Adult Social Care & Health

Data overview: South East INT
February 2025

HILLINGDON
LONDON

www.hillingdon.gov.uk

Southeast Neighbourhood profile

The Southeast Neighbourhood covers 2 PCNs, HH Collaborative & Long Lane First Care Group which are situated Southeast of the Hillingdon Borough, with Long Lane First Care Group PCN covering some of the Heathrow Airport area. Long Lane First Care Group has 7 GP practices and HH Collaborative has 8.

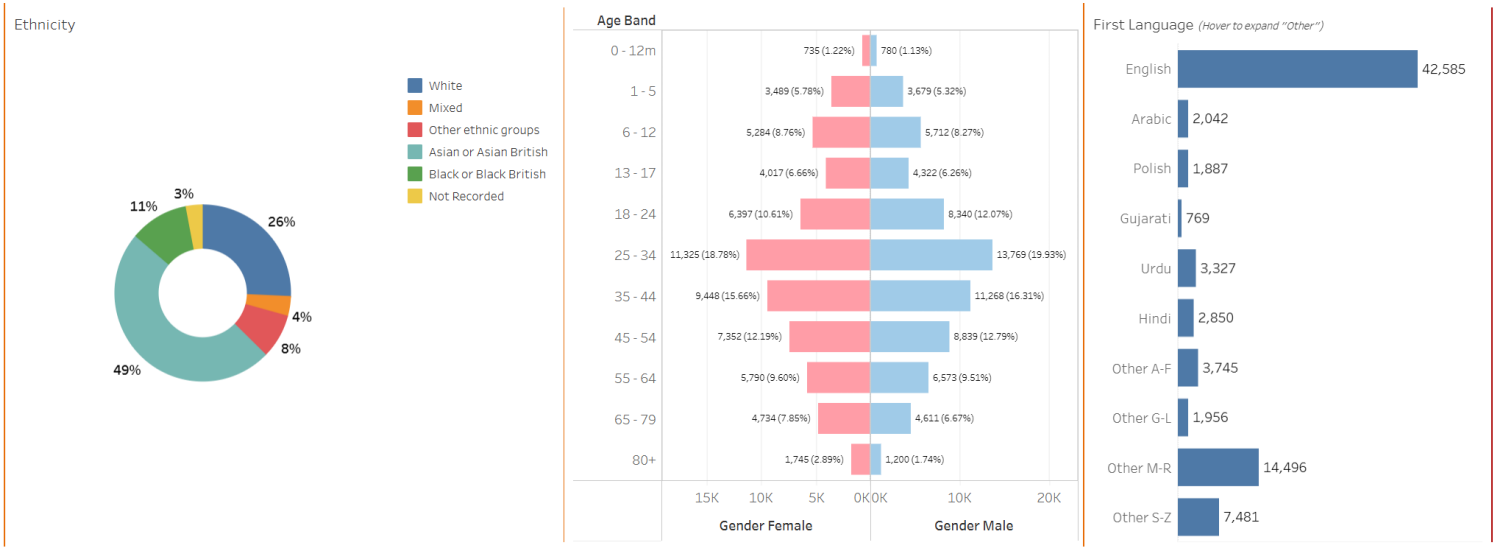
General Registered population data:

- To date the total registered population within the Southeast Neighbourhood is: **127,329**
- Long Lane First Care Group PCN has a registered population of **41,104** and HH Collaborative has a registered population of **86,225**. This equates to **38%** of the total Hillingdon Borough registered population.
- There are **99,116 (78%)** of the Southeast Neighbourhood who are Adult (18+) and **28,204 (22%)** who are children (<18)
- The Male\Female split across the Southeast is **53% vs 47%**

PCN	Adult population (18+)	Child population (<17)	Total	% of Hillingdon population
HH Collabortaive	67,066	19,153	**86,219**	25%
Long Lane First Care Group	32,050	9,051	**41,101**	12%
Total	**99,116**	**28,204**	**127,320**	38%

South East Neighbourhood Profile - Overview

Health Borough	0 - 12m	1 - 5	6 - 12	13 - 17	18 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 79	80+	Grand Total
Hillingdon	1,515 1.17%	7,170 5.54%	10,996 8.50%	8,339 6.44%	14,738 11.39%	25,096 19.39%	20,719 16.01%	16,193 12.51%	12,363 9.55%	9,345 7.22%	2,945 2.28%	**129,419** 100.00%
Grand Total	**1,515** 1.17%	**7,170** 5.54%	**10,996** 8.50%	**8,339** 6.44%	**14,738** 11.39%	**25,096** 19.39%	**20,719** 16.01%	**16,193** 12.51%	**12,363** 9.55%	**9,345** 7.22%	**2,945** 2.28%	**129,419** 100.00%



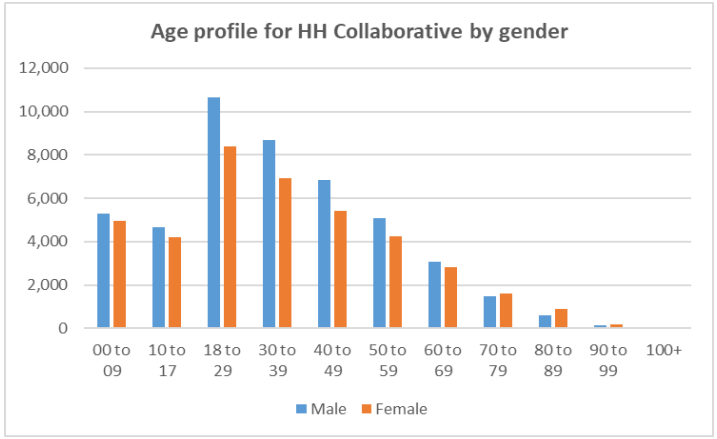
Data source: *WSIC de-ident, January 2025 data*

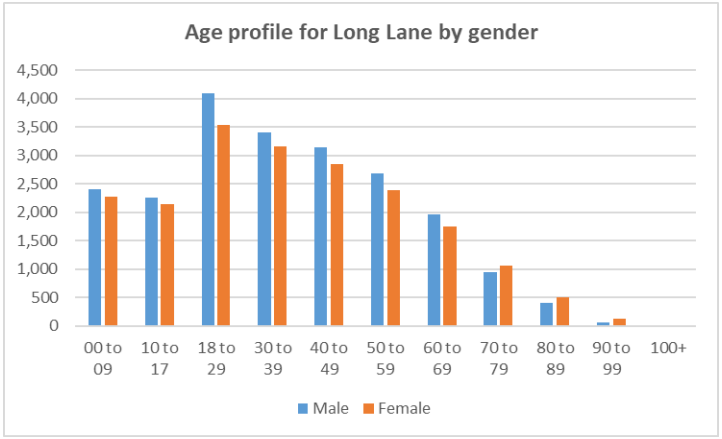
Total population: 129,419

Southeast Neighbourhood profile - Age

Age population profile:

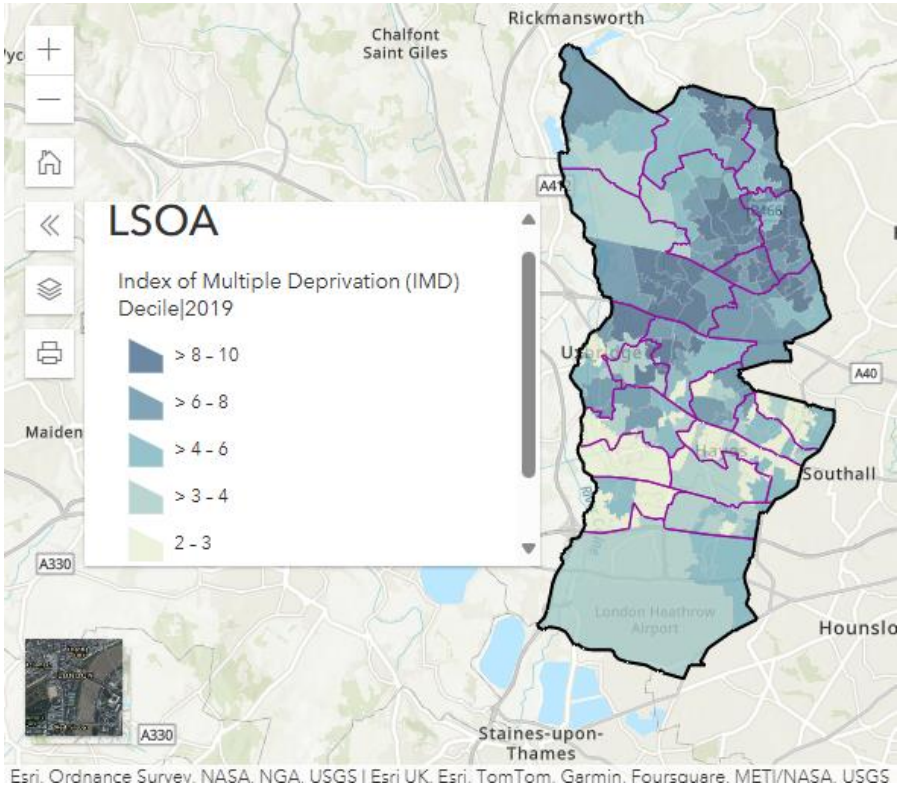
- Within the Southeast Neighbourhood 22% of HH Collaborative registered population are under the age of 18 with the majority in the 0-9 years age bracket. **22%** of Long Lane's registered population are also under the age of 18.
- **74%** of the registered Southeast population fall within the working age bracket (defined as a resident aged between 18-74)
- **4%** of the registered population are age 75+
- The highest number of males registered to HH Collaborative are within the ages of 18-29, this is also the case for females.
- The highest number of males registered to Long Lane are within the ages of 18-29, this is also the case for females although followed closely by the 30-39 age bracket.



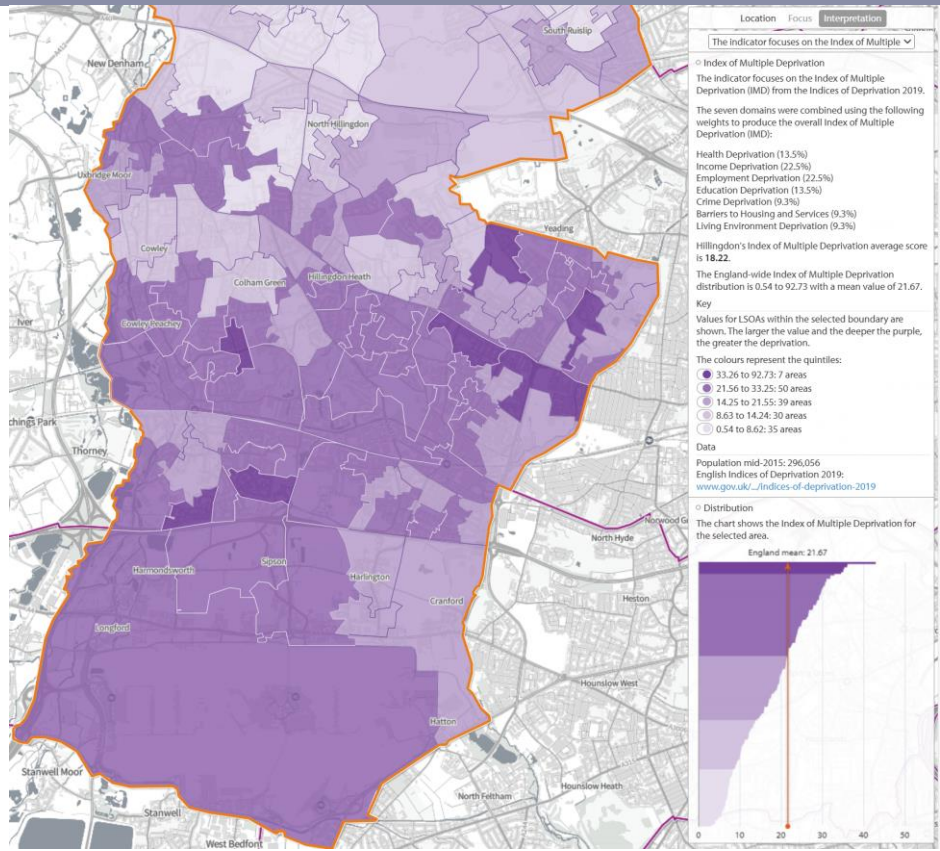


NHS North West London

South East Neighbourhood profile - Deprivation



Data source: *Hillingdon Data Hub – Deprivation – Map – accessed 14/2/25*



Data source: *SHAPE Place • Deprivation • – accessed 25/2/25*

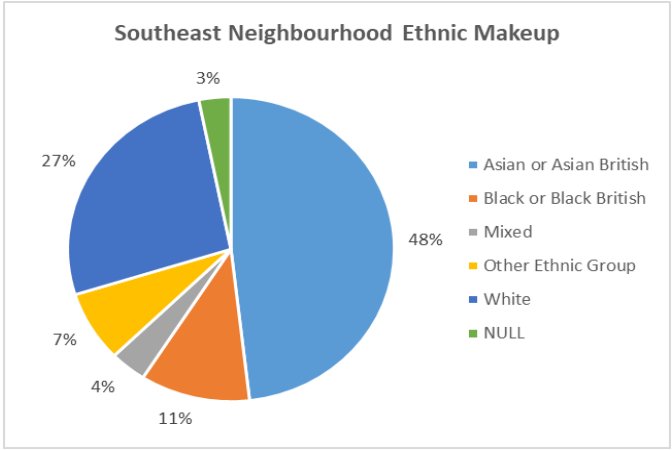
Southeast Neighbourhood profile - Ethnicity

Ethnic population profile:

- 48% of the Southeast Neighbourhoods registered population identified themselves as Asian or Asian British, 27% White and 11% Black or Black British. 3% of the registered population had no ethic category recorded

- The 2 highest recorded ethnic groups within HH Collaborative and Long Lane are Asian or Asian British closely followed by White

Ethnic Category	Population	%
Asian or Asian British	61,329	48%
Black or Black British	13,857	11%
Mixed	4,612	4%
Other Ethnic Group	9,540	7%
White	33,941	27%
NULL	4,027	3%
Total	**127,306**	



NHS
North West London

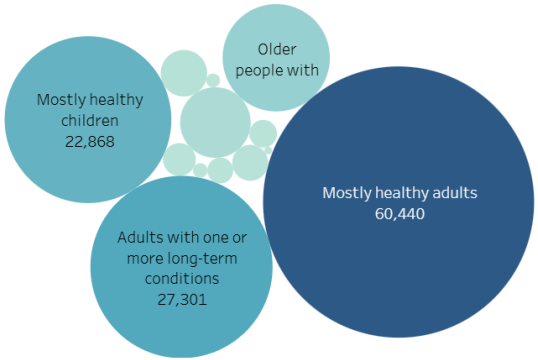
Southeast Neighbourhood profile - Segmentation

Population Segmentation:

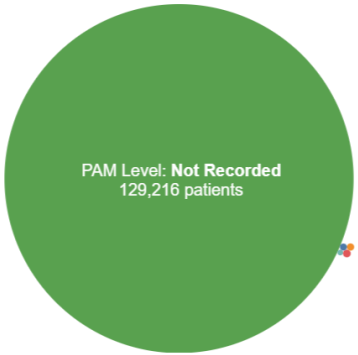
- **69%** of the Southeast registered population are in the category of 'Mostly Healthy Adults' when segmenting the population based on the WSIC population segmentation criteria. With **83%** of Children also being within this category
- **29%** of Adults within the Southeast are living with one or more Long Term Conditions with **76%** of Older People living with one or more Long Term Conditions. The Southeast has **4%** of children living with one Long Term Condition
- **45,996 (36%)** of the Southeast population have 1 or more Long Term Conditions
- HH Collaborative has **275 Adults per 1,000** living with one or more LTC's compared to Long Lane who have **329 Adults per 1,000** living with one or more LTC's
- HH Collaborative has **759 Older people per 1,000** living with one or more LTC's compared to Long Lane who have **766 Older people per 1,000** living with one or more LTC's
- Across the 2 PCNs the Adults living with one or more LTCs **4,885 (19%)** have had 1 or more A&E attendances within the last 12 months. When looking at the Mostly Healthy Adults segment it shows that **4,700 (8%)** have had 1 or more A&E attendances within the last 12 months.

