

Adult Social Care & Health

Data overview: North INT February 2025

Prepared by Rachael Andrews, Becky Manvell and Gillian Hodt

North Neighbourhood profile

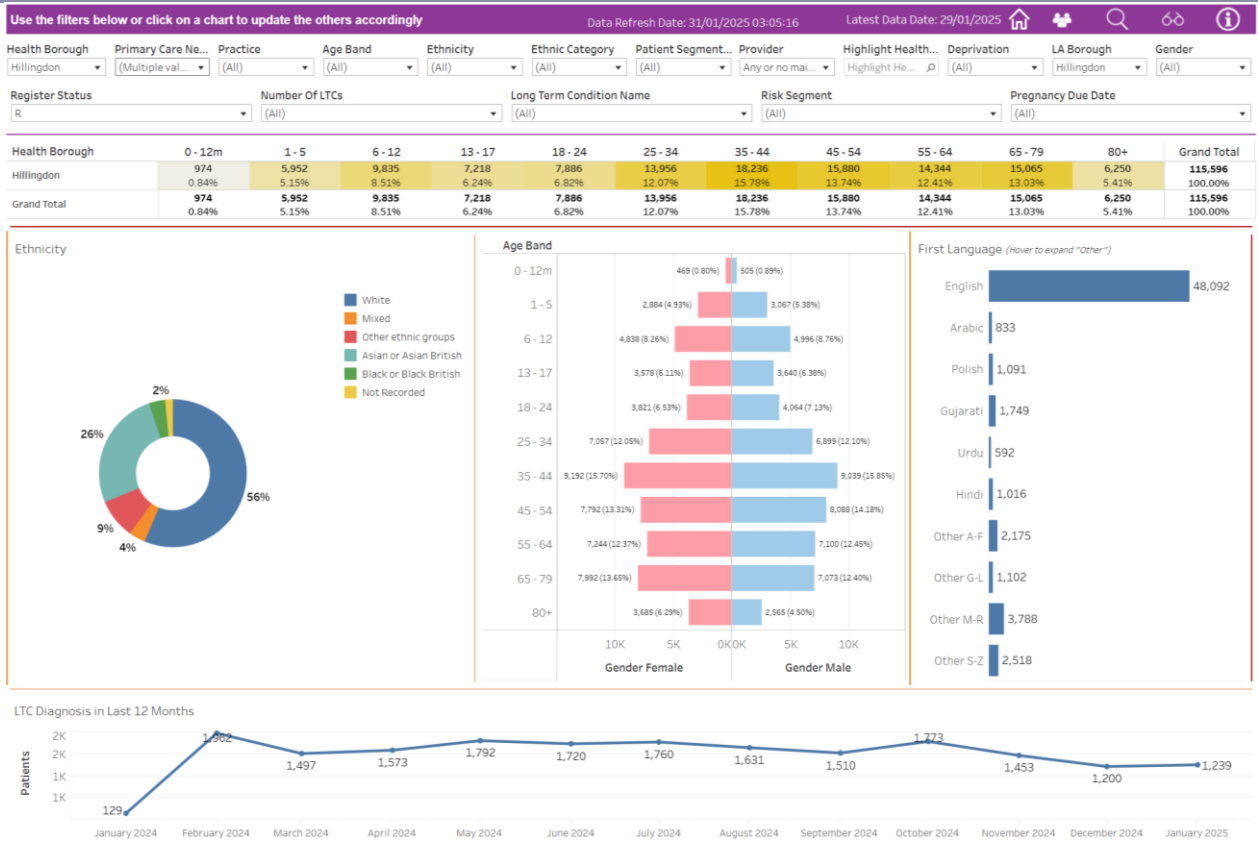
The North Neighbourhood covers 2 PCNs, North Connect & Celandine & Metrocare which are situated in the North of the Hillingdon Borough, the North Neighbourhood is the largest Neighbourhood. North Connect has 7 GP practices and Celandine & Metrocare has 11.

General Registered population data:

- To date the total registered population within the North neighbourhood is **115,475**.
- North Connect PCN has a registered population of **52,765**, and **Celandine and Metrocare PCN** has a registered population of **62,710**. This equates to **34%** of the total Hillingdon Borough registered population.
- There are **91,499 (79%)** of the Southeast Neighbourhood who are Adult (18+) and **23,976 (21%)** who are children (<18)
- The Male\Female split across the North is 49% vs 51%

PCN	Adult population (18+)	Child population (<18)	Total	% of Hillingdon population
North Connect	42,013	10,752	52,765	16%
Celandine & Metrocare	49,486	13,224	62,710	18%
Total	91,499	23,976	115,475	34%

North Neighbourhood Profile - Overview



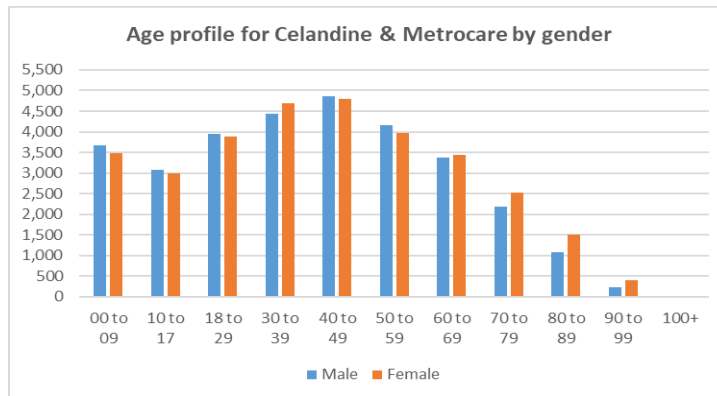
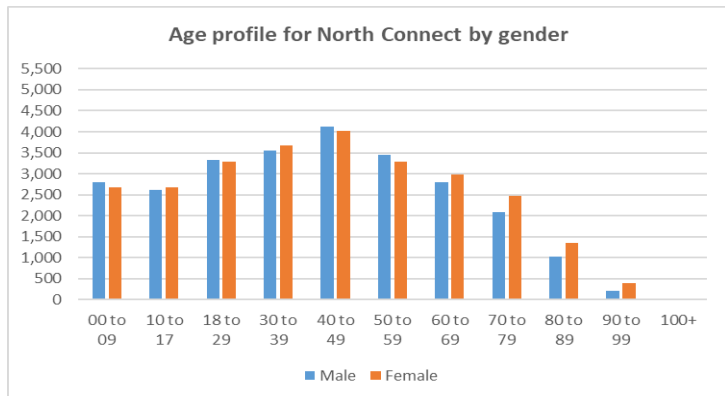
Data source: WSIC de-ident, January 2025 data

Total population: 115,596

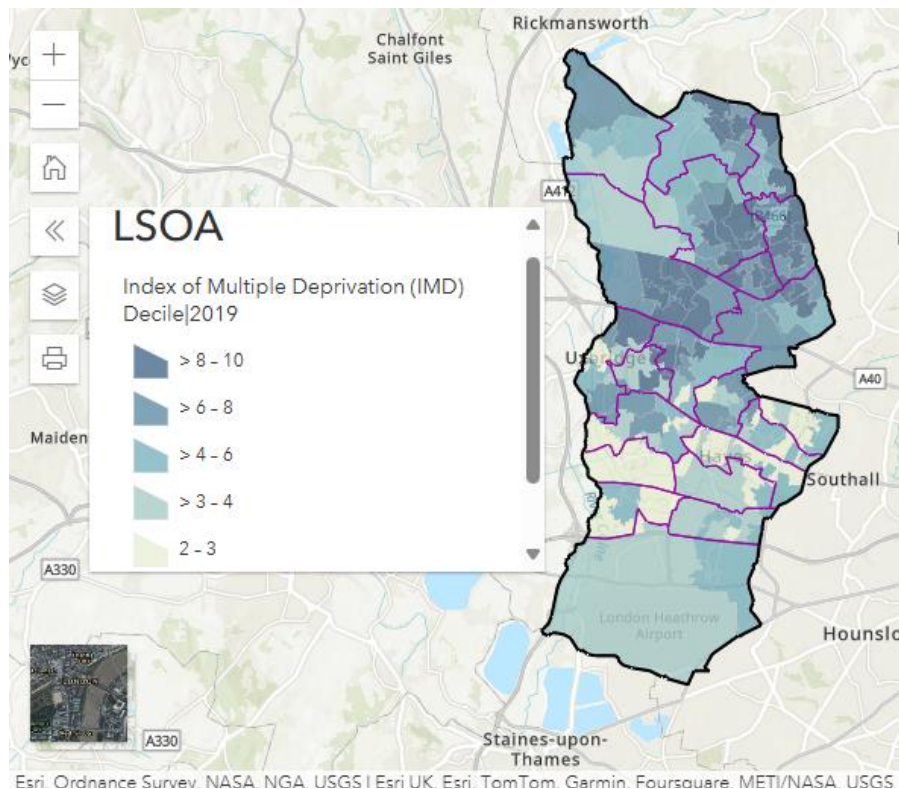
North Neighbourhood profile - Age

Age population profile:

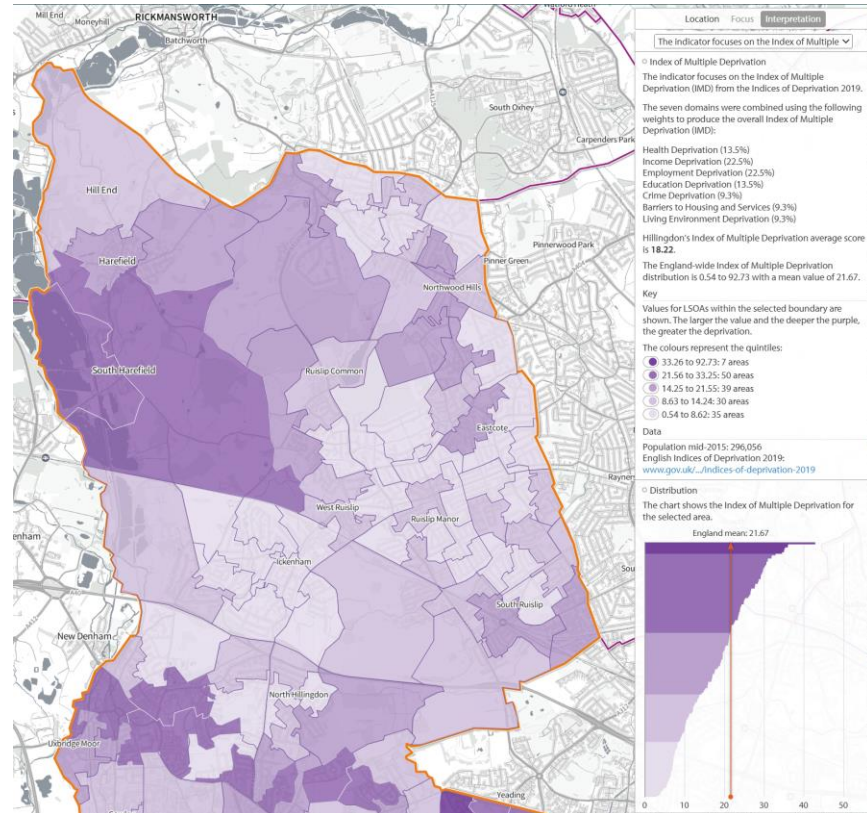
- Within the North Neighbourhood, the majority of the registered population for North Connect are aged 40-49 (**15%**) with **65%** of the registered population being within the working age bracket of 18-69. Celandine & Metrocare is very similar with **15%** being aged 40-49 and **66%** aged 18-69
- **70%** of the registered North population fall within the working age bracket (defined as a resident aged between 18-74)
- **9%** of the registered population in the North Neighbourhood are aged 75+
- **21%** of the North's registered population are under the age of 18; this equates to **9%** in North Connect and **11%** in Celandine & Metrocare



North Neighbourhood profile - Deprivation



Data source: [Hillingdon Data Hub – Deprivation – Map](#) – accessed 14/2/25



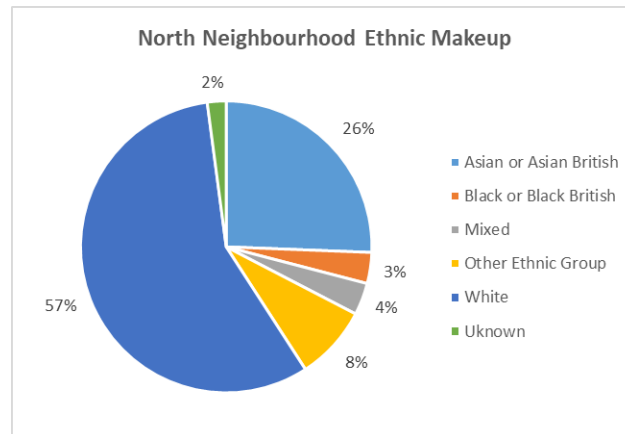
Data source: [SHAPE Place • Deprivation](#) – accessed 21/2/25

North Neighbourhood profile - Ethnicity

Ethnic population profile:

- 57% of the North Neighbourhood registered population identified themselves as White, 26% Asian or Asian British and 8% Other Ethnic Group.
- The 2 highest recorded ethnic groups within North Connect and Celandine & Metrocare are White closely followed by Asian or Asian British

Ethnic Category	Population	%
Asian or Asian British	29,573	26%
Black or Black British	3,965	3%
Mixed	4,101	4%
Other Ethnic Group	9,532	8%
White	65,890	57%
Unknown	2,414	2%
Total	115,475	



North Neighbourhood profile - Segmentation

Population Segmentation:

- **60%** of the North's registered population are in the category of 'Mostly Healthy' when segmenting the population based on the WSIC population segmentation criteria. **27%** for North Connect and **33%** for Celandine & Metrocare
- As a total, **43%** of the Adult & Older People's registered population in the North are living with one or more Long Term Conditions. Splitting this down further and looking at the Older People (65+) there are a total 72% living with one or more Long Term Conditions
- **4%** of children in the North are living with one Long Term Condition and 14% of children are living with Complex Needs
- North Connect has a total of **355 patients per 1,000** living with one or more LTC's compared to Celandine & Metrocare who has **349 patients per 1,000** living with one or more LTC's. Please note this is Adults, Older People and Children living with LTCs combined
- Of the Adults and Older People living with one or more LTC's **6,691 (17%)** have had 1 or more A&E attendances within the last 12 months compared to the Healthy Adults and Older People **3,296 (7%)** have had 1 or more A&E attendances within the last 12 months
- **EFI Score:** out of the total Adult population in the North **14%** are classed as Mild Frailty, **7%** Moderate and **4%** Severe
- **Smoking:** the current data is showing that 4% of the 18+ population are smokers with 10% being ex-smokers

Patient categories – North INT

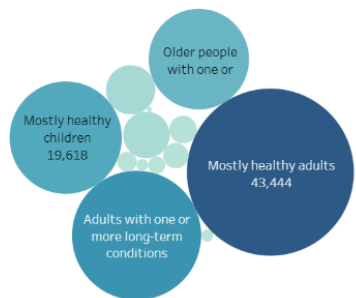
Use the filters below or click on a chart to update the others accordingly

Data Refresh Date: 31/01/2025 03:05:16 Latest Data Date: 29/01/2025

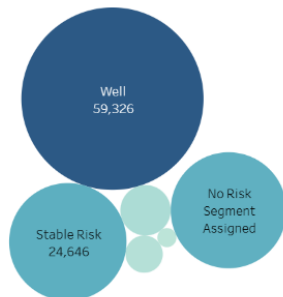
Health Borough: Hillingdon Primary Care Net...: (Multiple values) Practice: (All) Age Band: (All) Ethnicity: (All) Ethnic Category D...: (All) Patient Segment: (All) Provider: Any or no main... Deprivation: (All) Gender: (All) Distinct count of P...

