Prevalence of common long-term conditions

Summary points

- The percentage of GP patients in Bristol on their practice register for coronary heart disease, cancer, diabetes, chronic obstructive pulmonary disease, chronic kidney disease and asthma, is significantly lower than the national average for these conditions. This could be the result of lower prevalence of these conditions and/or a lower level of diagnosis and recording.
- There is significant variation in the statistics between the GP localities within Bristol.

Findings

Patient records from GP practice registers in Bristol, shared as part of the Quality and Outcomes Framework (QOF) reporting process each year[1], provide data of adult patients diagnosed with selected Long-Term Conditions (LTCs) by GP practice. This data can be aggregated into groups of practices (such as localities), or Bristol statistics to provide a measure of diagnosed prevalence at these scales. It is important to note that these are not equivalent to population prevalence estimates as there are likely to be undiagnosed cases in the population that are not captured in these numbers.

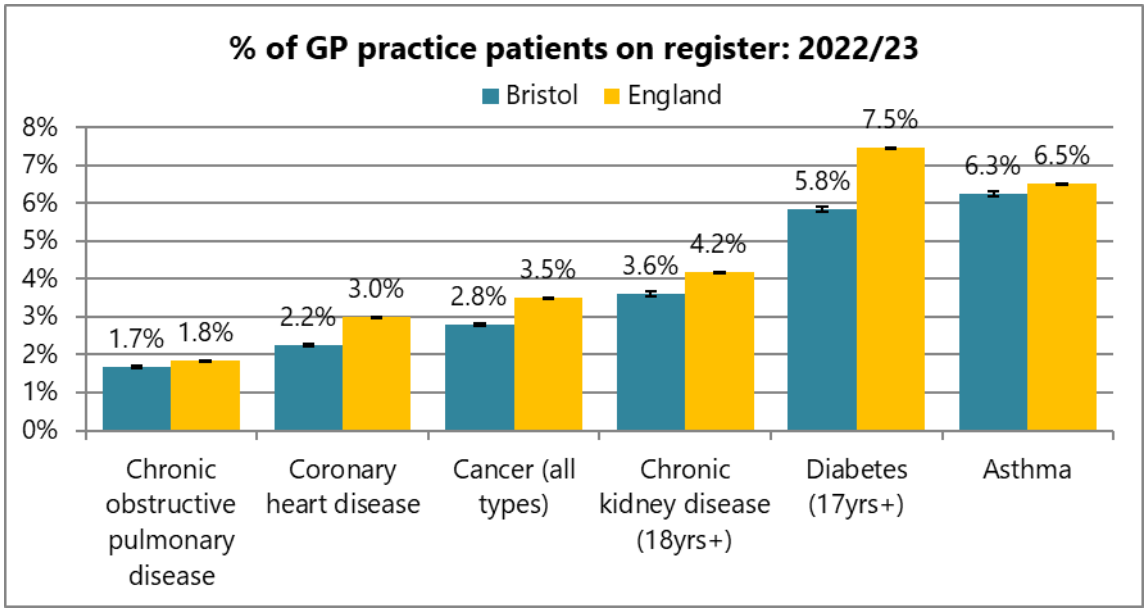

Figure 1: % of GP practice patients on register for 6 long term conditions. Bristol vs England average 2022/23.

The percentage of GP patients in Bristol on their practice register for coronary heart disease, cancer, diabetes, chronic obstructive pulmonary disease, chronic kidney disease and asthma, is significantly lower than the national average for these conditions. These comparisons are based on crude rates, and do not take account of the differences in population age structure between Bristol and England, any interpretation of these statistics should be made with this in mind as it

[1] Quality and Outcomes Framework (QOF) data, accessed via NHS Digital: https://qof.digital.nhs.uk/

will be an important influence on the relative statistics. For all of these conditions, there is significant variation in the statistics between the GP localities within Bristol, and for all of them, south Bristol has the highest rates of the three localities.

