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 (2025/26) is 0.62%, significantly lower than the England average of 0.81%.
- The recorded prevalence of Epilepsy for people over the age of 18 in Bristol is 0.77%. This is lower than the England average of 0.84% (2025/26).

Dementia

It is estimated that 7.2% of people over the age of 65 in England have Dementia (2019)[1], which equates to an estimated 4,540 people (65+) with Dementia in Bristol[2].

Data from GP registers in Bristol (2025/26), shows that the recorded prevalence of Dementia for all ages is 0.62%, which is significantly lower than 0.81% in England[3] (Figure 1). Bristol's recorded prevalence has increased since 2012/13 by nearly 50%.

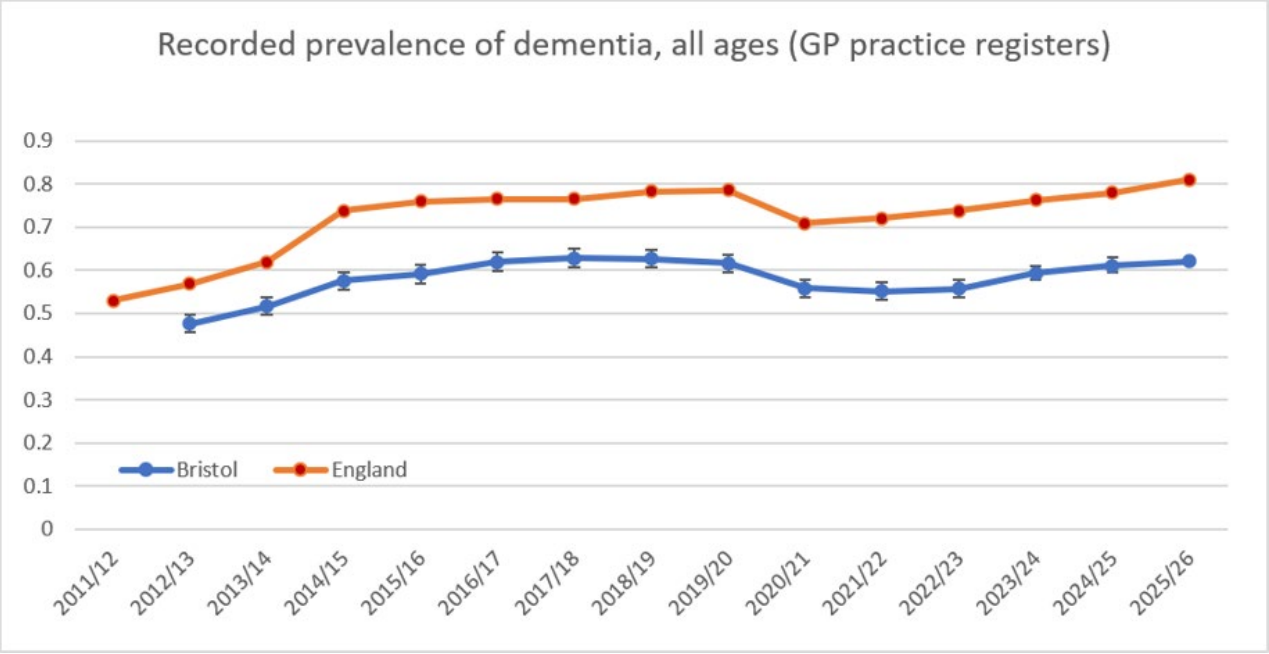


Figure 1: Recorded prevalence of Dementia; Source: Quality Outcomes Framework (QOF) via NHS Digital, October 2026

[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] Calculated using mid-2025 population estimates from ONS
[3] QOF 2025-26: Prevalence, achievement and personalised care adjustments at regional and national level; Quality and Outcomes Framework, 2025-26 - NHS Digital

By sub-locality, the highest prevalence of Dementia is in North and West (Outer) Bristol followed by the South sub-locality, both of which are higher than the city average. Only North and West (Outer) is higher than the England average. Inner City has the lowest prevalence and is half that of South Bristol and nearly three times lower than North and West (Outer) (Figure 2).

