

JSNA Health and Wellbeing Profile 2023/24

Neurological Conditions

Summary points

- There are many conditions within the term “neurological conditions”, including (but not limited to): Dementia, Epilepsy; Motor neurone disease; Multiple sclerosis; Parkinson’s disease and Spinal conditions.
- This section includes a summary of local intelligence for Dementia and Epilepsy only, as there is limited, or no local data, for the other conditions mentioned above.
- In Bristol, the recorded prevalence of Dementia (2022/23) is 0.56%, significantly lower than the England average of 0.74%.
- The recorded prevalence of Epilepsy for people over the age of 18 in Bristol is 0.75%. This is lower than the England average of 0.80% (2022/23).

Dementia

Nationally, it’s estimated that 7.1% of people over the age of 65 have Dementia (2019)¹, which equates to an estimated 4,280 people (65+) with Dementia in Bristol².

Data from GP registers in Bristol (2022/23), shows that the recorded prevalence of Dementia for all ages is 0.56%³, significantly lower than 0.74% in England⁴ (Figure 1). Bristol’s recorded prevalence has increased since 2011/12, following the trend for England.

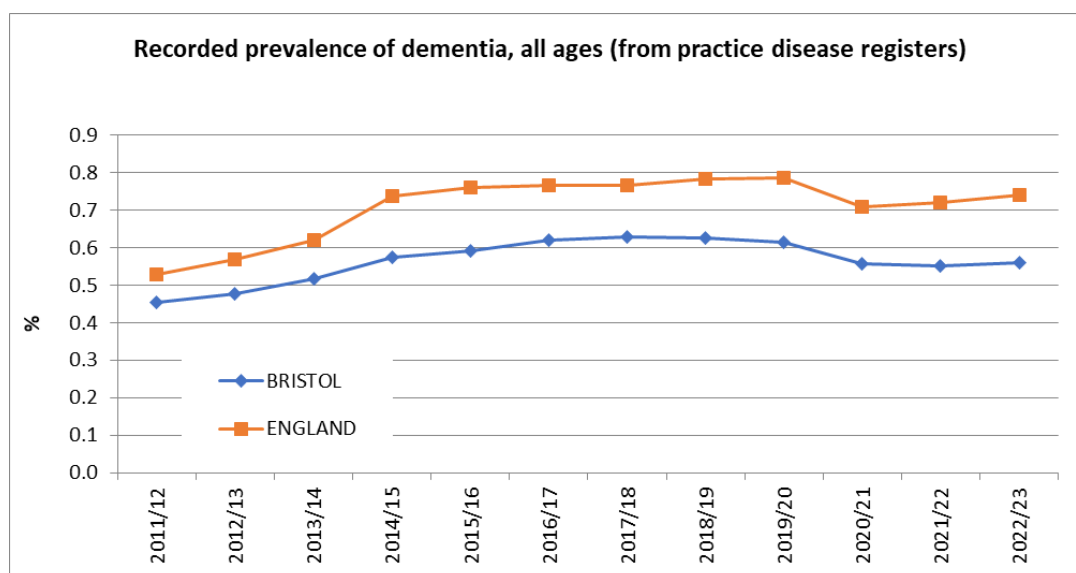


Figure 1: Recorded prevalence of Dementia; Source: Quality Outcomes Framework (QOF) via NHS Digital

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, London School of Economics and Political Science for the Alzheimer’s Society (November 2019); https://www.alzheimers.org.uk/report_november_2019.pdf

² Estimate for 2019; Source: “Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040” https://www.alzheimers.org.uk/sites/default/files/2019-11/cpec_report_november_2019.pdf

³ QOF 2022-23: Prevalence, achievement and personalised care adjustments, mental health and neurology group, GP practice level; [Quality and Outcomes Framework, 2022-23 - NHS Digital](#)

⁴ QOF 2022-23: Prevalence, achievement and personalised care adjustments at regional and national level; [Quality and Outcomes Framework, 2022-23 - NHS Digital](#)

The highest prevalence of Dementia is in North and West (Outer), followed by the South Locality (both above Bristol's average). Inner City, East and North and West (inner) have a lower prevalence than Bristol's average (Figure 2).