Coronary heart disease

Table 1: % of GP practice patients on register: Coronary heart disease. Bristol and Bristol GP localities vs England average 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

2022/23	Coronary heart disease	
	Number	%
Inner City & East	3,143	1.9%
North & West	4,596	2.2%
South	4,600	2.7%
Bristol	12,339	2.2%
England	1,862,774	3.0%

The percentage of Bristol residents on their GP practice coronary heart disease register (2.2%) was significantly lower than the national average (3.0%) for the latest year of QOF data (2022/23), however these rates are not adjusted for the age-structures of the population and Bristol's statistics are likely to be lower to a certain extent, as a result of having a relatively young resident population. Within Bristol, the percentage is highest in the south of the city (2.7% 2022/23). Bristol saw a fairly consistent decline in the percentage of patients with coronary heart disease from 2009/10 to 2013/14, but since then rates have remained more stable. The national average, while higher has declined throughout the period since 2009/10[1].

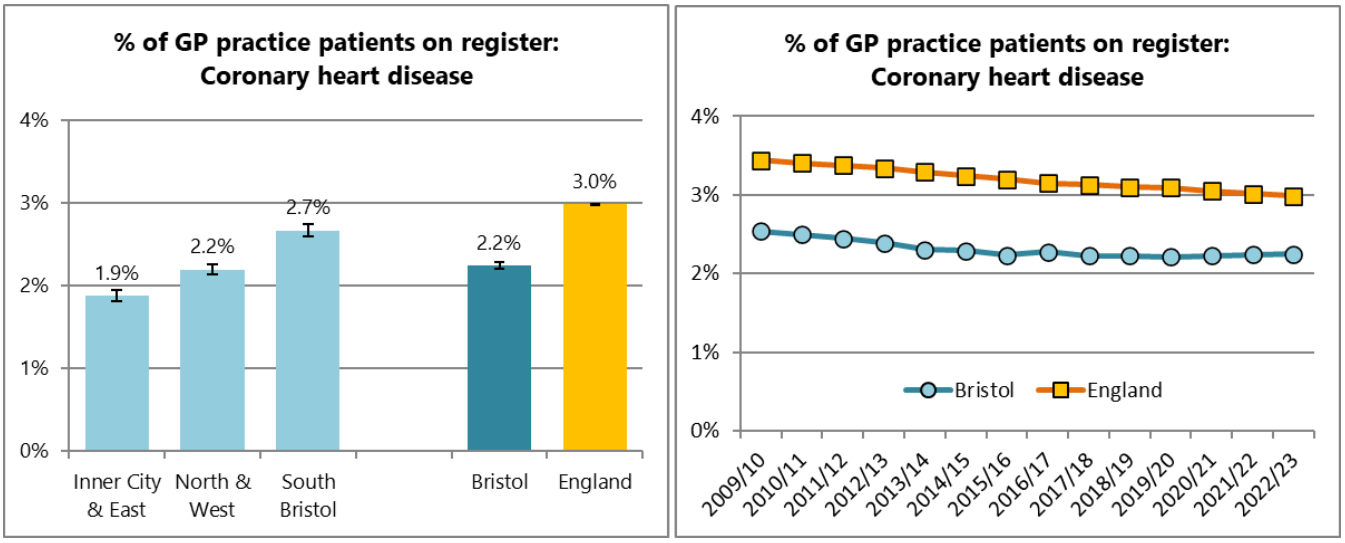

Figure 2: % of GP practice patients on register: Coronary heart disease. Bristol and Bristol GP localities vs England average 2022/23. Bristol and England average trends 2009/10 to 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

Cancer

Table 2: % of GP practice patients on register: Cancer (all types). Bristol and Bristol GP localities vs England average 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

2022/23	Cancer (all types)	
	Number	%
Inner City & East	3,655	2.2%
North & West	6,286	3.0%
South	5,413	3.1%
Bristol	15,354	2.8%
England	2,176,254	3.5%

