

JSNA Health and Wellbeing Profile 2025/26

Diabetes

Summary points

- The proportion of patients on their practice register in Bristol diagnosed with diabetes did not change significantly between 2023/24 and 2024/25, remaining at 6.0% of the registered population aged 17 years of age or above.
- In 2024/25 there were more than 29,000 Bristol patients (aged 17 years of age or over) on their GP practice's diabetes register, i.e. diagnosed with diabetes.
- The prevalence of diabetes tends to be highest in the most deprived areas, associated with a number of risk factors also more common in areas of higher deprivation including obesity.

Prevalence of diabetes

In 2024/25 there were 29,246 Bristol patients on their GP practice's diabetes register. As a rate this is 6.0% of all adult patients (17 years of age and over), which is significantly lower than the England average of 7.9%¹. Around 90% of people with diabetes will have Type 2 diabetes, which is typically associated with lifestyle factors, and in many cases is preventable.

Data derived from diagnosed patient numbers at the GP practices within each Bristol locality in 2024/25, show considerable variation in the prevalence of diagnosed diabetes across the city (figures 1 and 2). The south Bristol locality has a significantly higher prevalence (7.3%) than the other localities and the Bristol average, although it is lower than the England average (7.9%). The Inner City & East locality is next highest at 5.8%. Differences in population age-structure and the presence of other risk factors for diabetes, such as higher prevalence of excess weight and obesity, may well help to explain this variation across the city.

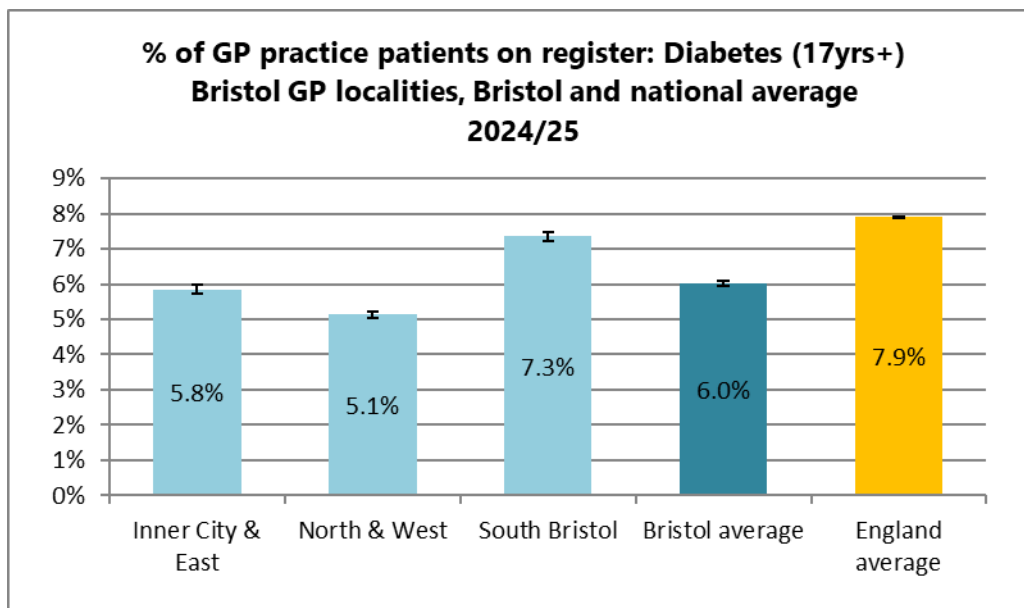


Figure 1: % of GP practice patients on register: Diabetes (17yrs+). Bristol and Bristol GP localities vs England average 2024/25. Source: NHS Quality and Outcomes Framework (QOF) 2024/25.

Figure 2 below shows that the Quality and Outcomes Framework data since 2009/10 has consistently shown the South locality in the city to have the highest prevalence of diagnosed diabetes. Another Quality and Outcomes Framework measure reporting the prevalence of GP confirmed obesity confirms that this risk factor for type 2 diabetes is also most prevalent in the south locality (12.9% of population of all ages compared to a Bristol average of 10.6% in the 2024/25 data¹) adding some evidence to the conclusion that the variation across the city may well be associated with variation in the presence of known risk factors.

