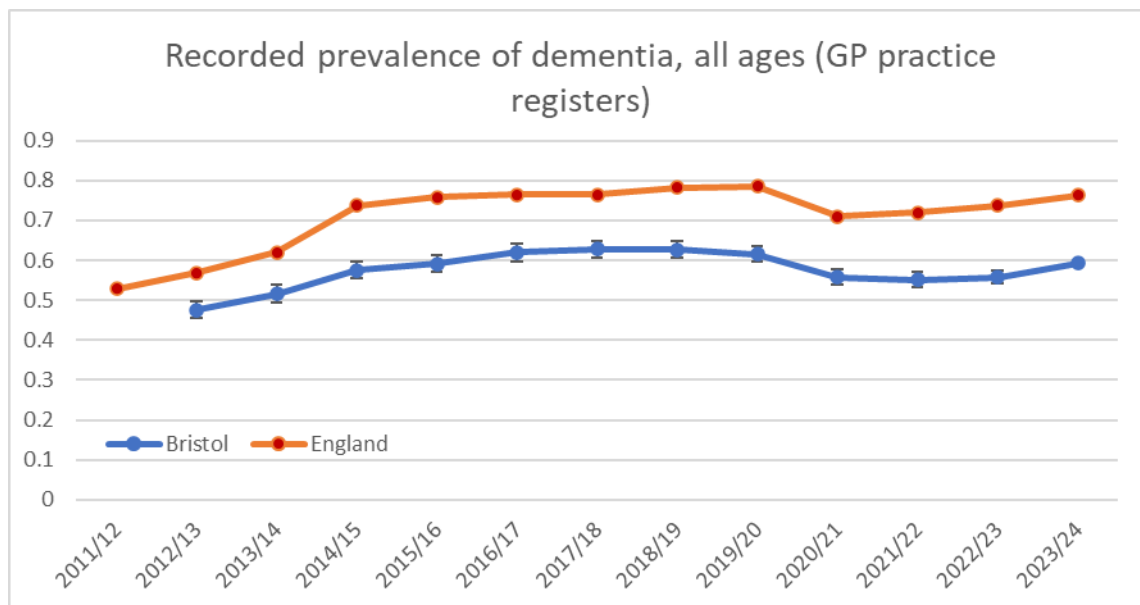
Summary points

- The rate of dementia in Bristol is 0.59%, significantly lower than the England average (0.76%). This may be expected given Bristol's younger population.
- However, as a proportion of patients aged 65 and over, 4.72% of older people in Bristol are recorded as having dementia, which is higher than the England average (4.21%).
- The estimated dementia diagnosis rate for people in Bristol aged 65 and older is 73.5%, higher than the England average of 64.8%.
- The mortality rate from dementia and Alzheimer's disease in Bristol was 123.3 per 100,000 persons, significantly higher than the England average of 113.7 per 100,000

Dementia data for Bristol

In 2019 it was estimated that 7.2% of people over the age of 65 in England had dementia which is forecast to increase to 8.3% by 2040¹. This broadly equates to about 4,375 people (65+) living with dementia in Bristol in 2019, increasing to 5,975 in 2040².

In 2023/24, 3,444 people in Bristol (all ages) had a diagnosis of dementia recorded by their GP³. This is 0.59% of all Bristol GP patients and has increased since 2012/13 by nearly 50% (Fig 1). The Bristol rate is significantly lower than the England average (0.76%), which may be expected given Bristol's younger population. However, when we analyse the older population cohort only, NHS primary care dementia data for July 2024⁴ shows that 4.72% of people aged 65 and over in Bristol are recorded as having dementia, higher than the England average of 4.21%.