The percentage of Bristol residents on their GP practice cancer register (2.8%) was significantly lower than the national average (3.5%) for the latest year of QOF data (2022/23). As was observed in respect of coronary heart disease numbers, it should be borne in mind that age is significant risk factor for cancer incidence, and with a relatively young population compared to the national average, this will explain a large part of that difference. Within Bristol, the percentage is highest in the south of the city (3.1% 2022/23) and the north and west of the city (3.0% 2022/23). While the numbers of residents with diagnosed coronary heart disease have largely declined over the last 10 years, the number of patients in Bristol (and nationally) with a cancer diagnosis saw a fairly consistent increase from 2009/10 to 2022/23, more than doubling over ten years[1]. Improvements in survival rates for many cancers as well as changes in incidence will be responsible for this rise.

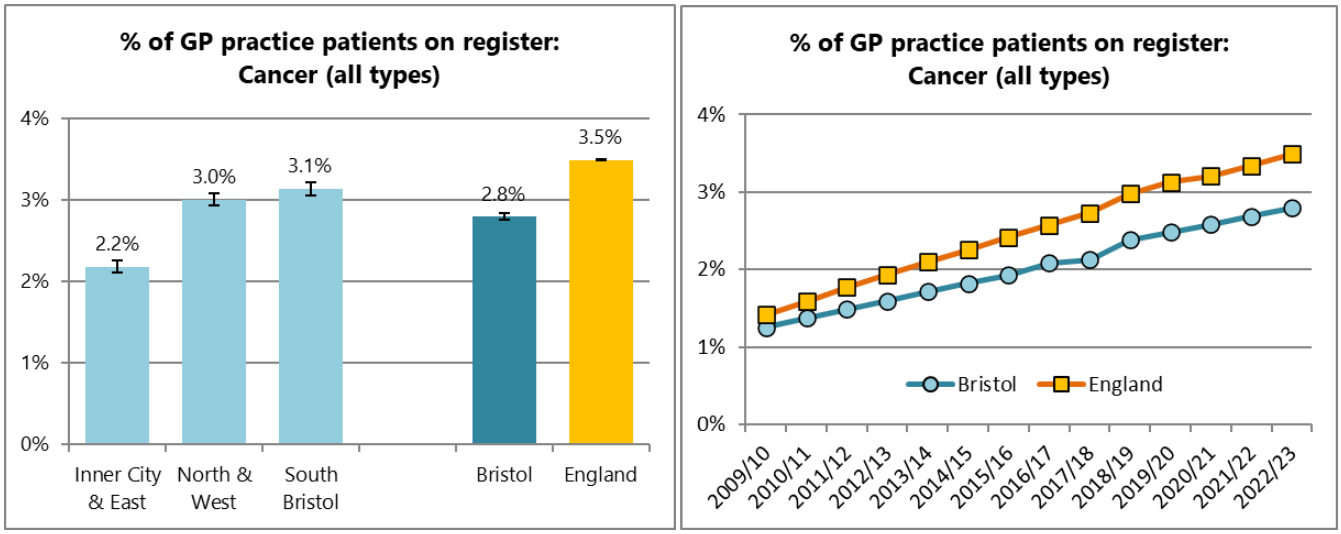

Figure 3: % of GP practice patients on register: Cancer. Bristol and Bristol GP localities vs England average 2022/23. Bristol and England average trends 2009/10 to 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

Diabetes

Table 3: % of GP practice patients on register: Diabetes (17yrs+). Bristol and Bristol GP localities vs England average 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

2022/23	Diabetes (17yrs+)	
	Number	%
Inner City & East	8,515	6.1%
North & West	8,348	4.8%
South	9,558	6.9%
Bristol	26,421	5.8%
England	3,774,801	7.5%

The percentage of Bristol residents on their GP practice diabetes register (5.8%) was significantly lower than the national average (7.5%) for the latest year of QOF data (2022/23). Within Bristol, the percentage is highest in the south of the city (6.9% 2022/23). The percentage of patients nationally diagnosed with diabetes has been increasing since 2009/10. In Bristol the increase appeared to flatten post 2016/17, however national and local prevalence show a more marked increase over the last two years since 2020/21, which may be related in part at least to lifestyle changes during the early part of the Covid-19 pandemic. Excess weight is an important risk factor for type 2 diabetes, and may go some way to explaining some of the variation presented in the statistics here. Comparisons between the GP localities within Bristol, and between Bristol and the national average would be very similar based on the prevalence of obesity, also reported in the Quality and Outcomes Framework.