Register Status: R Number of LTCs: (All) Long Term Condition Name: (All) Risk Segment: (All) Pregnancy due Date: (All)

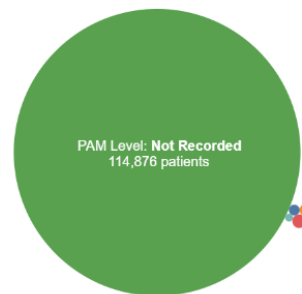
Patient Segments



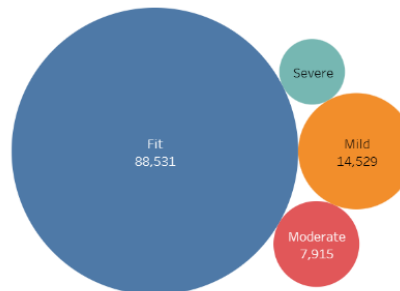
Risk Segment



PAM Levels



eFI Category



Watch lists – North INT



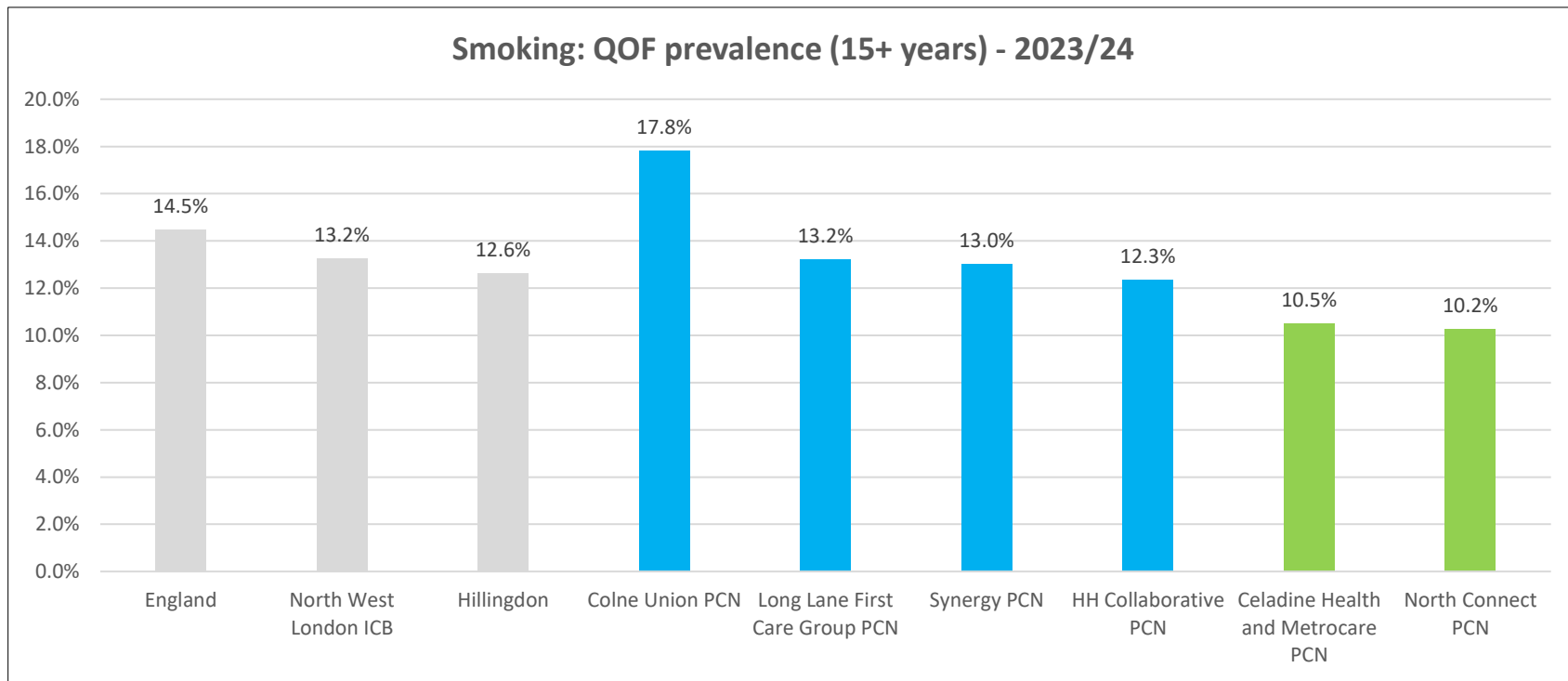
Data source: WSIC de-ident, January 2025

Total population: 115,596

North Hillingdon INT Priorities

- Respiratory
- Older adult mental health
- Dementia

Smoking Prevalence



Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Lifestyle data – healthy diets

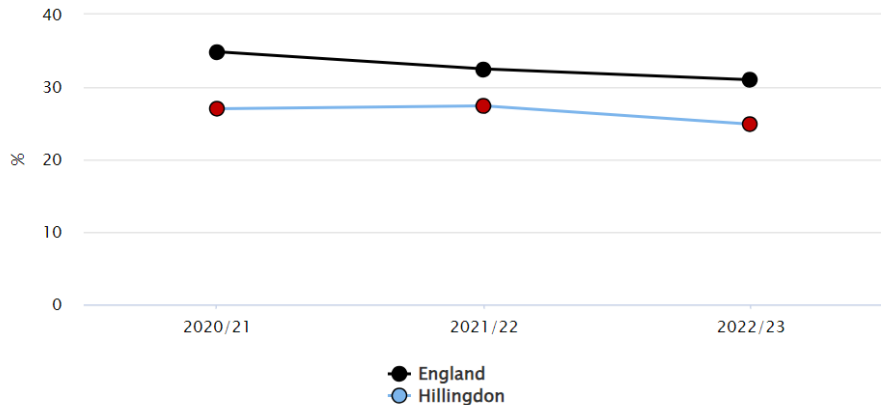
C15 - Percentage of adults meeting the '5-a-day' fruit and vegetable consumption recommendations (new method)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

► [More options](#)



Data source: Fingertips, accessed October 2024

Recent trend: Could not be calculated

Period	Hillingdon					England
		Count	Value	95% Lower CI	95% Upper CI	
2020/21	●	-	27.0%	23.0%	31.2%	34.9%
2021/22	●	-	27.4%	23.3%	31.6%	32.5%
2022/23	●	-	24.9%	20.9%	29.0%	31.0%

Source: OHID, based on Sport England data

[Indicator Definitions and Supporting Information](#)

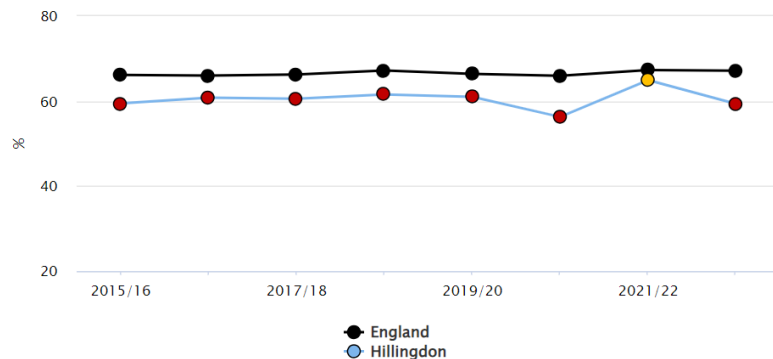
Percentage of physically active adults (19+ yrs)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2015/16	-	59.4%	55.1%	63.8%		66.1%
2016/17	-	60.8%	56.4%	65.2%		66.0%
2017/18	-	60.6%	56.3%	64.8%		66.3%
2018/19	-	61.6%	57.2%	65.7%		67.2%
2019/20	-	61.0%	56.5%	65.3%		66.4%
2020/21	-	56.3%	51.7%	60.9%		65.9%
2021/22	-	64.9%	60.6%	69.2%		67.3%
2022/23	-	59.4%	54.9%	63.7%		67.1%

Source: OHID, based on Sport England data

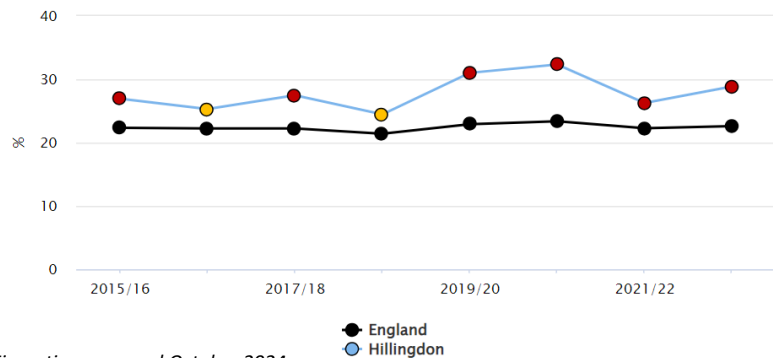
Percentage of physically inactive adults (19+ yrs)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Recent trend: Could not be calculated

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2015/16	-	26.9%	22.9%	30.9%		22.3%
2016/17	-	25.3%	21.5%	29.2%		22.2%
2017/18	-	27.5%	23.6%	31.5%		22.2%
2018/19	-	24.5%	20.7%	28.3%		21.4%
2019/20	-	31.0%	26.8%	35.1%		22.9%
2020/21	-	32.3%	28.1%	36.6%		23.4%
2021/22	-	26.3%	22.3%	30.2%		22.3%
2022/23	-	28.9%	24.9%	33.1%		22.6%

Source: OHID, based on Sport England data

Lifestyle data – physical activity (CYP)

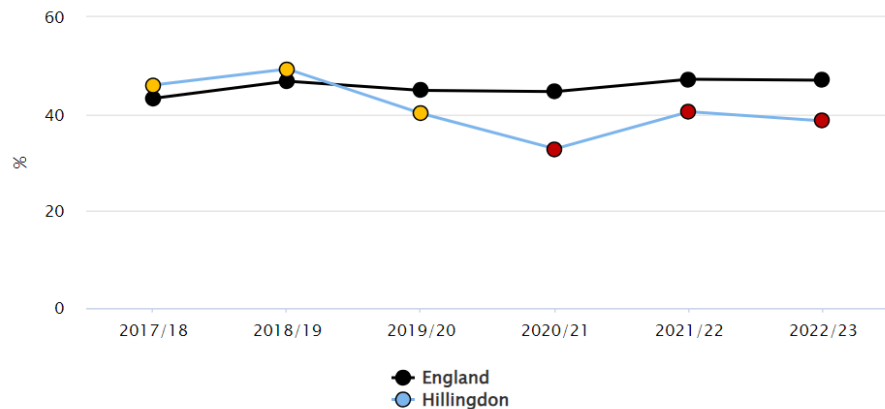
C10 - Percentage of physically active children and young people

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

► [More options](#)



Data source: Fingertips, accessed October 2024

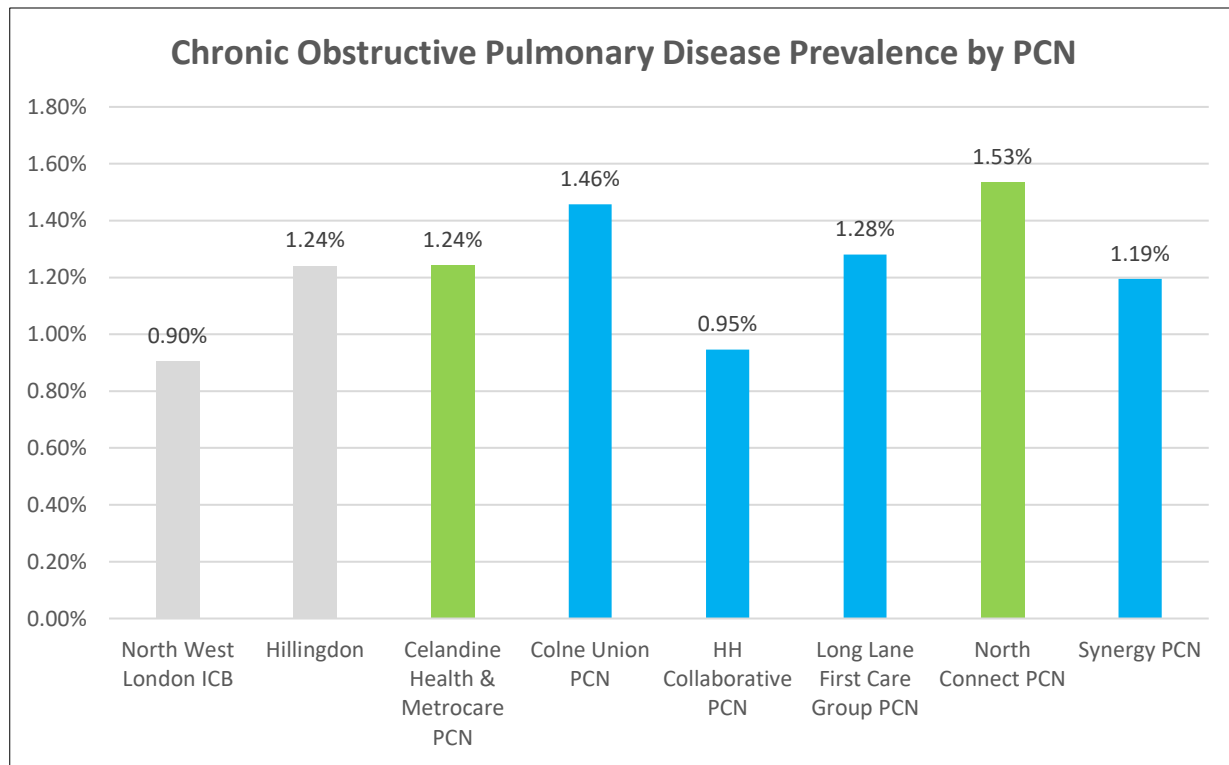
Recent trend: Could not be calculated

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2017/18	🟡	-	46.0%	41.7%	50.4%	43.3%
2018/19	🟡	-	49.3%	44.1%	54.6%	46.8%
2019/20	🟡	-	40.2%	33.1%	47.6%	44.9%
2020/21	🔴	-	32.8%	24.4%	42.6%	44.6%
2021/22	🔴	-	40.5%	35.8%	45.4%	47.2%
2022/23	🔴	-	38.6%	33.4%	44.1%	47.0%

Source: OHID, based on Sport England data

[Indicator Definitions and Supporting Information](#)

Chronic Obstructive Pulmonary Disease (COPD) Prevalence

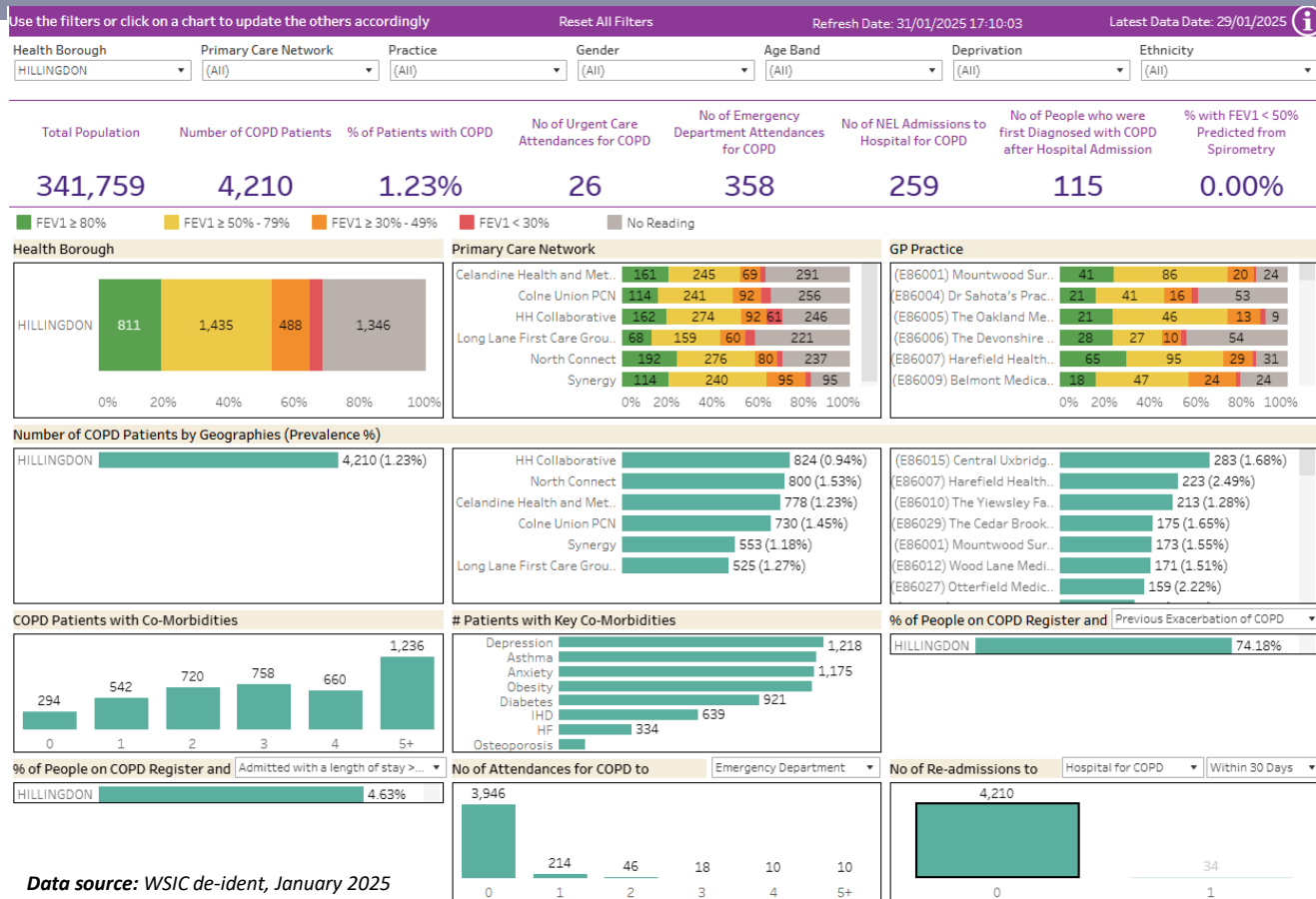


Data Source: WSIC – 31 Jan 2025

Area	Total registered patients	Number of patients with a COPD diagnosis
North West London ICB	2,848,040	25,771
Hillingdon	342,135	4,245
Celandine Health & Metrocare	63,153	785
Colne Union PCN	50,318	733
HH Collaborative PCN	87,944	832
Long Lane First Care Group PCN	41,475	531
North Connect PCN	52,443	805
Synergy PCN	46,802	559

North Connect PCN (1.53%) has the highest prevalence of COPD within Hillingdon. The Borough average is 1.24%. All Hillingdon PCNs have a COPD prevalence above the NWL average (0.9%).