A funded 3-year programme (starting September 2025) is being led by the South Bristol Locality Partnership to focus on prevention of prediabetes. The programme will identify and engage with those at highest risk of developing diabetes in South Bristol communities. The first year will work to update the information available on diabetes and the services that are there to support people with diabetes. It will then focus on engaging with organisations and people with lived experience to identify their further needs and gaps in support and services. It will then work with them to co-design and deliver a plan to improve this, including monitoring and evaluation.

The prevalence of diagnosed diabetes, as shown in figure 2 below, has risen markedly over the last fourteen years, nationally, in Bristol and in each of the three Bristol GP localities. After 2016/17, the increase slowed or stopped altogether in Bristol, or even reversed a little, as appears to have been the case for south Bristol until 2020/21. Over the last four years however, since the onset of the Covid-19 pandemic, there has been further growth in the Bristol localities and the city average, least it seems in the Inner City and East locality, more so in the other Bristol localities. When considering what lies beneath these trends it is important to remember that they reflect differences in both the ‘real’ prevalence of diabetes, and in the numbers of formally made diagnoses.

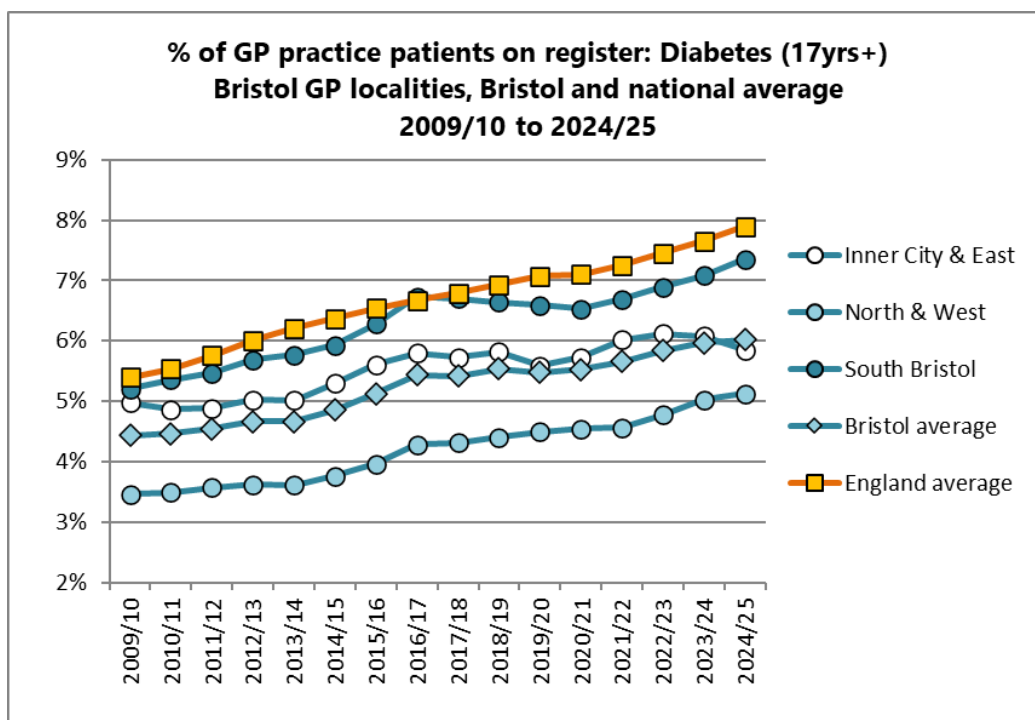


Figure 2: % of GP practice patients on register: Diabetes (17yrs+). Bristol GP localities, Bristol and England average trends 2009/10 to 2024/25. Source: NHS Quality and Outcomes Framework (QOF) 2024/25.

Deprivation: The prevalence of many of the lifestyle risk factors for the development of Type 2 diabetes (excess weight, physical inactivity, poor diet) are associated with deprivation, and therefore the prevalence of diabetes tends to be highest in the most deprived areas. The data available to the public health team in Bristol City Council from the Quality and Outcomes Framework (QOF) does not permit detailed analysis of diagnosed diabetes by deprivation, ethnicity or other equality dimensions within Bristol, however statistics for England derived from this source show such an association exists at a larger scale. In the most deprived 10% of the population in England the prevalence of diagnosed diabetes in 2023/24 was over 8%, in the least deprived 10% of the population it was around 6%².