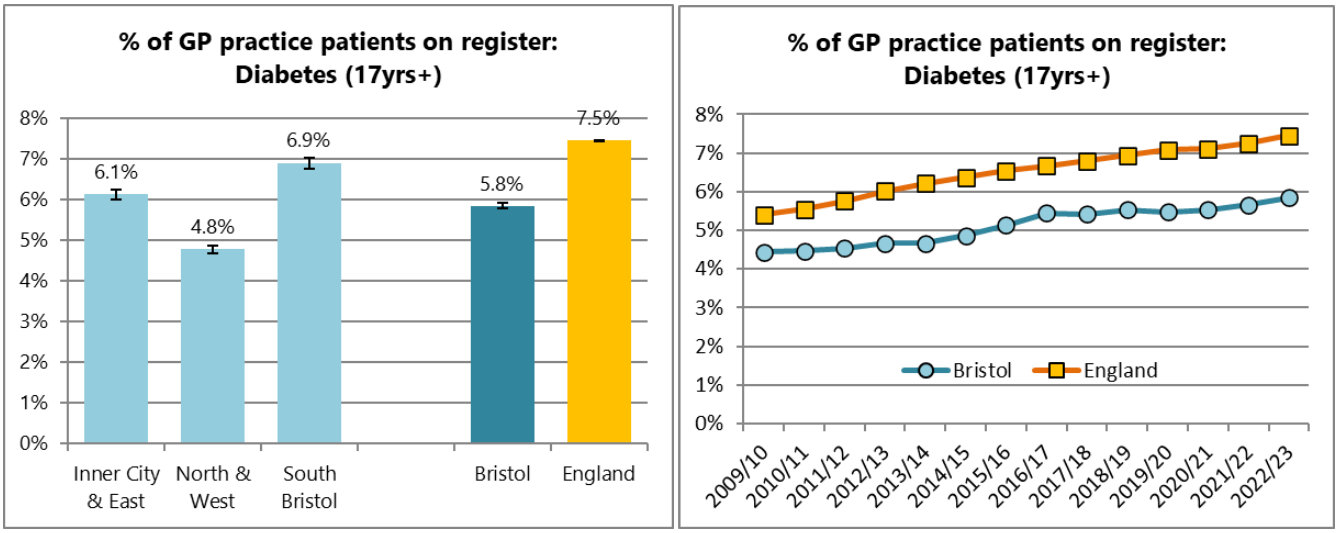

Figure 4: % of GP practice patients on register: Diabetes (17yrs+). Bristol and Bristol GP localities vs England average 2022/23. Bristol and England average trends 2009/10 to 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

Chronic obstructive pulmonary disease (COPD)

Table 4: % of GP practice patients on register: COPD. Bristol and Bristol GP localities vs England average 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

2022/23	Chronic obstructive	
	Number	%
Inner City & East	2,459	1.5%
North & West	2,804	1.3%
South	4,039	2.3%
Bristol	9,302	1.7%
England	1,151,474	1.8%

The percentage of Bristol residents on their GP practice COPD register (1.7%) was significantly lower than the national average (1.8%) for the latest year of QOF data (2022/23). Within Bristol, the percentage is highest in the south of the city (2.3% 2022/23). Higher levels of cigarette smoking in the south of the city historically, may help to explain this variation across the city. The definitions for this indicator, and the patients that are counted for it, were changed in 2019/20 and therefore an analysis of trends over time is only possible for the period since this change. Since 2019/20 there has been a very slight decline in the % of patients on their practice register nationally, and a similarly slight decline in Bristol since 2020/21.