COPD data (from WSIC) – Hillingdon



COPD data – North INT

Use the filters or click on a chart to update the others accordingly

Reset All Filters

Refresh Date: 31/01/2025 17:10:03

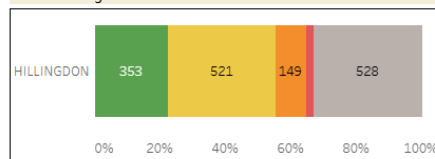
Latest Data Date: 29/01/2025

Health Borough: HILLINGDON |
 Primary Care Network: (Multiple values) |
 Practice: (All) |
 Gender: (All) |
 Age Band: (All) |
 Deprivation: (All) |
 Ethnicity: (All)

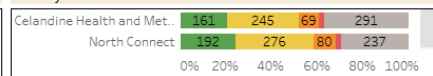
Total Population: **115,448** |
 Number of COPD Patients: **1,578** |
 % of Patients with COPD: **1.37%** |
 No of Urgent Care Attendances for COPD: **7** |
 No of Emergency Department Attendances for COPD: **110** |
 No of NEL Admissions to Hospital for COPD: **93** |
 No of People who were first Diagnosed with COPD after Hospital Admission: **44** |
 % with FEV1 < 50% Predicted from Spirometry: **0.00%**

FEV1 ≥ 80% |
 FEV1 ≥ 50% - 79% |
 FEV1 ≥ 30% - 49% |
 FEV1 < 30% |
 No Reading

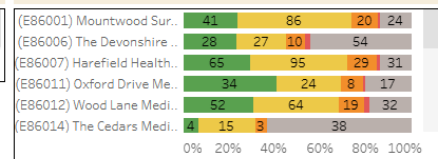
Health Borough



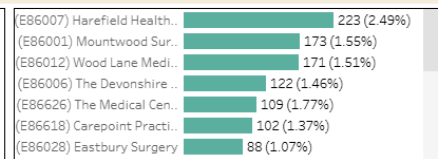
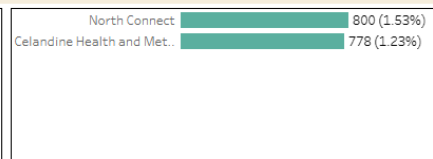
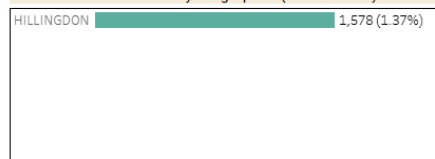
Primary Care Network



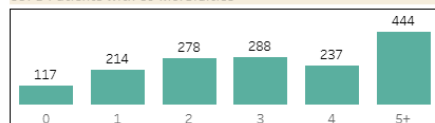
GP Practice



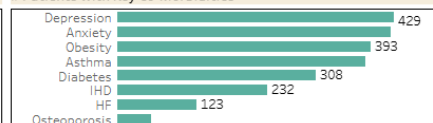
Number of COPD Patients by Geographies (Prevalence %)



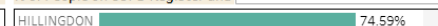
COPD Patients with Co-Morbidities



Patients with Key Co-Morbidities



% of People on COPD Register and



% of People on COPD Register and



No of Attendances for COPD to

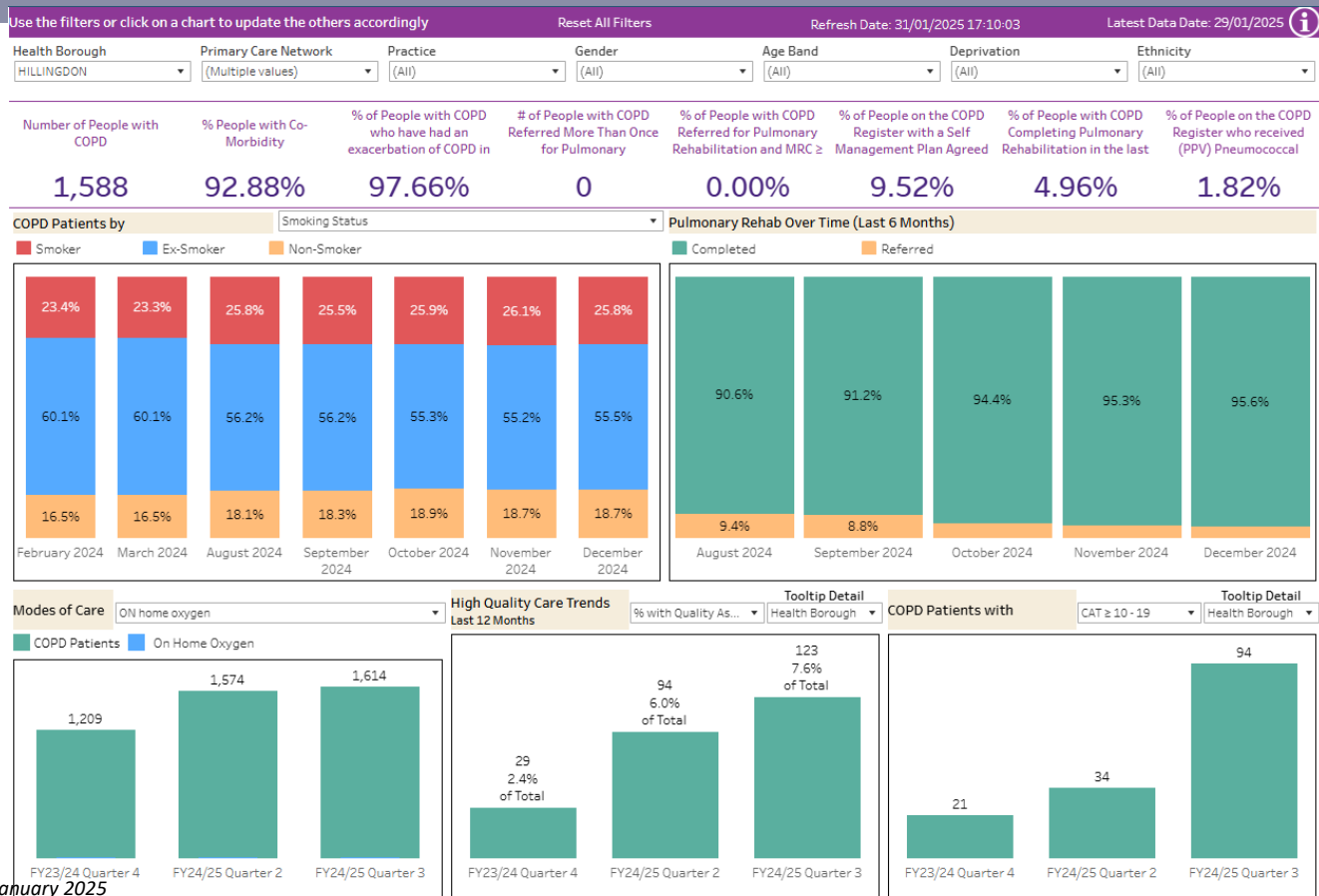


No of Re-admissions to



Data source: WSIC de-ident, January 2025

COPD clinical data – North INT



COPD Health Economics – North INT

Use the filters or click on a chart to update the others accordingly

Reset All Filters

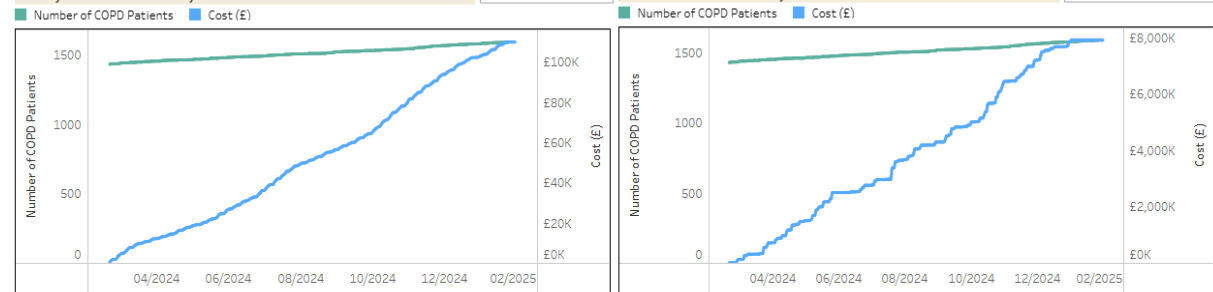
Refresh Date: 31/01/2025 17:10:03

Latest Data Date: 29/01/2025

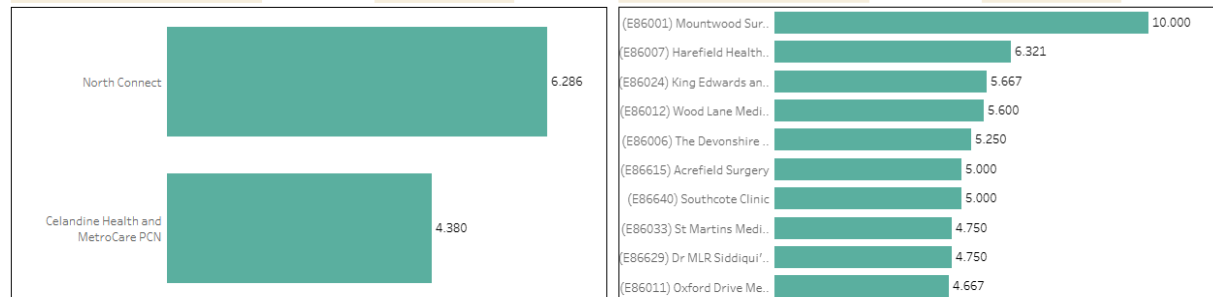
Health Borough: HILLINGDON Primary Care Network: (Multiple values) Practice: (All) Gender: (All) Age Band: (All) Deprivation: (All) Ethnicity: (All) Date Filter: Rolling Window

% Patients with Co-Morbidity: 92.63% % Patients with Asthma: 24.62% % Incorrect Treatment COPD: 0.00% # of Readmissions to Hospital within 30 Days for COPD: 10 # of Readmissions to Hospital within 90 Days for COPD: 14 # of Reattendances to ED within 30 Days for COPD: 12 # of Patients who were first Diagnosed with COPD after a Hospital Admission: 45

Primary COPD Related Activity: All Costs Acute COPD Related Activity: All Costs

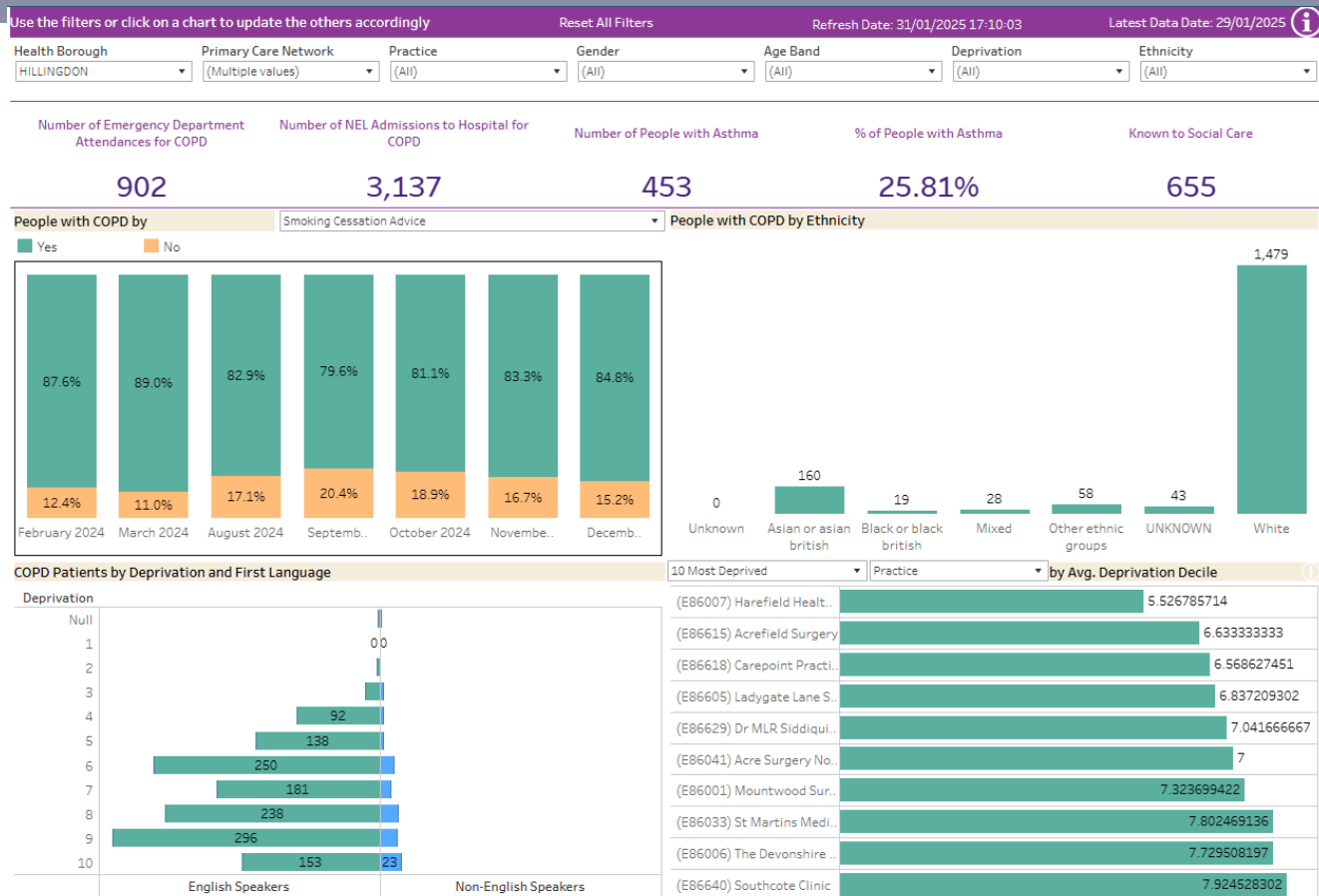


Top 10 Patient's Avg. Length of Stay by PCN for Readmission Type: (All) Top 10 Patient's Avg. Length of Stay by Practice for Readmission Type: (All)

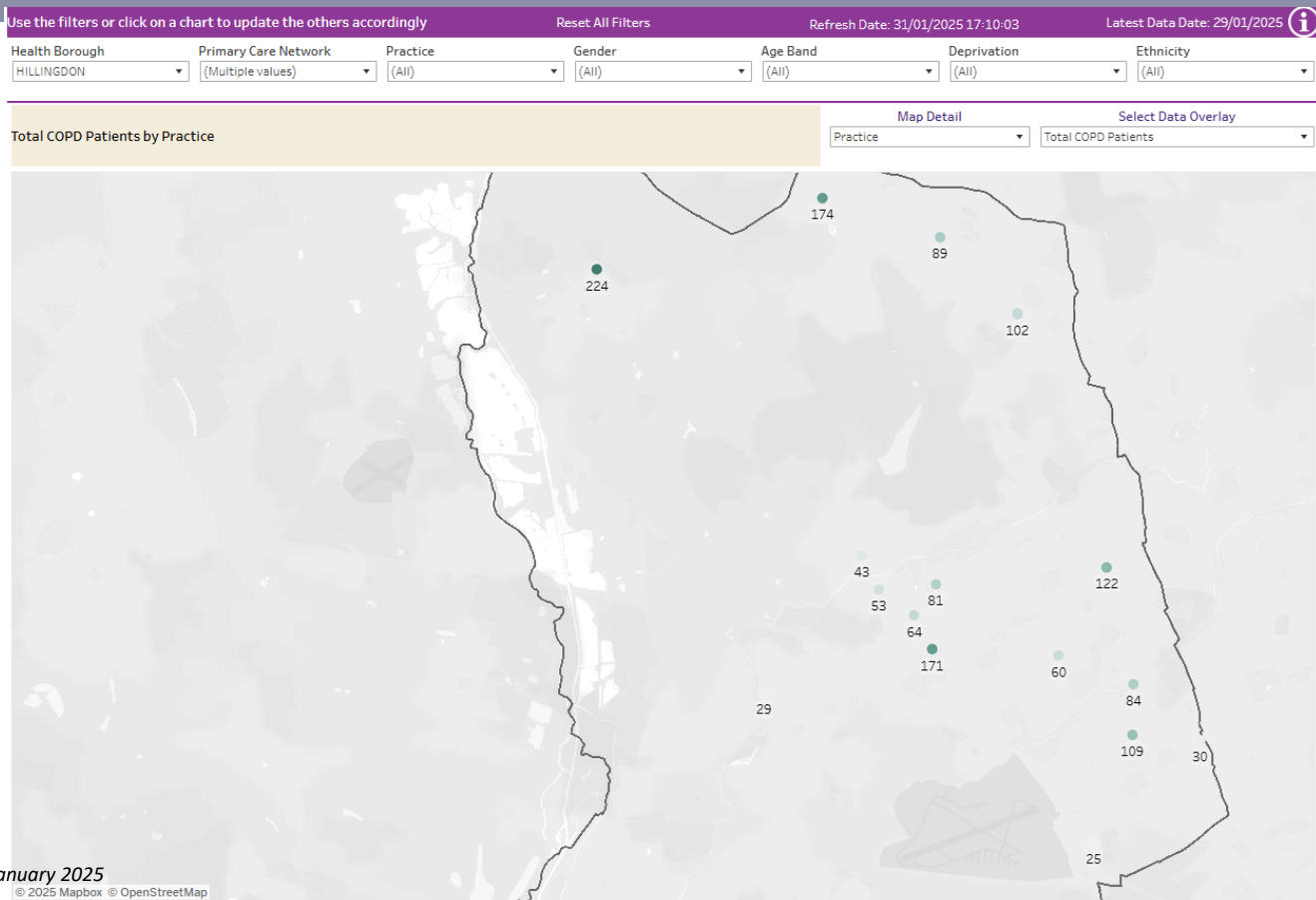


Health Borough	Total # of Prescriptions and Cost in the last 12M	MDI	Total Prescriptions
HILLINGDON	Amount		5,188.0
	Cost		£8,399