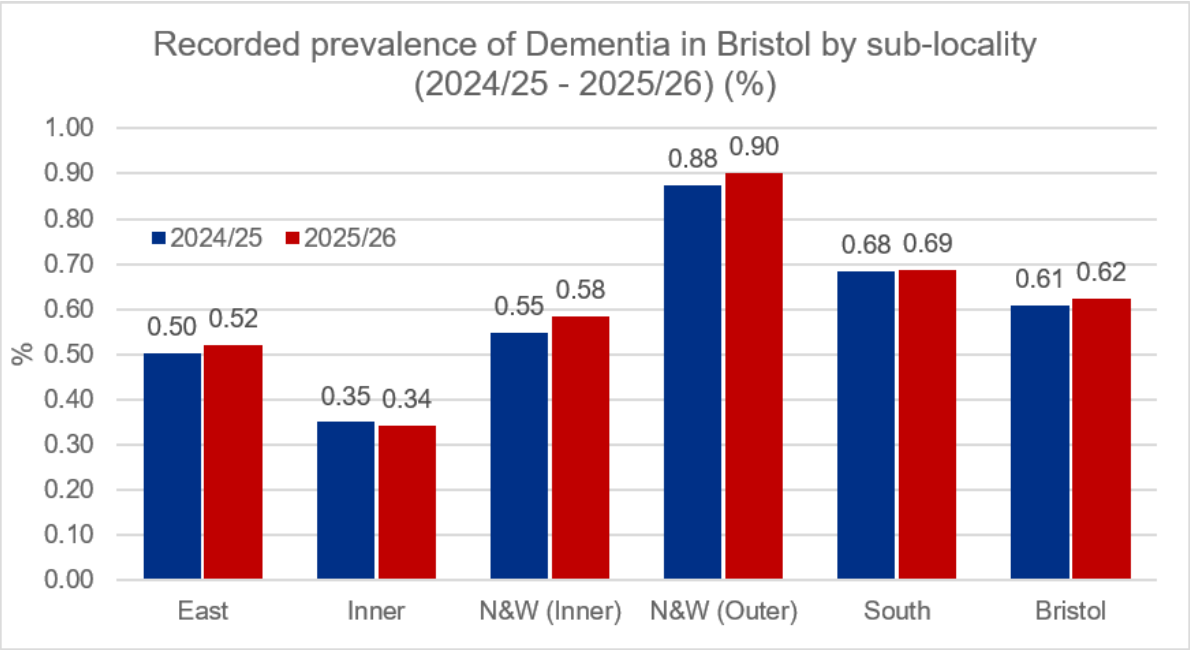


Figure 2: Recorded prevalence of Dementia by sub-locality; QOF via NHS Digital

According to the latest NHS Digital Primary Care Dementia Data (March 2026) there are 3,523 people aged 65 and older estimated to be living with dementia who have received a formal diagnosis[4] in Bristol. This equates to 76.0 per 100 (Figure 3), significantly higher than the England rate of 66.3 per 100, and third highest of all English core cities, which range from 77.9 per 100 in Nottingham to 65.4 per 100 in Birmingham.

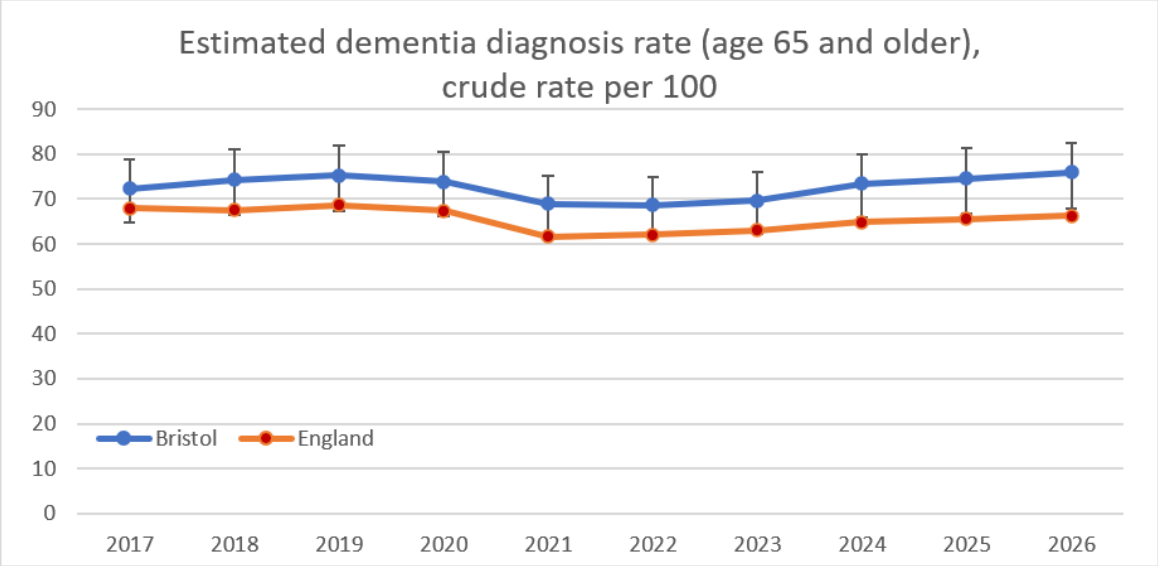


Figure 3: Estimated dementia diagnosis rate age 65+. Source: Public Health Outcomes Framework: Dementia Profile, October 2026

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

Office for National Statistics projections estimate that the number of people aged 65 and over in Bristol will increase by 9.4% by 2030, and by 17.2% by 2040 (from 2022 baseline)[5]. The number of people with Dementia aged over 65 in Bristol is projected to rise by 28.4% by 2030 (from 2019 baseline)[6].