¹ Source: Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040; report by Care Policy and Evaluation Centre, (November 2019); <https://www.alzheimers.org.uk/>

² Latest population projections 2018-based published here: [Subnational population projections for England - Office for National Statistics](https://www.gov.uk/government/statistics/subnational-population-projections-for-england)

³ QOF 2023/24 via NHS Digital: [Quality and Outcomes Framework, 2023-24 - NHS England Digital](https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-dementia-data/july-2024)

⁴ <https://digital.nhs.uk/data-and-information/publications/statistical/primary-care-dementia-data/july-2024>

Figure 1: Recorded prevalence of dementia; QOF via NHS Digital, September 2024

Diagnosis

The estimated dementia diagnosis rate for people aged 65 and older and living in Bristol was 73.5% as at 31st March 2024, higher than the England average of 64.8% (Figure 2). This measure records the percentage of people estimated to be living with dementia who have received a formal diagnosis, and supports the national aspiration to identify two-thirds of people with dementia and provide appropriate support⁵. Bristol has consistently met the target over the last eight years but did experience a decrease in diagnosis in 2020/21 which is possibly due to Covid-19 and limited GP access. Since then numbers have gradually increased and the diagnosis rate for 2023/24 was similar to 2019/20 pre-covid.

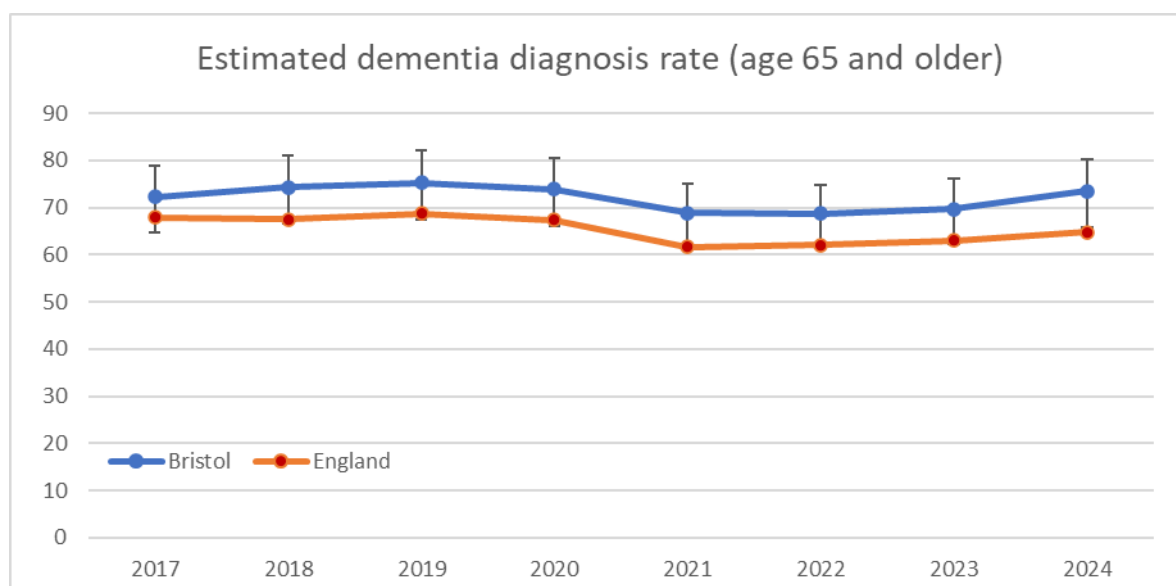


Figure 2: Estimated dementia diagnosis rate age 65+. Source: Public Health Outcomes Framework: Dementia Profile, September 2024

Risk Factors

The biggest risk associated with the development of dementia is age. A person’s risk of developing dementia rises from 1 in 14 over the age of 65, to 1 in 6 over the age of 80⁶.

The risk of dementia can be reduced by leading a healthy lifestyle. Choices that are good for the heart and circulation, such as not smoking, eating well, and being active lower the risk of dementia⁷.

Population

Projections estimate that the number of people aged over 65 in Bristol will increase by 11% by 2030, and by 19.3% by 2040⁸. The number of people with dementia aged over 65 is projected

⁵ [NHS England » New plans to improve dementia diagnosis rates](#)

⁶ Source: Dementia UK: Update 2nd Edition: King’s College London and the London School of Economics for the Alzheimer’s Society (2014)

⁷ www.alzheimersresearchuk.org/about-dementia/helpful-information/reducing-the-risk/

⁸ ONS 2018-based Sub-national Population Projections - these are trend-based projections, which means assumptions for future levels of births, deaths and migration are based on observed levels. Projections become increasingly uncertain the further they are carried forward due to the inherent uncertainty of demographic behaviour.

to rise by 28.4% in the next 10 years⁹. This higher rise is largely due to the projected increase in people in the older age range (85+), who have much higher prevalence rates for dementia.