Patient categories – South East INT

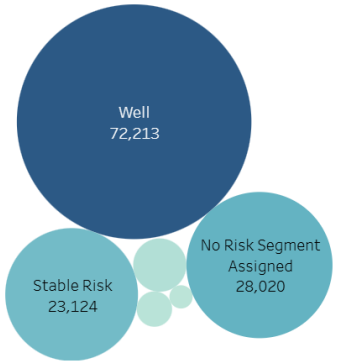
Patient Segments



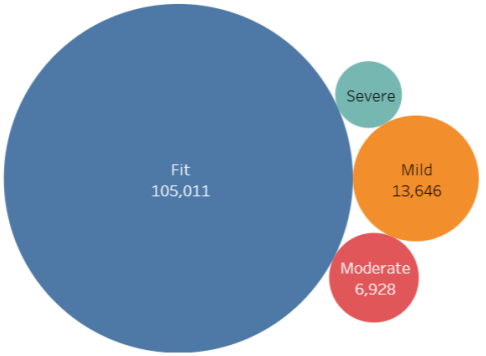
PAM Levels



Risk Segment



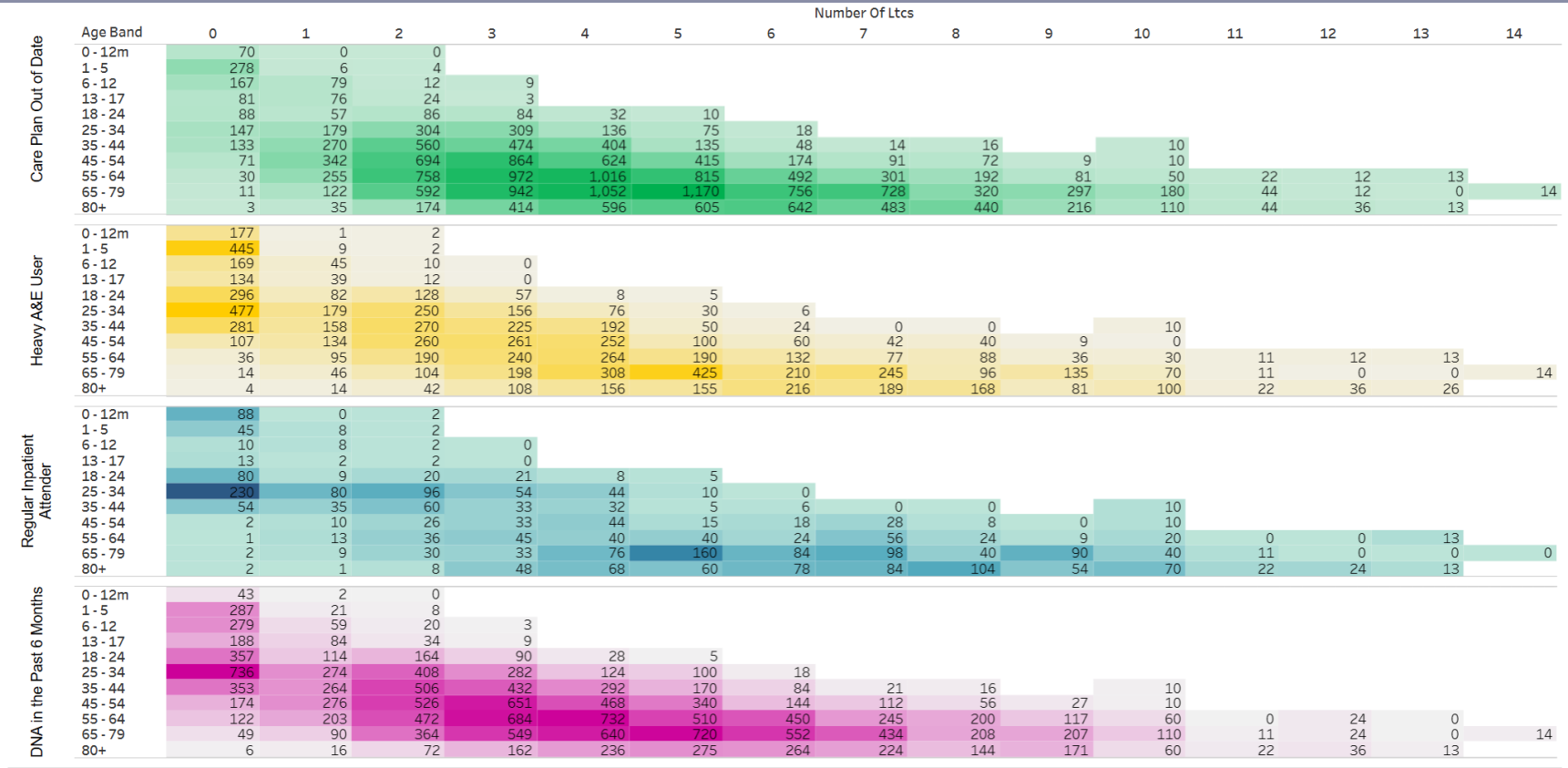
eFI Category



Data source: *WSIC de-ident, January 2025*

Total population: 129,419

Watch lists – South East INT



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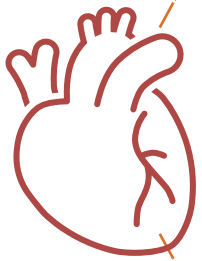
Total population: 129,419

Scoping CV Health across the South East



What?

Hypertension
- Increase prevalence
- Medicines optimisation
- Improve patient understanding

Atrial Fibrillation
- Earlier detection
- Increase prevalence
- Improve patient understanding

Diabetes
- Focus on prevention
- Medicines optimisation
- Improve patient understanding

Excess Weight / Obesity
- Reduce number of overweight & obese adults
- Increase overall referrals into lifestyle services

How?

- Train wider workforce to undertake BP checks
- Coding patients effectively
- Identify & focus on high-risk groups
- Increase referrals to My Health
- Increase referrals to lifestyle programmes
- Join up with C.Pharmacy HTN case-finding
- Empowering patients to self-monitor i.e. Viso

- Increase access to p.o.c testing i.e. Pharmacy-based screening?
- Mobile health clinics?
- Use of portable ECG devices?

- Coding patients effectively
- Increase referrals to My Health
- Increase referrals to PH programmes
- Improving completion 3TTs & 9KCPs

- Increase access to point of care testing
- Increase referrals to My Health (H4all, Hillingdon)
- Health incentive programmes to offer discounts on groceries, fitness classes, vouchers etc
- Promote walkable areas; Hillingdon canals
- MDT CV / lifestyle meetings

Enablers

- **Making every contact count**
- Neighbourhood SOP to updating patient records with p.o.c testing i.e. Blinks
- Virtual wards; managing care at home
- Establish Neighbourhood hub in SE
- Shared Care Records
- Population Health management approach
- Create SE neighbourhood strategy & plan
- Comms & Engagement
- Directory for patients
- Directory for Neighbourhood partners

Community-based Health screening & Education

- Community workshops to educate residents on signs, symptoms, and risks, early detection & management
- Create & distribute education materials; leaflets, posters, digital content in public
- Use of neighbourhood health champions
- Collaborate with community centres, fitness groups, schools. workplaces, faith-based & cultural organisations to reach diverse communities & high-risk groups
- Culturally tailored health messages

Measuring impact

- Measurable goals around screening, diagnosis and optimisation
- Implement health assessments to monitor effectives of interventions
- Community / user feedback to identify barriers to access / improve service

CV prevalence & expected prevalence South East

Hypertension
- No. of Hypertensive patients – **15,879**
- Diagnosed prevalence in SE INT – 13%
- Expected prevalence – 22% target (by 2029)
- No. of patients to meet target: 9,715
- Borough average: 13.4%
- NWL average:11.1%
- National average: 13.9%

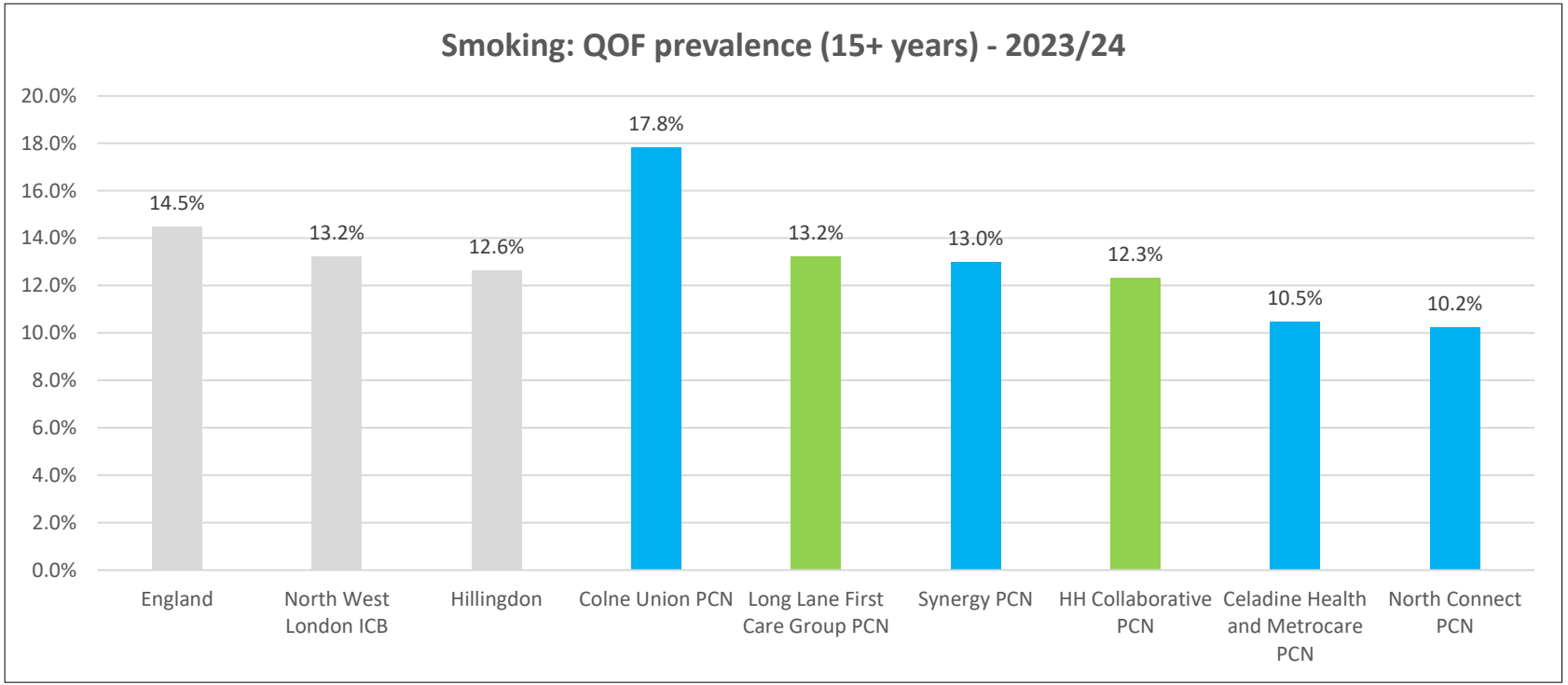
Atrial Fibrillation
- No. of AF patients – **1,177**
- Diagnosed prevalence in SE INT – 1%
- Expected prevalence - ?
- No. of patients to meet target: 2,713
- Borough average: 2%
- NWL average: 1.12%
- National average: 2.13%

Excess weight & obesity > 18 years
- No. of patients – Obesity: **20,302,** Excess weight**: 27,018**, **Total: 47,320**
- Prevalence Obesity – %, Excess weight – 27.5% **Total: 48.5%**
- Target prevalence (reduction) -
- No. of patients to meet target: To be agreed
- Borough average: Obesity:20%, Excess weight: 28%. Obesity & Excess weight: 48%
- NWL average: 40%
- National average: 64%

Diabetes
- No. of Diabetic patients – **10,191**
- Prevalence – 8%
- Target prevalence (reduction) -
- No. of patients to meet target: To be agreed
- Borough average: 7%
- NWL average: 6%
- National average: 7.45%

Pre-diabetes
- No. of pre-diabetic patients –
- Prevalence – %
- Target prevalence (reduction) -
- No. of patients to meet target: To be agreed
- Borough average: 11.11%
- NWL average: %
- National average: 7.2%

Smoking Prevalence

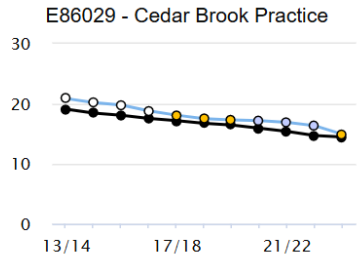


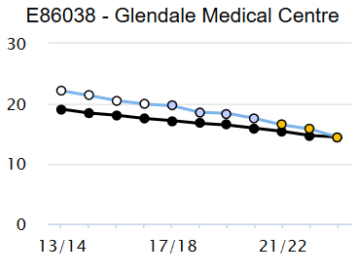
Data Source: *DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025*

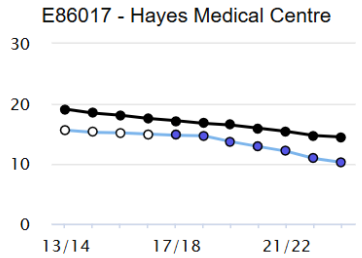
Smoking Prevalence – HH Collaborative PCN

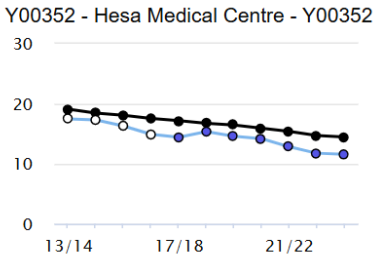
Smoking: QOF prevalence (15+ yrs)

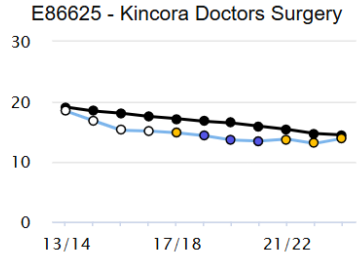
Proportion - %

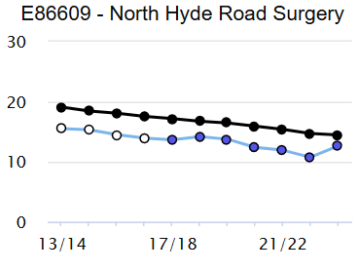


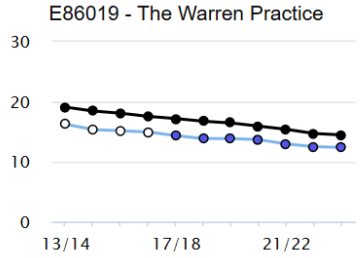


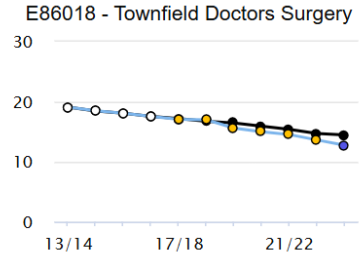










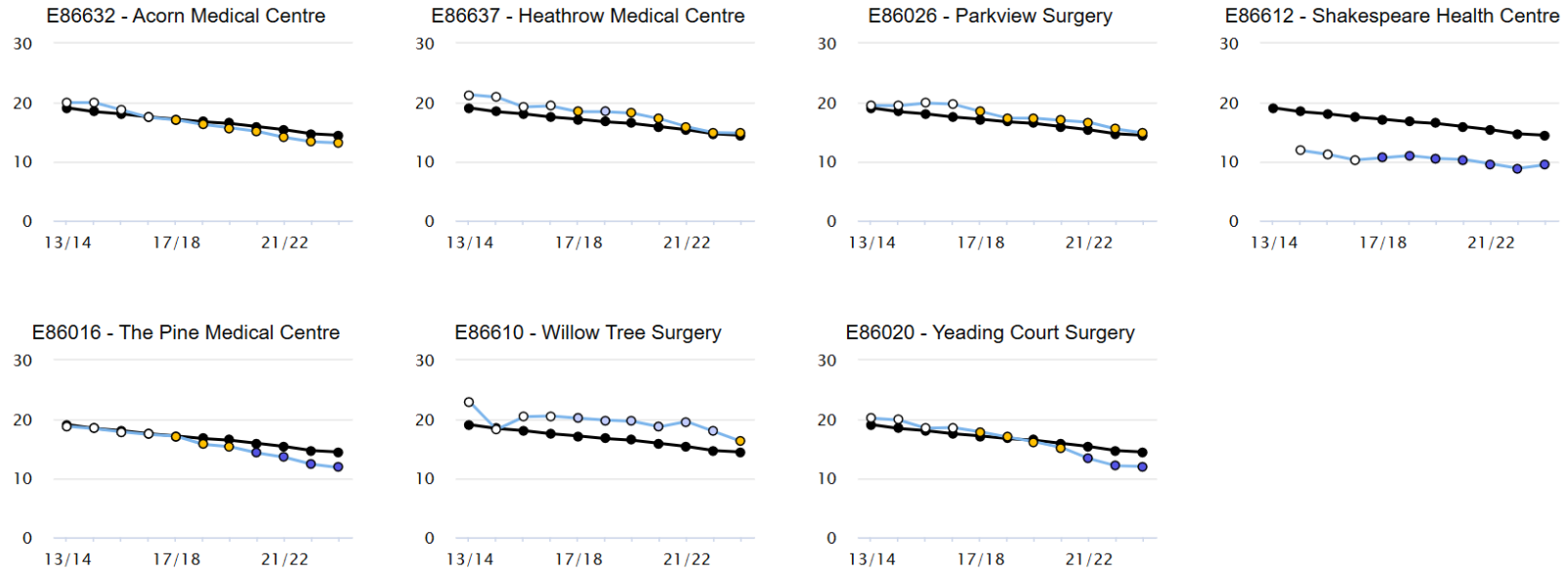


Data Source: *DHSC Fingertips Public Health Profiles, last accessed 26/2/2025*

Smoking Prevalence – Long Lane PCN

Smoking: QOF prevalence (15+ yrs)