An analysis of emergency hospital admissions related to diabetes (all types including type 1 and type 2) in Bristol in 2022/23 to 2024/25 showed that 37% of these admissions were for residents living in the most deprived 20% of the city³. Conversely, those living in the least deprived 20% were responsible for just 9% of admissions, and in fact there were almost as many admissions for those living in the most deprived 20% of the city, as for those in the least deprived 60% of Bristol. Figure 3 shows that the risk of hospital admission for diabetes, once we account for population size, is positively associated with deprivation in Bristol. Those living in the most deprived 20% of the city were almost four times more likely to be admitted to hospital than those living in the least deprived 20%. This will result from variation in the underlying prevalence of diabetes and its risk factors, as well as the efficacy of disease management of patients with diabetes, as common diabetes complications may also lead to admission.

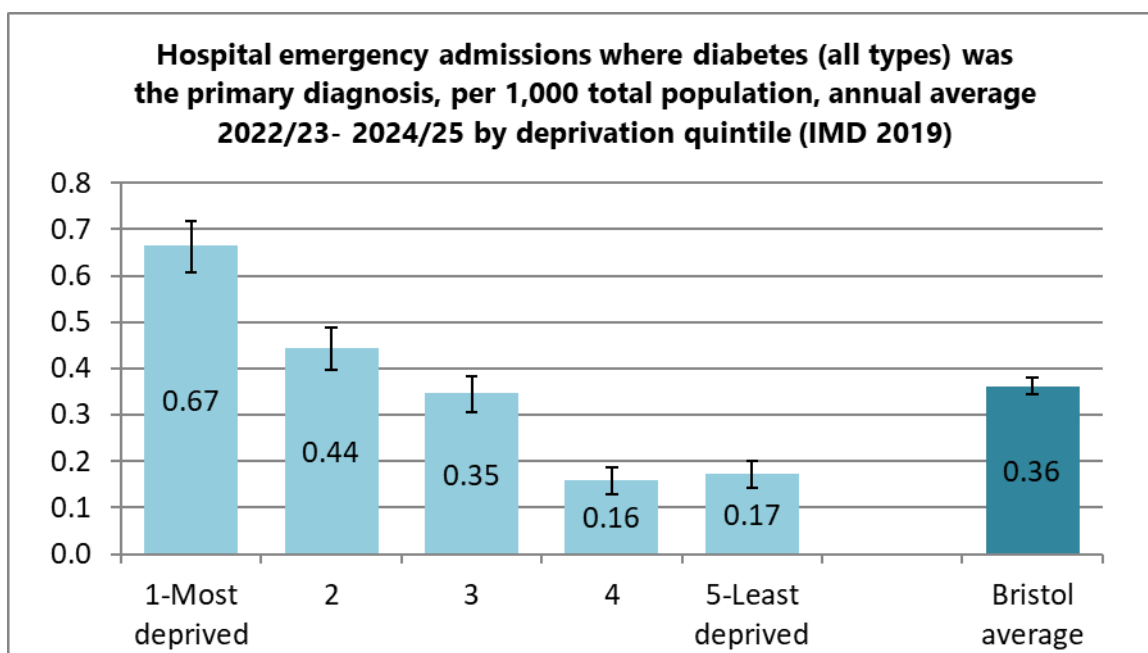


Figure 3: Rate of emergency hospital admission for diabetes (all types), per 1,000 residents (all-ages), 2022/23 - 2024/25, by deprivation quintile (IMD 2019). Source: Hospital Episode Statistics (NHS Digital) collated by Public Health, Bristol City Council.

Ethnicity: People of South Asian ethnicity are subject to a much higher risk of developing Type 2 diabetes, around 6 times higher than those of white European ethnicity. People of black African or black Caribbean ethnicity have an elevated risk around 3 times higher than those of white European ethnicity⁴. Bristol has a large and diverse population, estimates from the 2021 Census

indicated that at least 10% of the population of Bristol (more than 45,000 people) were likely to be of South Asian, black African or black Caribbean ethnicity.