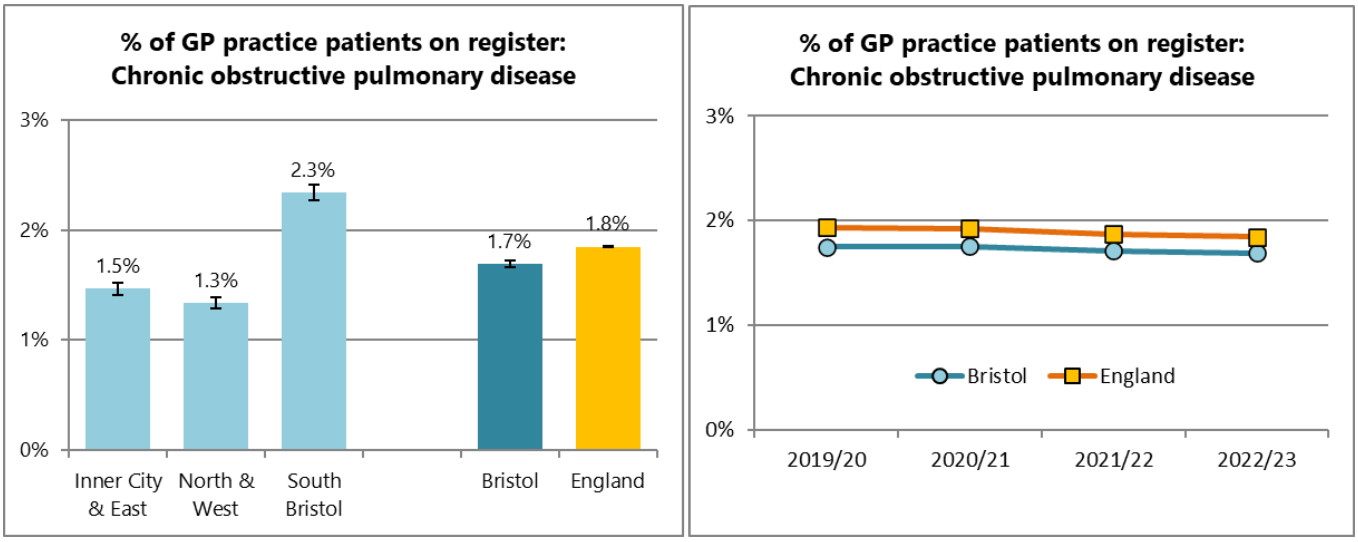

Figure 5: % of GP practice patients on register: COPD. Bristol and Bristol GP localities vs England average 2022/23. Bristol and England average trends 2019/20 to 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

Asthma

Table 5: % of GP practice patients on register: Asthma (6yrs+). Bristol and Bristol GP localities vs England average 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

2022/23	Asthma (6yrs+)	
	Number	%
Inner City & East	9,147	5.8%
North & West	12,091	6.1%
South	11,142	6.9%
Bristol	32,380	6.3%
England	3,826,470	6.5%

The percentage of Bristol residents on their GP practice asthma register (6.3%) was significantly lower than the national average (6.5%) for the latest year of QOF data (2022/23). Within Bristol, the percentage is highest in the south of the city (6.9% 2022/23). Higher levels of cigarette smoking in the south of the city historically, may help to explain this variation across the city. The definitions for this indicator, and the patients that are counted for it, were changed in 2019/20 and therefore an analysis of trends over time is only possible for the period since this change. The Bristol statistic and the national average were very similar in 2019/20, but the national average has tended to be a little higher than the Bristol value since then. The trend for Bristol and England has been largely level during this period.