Equalities (Dementia)

According to Alzheimer's Research UK Dementia Statistics Hub, women are more likely to develop Dementia compared to men[7] (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 factors. The number of people from Black and racially minoritised communities with Dementia in Bristol is expected to increase significantly faster than the UK average[8]- For further information, refer to the separate Dementia JSNA section for Bristol, published on the JSNA Data Profiles web page

Epilepsy

In 2025/26, the recorded prevalence of Epilepsy for people aged 18 and over in Bristol was 0.77%, slightly higher than the previous year and lower than the England average of 0.84%[9]. Epilepsy prevalence rates are highest in the sub-localities of North and West (Outer) and South areas of Bristol (higher than both the city and England averages) and lowest in the North and West (Inner) sub-locality (Figure 4).

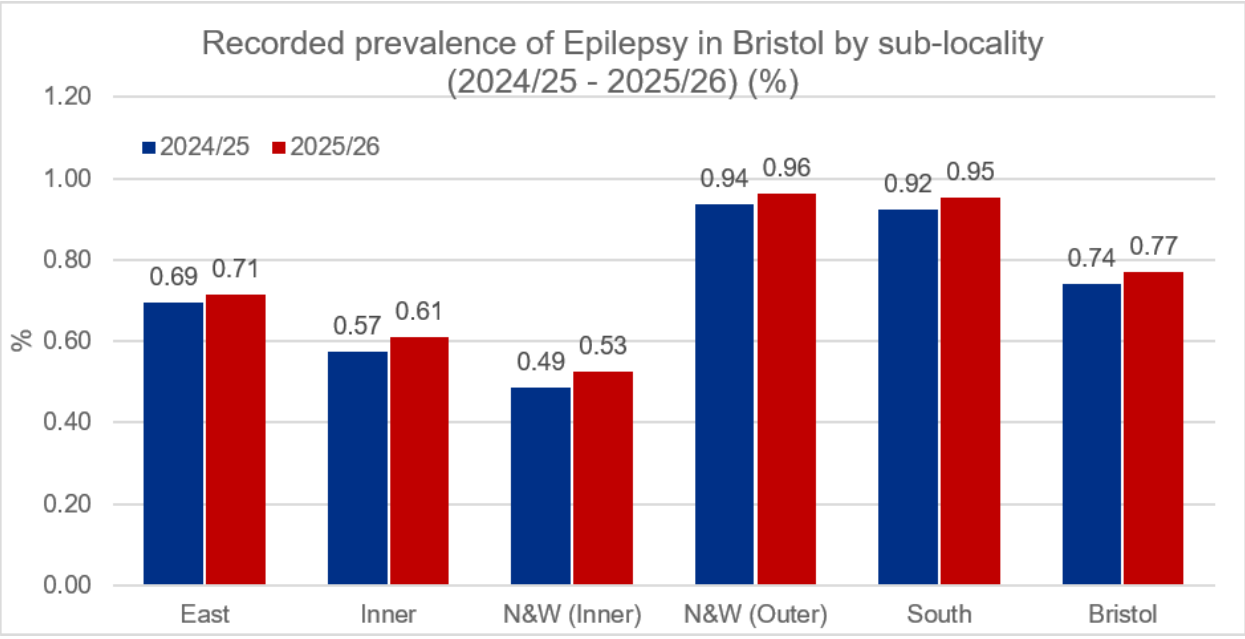


Figure 4: Epilepsy recorded prevalence by sub-locality; QOF via NHS Digital

[5] ONS 2022-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.
[6] 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/
[7] Inequalities in dementia - Dementia Statistics Hub
[8] 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/appg_2013_bame_report.pdf
[9] QOF 2025-26: Prevalence, achievement and personalised care adjustments at regional and national level; Quality and Outcomes Framework, 2025-26 - NHS Digital

Additional data shows that there were 65 admissions to hospital for Epilepsy (aged under 19 years) for Bristol in 2024/25, a rate of 66.0 per 100,000 population. This is statistically similar to the England average of 78.4 per 100,000 and the third lowest of the eight English core cities[10].

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 areas[11]. Research into Epilepsy and learning disability has shown that prevalence increases when learning disability increases. In 2024/25, 16.3% of people with a learning disability in Bristol, North Somerset and South Gloucestershire (BNSSG) had an active diagnosis of Epilepsy and were on drug treatment for Epilepsy compared to 0.6% of those with no recorded learning disability[12].

Further data / links / consultations:

- JSNA 2026.27 - Dementia JSNA Data Profile (Bristol City Council)
- OHID Data Profile for Dementia
- Dementia Statistics Hub | Alzheimer's Research UK
- Analysis of incidence of motor neuron disease in England 1998–2019: use of three linked datasets (tandfonline.com)

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 Dementia[13].

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 fevers[14].

Date updated: October 2026 **Next update due**: October 2027

[10] Admissions for epilepsy (under 19 years); Public health profiles - OHID (phe.org.uk)
[11] Understanding and preventing UK epilepsy health inequalities; Epilepsy Institute (epilepsy-institute.org.uk
[12] Health and Care of people living with learning disabilities 2024-25; Microsoft Power BI
[13] The Impact of COVID-19 on People Affected By Dementia (alzheimers.org.uk)
[14] Report published shows impact of COVID-19 on people with neurological conditions | Epilepsy Institute