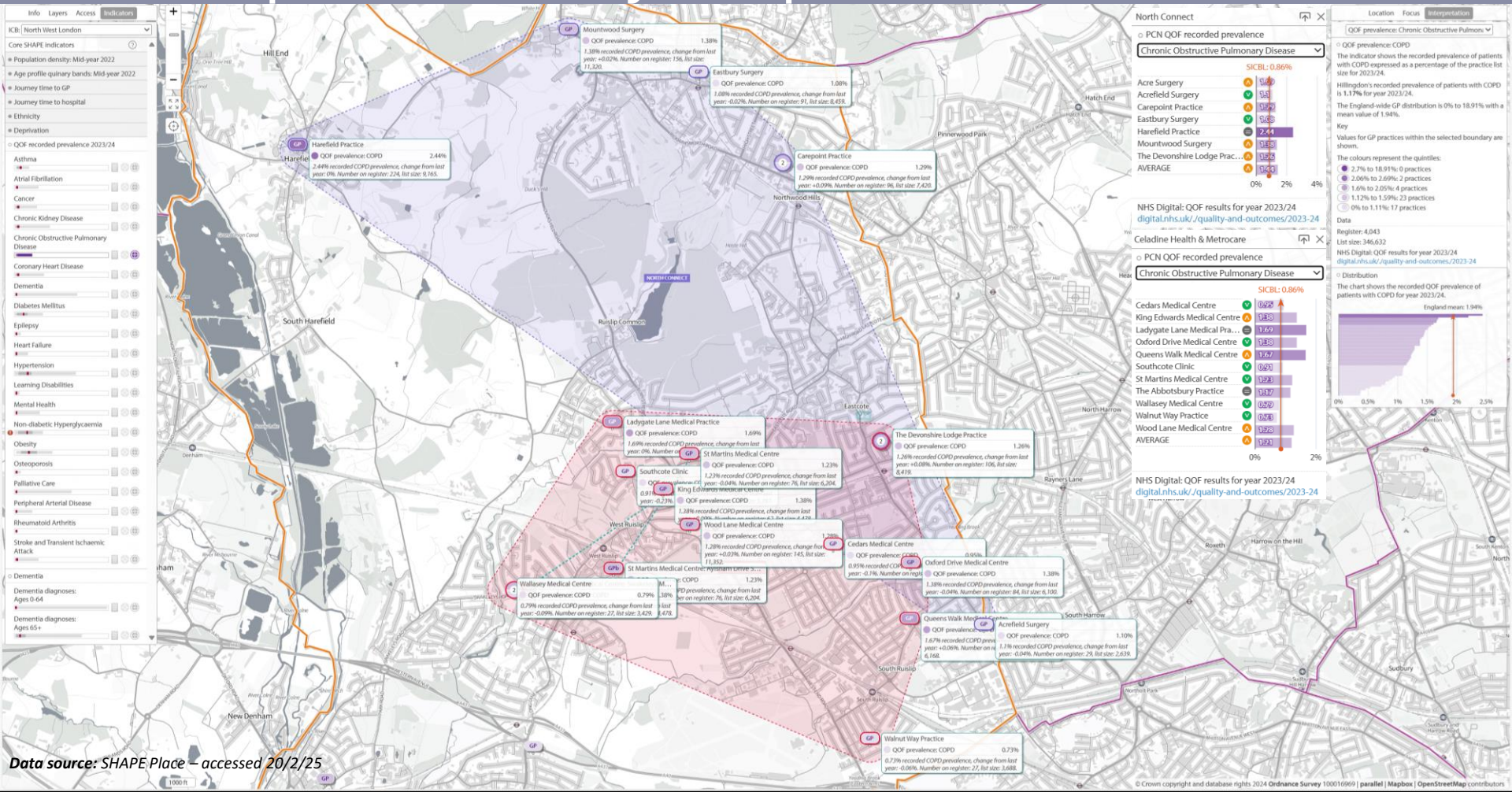
Wider determinants of COPD Patients – North INT



COPD prevalence by GP practice – North INT

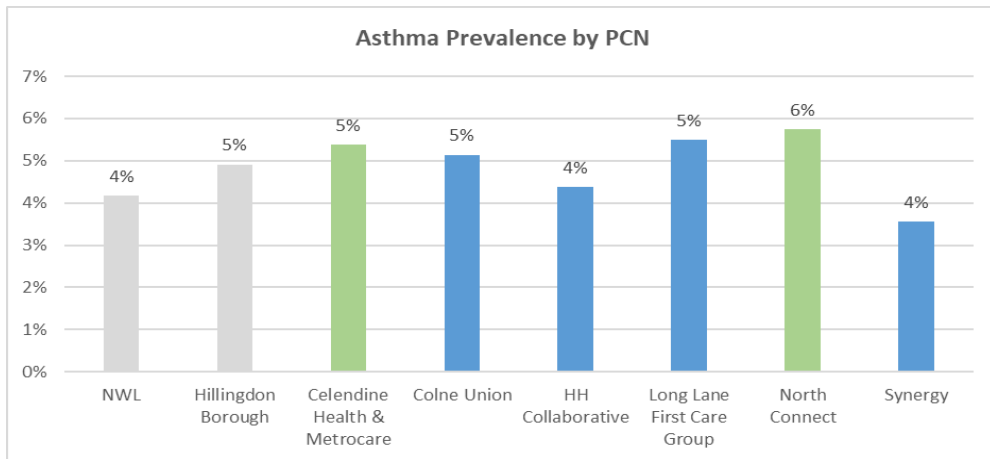


COPD prevalence by GP practice – North INT



North Neighbourhood – LTC Prevalence by PCN

Health, LTC Prevalence:



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Asthma within North Connect is the highest across the Borough at 5.8% with Celandine & Metrocare at 5.4%. This is higher than the Borough average as well as the NWL average.

General Population of Asthmatic Patients

Analysis of the population of asthmatic patients



Use the filters or click on a chart to update the others accordingly

Reset All Filters

Refresh Date: 31/01/2025 17:33:57

Latest Data Date: 25/01/2025



ICS	Health Borough	PCN	Practice	Gender	Age Band	Deprivation	Ethnicity
North West London	Hillingdon	(Multiple values)	(All)	(All)	(All)	(All)	(All)

Population in Cohort

115,455

Asthma Patients in Cohort

6,093

Adult Asthma Patients in Cohort

5,435

CYP Asthma Patients in Cohort

658

Patients with QOF Co-Morbidities in Cohort

3,615

Patients under Secondary Care in Cohort

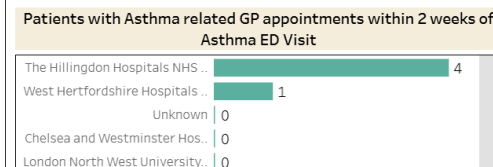
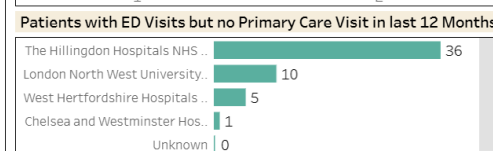
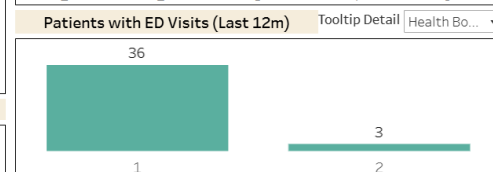
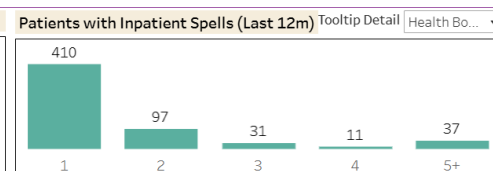
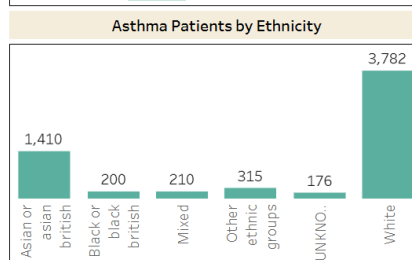
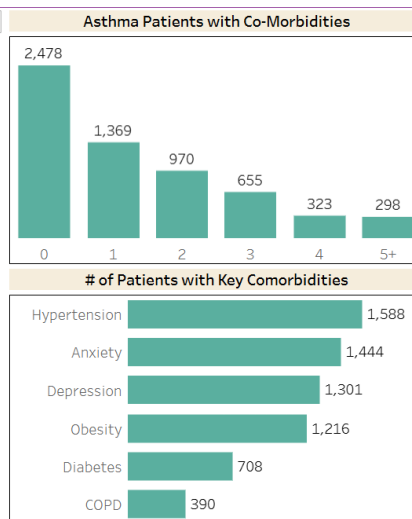
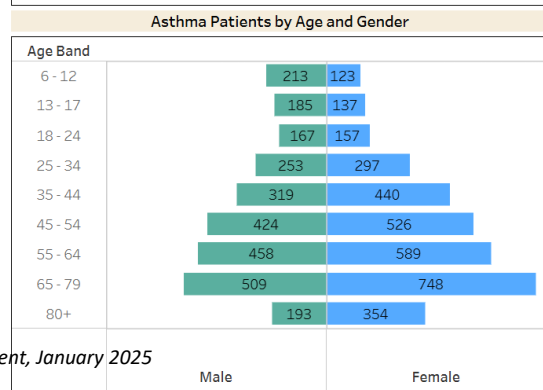
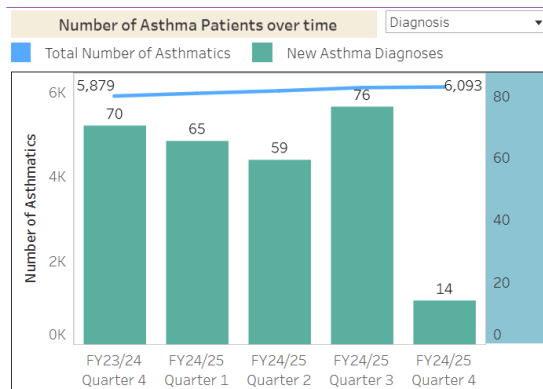
586

A&E Patients under Secondary Care in Cohort

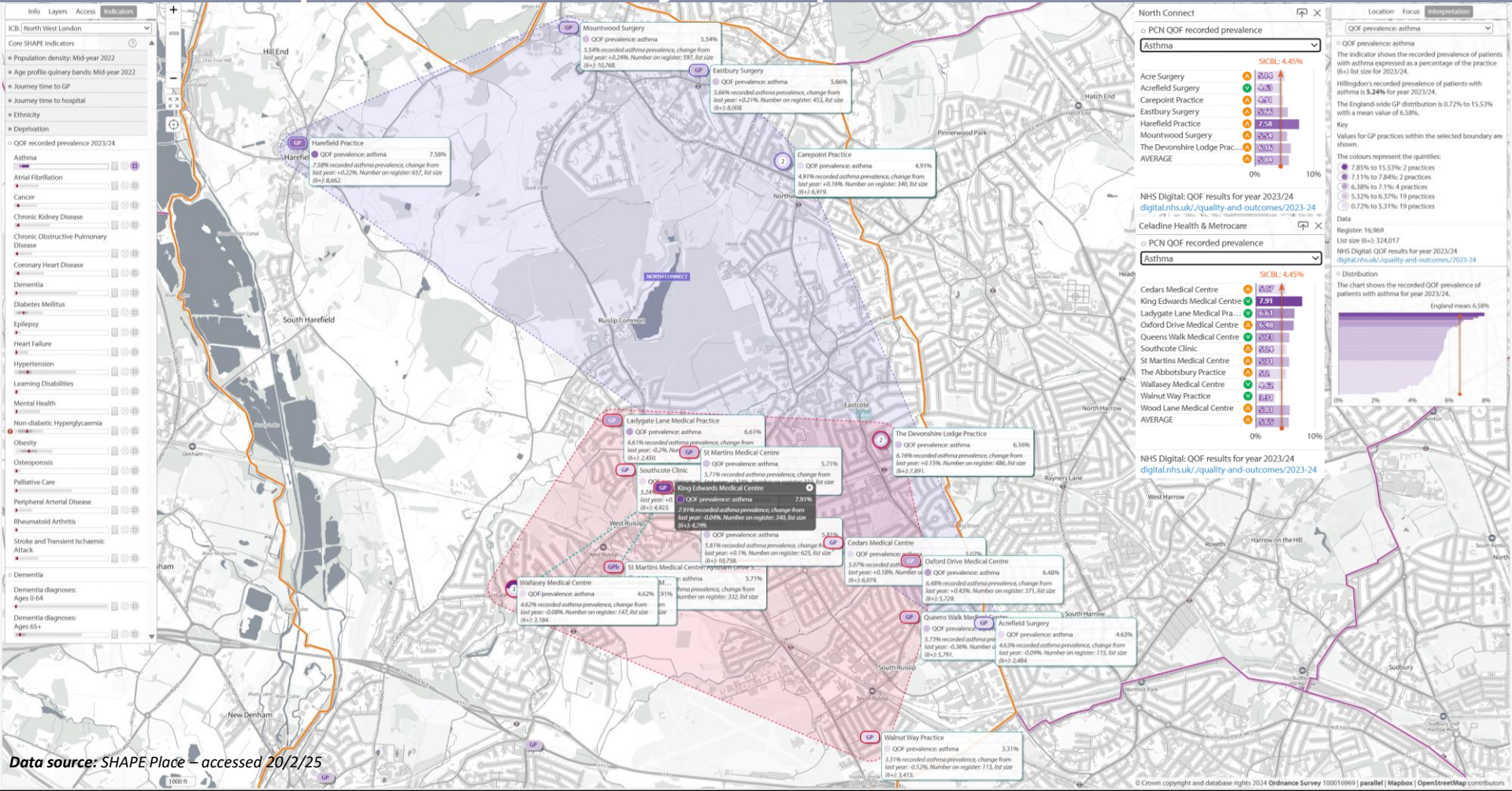
39

Inpatients under Secondary Care in Cohort

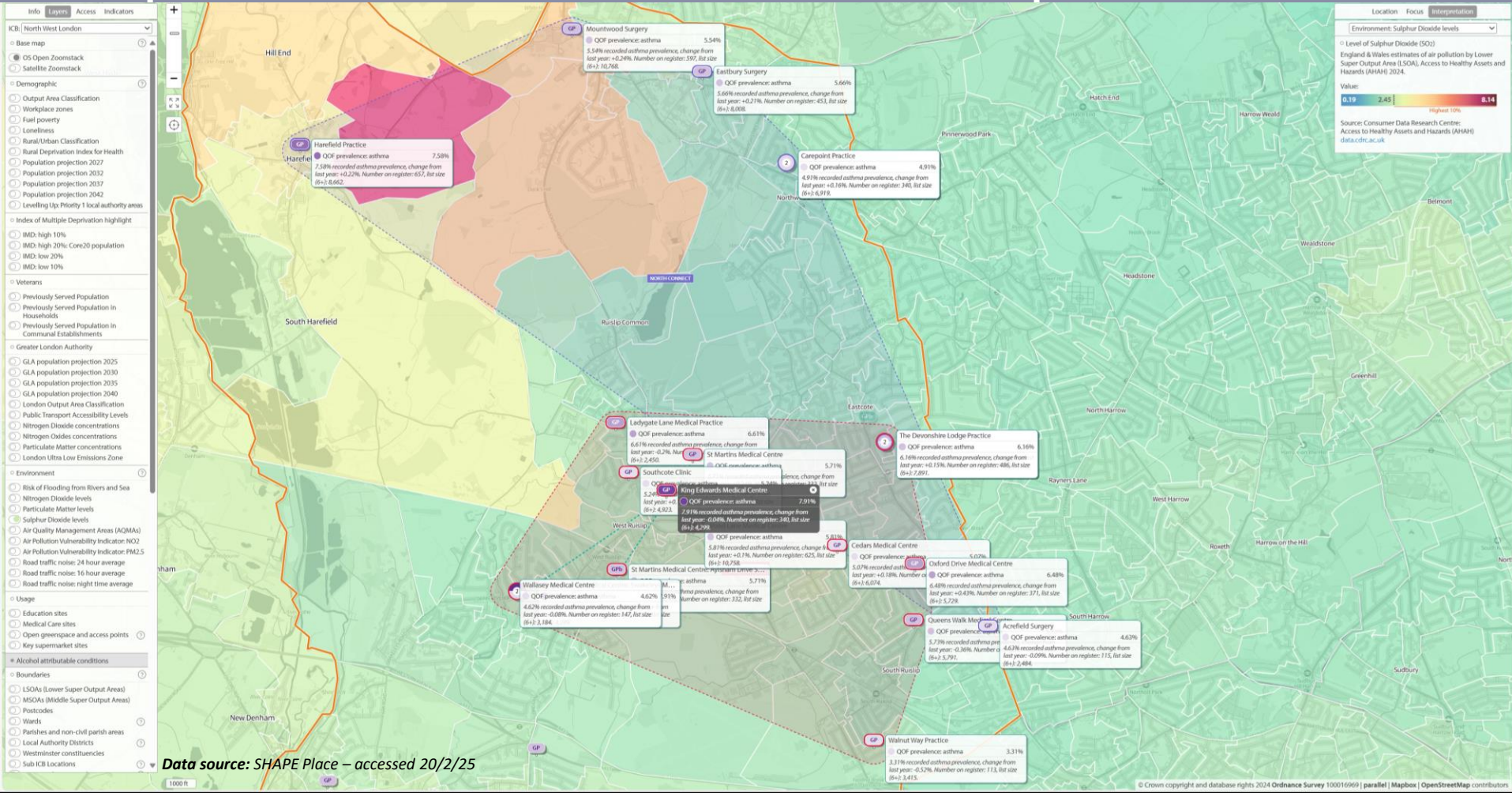
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Asthma prevalence by GP practice – North INT