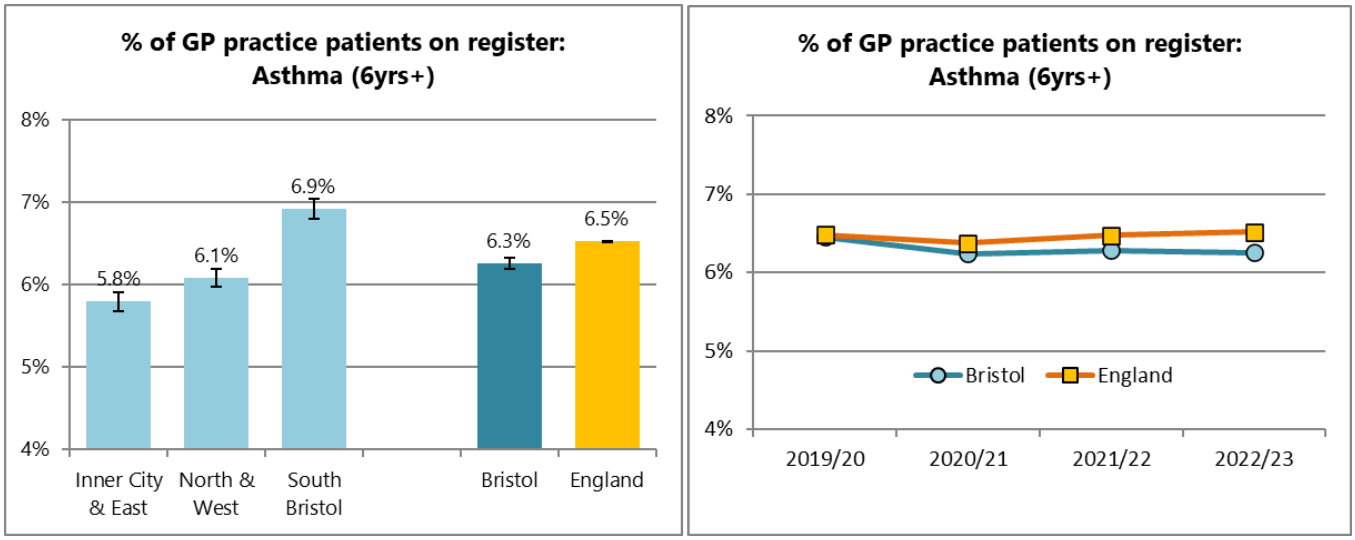

Figure 6: % of GP practice patients on register: Asthma (6yrs+). Bristol and Bristol GP localities vs England average 2022/23. Bristol and England average trends 2019/20 to 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

Chronic kidney disease (CKD)

Table 6: % of GP practice patients on register: Chronic kidney disease (18yrs+). Bristol and Bristol GP localities vs England average 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

2022/23	Chronic kidney disease	
	Number	%
Inner City & East	3,771	2.7%
North & West	5,980	3.5%
South	6,384	4.7%
Bristol	16,135	3.6%
England	2,092,785	4.2%

The percentage of Bristol adult residents on their GP practice chronic kidney disease (CKD) register (3.6%) was significantly lower than the national average (4.2%) for the latest year of QOF data (2022/23). Within Bristol, the percentage is highest in the south of the city (4.7% 2022/23). The risk of kidney disease is associated, and shares risk factors, with several other common conditions; diabetes, cardiovascular disease and hypertension (high blood pressure). Behavioural factors such as smoking and obesity contribute to the risk of all of them including CKD, hence we would expect to find more CKD in those parts of the city where the prevalence of these issues are more common, and where deprivation is more acute. This will help explain why the percentage of diagnosed CKD is higher in south Bristol than the rest of the city. Data quality issues prior to 2014/15 limit the analysis of trends over time to the period since then, but over that time the percentage of patients in Bristol diagnosed with chronic kidney disease has fallen from 4.3% (2014/15) to 3.6% in the most recent year of data. Over the same period the national statistics have remained close to 4.0% and been more consistent, but rose a little from 2021/22 to 2022/23 to 4.2%[1].