Proportion - %



Data Source: *DHSC Fingertips Public Health Profiles, last accessed 26/2/2025*

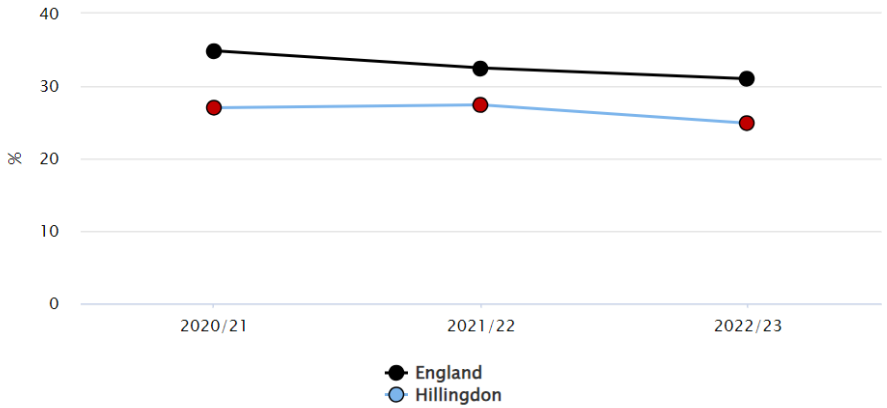
Healthy diets

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



Recent trend: Could not be calculated

Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	England
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

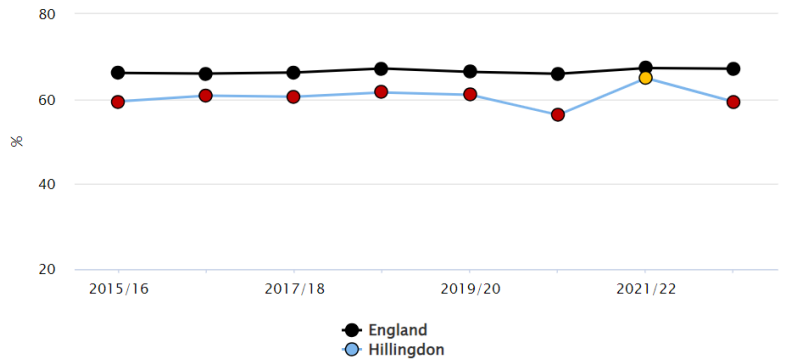
Indicator Definitions and Supporting Information

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 Count	Value	95% Lower CI	95% Upper CI	England
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%

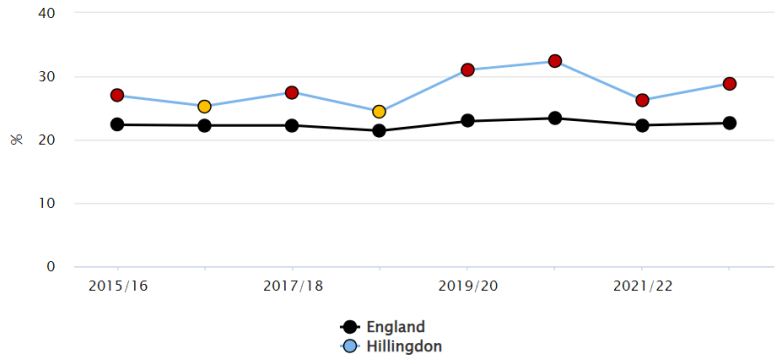
Source: OHID, based on Sport England data

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 Count	Value	95% Lower CI	95% Upper CI	England
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

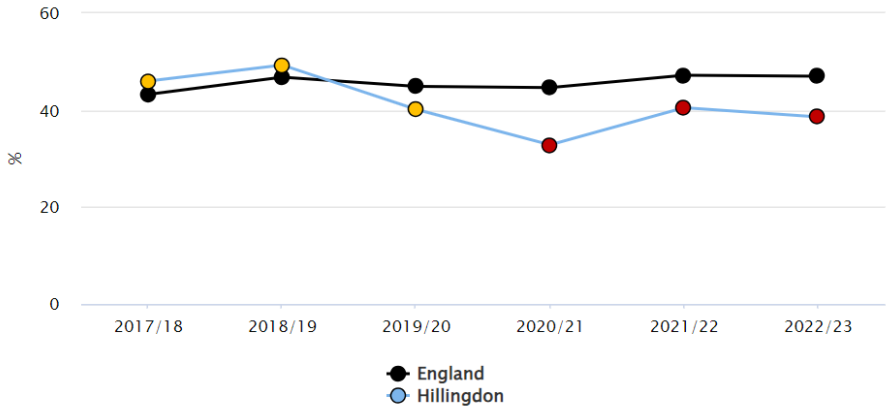
Physical activity - CYP

C10 - Percentage of physically active children and young people

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: Could not be calculated

Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	England
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

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?

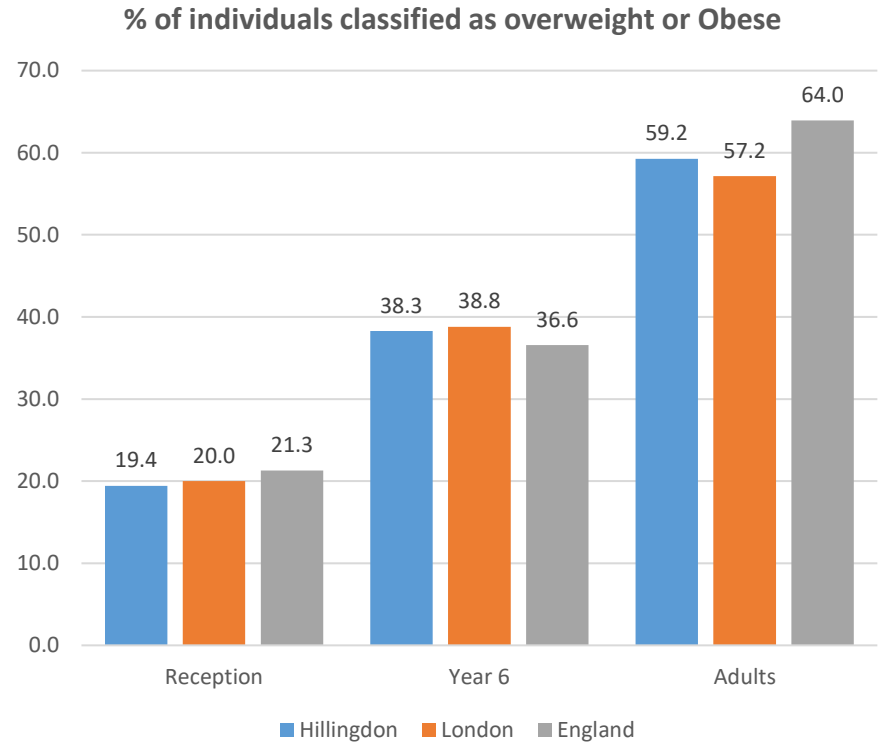
- Looking at the most recent WSIC data (May 24) overall there are 52,859 adults who are classed as Obese within Hillingdon, which equates to 20% of the Hillingdon adult registered population – this is based on the BMI value being >=30 and not taking into account Ethnicity.
- Looking further into the data there are 75,111 adults who are classed are 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 and adults

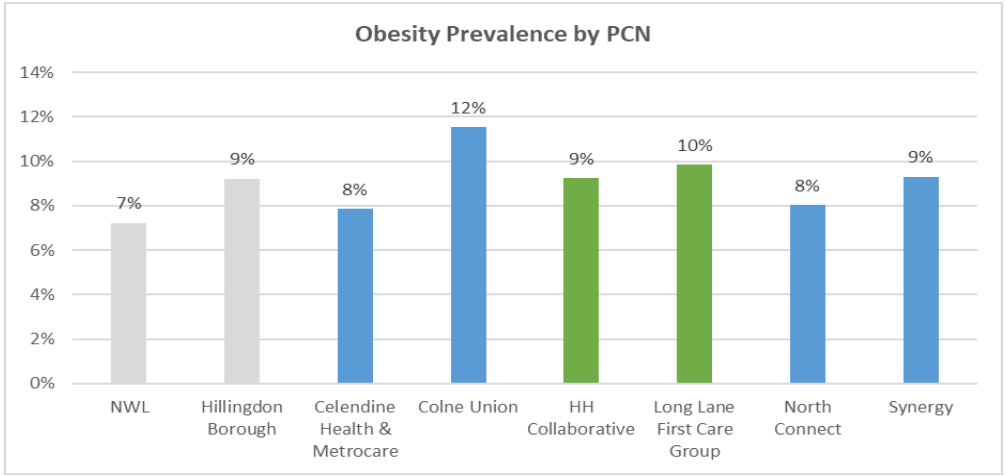


	Reception	Year 6	Adults
Hillingdon	19.4	38.3	59.2
London	20.0	38.8	57.2
England	21.3	36.6	64.0

Data source: *Obesity profile, Fingertips 2022/23 data*

NHS
North West London

Obesity Prevalence by PCN



PCN	Obesity	Excess Weight	Total
HH Collaborative PCN	13,301	18,242	31,543
Long Lane First Care Group PCN	7,001	8,776	15,777
Total	20,302	27,018	**47,320**

***Data Source**: WSIC de-Ident, Jul 2024 data*

Long Lane has the 2nd highest prevalence for Obesity within the Borough at 9.9% with HH Collaborative being at 9.3%; both PCNs are higher than the NWL average and there is a known issue within the Hillingdon Borough relating to Obesity & Excess Weight among the population.

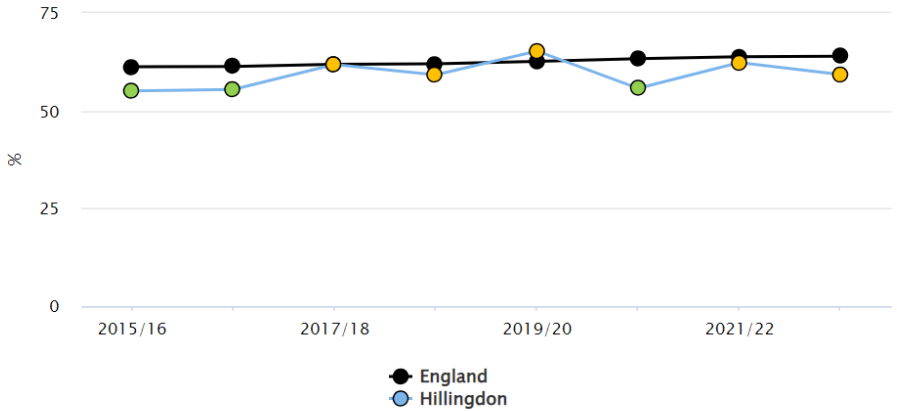
Overweight & obesity prevalence

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

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: Could not be calculated

Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	England
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

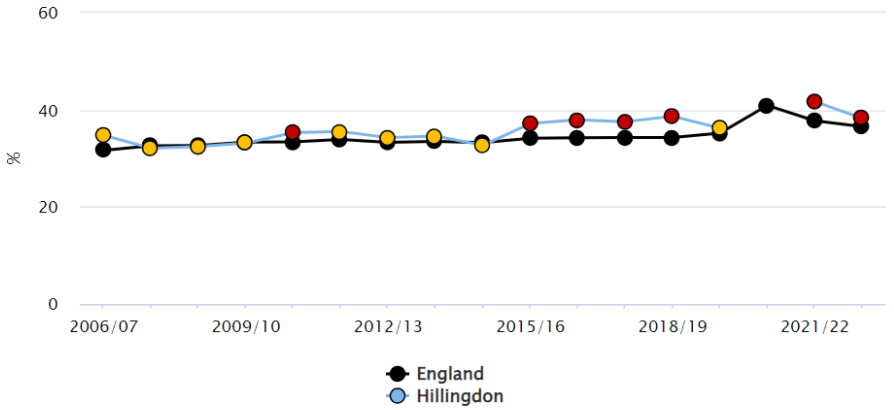
Overweight & obesity prevalence in children

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

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options



Recent trend: ➡ No significant change

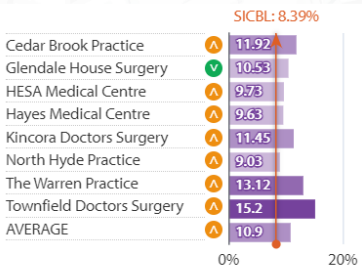
Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	England
2006/07	🟡	40	34.8%	28.0%	45.5%	31.7%
2007/08	🟡	850	32.1%	30.4%	34.0%	32.6%
2008/09	🟡	915	32.4%	30.7%	34.1%	32.6%
2009/10	🟡	940	33.2%	31.4%	34.8%	33.4%
2010/11	🔴	1,015	35.3%	33.6%	37.1%	33.4%
2011/12	🟡	1,020	35.5%	33.8%	37.3%	33.9%
2012/13	🟡	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

HH Collaborative

PCN QOF recorded prevalence

Obesity

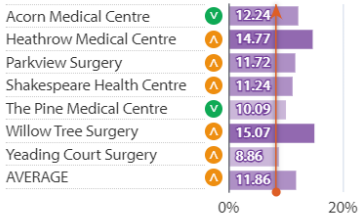


NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23

Long Lane First Care Group

PCN QOF recorded prevalence

Obesity



NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23

GP **The Pine Medical Centre**
QOF prevalence: obesity
10.09% recorded obesity prevalence, chang… last year: -4.04%. Number on register: 490, l… (18+): 4,858.

GP **Yeading Court Surgery** 8.86%
QOF prevalence: obesity
8.86% recorded obesity prevalence, change from last year: +1.88%. Number on register: 361, list size (18+): 4,073.

GP **Willow Tree Surgery** 15.07%
QOF prevalence: obesity
15.07% recorded obesity prevalence, change from last year: +2.12%. Number on register: 390, list size (18+): 2,588.

GP **The Warren Practice** 13.12%
QOF prevalence: obesity
13.12% recorded obesity prevalence, change from last year: +3.17%. Number on register: 710, list size (18+): 5,410.

GP **Townfield Doctors Surgery** 15.20%
QOF prevalence: obesity
15.2% recorded obesity prevalence, change from last year: +3.35%. Number on register: 983, list size (18+): 6,466.

GP **HESA Medical Centre** 9.73%
QOF prevalence: obesity
9.73% recorded obesity prevalence, change from last year: +0.3%. Number on register: 1,490, list size (18+): 15,312.

GP **Hayes Medical Centre** 9.63%
QOF prevalence: obesity
9.63% recorded obesity prevalence, change from last year: +0.7%. Number on register: 1,411, list size (18+): 14,659.

GP **North Hyde Practice** 9.03%
QOF prevalence: obesity
9.03% recorded obesity prevalence, change from last year: +1.37%. Number on register: 524, list size (18+): 5,805.

GP **Heathrow Medical Centre** 14.77%
QOF prevalence: obesity
14.77% recorded obesity prevalence, change from…

GP **Glendale House Surgery** 10.53%
QOF prevalence: obesity
10.53% recorded obesity prevalence, change from last year: -0.36%. Number on register: 581, list size (18+): 5,517.

LONG LANE FIRST CARE GROUP

HH COLLABORATIVE

UXBRIDGE ROAD

DANIELS ROAD

NORTH HYDE ROAD

STATION ROAD

SIPSON ROAD

A4020

M4

End

Dormer

Southall

Norwood Green

North Hyde

Sipson

Harlington

1000 ft

Location Focus Interpretation

QOF prevalence: Obesity

QOF prevalence: obesity

The indicator shows the recorded prevalence of patients with obesity expressed as a percentage of the practice (18+) list size for 2022/23.

Hillingdon's recorded prevalence of patients with obesity is **10.9%** for year 2022/23.

The England-wide GP distribution is 0.72% to 42.96% with a mean value of 11.84%.

Key

Values for GP practices within the selected boundary are shown.

The colours represent the quintiles:

- 15.17% to 42.96%: 3 practices
- 12.67% to 15.16%: 7 practices
- 10.57% to 12.66%: 9 practices
- 8.39% to 10.56%: 21 practices
- 0.72% to 8.38%: 6 practices

Data

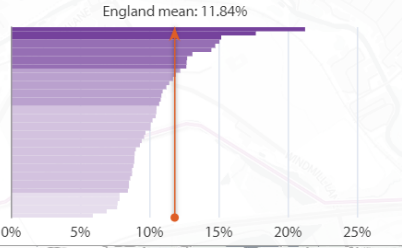
Register: 28,982

List size (18+): 265,846

NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes./2022-23

Distribution

The chart shows the recorded QOF prevalence of patients with obesity for year 2022/23.



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?