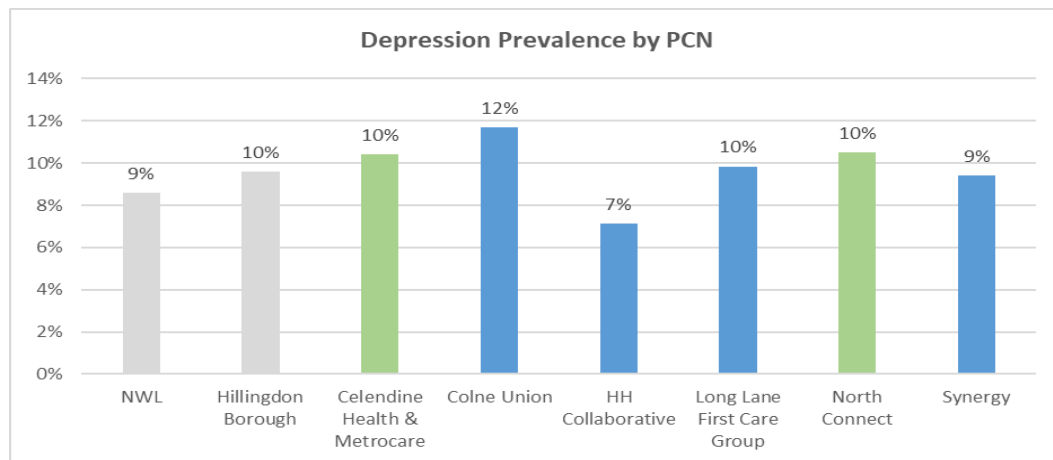


Sulphur dioxide levels and asthma prevalence



North Neighbourhood – LTC Prevalence by PCN

Health, LTC Prevalence:

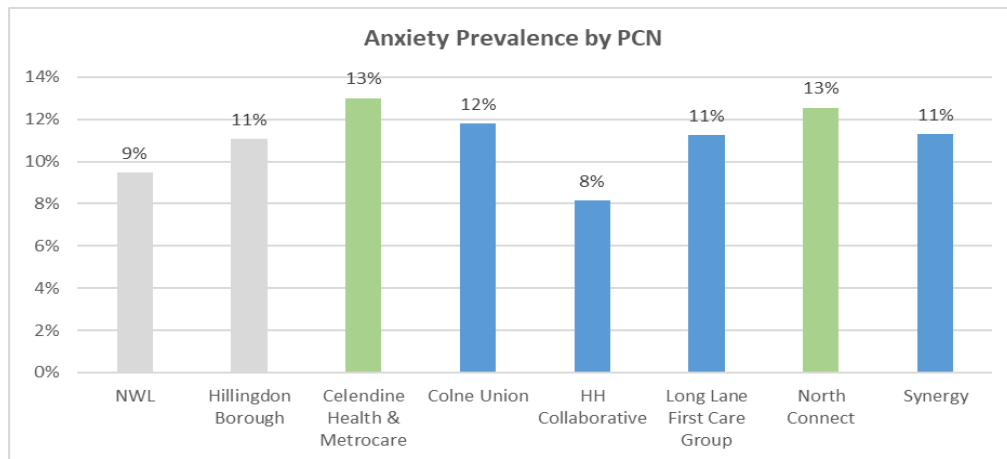


Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Depression is slightly higher than the Borough average in North Connect and Celandine & Metrocare at 10.5% & 10.4%, its is also higher than the NWL average of 8.6%.

North Neighbourhood – LTC Prevalence by PCN

Health, LTC Prevalence:

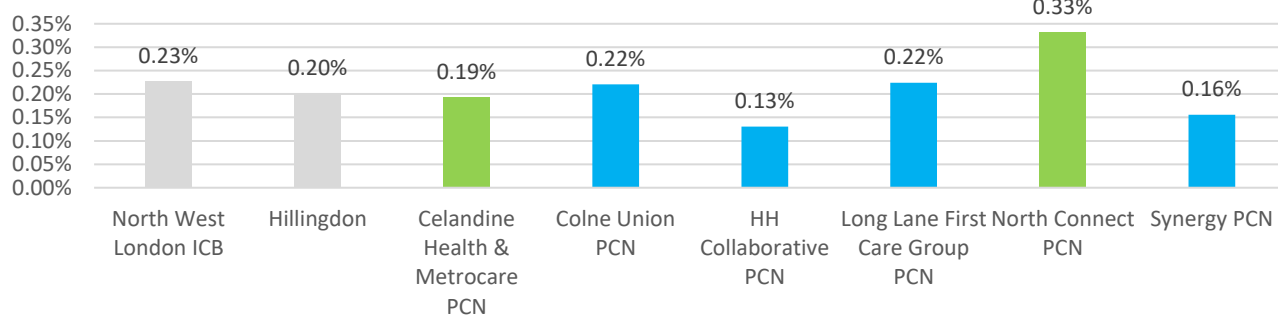


Data Source: WSIC de-Ident, Jul 2024 data

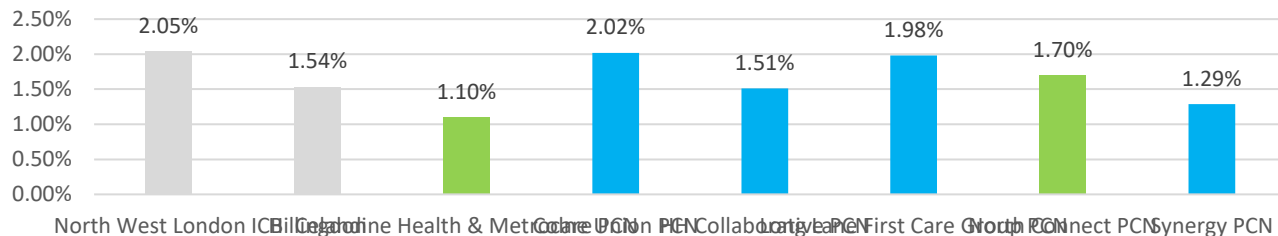
The prevalence of Anxiety is higher than the Hillingdon Borough and the NWL average for North Connect & Celandine & Metrocare. They are both the highest in the Borough out of the PCN's at 12.5% & 13%.

Older Adult (65+) Mental Health Prevalence

Older Adult (65+) Mental Health Prevalence by PCN



Older adults (65+) with a mental health diagnosis as a percentage of all older adults by PCN

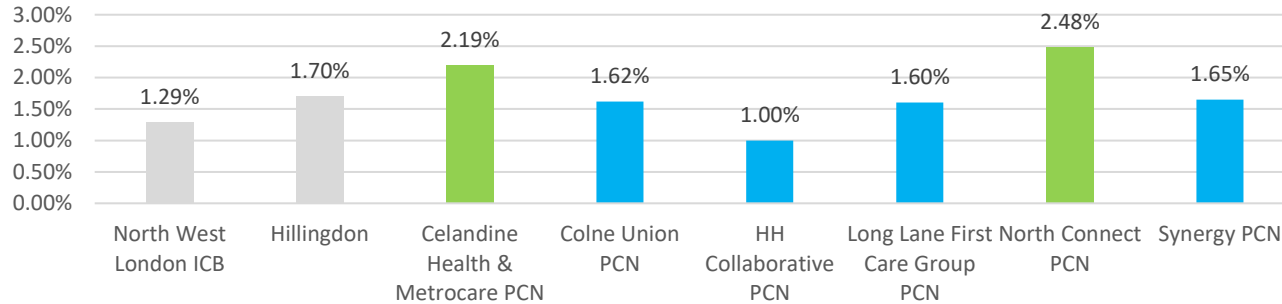


Area	Total registered patients	Number of patients aged 65+ with a mental health diagnosis
North West London ICB	2,848,040	6,449
Hillingdon	342,135	688
Celandine Health & Metrocare PCN	63,153	122
Colne Union PCN	50,318	111
HH Collaborative PCN	87,944	115
Long Lane First Care Group PCN	41,475	93
North Connect PCN	52,443	174
Synergy PCN	46,802	73

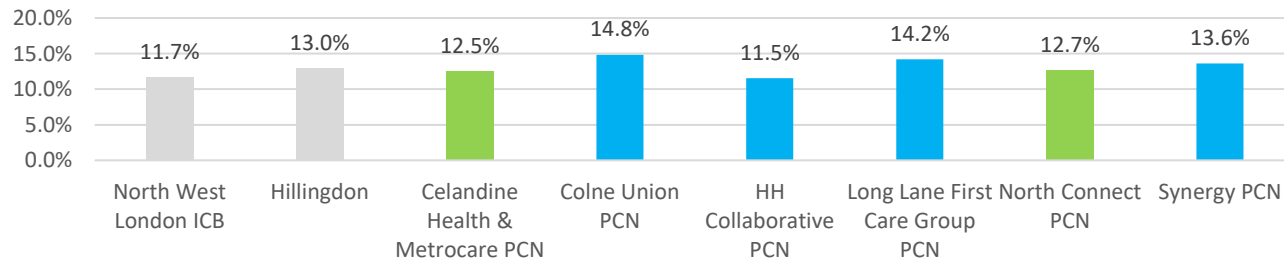
North Connect PCN (0.33%) has the highest prevalence of older adults (65+) with a mental health diagnosis within its registered patient population. However, Colne Union PCN (2.02%) and Long Lane PCN (1.98%) have the highest percentage of older adults with a mental health diagnosis in their older adult patient populations.

Older Adult (65+) Depression Prevalence

Older Adult (65+) Depression Prevalence by PCN



Older adults (65+) with a depression diagnosis as a percentage of all older adults by PCN

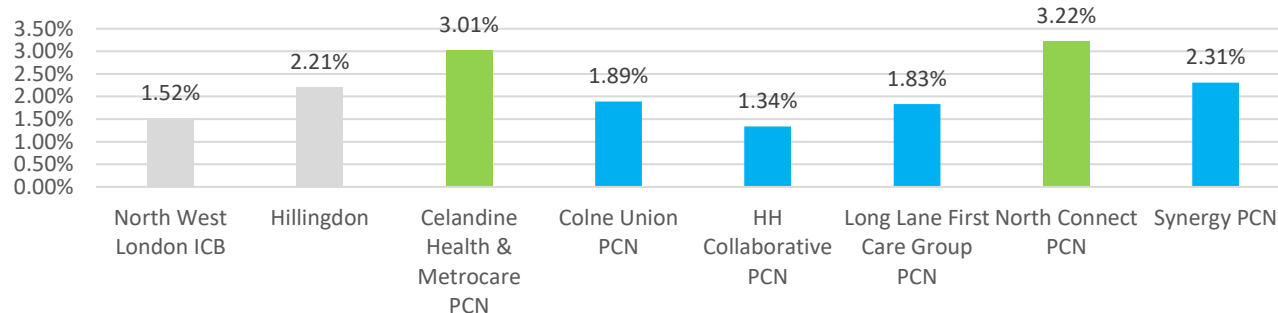


Area	Total registered patients	Number of patients aged 65+ with a depression diagnosis
North West London ICB	2,848,040	36,847
Hillingdon	342,135	5,813
Celandine Health & Metrocare PCN	63,153	1,385
Colne Union PCN	50,318	815
HH Collaborative PCN	87,944	877
Long Lane First Care Group PCN	41,475	665
North Connect PCN	52,443	1,299
Synergy PCN	46,802	772

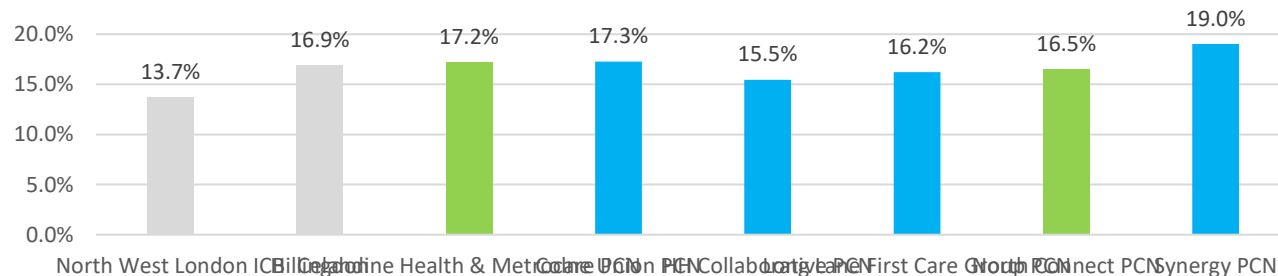
North Connect PCN (2.48%) and Celandine Health & MetroCare PCN (2.19%) have the highest prevalence of older adults (65+) with a diagnosis of depression within their registered patient populations. However, Colne Union PCN (14.8%) and Long Lane PCN (14.2%) have the highest percentage of older adults with a depression diagnosis in their older adult patient populations.