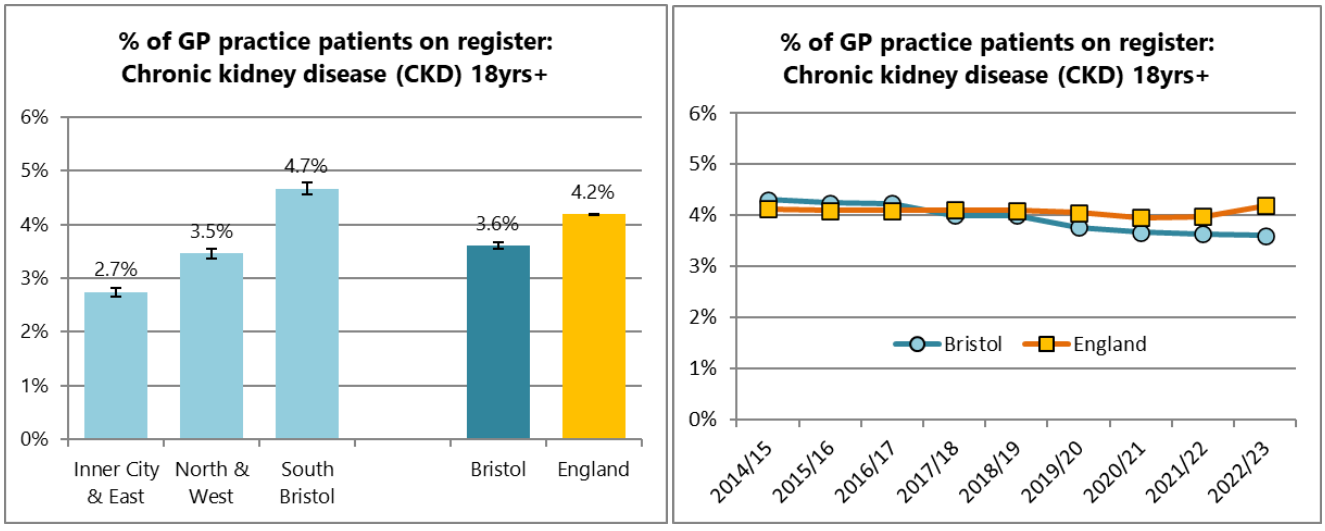

Figure 7: % of GP practice patients on register: Chronic kidney disease (18yrs+). Bristol and Bristol GP localities vs England average 2022/23. Bristol and England average trends 2014/15 to 2022/23. Source: NHS Quality and Outcomes Framework (QOF) 2022/23.

Equalities data

The data available to the public health team in Bristol City Council from the Quality and Outcomes Framework (QOF) does not permit an analysis by deprivation, ethnicity or other equality dimensions within Bristol. However, the association between the risk of several of these long term conditions and various health-related lifestyle factors such as smoking, excess weight and alcohol consumption, means that it is highly likely that we would find that the risk of some of them (diabetes, COPD, asthma and many cancers) will be higher in those parts of the city where we know these harmful lifestyle factors are more prevalent. These lifestyle factors are associated to varying degrees with deprivation, some with ethnicity and other equality dimensions, and therefore the risk of many of these long term conditions is in effect associated with these equality dimensions, higher in more deprived areas generally for instance. Other analyses using alternative data sources have borne this out.

Covid-19 impact:

The data within this report includes data collected during the Covid-19 pandemic. It is possible that Covid 19 may have impacted on apparent trends since 2019/20 by exacerbating existing conditions or causing new long term conditions, through the direct effect of infection and illness through the virus, and also the wider social, economic, psychological and behavioural impacts of living with the pandemic. Access to healthcare for diagnosis and management of chronic health conditions may have been hampered by the pandemic, and lifestyle factors with a known relationship to the conditions described in this section may have become more or less prevalent over the period of the pandemic. Direct evidence linking the pandemic to the prevalence of long term conditions locally is not available as yet, but there are indications that some conditions (such as diabetes) have seen an increase over the course of the last 2 years that may in part at least have been accelerated by factors related to the pandemic as the two have happened concurrently.

Further data / links / consultations:

- Quality and Outcomes Framework (QOF) data, accessed via NHS Digital: https://qof.digital.nhs.uk/

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