Gender

In 2020 we estimated there were over 1,900 men 65+ with dementia in Bristol and over 2,300 women 65+¹⁰. More women than men develop dementia as women live longer on average.

Ethnicity

The number of people from Black and minority ethnic communities with dementia is expected to increase significantly faster than the national average¹¹. This increase is mostly due to immigration patterns that have resulted in an ageing Black and minority ethnic population, though there is some evidence to suggest that more people from these communities have dementia compared to white British people¹². Vascular dementia (caused by problems with the supply of blood to the brain) is thought to be more common among Asian and Black Caribbean people because they are more prone to important risk factors for vascular dementia such as cardiovascular disease, hypertension and diabetes.

Living with dementia – care plans

Once a patient has been diagnosed with dementia, a care plan should be put in place as soon as possible and reviewed on a regular basis via face-to-face, to ensure that all patient and carer(s) needs are being met. Data from the Quality Outcome Framework (QOF) for 2023/24 shows that 77.9% of care plans in Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board (ICB) area were reviewed in the last 12 months, higher than the England average of 75.5% (Figure 3). Reviews decreased significantly during 2020/21 to a low of 41.5% but have increased year-on-year since and are now similar to pre-pandemic levels

⁹ Prevalence rates from “Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040; report by Care Policy and Evaluation Centre, London School of Economics and Political Science for the Alzheimer’s Society (November 2019); https://www.alzheimers.org.uk/sites/default/files/2019-11/cpec_report_november_2019.pdf

¹⁰ Prevalence rates from “Dementia UK: Update Second Edition report (2014)” applied to 2019-based ONS population estimates

¹¹ Source: All-Party Parliamentary Group on Dementia (2013). Dementia does not discriminate. The experience of black, Asian and minority ethnic communities.

¹² Adelman, S. (2010) 'Prevalence and recognition of dementia in primary care: a comparison of older African-Caribbean and white British residents of Haringey', PhD thesis, University College London.

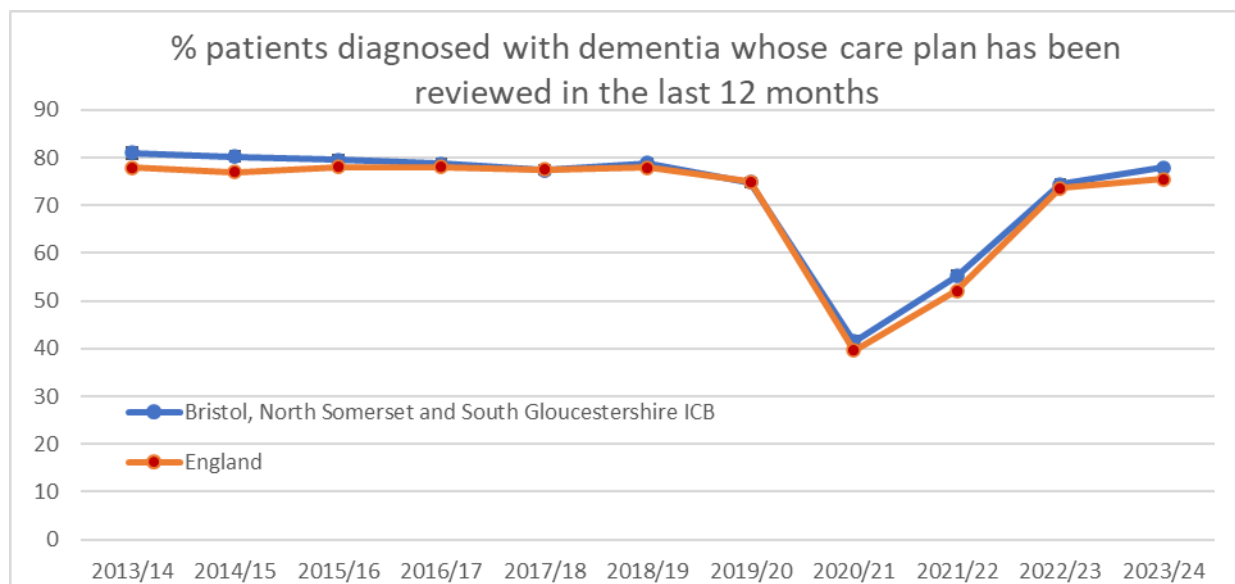


Figure 3: The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. Source: [Quality and Outcomes Framework - NHS England Digital](#)