Overall, Bristol's prevalence is lower than the England average, however North and West (Outer) has a higher prevalence than the England average⁵.

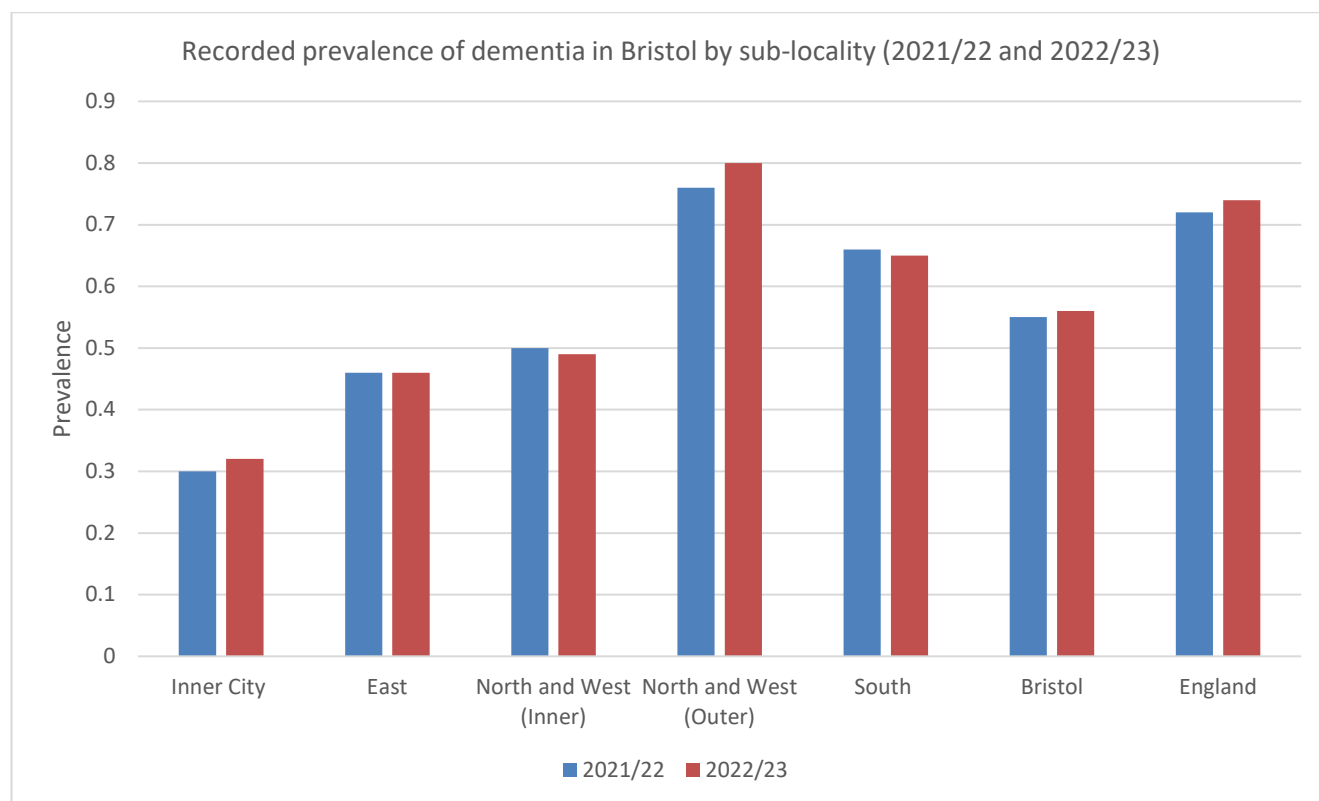


Figure 2: Recorded prevalence of Dementia by sub-locality; QOF via NHS Digital

According to the latest NHS Digital Primary Care Dementia Data (March 2023) there are 3,024 people aged 65 and older with an estimated Dementia diagnosis⁶ in Bristol. This is a rate of 69.7%, which is statistically similar to the England rate of 63%, and places Bristol mid-table when compared with the other English core cities, with the fifth highest diagnosis rate.