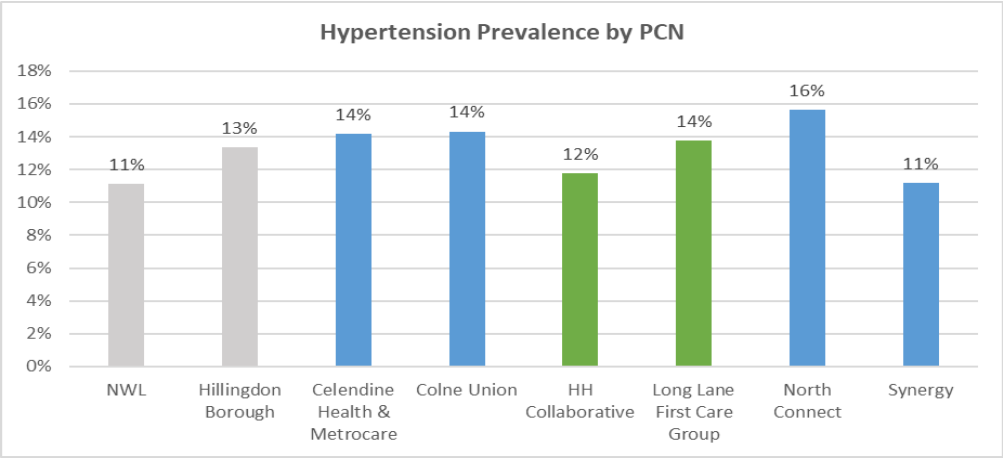
- We looked at the prevalence for certain Long Term Conditions for the cohort group and the data indicated the following:

  - Hypertension prevalence within this is 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

Hypertension Prevalence



Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of Hypertension for Hillingdon Borough is currently 13%, HH Collaborative PCN is the 2nd lowest prevalence within the Borough.

The Hypertension programme within the Borough is undertaking work to increase the prevalence throughout the Borough and ensure populations are correctly diagnosed and receive treatment.

NHS
North West London

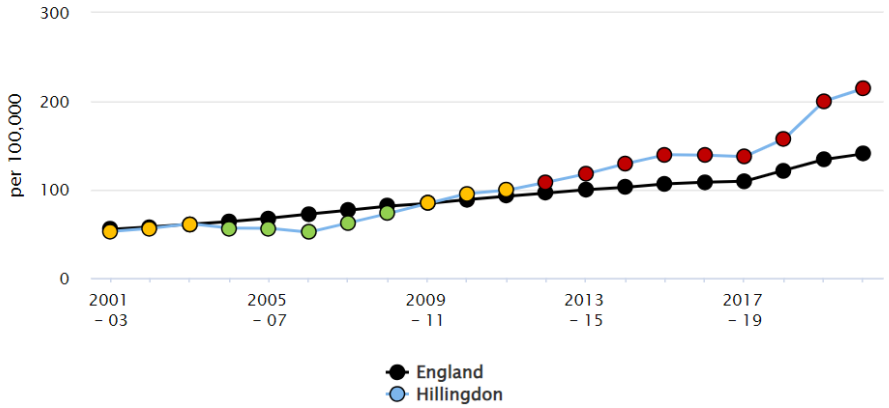
Hypertension mortality

Mortality rate for deaths involving hypertensive disease, all ages (Persons)

Directly standardised rate - per 100,000

Show confidence intervals Show 99.8% CI values

▶ More options



Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	England
2001 - 03		276	52.6	46.6	59.3	55.2
2002 - 04		297	56.4	50.1	63.2	57.9
2003 - 05		323	61.5	54.9	68.6	60.9
2004 - 06		299	56.5	50.2	63.3	63.8
2005 - 07		301	56.2	50.0	62.9	67.9
2006 - 08		279	51.8	45.9	58.3	72.3
2007 - 09		337	62.5	55.9	69.5	76.7
2008 - 10		398	73.1	66.0	80.7	81.3
2009 - 11		470	84.5	77.0	92.6	84.5
2010 - 12		545	95.6	87.7	104.0	88.8
2011 - 13		578	99.5	91.5	108.0	92.7
2012 - 14		646	108.6	100.3	117.3	96.1
2013 - 15		707	117.9	109.3	126.9	100.1
2014 - 16		792	129.5	120.6	138.9	102.8
2015 - 17		861	139.5	130.3	149.2	106.6
2016 - 18		886	139.1	130.0	148.7	108.5
2017 - 19		892	137.5	128.6	146.9	109.5
2018 - 20		1,041	157.4	147.9	167.4	121.9
2019 - 21		1,327	200.0	189.3	211.1	134.1
2020 - 22		1,442	214.5	203.5	225.9	140.6

Source: OHID, based on Office for National Statistics data

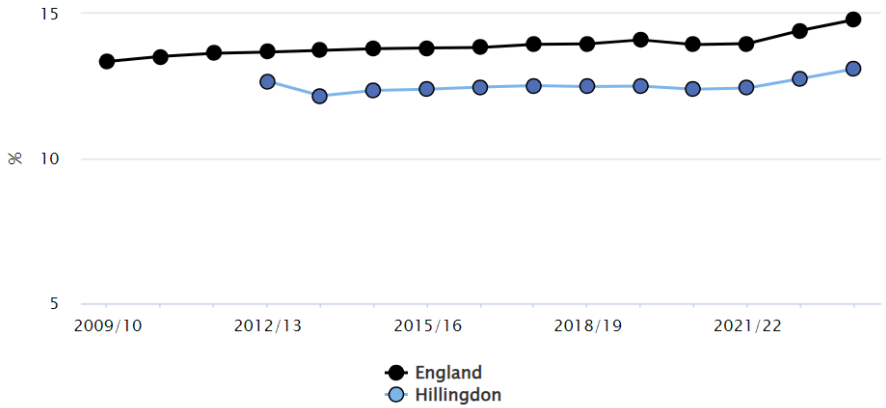
Trends in hypertension prevalence

Hypertension: QOF prevalence (all ages) **New data**

Proportion - %

Show confidence intervals Show 99.8% CI values

▶ More options

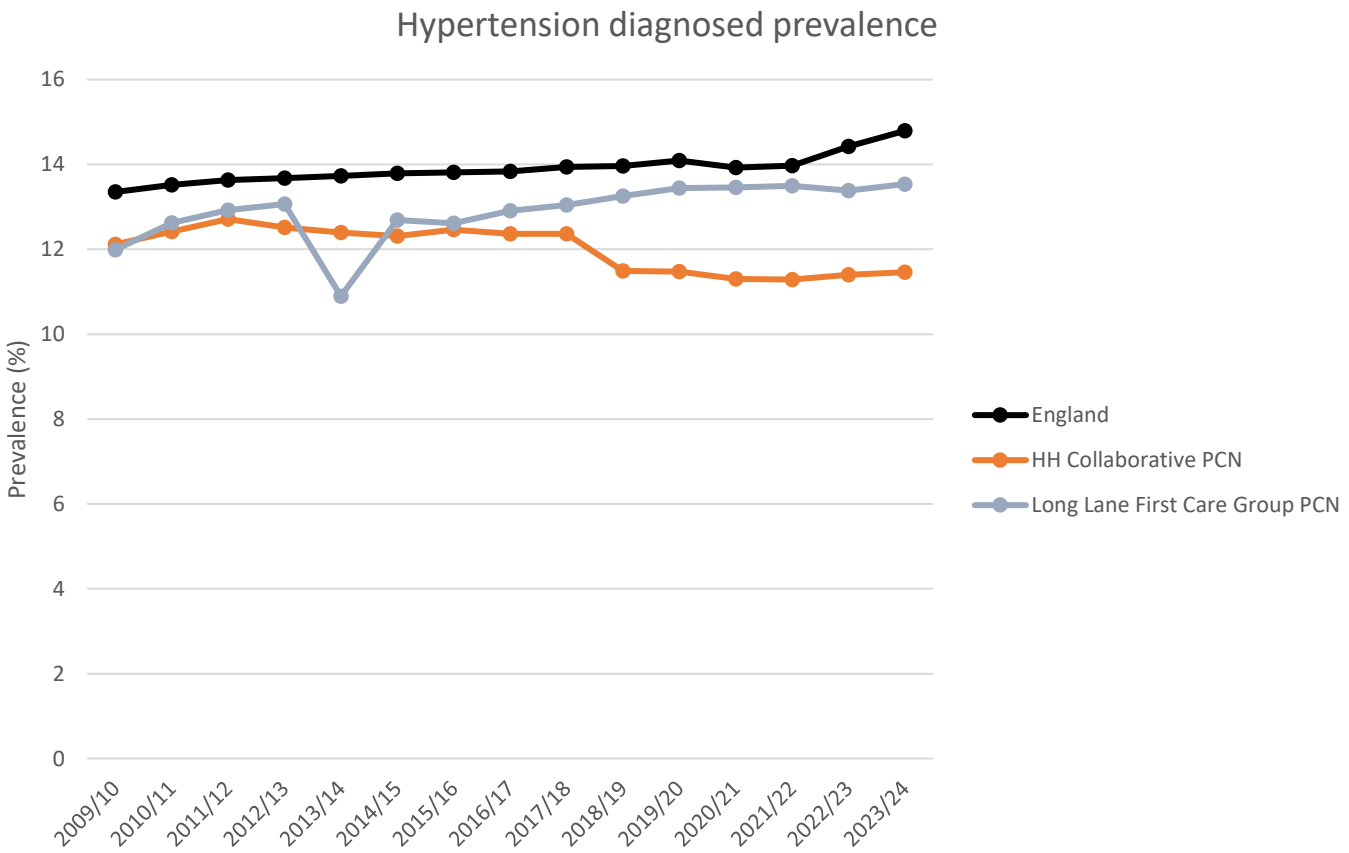


Recent trend: Increasing

Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	England
2009/10		-	-	-	-	13.4%
2010/11		-	-	-	-	13.5%
2011/12		-	-	-	-	13.6%
2012/13	●	36,455	12.7%	12.5%	12.8%	13.7%
2013/14	●	35,937	12.2%	12.0%	12.3%	13.7%
2014/15	●	37,021	12.3%	12.2%	12.5%	13.8%
2015/16	●	37,695	12.4%	12.3%	12.5%	13.8%
2016/17	●	38,403	12.5%	12.4%	12.6%	13.8%
2017/18	●	39,096	12.5%	12.4%	12.6%	13.9%
2018/19	●	39,776	12.5%	12.4%	12.6%	14.0%
2019/20	●	40,618	12.5%	12.4%	12.6%	14.1%
2020/21	●	40,278	12.4%	12.3%	12.5%	13.9%
2021/22	●	41,215	12.4%	12.3%	12.5%	14.0%
2022/23	●	43,294	12.8%	12.6%	12.9%	14.4%
2023/24	●	45,385	13.1%	13.0%	13.2%	14.8%

Source: NHS England

Hypertension prevalence by PCN



Area

E86632 - Acorn Medical Centre

Group

Long Lane First Care Group PCN

Indicator

Hypertension: QOF prevalence (all ages) Proportion - %

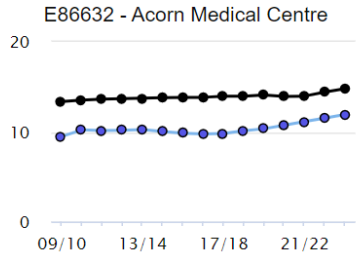
▶ Legend ▶ Benchmark

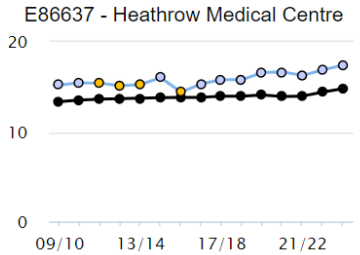
Geography version GPs

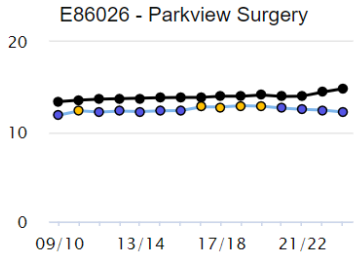
Trends for Selected GP | All areas (grouped) **Sort charts by** Area name | Latest value

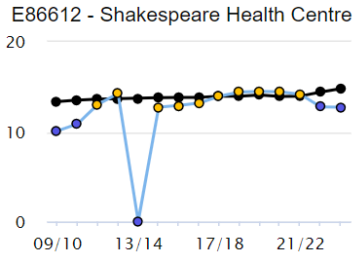
Hypertension: QOF prevalence (all ages)

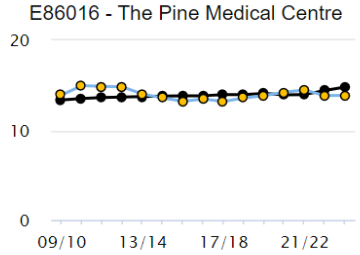
Proportion - %

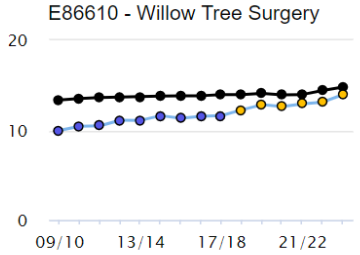


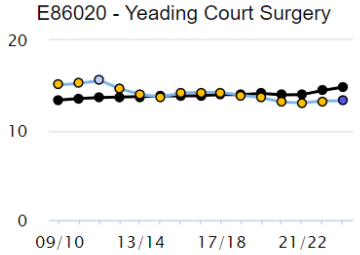












Area

E86632 - Acorn Medical Centre

Group

Long Lane First Care Group PCN

Indicator

Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs) Proportion - %

▶ Legend ▶ Benchmark

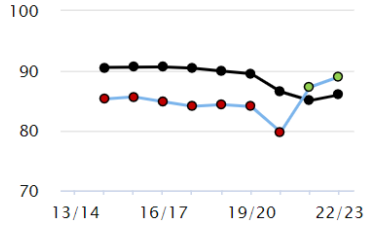
Geography version GPs

Trends for Selected GP | All areas (grouped) **Sort charts by** Area name | Latest value

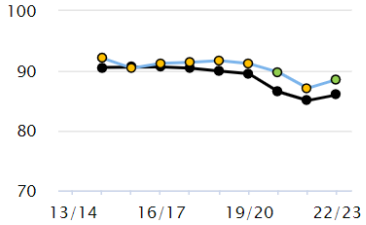
Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs)

Proportion - %

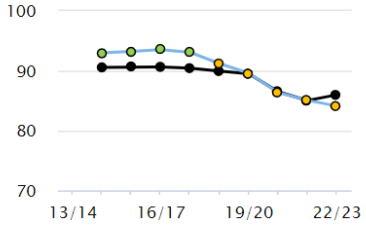
E86632 - Acorn Medical Centre



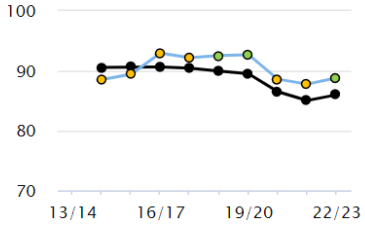
E86637 - Heathrow Medical Centre



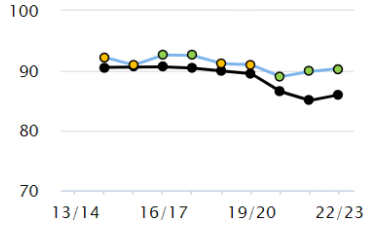
E86026 - Parkview Surgery



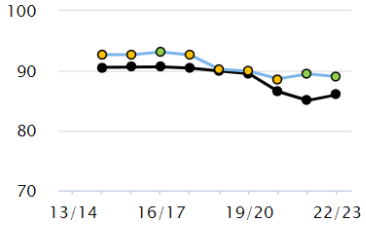
E86612 - Shakespeare Health Centre



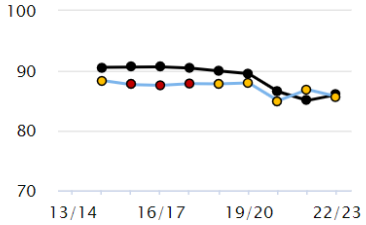
E86016 - The Pine Medical Centre



E86610 - Willow Tree Surgery



E86020 - Yeading Court Surgery



Area

Y00352 - Hesa Medical Centre - Y00352

Group

HH Collaborative PCN

Indicator

Hypertension: QOF prevalence (all ages) Proportion - %

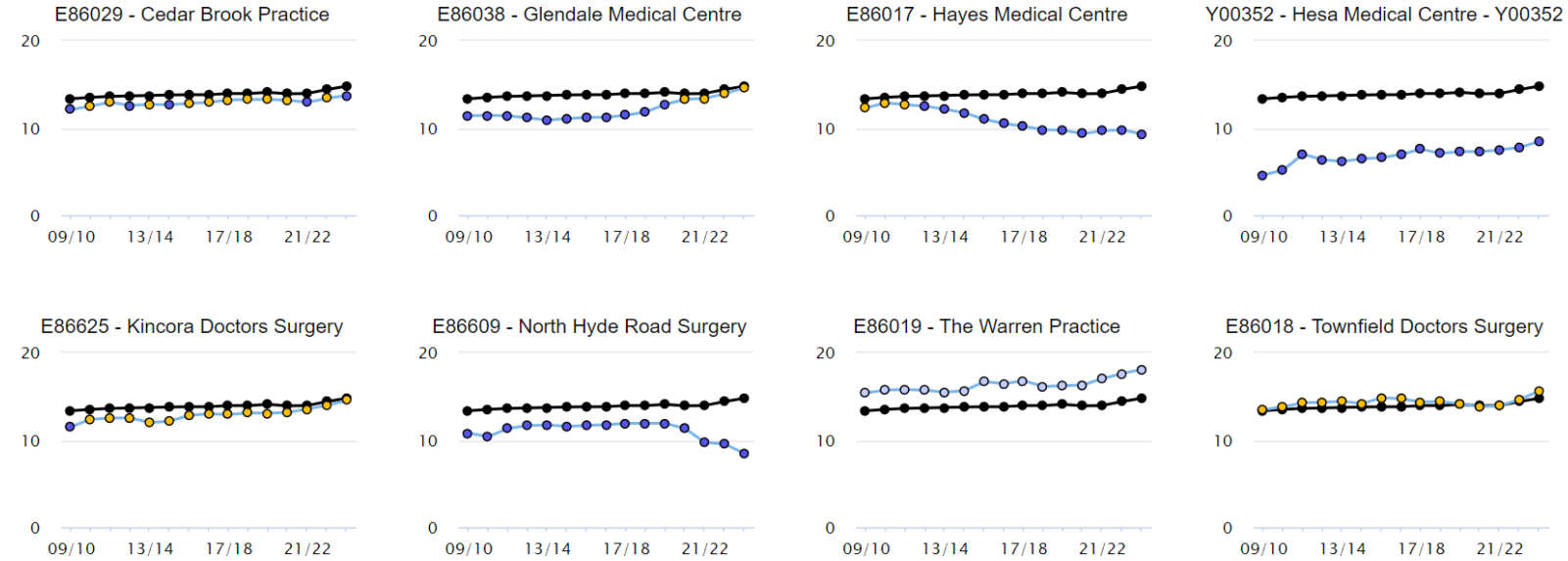
▶ Legend ▶ Benchmark

Geography version GPs

Trends for Selected GP | **All areas (grouped)** **Sort charts by** **Area name** | Latest value