Older Adult (65+) Anxiety Prevalence

Older Adult (65+) Anxiety Prevalence by PCN



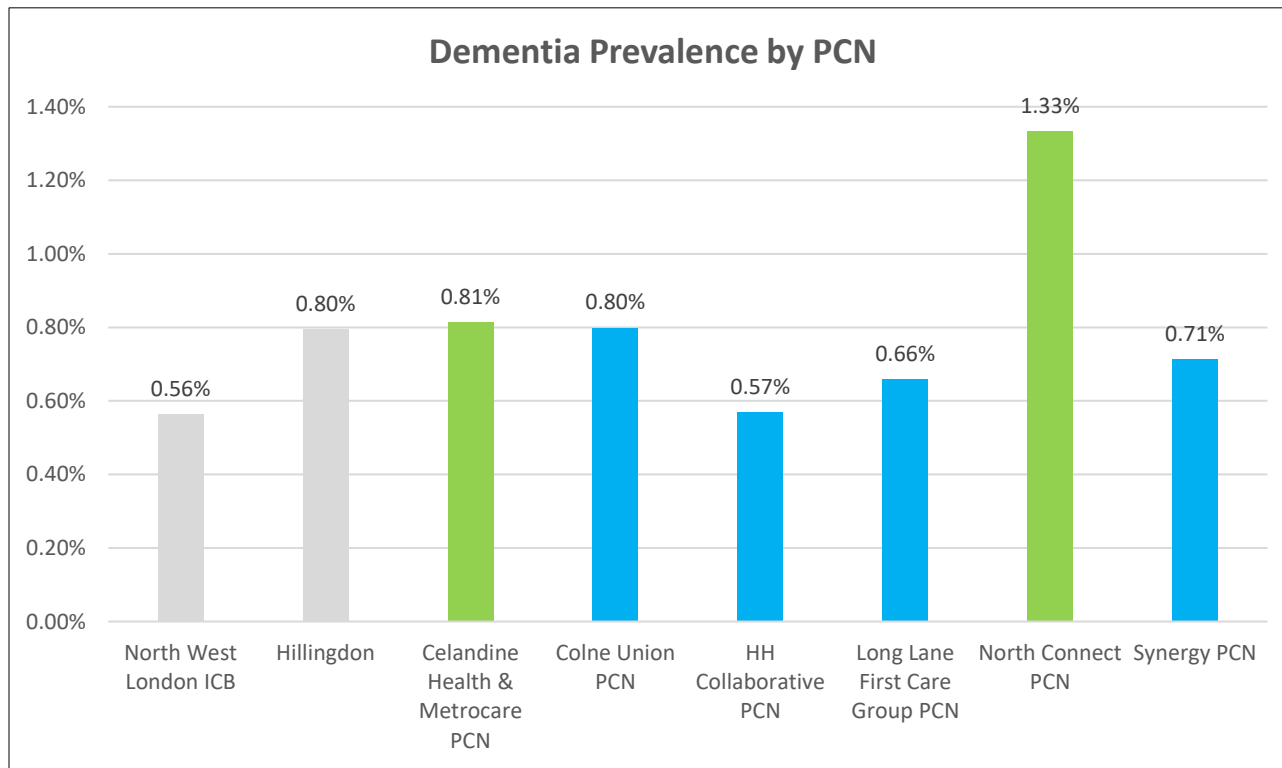
Older adults (65+) with an anxiety diagnosis as a percentage of all older adults by PCN



Area	Total registered patients	Number of patients aged 65+ with an anxiety diagnosis
North West London ICB	2,848,040	43,205
Hillingdon	342,135	7,555
Celandine Health & Metrocare PCN	63,153	1,903
Colne Union PCN	50,318	950
HH Collaborative PCN	87,944	1,175
Long Lane First Care Group PCN	41,475	761
North Connect PCN	52,443	1,687
Synergy PCN	46,802	1,079

North Connect PCN (3.22%) and Celandine Health & MetroCare PCN (3.01%) have the highest prevalence of older adults (65+) with a diagnosis of anxiety within their registered patient populations. However, Synergy PCN (19.0%) and Colne Union PCN (17.3%) have the highest percentage of older adults with an anxiety diagnosis in their older adult patient populations.

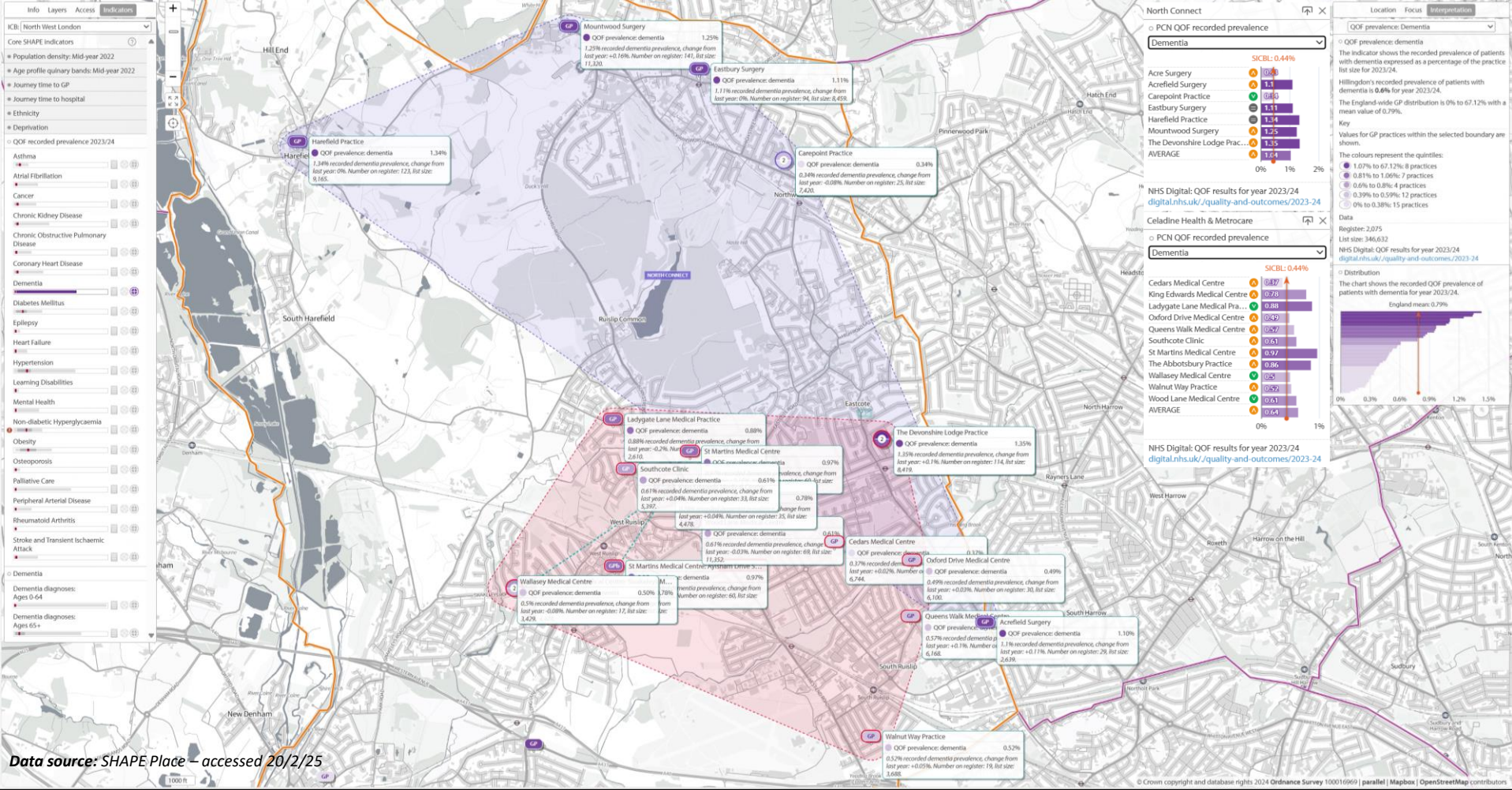
Dementia Prevalence



Area	Total registered patients	Number of patients with a dementia diagnosis
North West London ICB	2,848,040	16,047
Hillingdon	342,135	2,722
Celandine Health & Metrocare PCN	63,153	514
Colne Union PCN	50,318	402
HH Collaborative PCN	87,944	500
Long Lane First Care Group PCN	41,475	273
North Connect PCN	52,443	699
Synergy PCN	46,802	334

North Connect PCN (1.33%) has the highest prevalence of dementia within Hillingdon. The Borough average is 0.80%. All Hillingdon PCNs have a dementia prevalence above the NWL average (0.56%).

Dementia prevalence by GP practice



Data source: SHAPE Place – accessed 20/2/25

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Data source: SHAPE Place – accessed 20/2/25

Frailty

Non-Elective Admissions for 65+ yrs by Frailty Index (Last 12 Months) | SUS & GP

Overview of the acute patients of 65+ yrs in North West London

Select from the filters below to alter the view

Refresh Date: 1/22/2025 10:48:18 AM

Latest Data Date: 30/11/2024



Split By	Health Borough	Frailty Index	Age Band	Deprivation Decile	Ethnicity	Gender
Primary Care Network	Hillingdon	Severe	(All)	(All)	(All)	(All)

Frailty Population

7,997

Non-Elective Activity

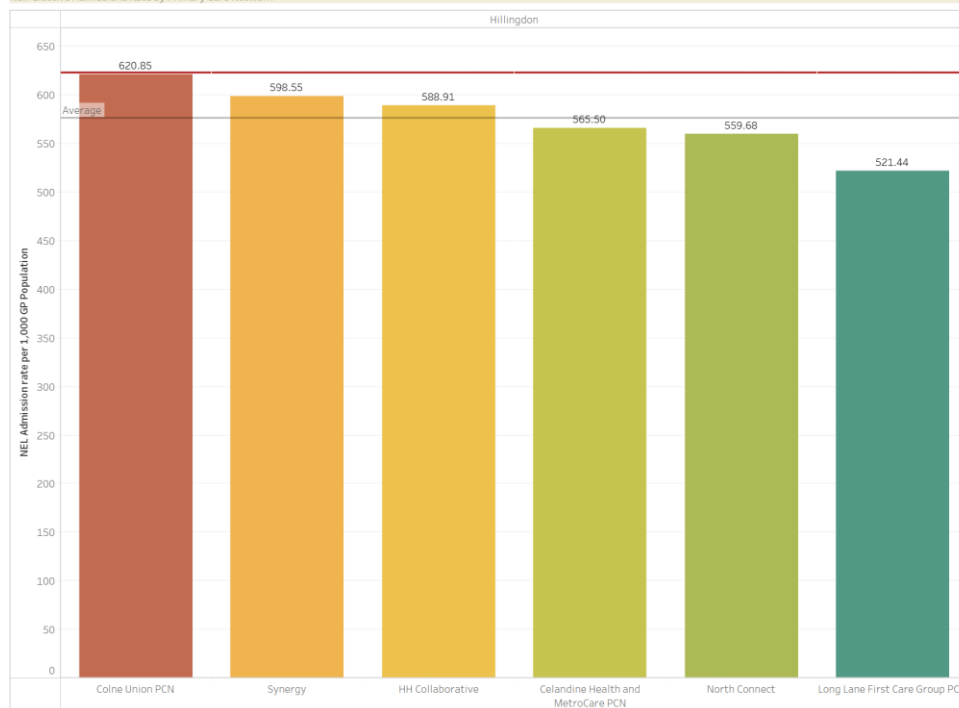
4,607

Non-Elective Activity Rate per 1,000

576.1 (NWL = 623.5)



Non-Elective Admissions Rate by Primary Care Network



Rate 521.44 620.85 Grey Line = Average Red Line = NWL Rate

Note:

- NEL Admission rate per 1,000 GP Population (65+ yrs) for selected frailty index = (NEL Activity for patients of 65+ yrs with the selected frailty index / The GP Population of 65+ yrs with the selected frailty score) * 1000

Obesity & Excess Weight Data

This section aims to look at Obesity and Excess Weight in the current registered patients in the Borough of Hillingdon. The latest BMI values within the patients GP record has been used to identify if the registered Adult population are classed as Obese or have Excess Weight, the following scores have been used:

- Obesity in the white ethnic groups is classed as a BMI value of ≥ 30
- Obesity in the BAME ethnic groups is classed as BMI value of ≥ 27.5
- Excess Weight in the white ethnic groups is classed as a BMI value of between 25 and 29.99
- Excess Weight in the BAME ethnic groups is classed as a BMI value of ?

It has been noted in the Hillingdon Health & Wellbeing Strategy 2022-2025 that 65% of adults within the Borough of Hillingdon are classified as overweight or obese and physical activity remains low within this group.

Obesity & Excess Weight – what is the data telling us?

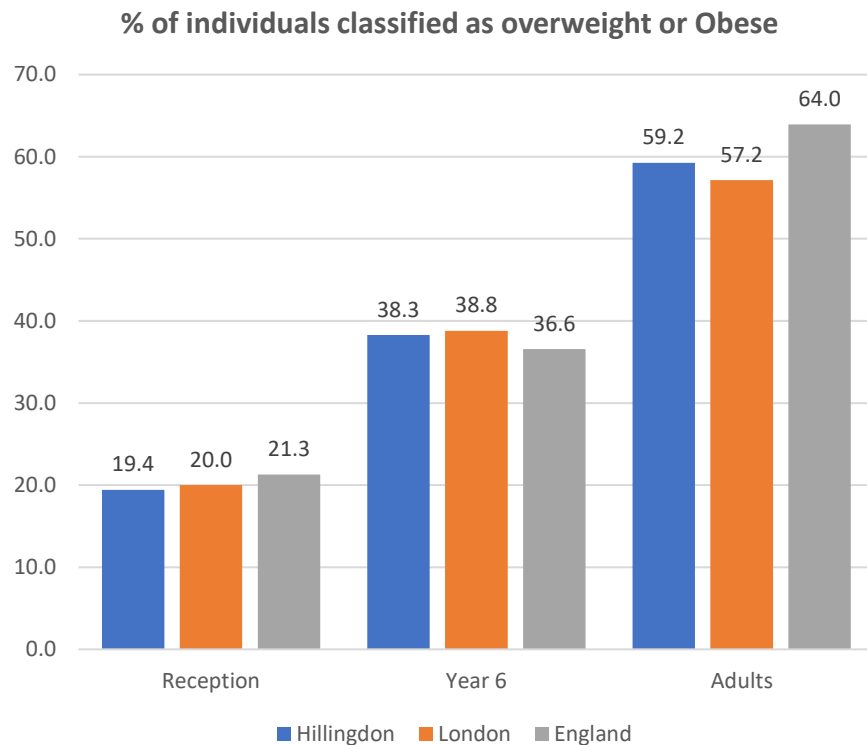
- Looking at the most recent WSIC data (May 24) overall there are 52,859 adults who are classed as Obese within Hillingdon, which equates to 20% of the Hillingdon adult registered population – this is based on the BMI value being ≥ 30 and not taking into account Ethnicity.
- Looking further into the data there are 75,111 adults who are classed as having Excess Weight within Hillingdon, this equates to 28% of the total adult registered population – this is based on the BMI value being between 25 and 29.99 and not taking into account Ethnicity.
- The current NWL prevalence for obesity is 15% and the prevalence for Excess Weight is 25% therefore making Hillingdon an Outlier within North West London. It is worth noting that Hillingdon has the highest prevalence of all the NWL Boroughs

Borough	Adult 18+ population	Obesity Latest (based on BMI value)	Obesity Latest Prevalence	Excess Weight	Excess Weight Prevalence	Weighted per 1,000 Obesity	Weighted per 1,000 Excess Weight
Brent	417,349	67,356	16%	105,029	25%	161	252
Ealing	370,159	64,680	17%	103,849	28%	175	281
Hounslow	274,224	50,132	18%	76,495	28%	183	279
H&F	299,721	32,714	11%	62,680	21%	109	209
Harrow	233,003	40,100	17%	65,252	28%	172	280
Hillingdon	265,891	52,859	20%	75,111	28%	199	282
West London	241,857	28,051	12%	53,572	22%	116	222
Central London	245,178	23,098	9%	46,830	19%	94	191
Total	2,347,382	358,990	15%	588,818	25%	153	251

The data is showing that there are 199 people per 1,000 who are obese in Hillingdon compared to the NWL total of 153 per 1,000. The data also shows that there are 282 people per 1,000 who are classed as having Excess Weight.

As you can see from the high level data, Hillingdon is the highest within NWL for both Obesity & Excess Weight.

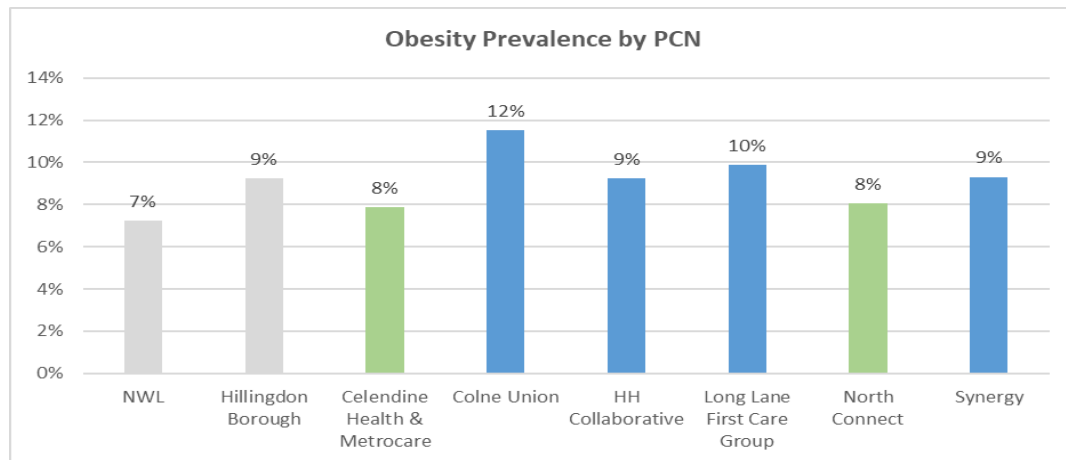
Obesity Prevalence - children & adults



	Reception	Year 6	Adults
Hillingdon	19.4	38.3	59.2
London	20.0	38.8	57.2
England	21.3	36.6	64.0

Data source: Obesity profile, Fingertips 2022/23 data

North Neighbourhood – Obesity Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

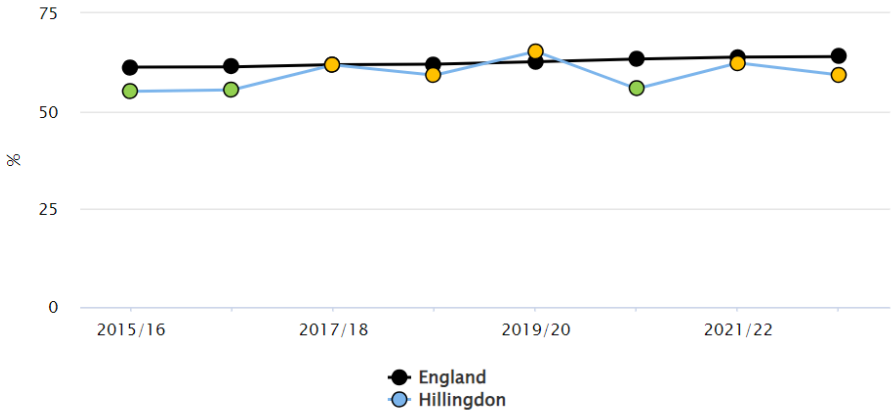
The prevalence of Obesity within the North Neighbourhood is lower than the Hillingdon Borough average but slightly higher than the NWL average.