⁵ QOF 2022-23: Prevalence, achievement and personalised care adjustments, mental health and neurology group, GP practice level; [Quality and Outcomes Framework, 2022-23 - NHS Digital](#)

⁶ Definition of 'estimated dementia diagnosis': [Public health profiles - OHID \(phe.org.uk\)](#)

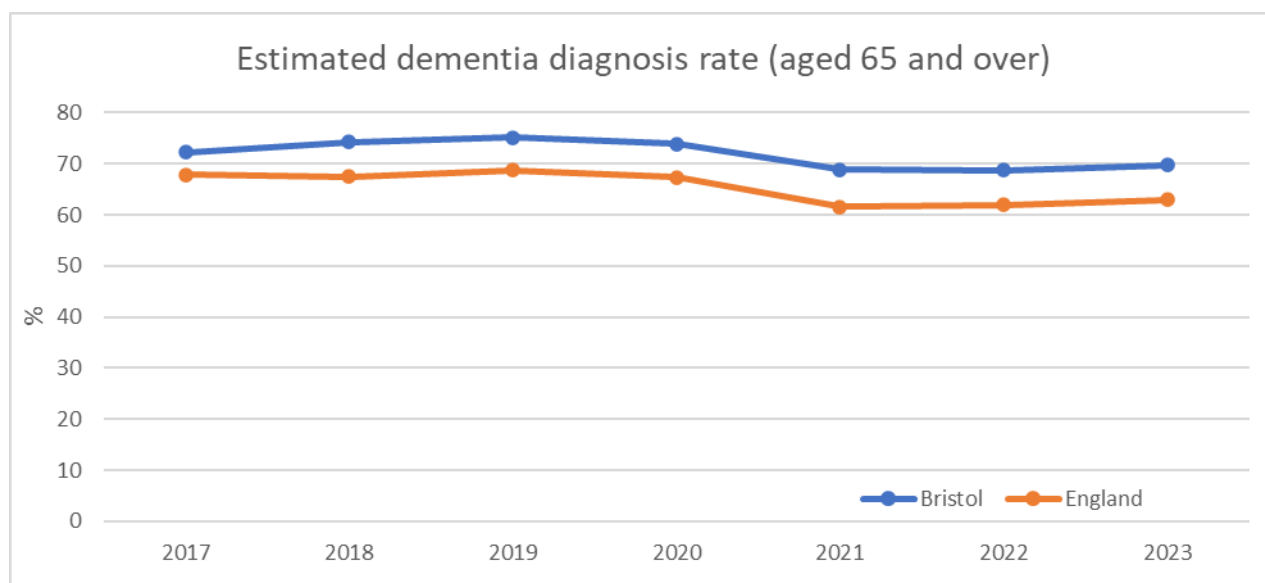


Figure 3: Estimated Dementia diagnosis rate (age 65 and over); QOF via NHS Digital

Office for National Statistics projections estimate that the number of people aged over 65 in Bristol will increase by 11% by 2030, and by 19.3% by 2040 (from 2018 baseline)⁷. The number of people with Dementia aged over 65 in Bristol is projected to rise by 28.4% by 2030 (from 2019 baseline)⁸.