Hypertension: QOF prevalence (all ages)

Proportion - %



Area

E86029 - Cedar Brook Practice

Group

HH Collaborative PCN

Indicator

Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs) Proportion - %

▶ Legend ▶ Benchmark

Geography version GPs

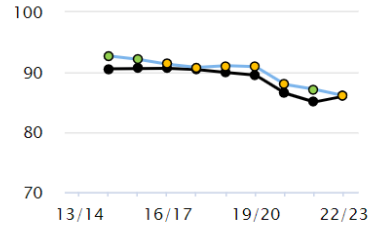
Trends for Selected GP | All areas (grouped)

Sort charts by Area name | Latest value

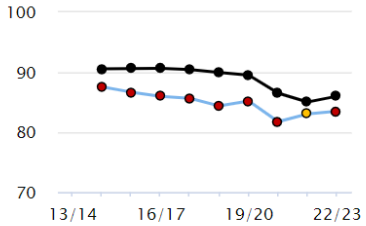
Patients (aged 45+ yrs), who have a record of blood pressure in the last 5 yrs (denominator incl. PCAs)

Proportion - %

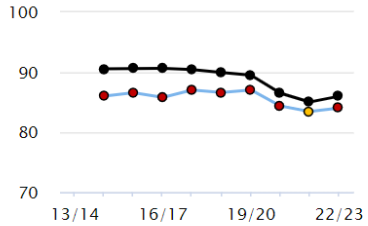
E86029 - Cedar Brook Practice



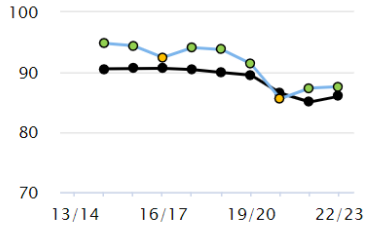
E86038 - Glendale Medical Centre



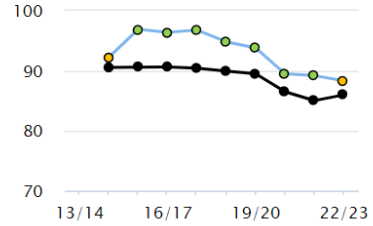
E86017 - Hayes Medical Centre



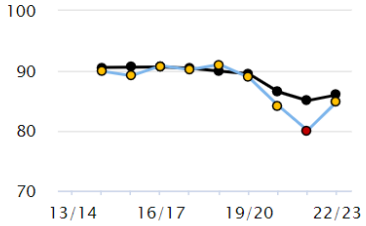
Y00352 - Hesa Medical Centre - Y00352



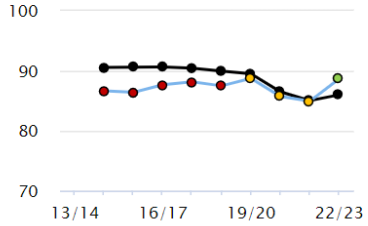
E86625 - Kincora Doctors Surgery



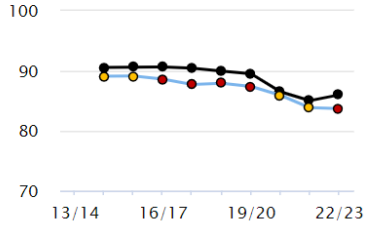
E86609 - North Hyde Road Surgery



E86019 - The Warren Practice



E86018 - Townfield Doctors Surgery

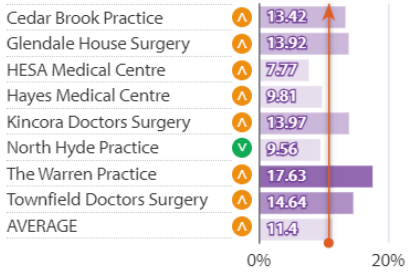


HH Collaborative

PCN QOF recorded prevalence

Hypertension

SICBL: 10.84%



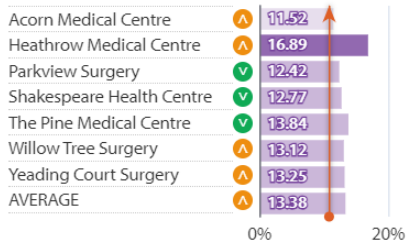
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23

Long Lane First Care Group

PCN QOF recorded prevalence

Hypertension

SICBL: 10.84%



NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23

Location Focus **Interpretation**

QOF prevalence: Hypertension

QOF prevalence: hypertension

The indicator shows the recorded prevalence of patients with hypertension expressed as a percentage of the practice list size for 2022/23.

Hillingdon's recorded prevalence of patients with hypertension is **12.76%** for year 2022/23.

The England-wide GP distribution is 0.17% to 63.03% with a mean value of 14.76%.

Key

Values for GP practices within the selected boundary are shown.

The colours represent the quintiles:

- 17.93% to 63.03%: 0 practices
- 15.84% to 17.92%: 6 practices
- 14.07% to 15.83%: 12 practices
- 11.56% to 14.06%: 17 practices
- 0.17% to 11.55%: 11 practices

Data

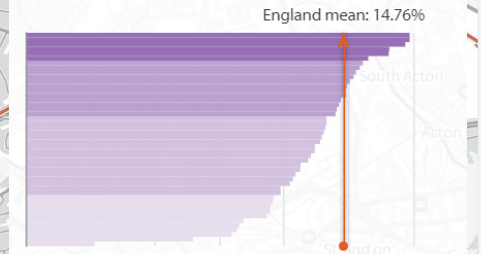
Register: 43,294

List size: 339,288

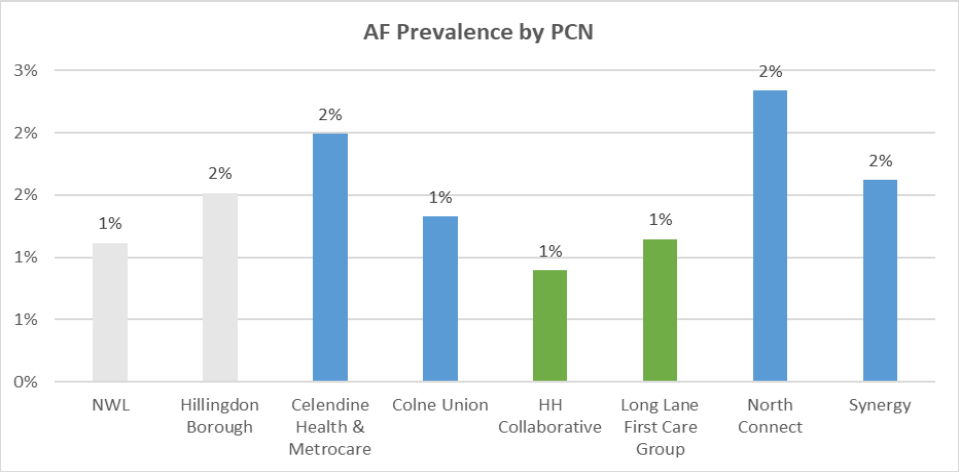
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes./2022-23

Distribution

The chart shows the recorded QOF prevalence of patients with hypertension for year 2022/23.



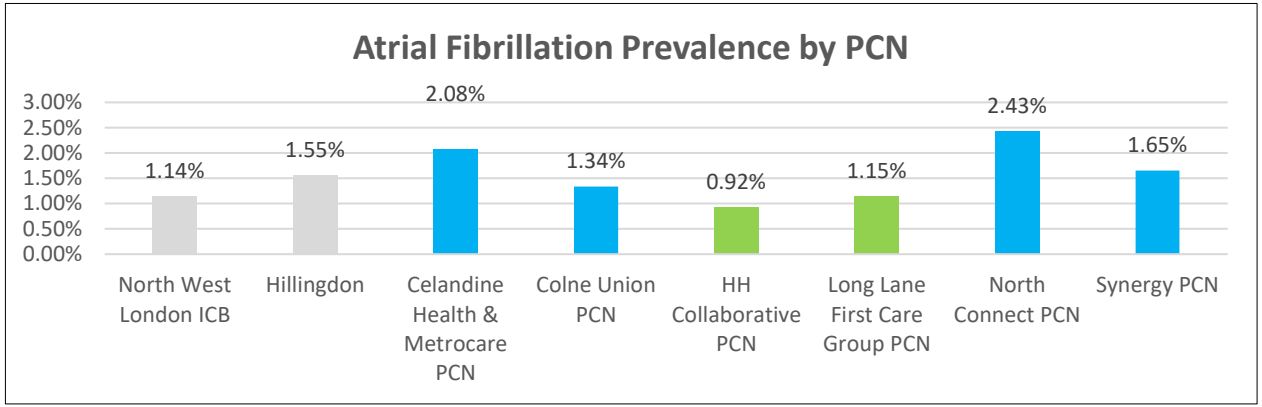
AF prevalence

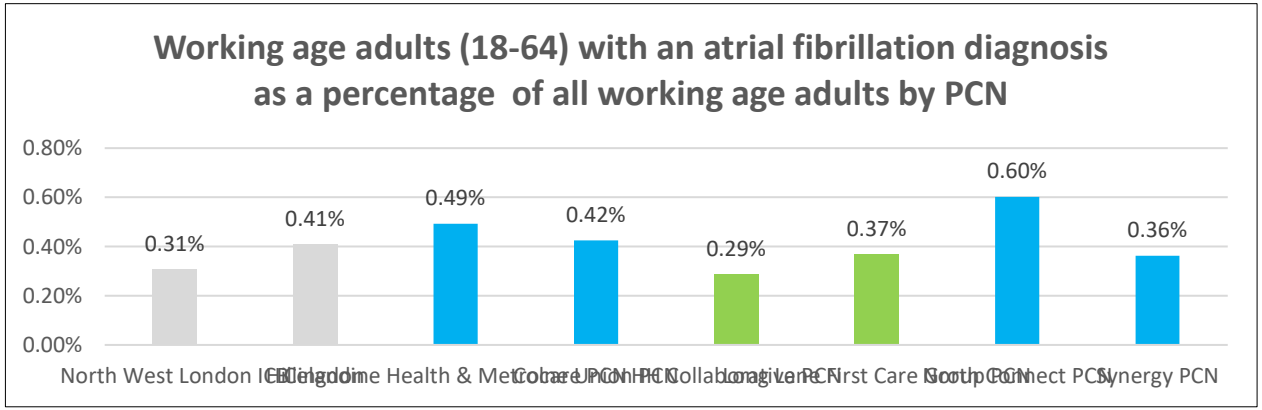


Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of AF is 0.9% for HH Collaborative which is lower than NWL and the Borough.
For Long Lane the prevalence is 1.1% which is the same as NWL but lower than the Borough.

AF prevalence



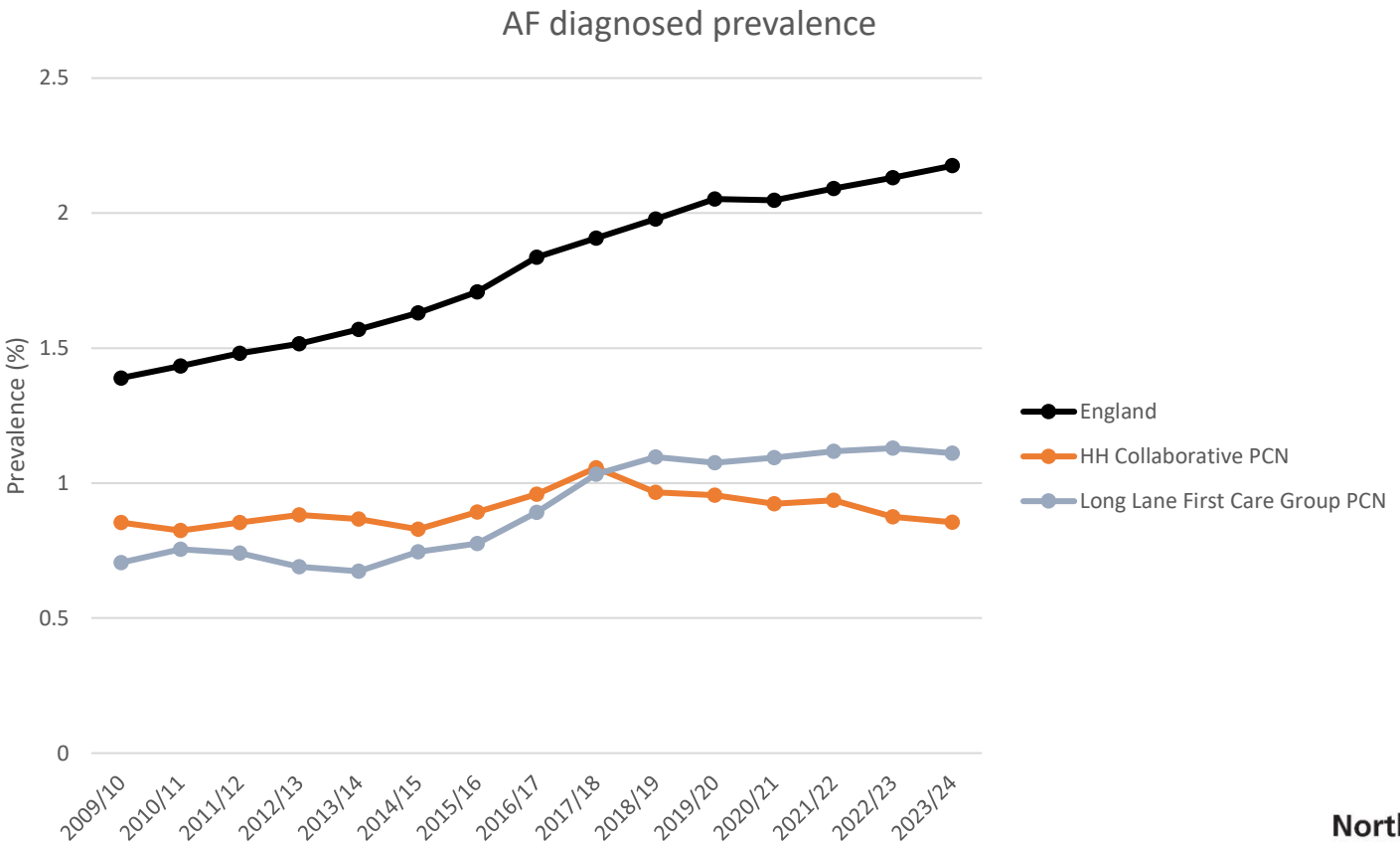


Area	Total registered patients	Number of patients with an AF diagnosis
North West London ICB	2,848,040	32,353
Hillingdon	342,135	5,319
Celandine Health & Metrocare PCN	63,153	1,312
Colne Union PCN	50,318	673
HH Collaborative PCN	87,944	810
Long Lane First Care Group PCN	41,475	476
North Connect PCN	52,443	1,275
Synergy PCN	46,802	773

North Connect PCN (2.43%) has the highest prevalence of AF within Hillingdon while HH Collaborative (0.92%) has the lowest. The Borough average is 1.55% which is higher than the NWL average of 1.14%. North Connect PCN also has the highest percentage of working age adults with an AF diagnosis within their working age adult patient population.