Memory assessment services

The following has been extracted from the ‘Dementia surveillance factsheet¹³’ for the Bristol, North Somerset and South Gloucestershire ICB, March 2024:

The majority of formal diagnoses of dementia are provided by specialist clinicians at memory assessment services (memory clinics). To receive a referral to a memory clinic from primary care, an individual should be first assessed to eliminate any potential underlying causes that may be contributing to memory and welfare issues. Since March 2020, the COVID19 pandemic has affected the provision of the usual health services in England, limiting access to memory assessment services.

The bar chart in figure 4 shows the referrals to memory clinics as a percentage of all individuals receiving an assessment for dementia since 1 April 2023 for England, South West region and Bristol, North Somerset and South Gloucestershire ICB. The memory clinic referrals data is cumulative and resets in April each year.

¹³ [Dementia surveillance factsheet \(phe.org.uk\)](https://phe.org.uk)

Memory service referrals: percentage of primary care assessments for dementia resulting in a referral from 1st April Cumulative, all ages, England, NHS region, ICB, March 2024

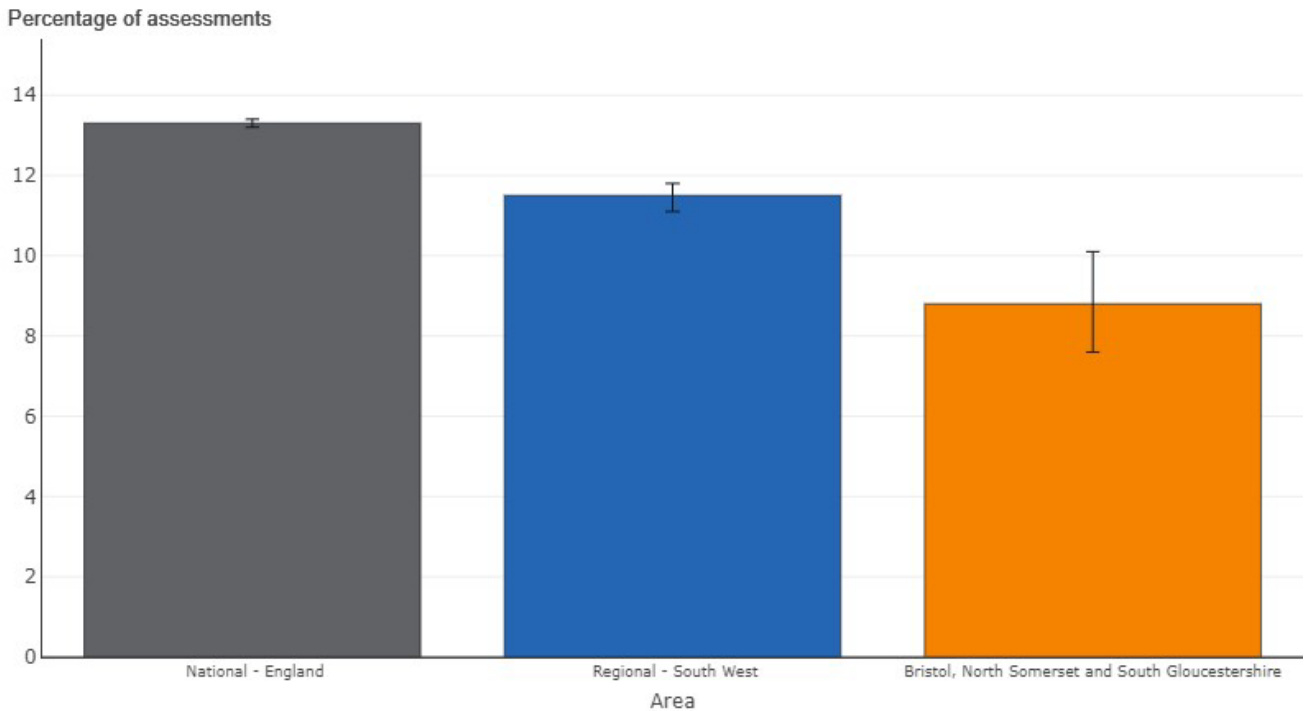


Figure 4: % of primary care assessments for dementia resulting in a referral 2023/24