Equalities (Dementia)

According to Alzheimer's Research UK, Dementia Statistics Hub, nationally, women are more likely to develop Dementia compared to men⁹ (women have a higher life expectancy compared to men) and people in lower socio-economic groups are exposed to a higher risk of developing Dementia. In addition, people from Black, Asian and minority ethnic communities may also be at a higher risk of developing dementia due to increased exposure to Dementia risk factors¹⁰. The number of people from BAME communities with Dementia in Bristol is expected to increase significantly faster than the national average¹¹- For further information, refer to the separate Dementia JSNA section for Bristol, published on the [JSNA Data Profiles web page](#)

⁷ 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; [Subnational population projections for England - Office for National Statistics](#)

⁸ 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

⁹ [Inequalities in dementia - Dementia Statistics Hub](#)

¹⁰ [Inequalities in dementia - Dementia Statistics Hub](#)

¹¹ Source: All-Party Parliamentary Group on Dementia (2013). Dementia does not discriminate. The experience of black, Asian and minority ethnic communities; https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/appg_2013_bame_report.pdf

Epilepsy

In 2022/23, the recorded prevalence of Epilepsy for people over the age of 18 in Bristol was 0.75%¹², this is lower than the England average of 0.80%¹³. Epilepsy prevalence rates are highest in the South and North and West (Outer) (above Bristol and England's prevalence); the prevalence in North and West (Inner), Inner City and East are both lower than the Bristol and England prevalence (Figure 4).