Age: Age is a key risk factor in the development of diabetes, with diabetes being more common in people aged 40 or over than in people aged under 40. Bristol's relatively young age profile in comparison to the country as a whole may partly explain why our overall rates of diabetes are lower. Differences in the prevalence of the other risk factors for diabetes, which in themselves are related to age as well, will also influence this comparison. For example, the risk of developing Type 2 diabetes increases with excess weight; in Bristol we have fewer obese adults than the average for England overall (based on the Quality and Outcomes Framework (QOF) 2024/25, the estimated prevalence of adult obesity in Bristol was 10.6% which is significantly lower than the national average of 13.9%)¹

Diabetes diagnosis rate

The NICE guidelines for diabetes aim to improve the prevention and detection of new cases of diabetes, as well as the ongoing management of patients already diagnosed with diabetes⁵.

Through a combination of the data on the numbers of patients diagnosed with diabetes and population estimates of the prevalence of the condition (both diagnosed and undiagnosed) it is possible to derive an approximate diagnosis rate, which can be compared to other areas and provides an indication of the numbers of residents that are as yet undiagnosed.

Public Health England published long term predictions of the estimated population prevalence of diabetes (all types, diagnosed and undiagnosed – in adults aged 16 or over) for 2015 to 2035, in 2015⁶. Although these estimates are relatively old, they compare reasonably well to later modelled estimates for the population prevalence of type 2 diabetes only calculated for 2021 (published in 2025⁷) and should still provide an adequate approximation of the 'real' prevalence of diabetes. The Public Health England report provides a 2025 estimate for the population prevalence of diabetes in the population of Bristol (aged 16 years or older) of 7.5%. Comparing this to the 2024/25 proportion of Bristol residents (aged 17 years or older) on their practice's diabetes register which is 6.0%, this provides an indicative estimate of the diagnosis rate for diabetes of approximately 80%. This is lower than the estimated national average for England of 89% of patients diagnosed.

Based on the 29,246 Bristol resident patients (aged 17 or above) recorded on their practice's diabetes register in 2024/25¹, we can estimate that approximately 7,000 more people in this age-group in the city could potentially benefit from medication, monitoring and lifestyle changes were likely to be unaware of their condition.

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. 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.

Further data / links / consultations:

- [PHE Diabetes Profiles](#) - provides information on the distribution and determinants of diabetes, measures of patient treatment and care and diabetes-related complications.
- [Public Health Outcomes Framework](#)
- [Quality Outcomes Framework](#)
- [NHS England » Diabetes](#) (for information on Diabetes prevention and treatment services)[Diabetes UK - Know diabetes. Fight diabetes. | Diabetes UK](#)
- [Overview | Type 1 diabetes in adults | Quality standards | NICE](#)
- [Overview | Type 2 diabetes in adults | Quality standards | NICE](#)
- Other relevant JSNA profiles can be found on this link: [JSNA Data Profiles \(bristol.gov.uk\)](#)
 - JSNA Adult Healthy Weight in Bristol
 - JSNA Healthy Eating
 - JSNA Food Insecurity
 - JSNA Physical Activity
 - JSNA Healthy Weight (Children)

Date updated: November 2025**Next Update Due:** November 2026Analyst: David Thomas – David.Thomas@bristol.gov.ukSenior Public Health Specialist – Elizabeth Le Breton - Elizabeth.LeBreton@bristol.gov.uk

¹[Quality and Outcomes Framework \(QOF\)](#), NHS England

²Diabetes: QOF prevalence, Office for Health Improvement and Disparities. [Public health profiles 2024](#) © Crown copyright

³Hospital Episode Statistics (NHS Digital) collated by Public Health, Bristol City Council.

⁴Department of Health (2001) Modern standards and service models – diabetes: national service framework standards. London: Department of Health

⁵[National Institute for Health and Care Excellence – Diabetes related products](#)

⁶[Diabetes prevalence estimates for local populations \(2015\)](#), Public Health England.

⁷Estimated prevalence of diagnosed and undiagnosed type 2 diabetes, Office for Health Improvement and Disparities. [Public health profiles 2025](#)© Crown copyright