Between April 2023 and March 2024 there were 165 referrals to specialist memory assessment services in Bristol, North Somerset and South Gloucestershire. This was 8.8% of the dementia assessments provided in the BNSSG ICB area. This percentage was significantly below the national England value of 13.3% and below the South West regional value of 11.5%.

Mortality

The mortality rate from dementia and Alzheimer’s disease in Bristol for the three year period 2020-2022 was 123.3 per 100,000 persons, significantly higher than the England average of 113.7 per 100,000 (Figure 5). The number of deaths recorded with the underlying cause as dementia and Alzheimer’s disease has gradually increased over the last twenty years and has doubled from 607 in 2001-2003 to 1,214 in 2020-22. Of the 1,214 deaths in 2020-2022, 33.2% (403) were male and 66.8% (811) were female.

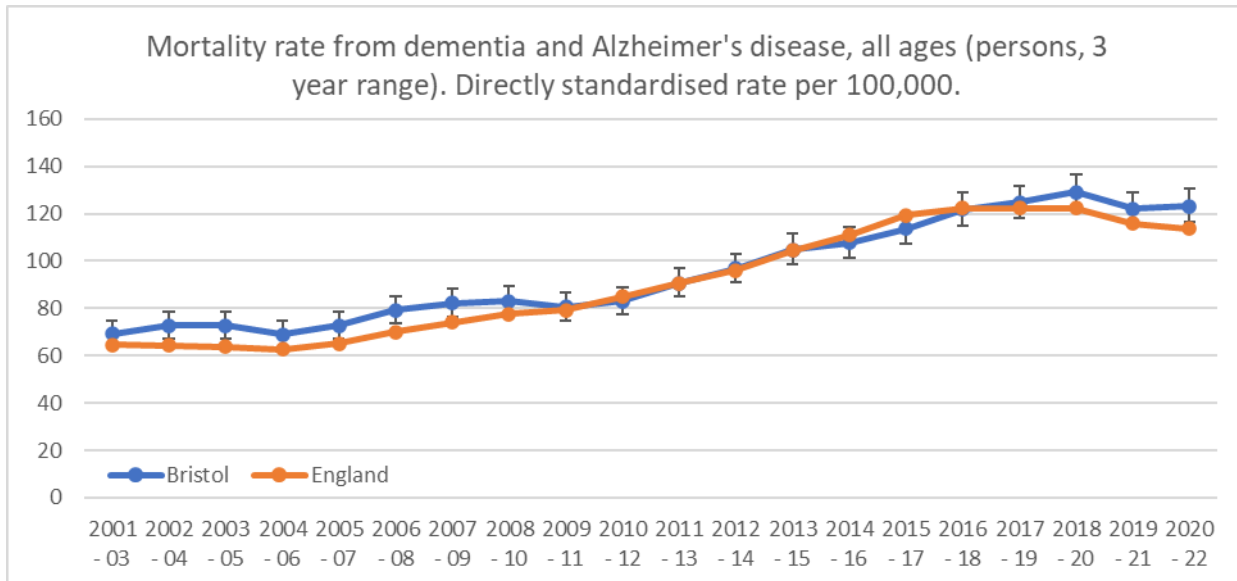


Figure 5: Mortality rate from dementia and Alzheimer’s disease. Source: Public Health Outcomes Framework, September 2024.

The mortality rate for deaths where Dementia and Alzheimer’s disease was mentioned as a contributing factor (and not coded as the underlying cause) was 191.2 per 100,000 people in Bristol, significantly higher than the England average of 178.9. Similarly to the trends experienced above, the number of deaths has more than doubled over the last twenty years.

Further data / links:

- PHE Dementia Profile: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia>
- Dementia Statistics Hub: www.dementiastatistics.org/

Date updated: September 2024

Date of next update: September 2025