Data Source: *WSIC – 31 Jan 2025*

AF prevalence by PCN



NHS
North West London

E86029 - Cedar Brook Practice | HH Collaborative PCN

Indicator

Atrial fibrillation: QOF prevalence (all ages) New data | Proportion - %

Show me the profiles these indicators are from

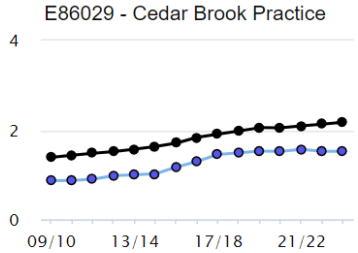
▶ Legend ▶ Benchmark

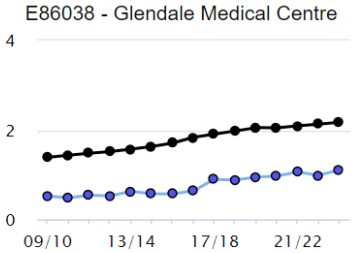
Geography version GPs

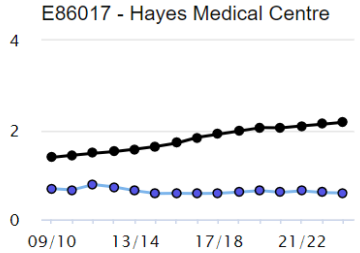
Trends for Selected GP | All areas (grouped) **Sort charts by** Area name | Latest value

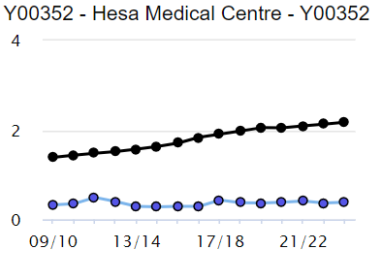
Atrial fibrillation: QOF prevalence (all ages) New data

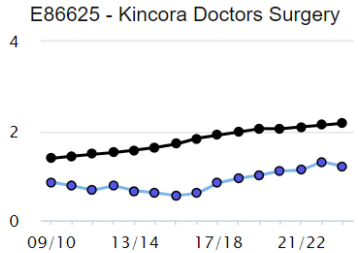
Proportion - %

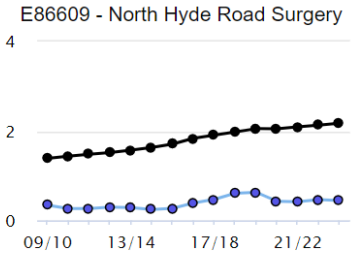


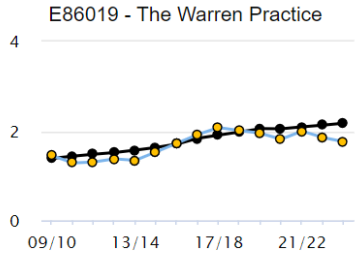


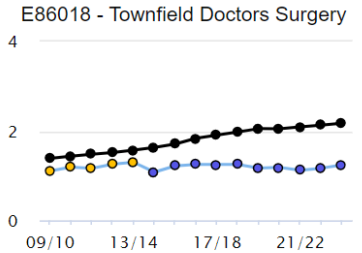












E86632 - Acorn Medical Centre | Long Lane First Care Group PCN

Indicator

Atrial fibrillation: QOF prevalence (all ages) New data Proportion - %

Show me the profiles these indicators are from

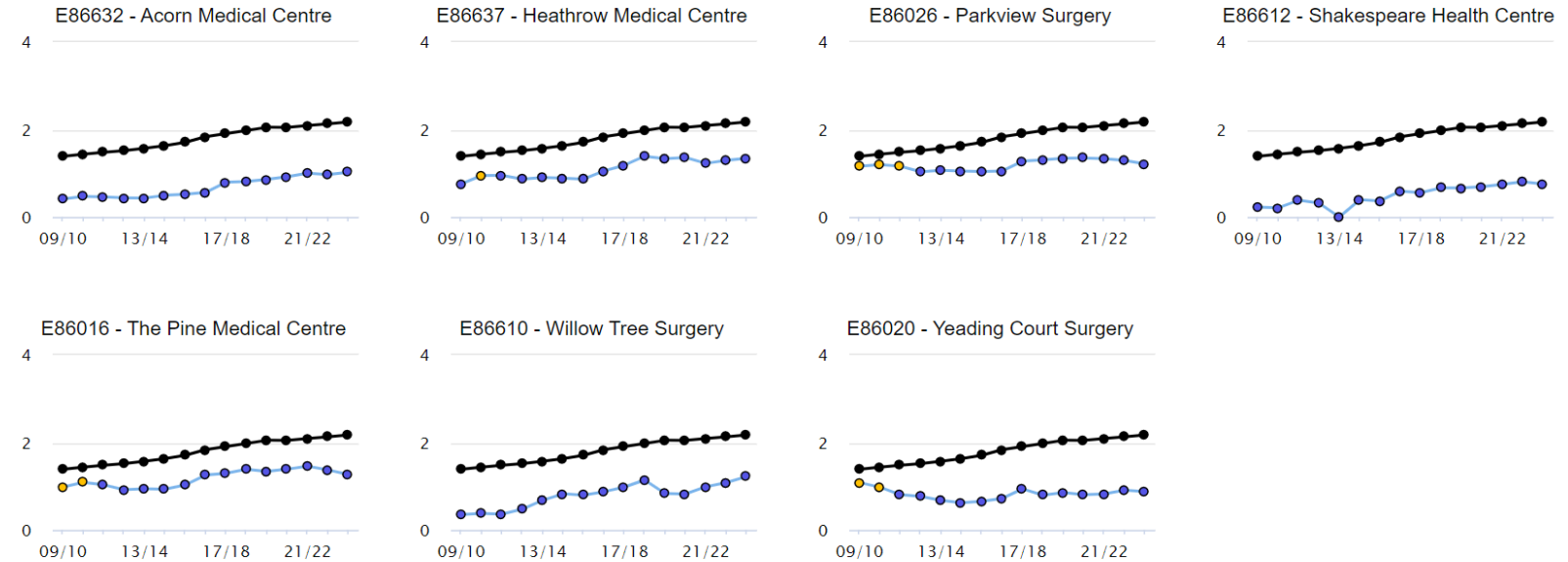
▶ Legend ▶ Benchmark

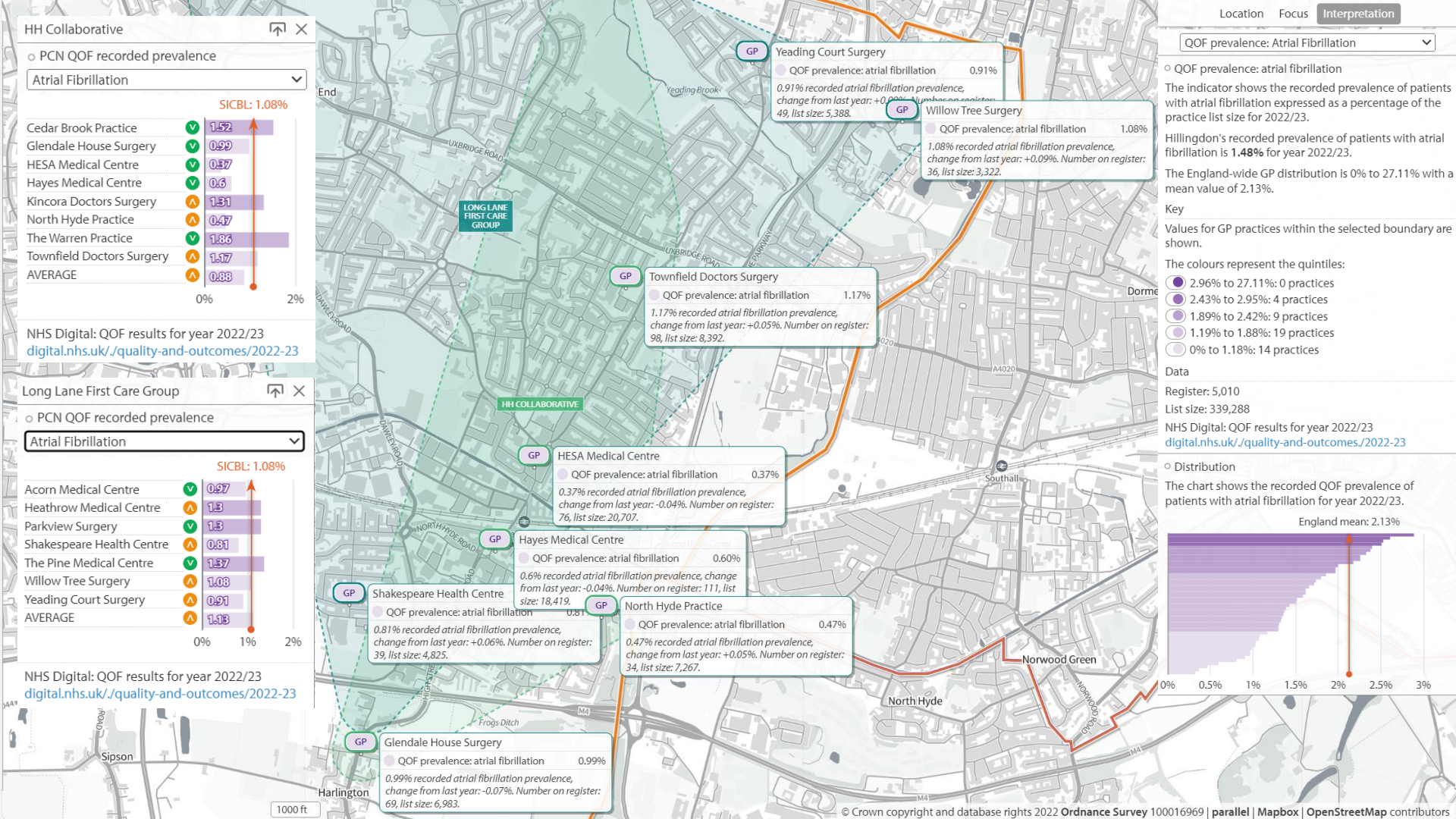
Geography version GPs

Trends for Selected GP | All areas (grouped) **Sort charts by** Area name | Latest value

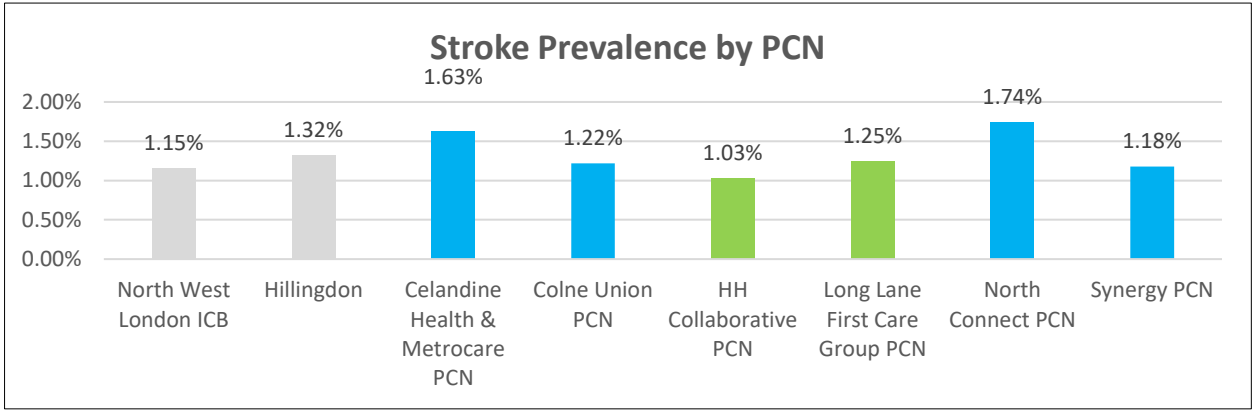
Atrial fibrillation: QOF prevalence (all ages) New data

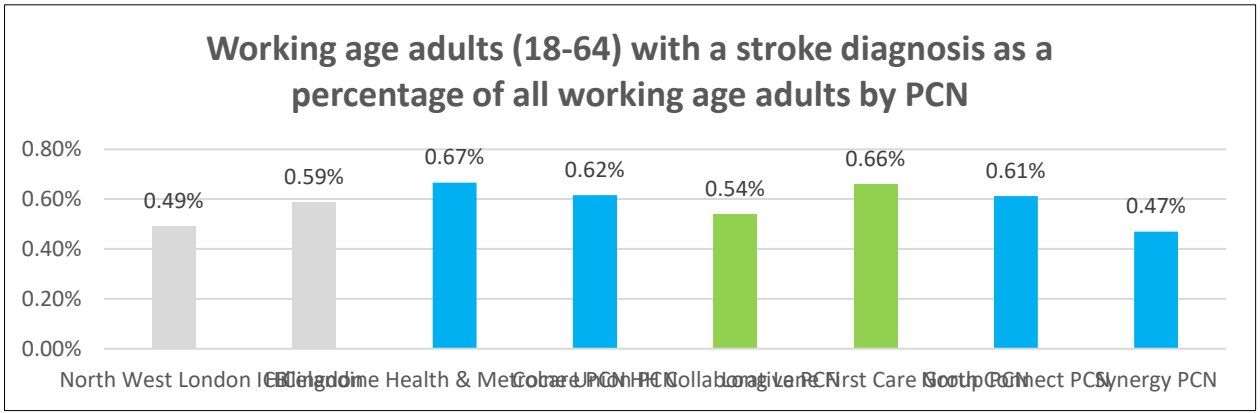
Proportion - %




HH Collaborative
PCN QOF recorded prevalence
Atrial Fibrillation
SICBL: 1.08%
Cedar Brook Practice 1.52
Glendale House Surgery 0.99
HESA Medical Centre 0.37
Hayes Medical Centre 0.6
Kincora Doctors Surgery 1.31
North Hyde Practice 0.47
The Warren Practice 1.86
Townfield Doctors Surgery 1.17
AVERAGE 0.88
0%
2%
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23
Long Lane First Care Group
PCN QOF recorded prevalence
Atrial Fibrillation
SICBL: 1.08%
Acorn Medical Centre 0.97
Heathrow Medical Centre 1.3
Parkview Surgery 1.3
Shakespeare Health Centre 0.81
The Pine Medical Centre 1.37
Willow Tree Surgery 1.08
Yeading Court Surgery 0.91
AVERAGE 1.13
0%
1%
2%
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23
LONG LANE FIRST CARE GROUP
HH COLLABORATIVE
GP
Yeading Court Surgery
QOF prevalence: atrial fibrillation 0.91%
0.91% recorded atrial fibrillation prevalence, change from last year: +0.09%. Number on register: 49, list size: 5,388.
Willow Tree Surgery
QOF prevalence: atrial fibrillation 1.08%
1.08% recorded atrial fibrillation prevalence, change from last year: +0.09%. Number on register: 36, list size: 3,322.
Townfield Doctors Surgery
QOF prevalence: atrial fibrillation 1.17%
1.17% recorded atrial fibrillation prevalence, change from last year: +0.05%. Number on register: 98, list size: 8,392.
HESA Medical Centre
QOF prevalence: atrial fibrillation 0.37%
0.37% recorded atrial fibrillation prevalence, change from last year: -0.04%. Number on register: 76, list size: 20,707.
Hayes Medical Centre
QOF prevalence: atrial fibrillation 0.60%
0.6% recorded atrial fibrillation prevalence, change from last year: -0.04%. Number on register: 111, list size: 18,419.
Shakespeare Health Centre
QOF prevalence: atrial fibrillation 0.81%
0.81% recorded atrial fibrillation prevalence, change from last year: +0.06%. Number on register: 39, list size: 4,825.
North Hyde Practice
QOF prevalence: atrial fibrillation 0.47%
0.47% recorded atrial fibrillation prevalence, change from last year: +0.05%. Number on register: 34, list size: 7,267.
Glendale House Surgery
QOF prevalence: atrial fibrillation 0.99%
0.99% recorded atrial fibrillation prevalence, change from last year: -0.07%. Number on register: 69, list size: 6,983.
Location
Focus
Interpretation
QOF prevalence: Atrial Fibrillation
QOF prevalence: atrial fibrillation
The indicator shows the recorded prevalence of patients with atrial fibrillation expressed as a percentage of the practice list size for 2022/23.
Hillingdon's recorded prevalence of patients with atrial fibrillation is 1.48% for year 2022/23.
The England-wide GP distribution is 0% to 27.11% with a mean value of 2.13%.
Key
Values for GP practices within the selected boundary are shown.
The colours represent the quintiles:
2.96% to 27.11%: 0 practices
2.43% to 2.95%: 4 practices
1.89% to 2.42%: 9 practices
1.19% to 1.88%: 19 practices
0% to 1.18%: 14 practices
Data
Register: 5,010
List size: 339,288
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes./2022-23
Distribution
The chart shows the recorded QOF prevalence of patients with atrial fibrillation for year 2022/23.
England mean: 2.13%
0%
0.5%
1%
1.5%
2%
2.5%
3%
Southall
Norwood Green
North Hyde
Harlington
Sipson
Frogs Ditch
1000 ft
© Crown copyright and database rights 2022 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors

Stroke Prevalence



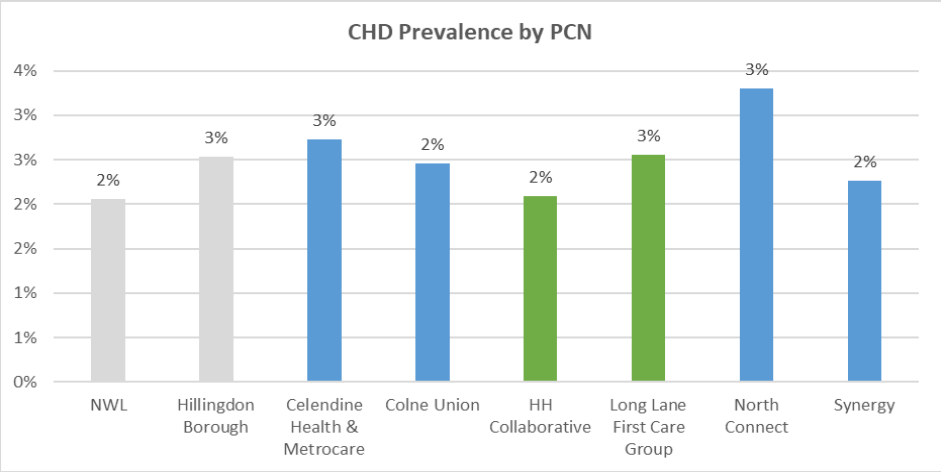


Area	Total registered patients	Number of patients with a stroke diagnosis
North West London ICB	2,848,040	32,772
Hillingdon	342,135	4,525
Celandine Health & Metrocare PCN	63,153	1,027
Colne Union PCN	50,318	614
HH Collaborative PCN	87,944	904
Long Lane First Care Group PCN	41,475	518
North Connect PCN	52,443	911
Synergy PCN	46,802	551

North Connect PCN (1.74%) has the highest prevalence of stroke diagnosis within Hillingdon while HH Collaborative (1.03%) has the lowest. The Borough average is 1.32% which is higher than the NWL average of 1.15%. Celandine Health & MetroCare PCN (0.67%) and Long Lane PCN (0.66%) have the highest percentage of working age adults with a stroke diagnosis within their working age patient population.