Overweight (including obesity) prevalence in adults (18+ yrs)

Proportion - %

Show confidence intervals Show 99.8% CI values

More options



Data source: Fingertips, accessed October 2024

Recent trend: Could not be calculated

Period	Hillingdon					England
		Count	Value	95% Lower CI	95% Upper CI	
2015/16	🟢	-	55.1%	50.1%	59.8%	61.2%
2016/17	🟢	-	55.5%	50.7%	60.3%	61.3%
2017/18	🟡	-	61.8%	56.9%	66.6%	61.9%
2018/19	🟡	-	59.2%	54.5%	64.1%	62.0%
2019/20	🟡	-	65.3%	60.6%	70.0%	62.6%
2020/21	🟢	-	55.7%	50.8%	60.7%	63.3%
2021/22	🟡	-	62.3%	57.4%	67.2%	63.8%
2022/23	🟡	-	59.2%	54.3%	64.3%	64.0%

Source: OHID, based on Sport England data

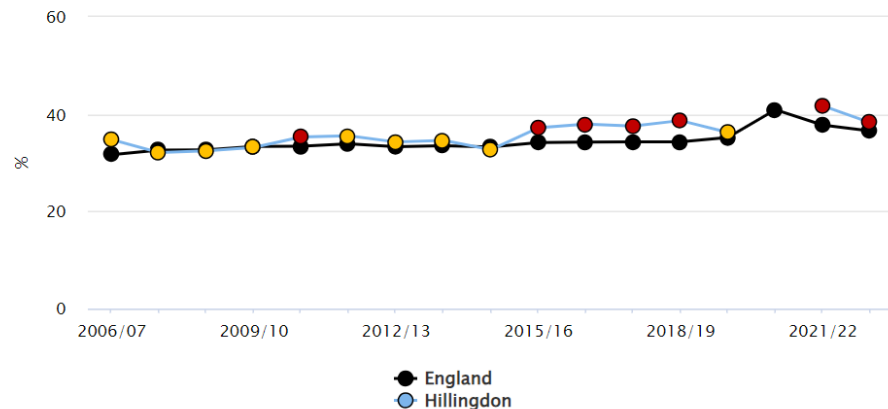
C09b - Year 6 prevalence of overweight (including obesity)_(10-11 yrs)

Proportion - %

[Show confidence intervals](#)

[Show 99.8% CI values](#)

[More options](#)



Data source: Fingertips, accessed October 2024

Recent trend: ➡ No significant change

Period	Hillingdon					England
	Count	Value	95% Lower CI	95% Upper CI		
2006/07	40	34.8%	28.0%	45.5%		31.7%
2007/08	850	32.1%	30.4%	34.0%		32.6%
2008/09	915	32.4%	30.7%	34.1%		32.6%
2009/10	940	33.2%	31.4%	34.8%		33.4%
2010/11	1,015	35.3%	33.6%	37.1%		33.4%
2011/12	1,020	35.5%	33.8%	37.3%		33.9%
2012/13	970	34.3%	32.6%	36.1%		33.3%
2013/14	1,075	34.6%	33.0%	36.3%		33.5%
2014/15	1,005	32.7%	31.0%	34.3%		33.2%
2015/16	1,225	37.2%	35.6%	38.9%		34.2%
2016/17	1,280	37.9%	36.4%	39.6%		34.2%
2017/18	1,315	37.6%	36.0%	39.2%		34.3%
2018/19	1,460	38.7%	37.1%	40.2%		34.3%
2019/20	725	36.3%*	34.2%	38.4%		35.2%
2020/21	-	*	-	-		40.9%
2021/22	1,575	41.7%	40.1%	43.3%		37.8%
2022/23	1,455	38.3%	36.8%	39.9%		36.6%

Source: NHS England, National Child Measurement Programme

Obesity & Excess Weight – data by Ethnicity

- Obesity & Excess Weight differs when looking at the data by Ethnicity as different BMI values are used to identify the registered population within these categories. The prevalence within the white ethnic group for obesity is 24% and Excess Weight is 29%

Ethnic Category: White

Borough	Adult 18+ population	Obesity Latest	Obesity Latest Prevalence	Excess Weight	Excess Weight Prevalence
Hillingdon	118,830	28,346	24%	34,785	29%

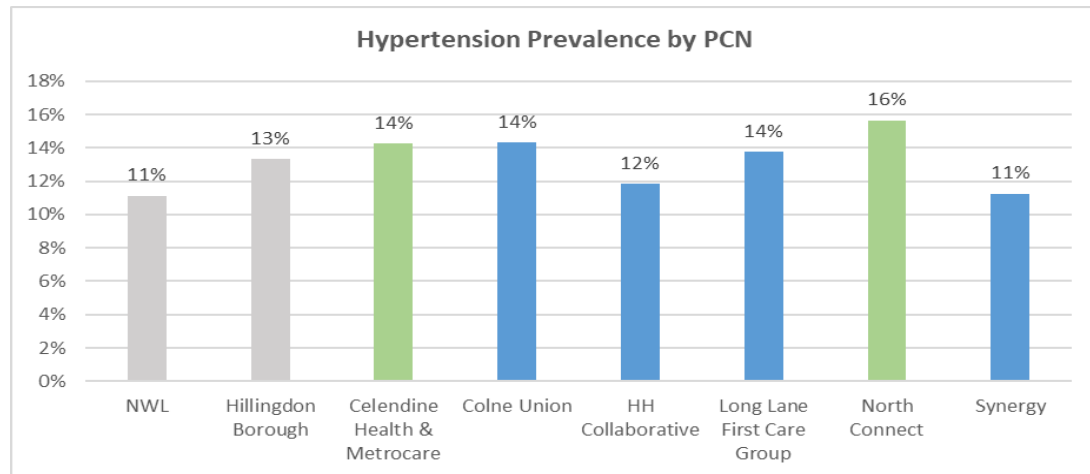
- Within the White ethnic group **Colne Union, HH Collaborative & Long Lane PCNs** have the highest number of registered patients per 1,000 with Obesity and **Celandine & Metrocare** and **North Connect** have the highest number for Excess Weight.

PCN	List Size	Obesity Latest	Weighted per 1,000	Excess Weight	Weighted per 1,000
Celandine Health & Metrocare	32,192	6,883	214	10,088	313
Colne Union	19,471	5,342	274	5,629	289
HH Collaborative	16,865	4,410	261	4,480	266
Long Lane First Care Group	10,685	3,049	285	2,969	278
Noth Connect	21,944	4,687	214	6,652	303
Synergy	17,673	3,975	225	4,967	281
Total	118,830	28,346	239	34,785	293

Excess Weight Data – what is the data telling us?

- We looked at the prevalence for certain Long Term Conditions for the cohort group and the data indicated the following:
 - Hypertension prevalence within this group is 29% overall, with 4 of the PCN's being 30% or above
 - Depression prevalence within this group is 17% overall, with Colne Union being at 20%
 - Anxiety prevalence within this group is 16% overall, with Colne Union being at 18%
 - Diabetes prevalence within this group is 17% overall, with Long Lane and HH Collaborative being at 19%
 - CHD prevalence within this group is 5% overall, compared to the Hillingdon average of 3% and NLW average of 2.5%
- The data is showing that the above conditions are more prevalent in the obese cohort of the population. It may also be useful to take a look at the overweight population for a more preventative view?
- 7% of this cohort are recorded as smokers and they mainly sit within the 40 – 59 age group and 13% being recorded as Ex-smokers. It would be useful to look further at the lifestyle characteristics

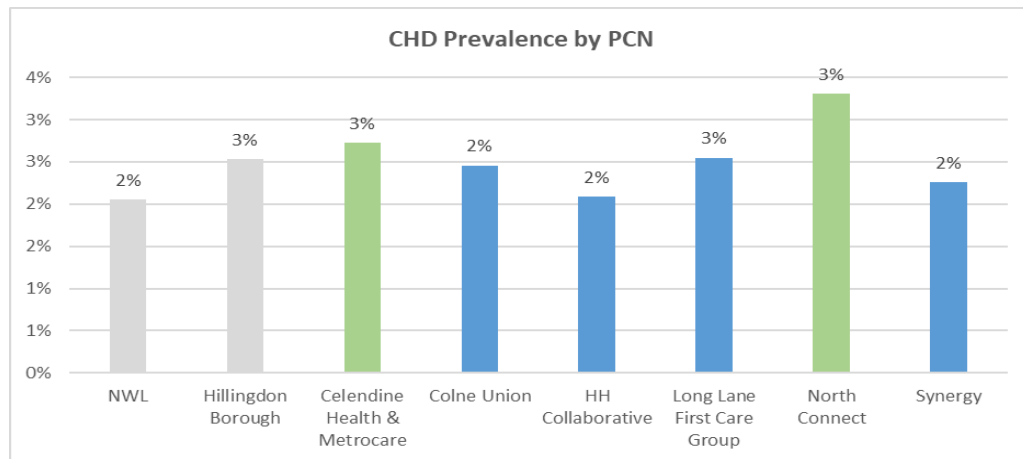
North Neighbourhood – Hypertension Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Hypertension for Hillingdon Borough is currently 13.42%, which has seen a vast improvement over the last 6 months due to the Hypertension programme. North Connect has the highest prevalence within the Borough at 16% and both PCNs are higher than the NWL average. The Hypertension Borough report contains detailed information by PCN, Practice and Ethnicity.

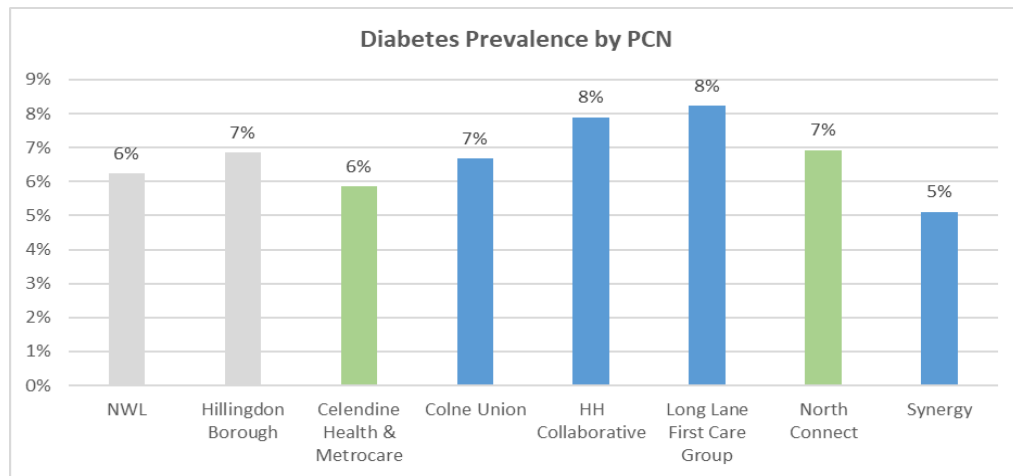
North Neighbourhood – CHD Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of CHD is higher than the Hillingdon Borough & NWL average for North Connect & Celandine & Metrocare. North Connect is the highest even the numbers are low at 3.3% compared to the NWL average of 2.1%.

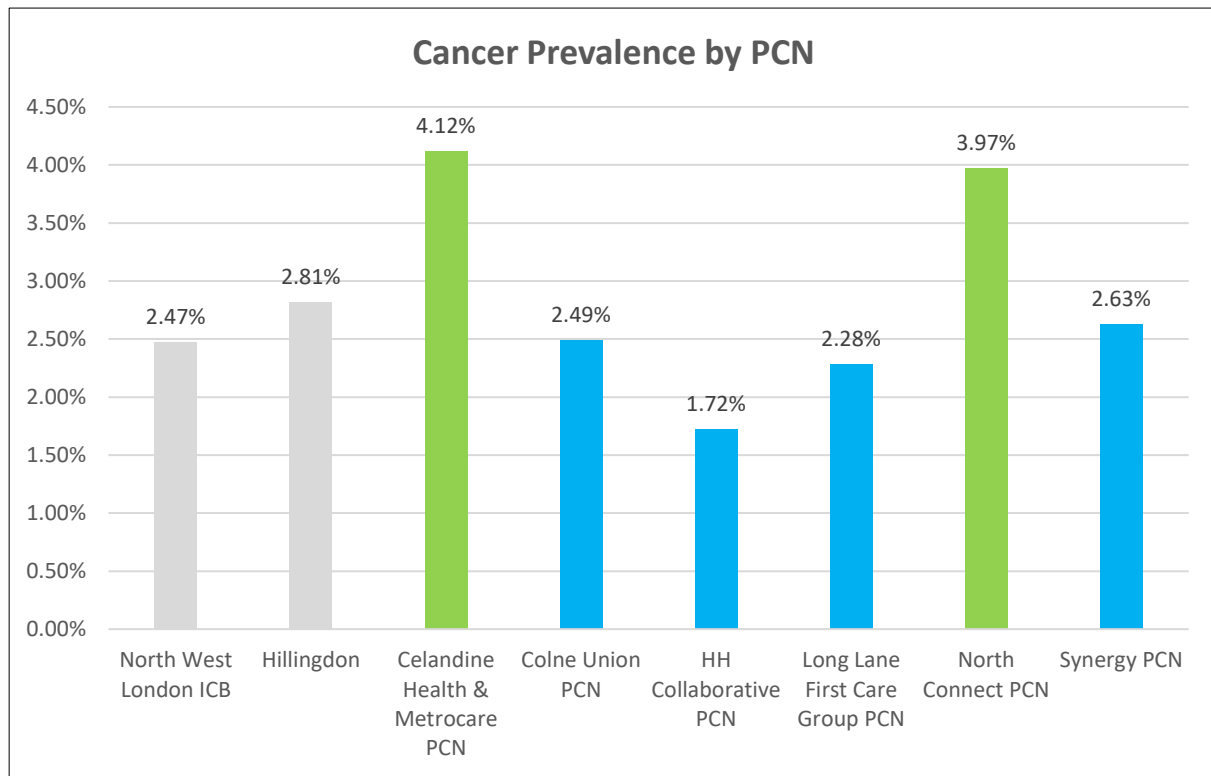
North Neighbourhood – Diabetes Prevalence by PCN



Data Source: WSIC de-Ident, Jul 2024 data

The prevalence of Diabetes within the Hillingdon Borough is 7%, North Connect has the highest prevalence within the Borough at 8.2% and is also above the NWL average.