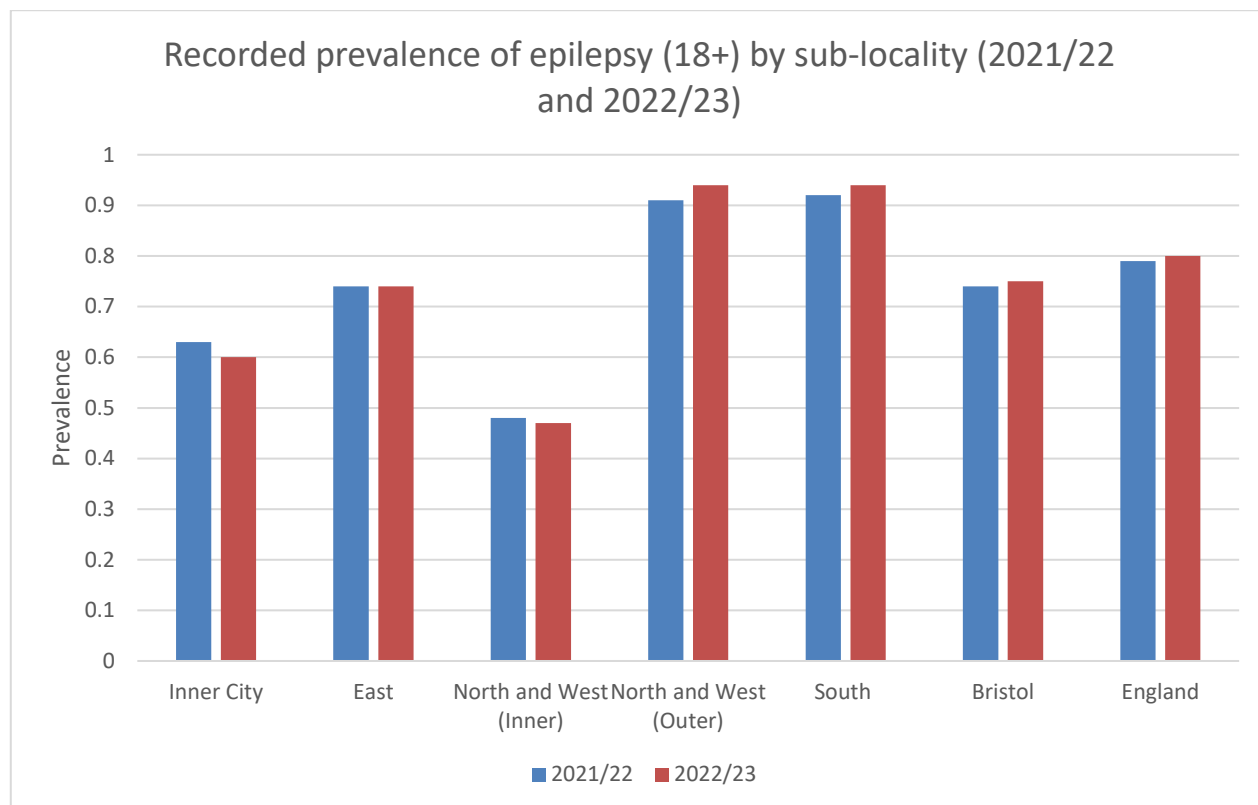


Figure 4: Epilepsy recorded prevalence by sub-locality; QOF via NHS Digital

Additional data shows that admissions to hospital for Epilepsy (under 19 years) for Bristol in 2021/22 was 41.2 per 100,000 population, lower than the England average of 73.6 per 100,000 and the Southwest average of 83.1 per 100,000¹⁴.

Equalities (Epilepsy)

According to Epilepsy Research Institute UK, people living in the most deprived areas are twice as likely to have Epilepsy than those who live in the least deprived areas¹⁵. Research into Epilepsy and intellectual ability has shown that prevalence increases when intellectual disability increases. In 2021/22, 16.5% of patients with a learning disability had an active diagnosis of Epilepsy and

¹² QOF 2022-23: Prevalence, achievement and personalised care adjustments, mental health and neurology group, GP practice level; [Quality and Outcomes Framework, 2022-23 - NHS Digital](#)

¹³ QOF 2022-23: Prevalence, achievement and personalised care adjustments at regional and national level; [Quality and Outcomes Framework, 2022-23 - NHS Digital](#)

¹⁴ Admissions for epilepsy (under 9 years); [Public health profiles - OHID \(phe.org.uk\)](#)

¹⁵ Understanding and preventing UK epilepsy health inequalities; [Epilepsy Institute \(epilepsy-institute.org.uk\)](#)

were on drug treatment for Epilepsy compared to 0.6% of those with no recorded learning disability¹⁶.

Further data / links / consultations:

- [JSNA 2021.22 - Dementia \(bristol.gov.uk\)](https://bristol.gov.uk/jsna/2021-22-dementia) (Bristol JSNA Data Profile for Dementia)
- <https://fingertips.phe.org.uk/profile/Dementia> (PHE Data Profile for Dementia)
- [Dementia Statistics Hub | Alzheimer's Research UK](https://dementia-statistics.org.uk/) (Dementia Statistics Hub)
- [Full article: Analysis of incidence of motor neuron disease in England 1998–2019: use of three linked datasets \(tandfonline.com\)](https://www.tandfonline.com/doi/full/10.1080/13600567.2020.1818181) (Analysis of incidence of motor neuron disease in England 1998–2019: use of three linked datasets)

Covid-19 impact:

A study by Alzheimers Society (2020) found that Covid 19 impacted people living with Dementia and their carers. For example, it was found that the pandemic had an effect on mental health of people living with Dementia including decreasing confidence and loneliness. Carers also reported increased memory loss, difficulty in concentrating agitation / restlessness and stress/ depression in their loved one with Dementia. The study also found the pandemic had a negative emotional impact on carers of people living with Dementia¹⁷.

Research by Epilepsy Research Institute UK found that Covid-19 had an impact on neurology appointments. The pandemic has also had an impact on individuals with epilepsy; for example, increased waiting times have increased risk of SUDEP (sudden unexpected death in epilepsy), concerns around access to medicine and increased seizures due to increased stress, loss of sleep and high fevers¹⁸.

Date updated: November 2023

Next update due: November 2024

¹⁶ Health and Care of people living with learning disabilities 2021-22; <https://digital.nhs.uk/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2021-to-2022>

¹⁷ The impact of COVID-19 on People Affected by Dementia; [The Impact of COVID-19 on People Affected By Dementia \(alzheimers.org.uk\)](https://www.alzheimers.org.uk/publications/the-impact-of-covid-19-on-people-affected-by-dementia)

¹⁸ [Report published shows impact of COVID-19 on people with neurological conditions | Epilepsy Institute \(epilepsy-institute.org.uk\)](https://www.epilepsy-institute.org.uk/reports/report-published-shows-impact-of-covid-19-on-people-with-neurological-conditions)