Data Source: *WSIC – 31 Jan 2025*

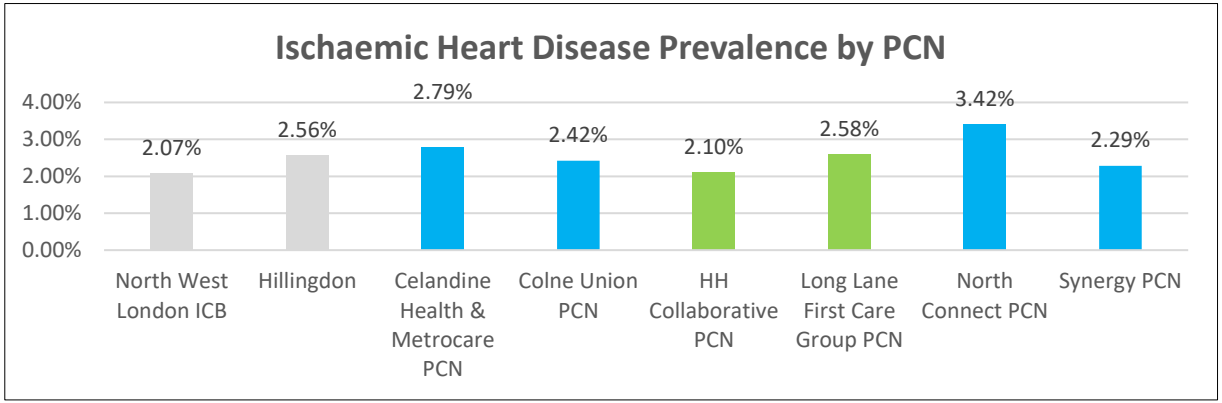
CHD Prevalence

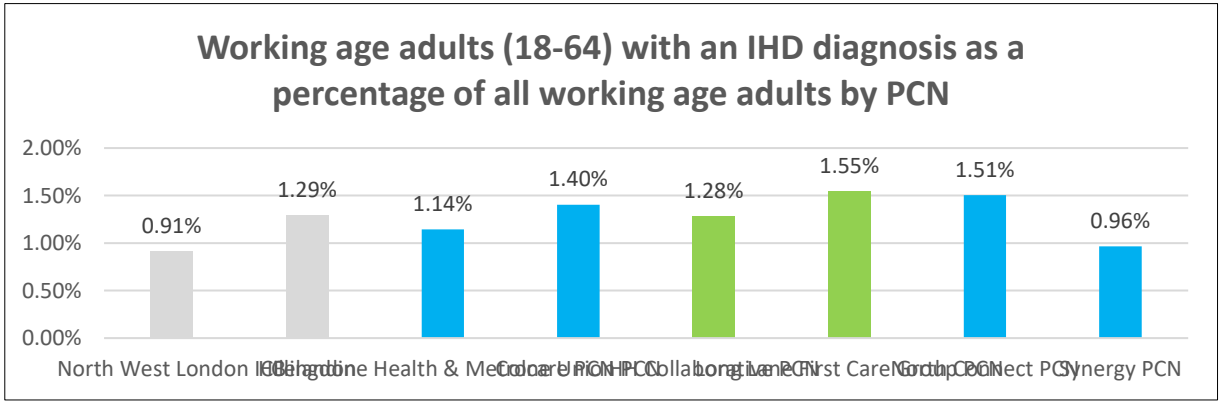


Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of CHD is the same as the Hillingdon Borough for Long Lane PCN although this is slightly higher than NWL average. HH Collaborative is at 2.1% which is the same as the NWL average and lower than the Borough.

Heart Disease Prevalence



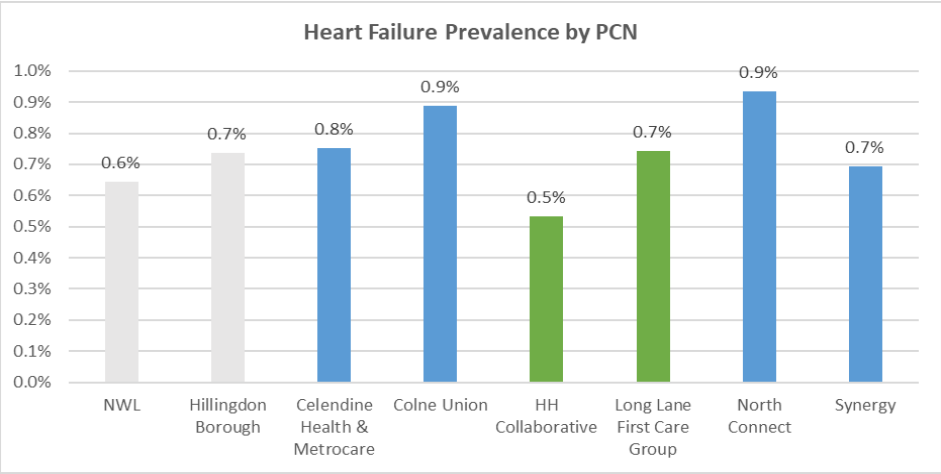


Area	Total registered patients	Number of patients with an IHD diagnosis
North West London ICB	2,848,040	58,882
Hillingdon	342,135	8,758
Celandine Health & Metrocare PCN	63,153	1,760
Colne Union PCN	50,318	1,220
HH Collaborative PCN	87,944	1,846
Long Lane First Care Group PCN	41,475	1,071
North Connect PCN	52,443	1,791
Synergy PCN	46,802	1,070

North Connect PCN (3.42%) has the highest prevalence of IHD within Hillingdon while HH Collaborative (2.10%) has the lowest. The Borough average is 2.56%. All Hillingdon PCNs have an IHD prevalence above the NWL average (2.07%). Long Lane PCN (1.55%) has the highest percentage of working age adults with an IHD diagnosis within their working age patient population.

Data Source: *WSIC – 31 Jan 2025*

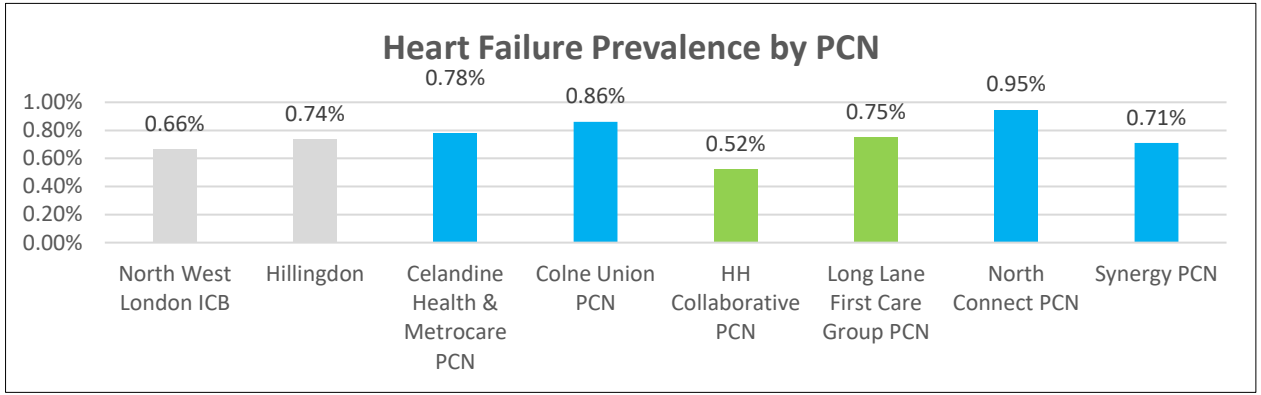
Heart Failure Prevalence

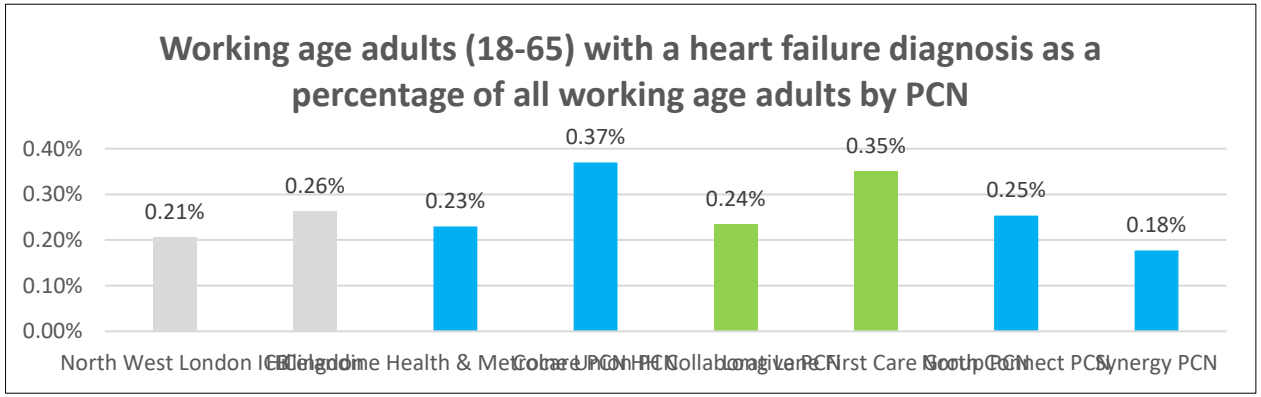


Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of Heart Failure for Long Lane is slightly higher than the NWL average but the same as the Hillingdon Borough.

HF Prevalence



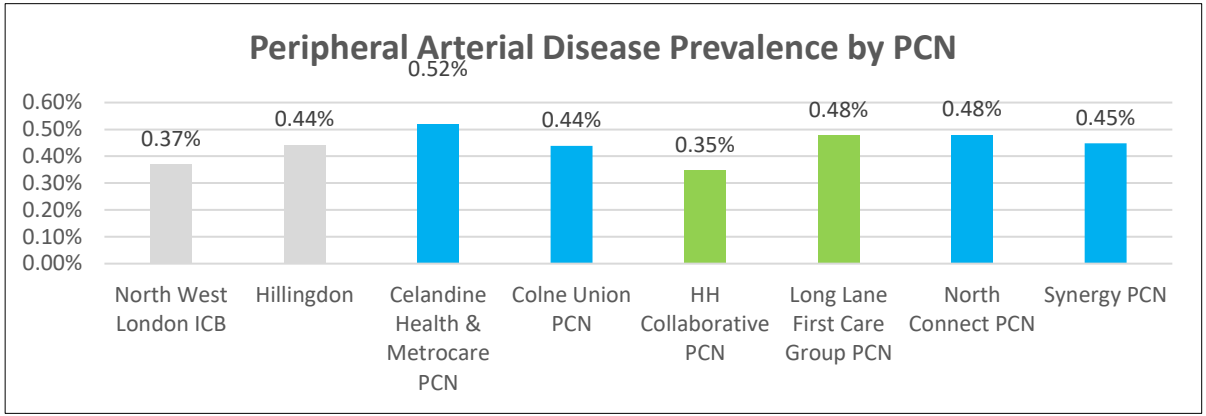


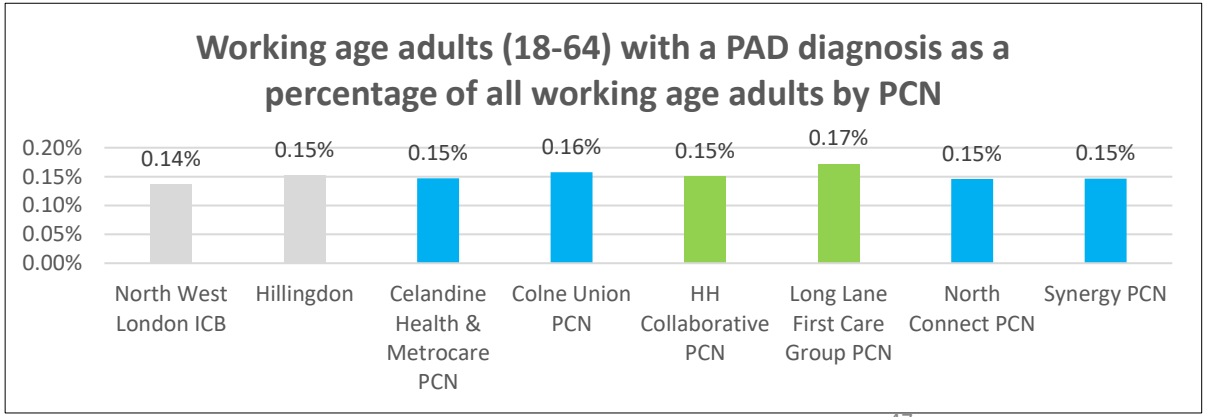
Area	Total registered patients	Number of patients with a heart failure diagnosis
North West London ICB	2,848,040	18,922
Hillingdon	342,135	2,527
Celandine Health & Metrocare PCN	63,153	495
Colne Union PCN	50,318	433
HH Collaborative PCN	87,944	459
Long Lane First Care Group PCN	41,475	311
North Connect PCN	52,443	497
Synergy PCN	46,802	332

North Connect PCN (0.95%) has the highest prevalence of heart failure within Hillingdon while HH Collaborative (0.52%) has the lowest. The Borough average is 0.74% which is higher than the NWL average of 0.66%. Colne Union PCN (0.37%) and Long Lane PCN (0.35%) have the highest percentage of working age adults with a heart failure diagnosis within their working age patient population.

Data Source: *WSIC – 31 Jan 2025*

PAD Prevalence



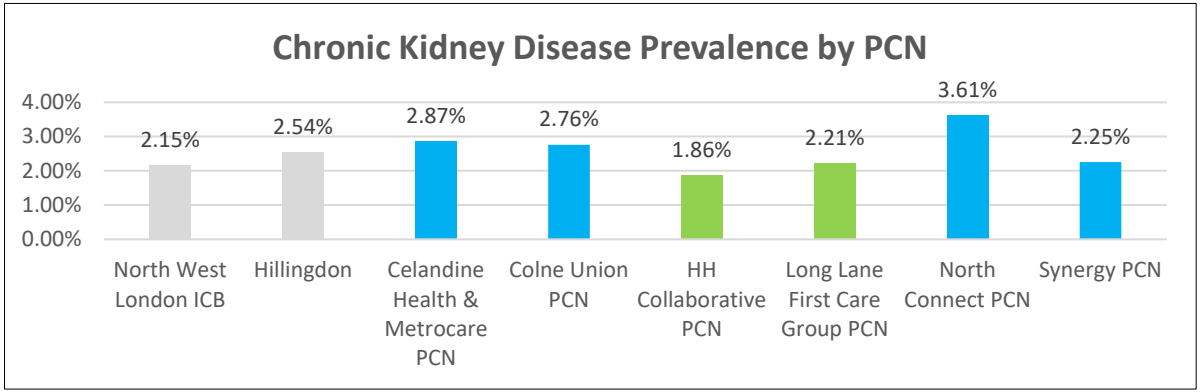


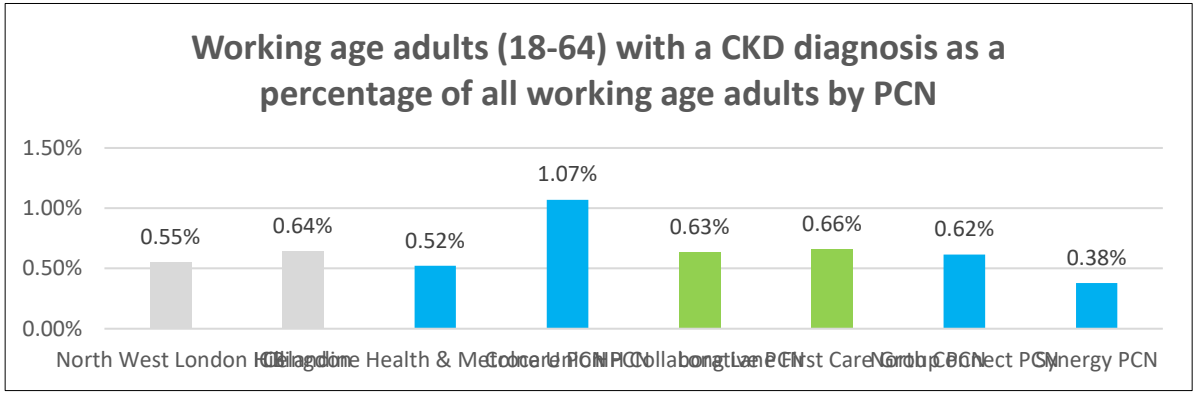
Area	Total registered patients	Number of patients with a PAD diagnosis
North West London ICB	2,848,040	10,534
Hillingdon	342,135	1,516
Celandine Health & Metrocare PCN	63,153	329
Colne Union PCN	50,318	221
HH Collaborative PCN	87,944	306
Long Lane First Care Group PCN	41,475	198
North Connect PCN	52,443	252
Synergy PCN	46,802	210

Celandine Health & MetroCare PCN (0.52%) has the highest prevalence of PAD diagnosis within Hillingdon while HH Collaborative (0.35%) has the lowest. The Borough average is 0.44% which is higher than the NWL average of 0.37%. Long Lane PCN (0.17%) has a slightly higher percentage of working age adults with a PAD diagnosis within their working age patient population than the other Hillingdon PCNs.