Cancer Prevalence

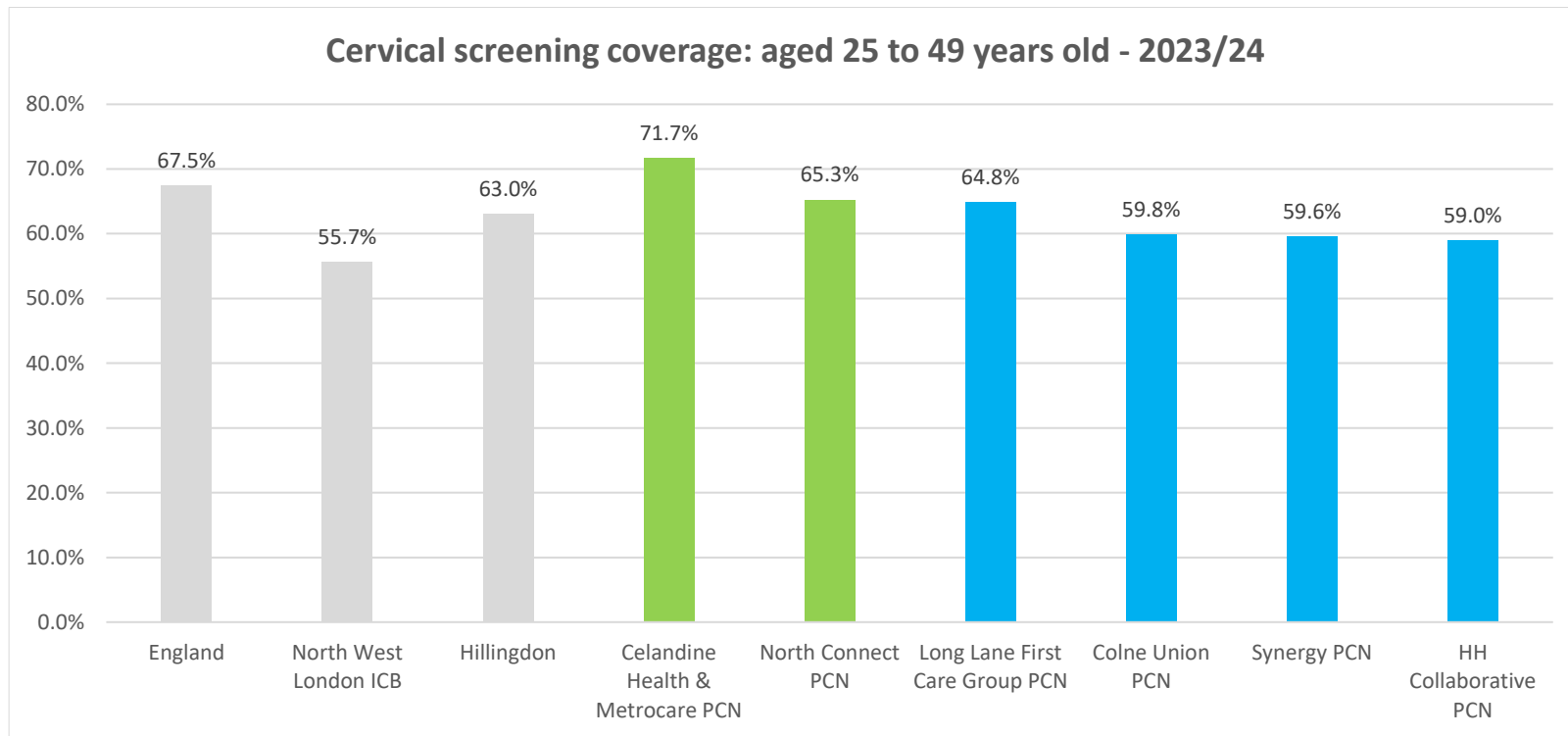


Data Source: WSIC – 31 Jan 2025

Area	Total registered patients	Number of patients with a cancer diagnosis
North West London ICB	2,848,040	70,458
Hillingdon	342,135	9,628
Celandine Health & Metrocare PCN	63,153	2,602
Colne Union PCN	50,318	1,252
HH Collaborative PCN	87,944	1,516
Long Lane First Care Group PCN	41,475	946
North Connect PCN	52,443	2,082
Synergy PCN	46,802	1,230

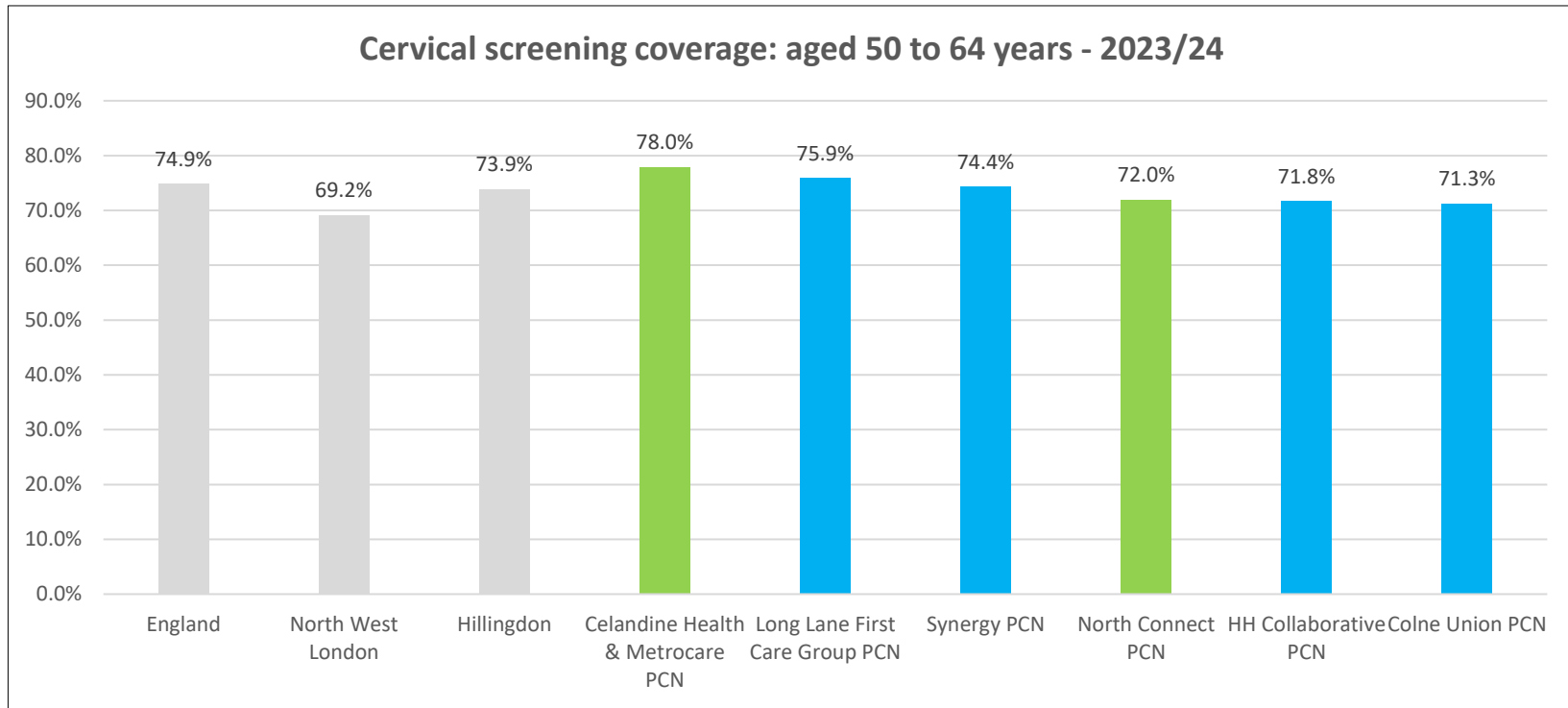
Celandine Health & MetroCare PCN (4.1%) and North Connect PCN (4.0%) have the highest cancer prevalence within Hillingdon. The cancer prevalence in North Hillingdon is much greater than the Hillingdon Borough (2.8%) and North West London (2.5%) figures.

Cervical Cancer Screening



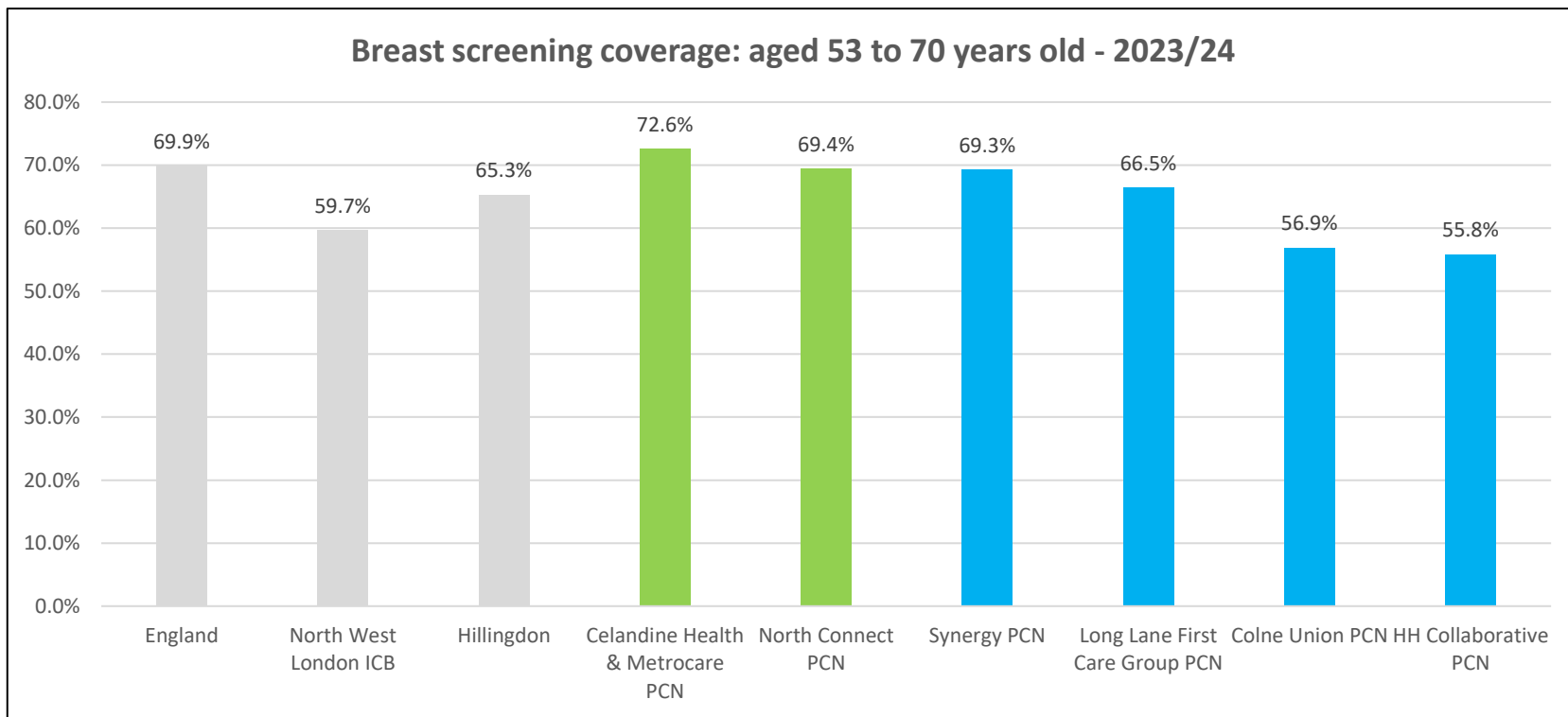
Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Cervical Cancer Screening



Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

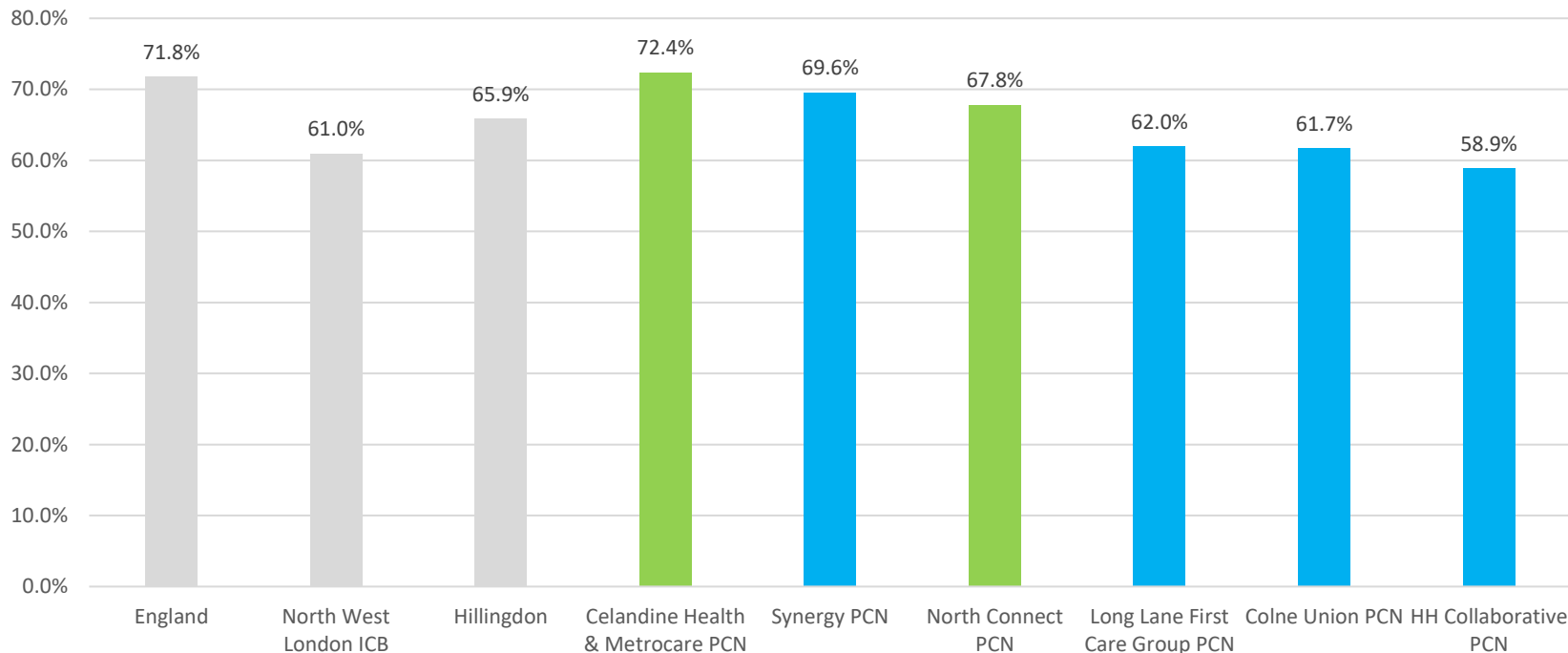
Breast Cancer Screening



Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Bowel Cancer Screening

Bowel screening coverage: aged 60 to 74 years old - 2023/24



Data Source: DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025

Other available data

- Trends over time (available at practice level on Fingertips)
- Other cancer indicators:
 - Number of emergency admissions with cancer
 - Urgent suspected cancer referrals
 - Urgent suspected cancer referrals resulting in a diagnosis of cancer
 - Percentage of cancers diagnosed at stages 1 and 2
- Outcome data
- Activity data
- Some data (e.g. QOF) could be presented at INT level or practice level
- Some data could be broken down by age band, gender, ethnicity or deprivation

What would be useful?

Respiratory indicators - Fingertips

Indicator	Period	England count	England value	Change from previous time period
Respiratory disease				
Mortality rate from respiratory disease, all ages (3 year range)	2021 - 23	177,003	106.3 per 100,000	↑
Mortality rate from respiratory disease, all ages (1 year range)	2023	66,525	117.8 per 100,000	↑
Under 75 mortality rate from respiratory disease (3 year range)	2021 - 23	44,608	30.3 per 100,000	↑
Under 75 mortality rate from respiratory disease (1 year range)	2023	16,485	33.7 per 100,000	↑
Under 75 mortality rate from respiratory disease considered preventable (3 year range)	2021 - 23	26,453	18.0 per 100,000	↑
Under 75 mortality rate from respiratory disease considered preventable (1 year range)	2023	9,830	20.2 per 100,000	↑
Emergency hospital admissions for respiratory disease	2022/23	790,241	1,336 per 100,000	↑
COPD				
Mortality rate from chronic obstructive pulmonary disease, all ages (3 year range)	2021 - 23	73,363	43.9 per 100,000	↑
Mortality rate from chronic obstructive pulmonary disease, all ages (1 year range)	2023	26,827	47.3 per 100,000	↑
Mortality rate from COPD as a contributory cause (3 year range)	2017 - 19	85,287	53.90 per 100,000	→
Mortality rate from COPD as a contributory cause (1 year range)	2020	37,588	68.82 per 100,000	↑
Emergency hospital admissions for COPD, all ages	2022/23	108,891	190.8 per 100,000	↑
COPD: QOF prevalence	2023/24	1,175,163	1.9%	↑
Asthma				
Mortality rate from asthma (3 year range)	2017 - 19	3,771	2.36 per 100,000	→
Mortality rate from asthma (1 year range)	2020	1,261	2.30 per 100,000	→
Emergency hospital admissions for asthma in adults (aged 19 years and over)	2022/23	34,824	72.1 per 100,000	↑
Hospital admissions for asthma (under 19 years) - registered population	2020/21	9,452	73.1 per 100,000	↓
Asthma: QOF prevalence (6+ yrs)	2023/24	3,886,879	6.5%	→
Pneumonia				
Mortality rate from pneumonia (underlying cause) (3 year range)	2017 - 19	68,581	43.25 per 100,000	↓
Mortality rate from pneumonia (underlying cause) (1 year range)	2020	18,189	33.36 per 100,000	↓
Mortality rate from pneumonia (all mentions) (3 year range)	2017 - 19	266,286	167.59 per 100,000	↓
Mortality rate from pneumonia (all mentions) (1 year range)	2020	104,439	190.86 per 100,000	↑
Emergency hospital admissions for pneumonia	2022/23	212,740	369.5 per 100,000	↑
Other				
Emergency hospital admissions for bronchiolitis in children aged under 2 years	2022/23	54,296	4,444 per 100,000	↑

Useful data sources

- WSIC (N.B. WSIC has two parts, which cannot be open alongside each other)
 - [Landing Page: Homepage - Tableau Server](#)
 - [Workbook: Borough Based Dashboard](#)
- [Hillingdon Data Hub – Welcome to the Hillingdon Data Hub](#) (borough, ward & LSOA level data)
- [SHAPE Place \(North INT\)](#)
- [Fingertips | Department of Health and Social Care](#)
- [CVDPREVENT](#) (PCN & practice level data)
- [Pharmaceutical Needs Assessment - Hillingdon Council](#)
- [Joint Strategic Needs Assessment - Hillingdon Council](#)