Data Source: *WSIC – 31 Jan 2025*

Chronic Kidney Disease (CKD) Prevalence



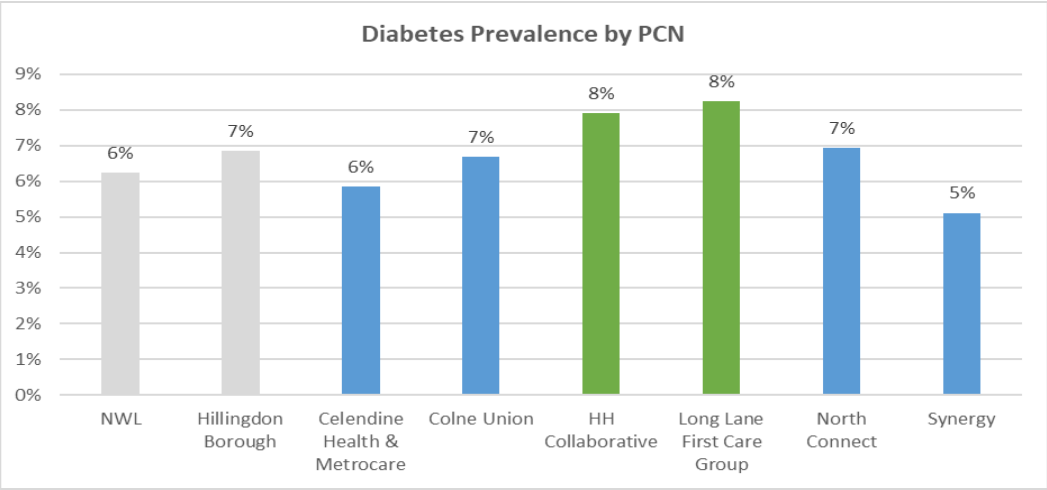


Area	Total registered patients	Number of patients with a CKD diagnosis
North West London ICB	2,848,040	61,299
Hillingdon	342,135	8,702
Celandine Health & Metrocare PCN	63,153	1,813
Colne Union PCN	50,318	1,387
HH Collaborative PCN	87,944	1,636
Long Lane First Care Group PCN	41,475	917
North Connect PCN	52,443	1,895
Synergy PCN	46,802	1,054

North Connect PCN (3.61%) has the highest prevalence of CKD within Hillingdon while HH Collaborative (1.86%) has the lowest. The Borough average is 2.54% which is higher than the NWL average of 2.15%. Colne Union PCN (1.07%) has a higher percentage of working age adults with a CKD diagnosis within their working age patient population than the other Hillingdon PCNs.

Data Source: *WSIC – 31 Jan 2025*

Southeast Neighbourhood – Diabetes Prevalence by PCN



Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of Diabetes within the Hillingdon Borough is 7%, both HH Collaborative (7.9%) & Long Lane (8.2%) have the highest prevalence within the Borough and higher than the NWL average.

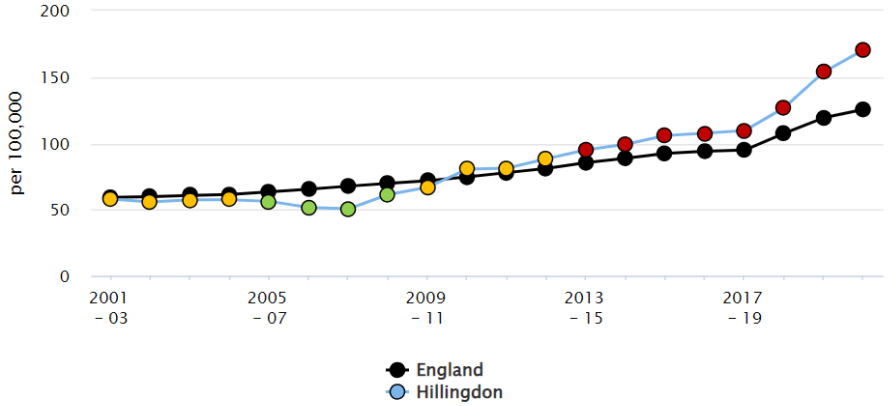
Diabetes mortality

Mortality rate for deaths involving diabetes, all ages (Persons)

Directly standardised rate - per 100,000

Show confidence intervals Show 99.8% CI values

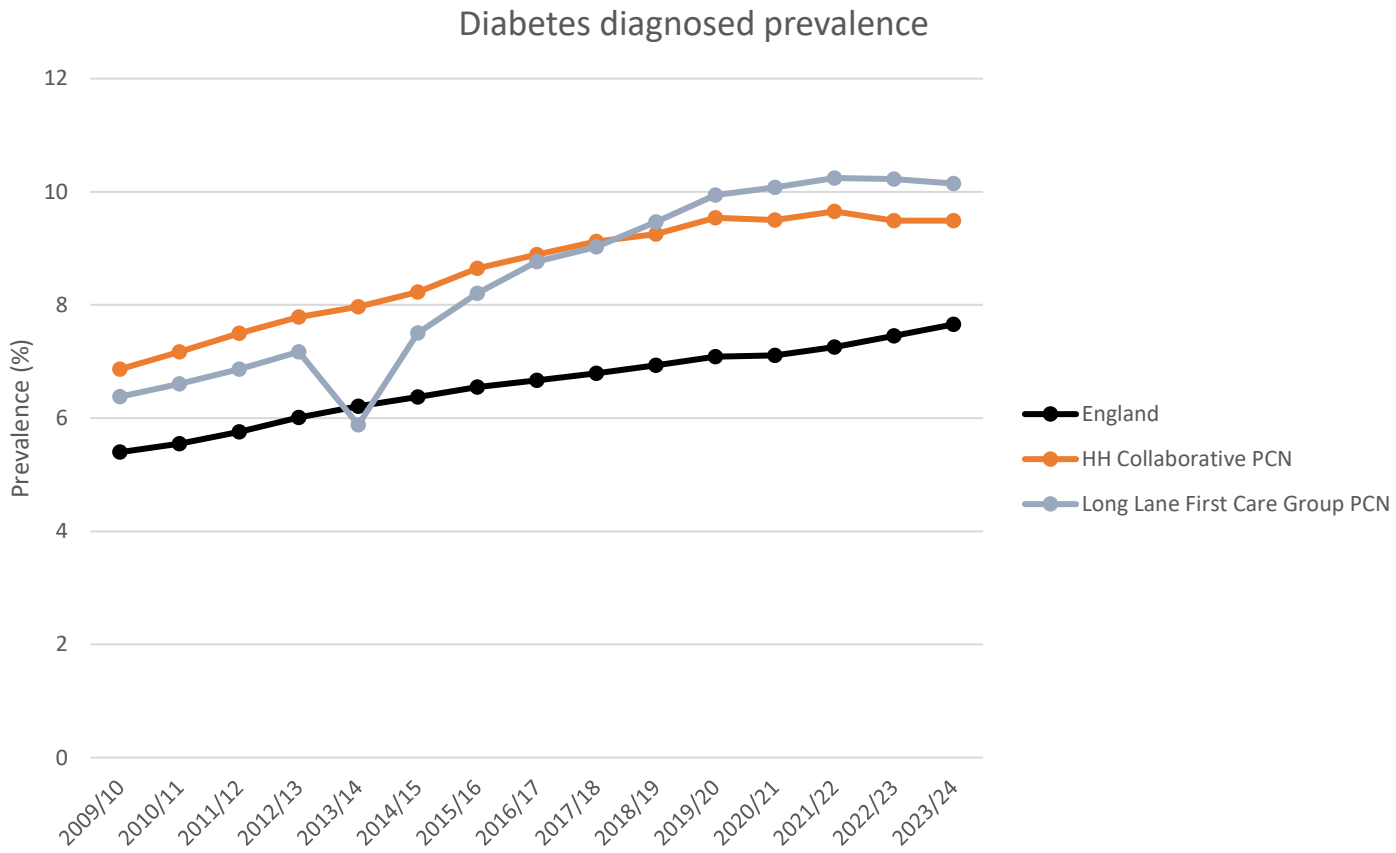
▶ More options



Period		Hillingdon Count	Value	95% Lower CI	95% Upper CI	England
2001 - 03		307	57.9	51.6	64.8	59.1
2002 - 04		297	55.7	49.5	62.5	59.8
2003 - 05		305	57.3	51.0	64.2	60.7
2004 - 06		308	57.5	51.2	64.3	61.3
2005 - 07		302	56.2	50.0	62.9	63.4
2006 - 08		280	51.5	45.6	57.9	65.5
2007 - 09		276	50.6	44.7	56.9	67.7
2008 - 10		340	61.4	55.0	68.3	69.8
2009 - 11		376	66.9	60.2	74.0	71.8
2010 - 12		463	80.6	73.4	88.3	74.6
2011 - 13		474	81.2	74.1	88.9	77.9
2012 - 14		529	88.3	80.9	96.2	81.1
2013 - 15		576	95.1	87.5	103.3	85.4
2014 - 16		613	99.2	91.5	107.5	88.7
2015 - 17		660	105.8	97.8	114.2	92.3
2016 - 18		689	107.6	99.7	116.1	94.0
2017 - 19		716	109.6	101.6	118.0	94.9
2018 - 20		841	126.9	118.4	135.8	107.6
2019 - 21		1,026	153.7	144.4	163.5	119.3
2020 - 22		1,147	170.4	160.6	180.7	125.6

Source: OHID, based on Office for National Statistics data

Diabetes prevalence by PCN



Area

E86632 - Acorn Medical Centre

Group

Long Lane First Care Group PCN

Indicator

Diabetes: QOF prevalence (17+ yrs) Proportion - %

▶ Legend ▶ Benchmark

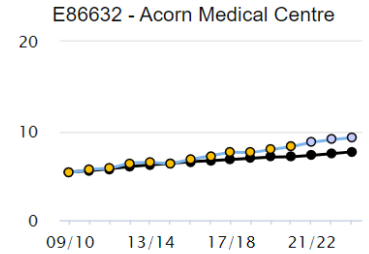
Geography version GPs

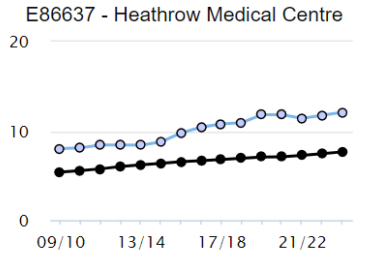
Trends for Selected GP | All areas (grouped)

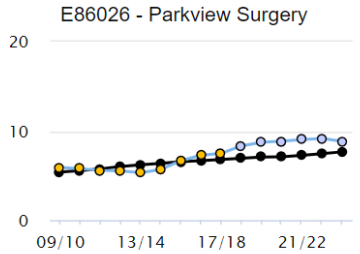
Sort charts by Area name | Latest value

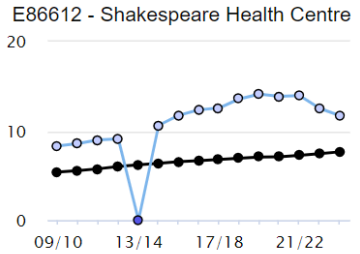
Diabetes: QOF prevalence (17+ yrs)

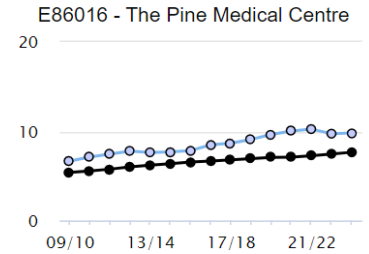
Proportion - %

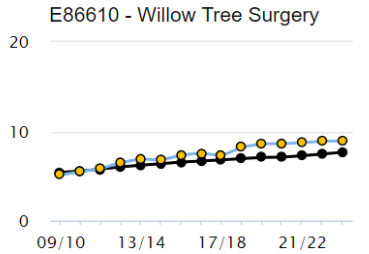


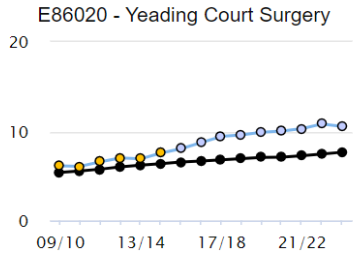












Area

E86038 - Glendale Medical Centre

Group

HH Collaborative PCN

Indicator

Diabetes: QOF prevalence (17+ yrs) Proportion - %

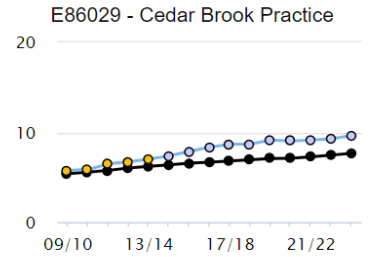
▶ Legend ▶ Benchmark

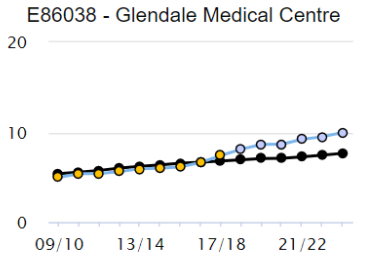
Geography version GPs

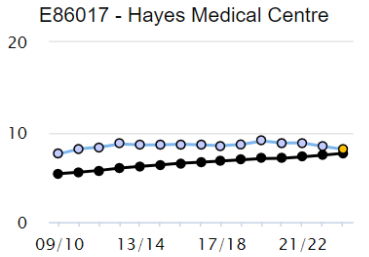
Trends for Selected GP | All areas (grouped) **Sort charts by** Area name | Latest value

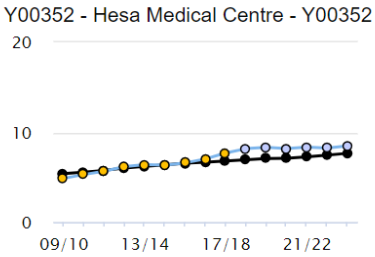
Diabetes: QOF prevalence (17+ yrs)

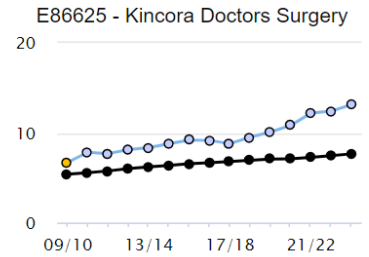
Proportion - %

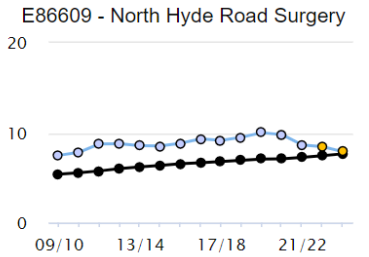


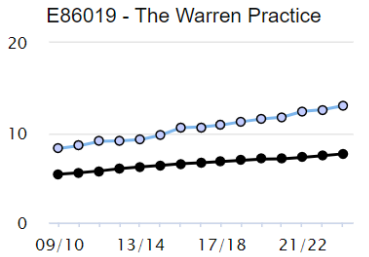


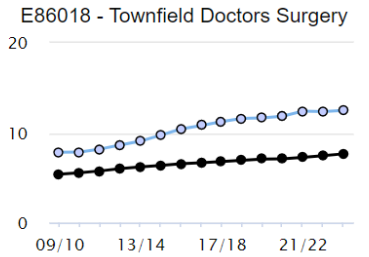


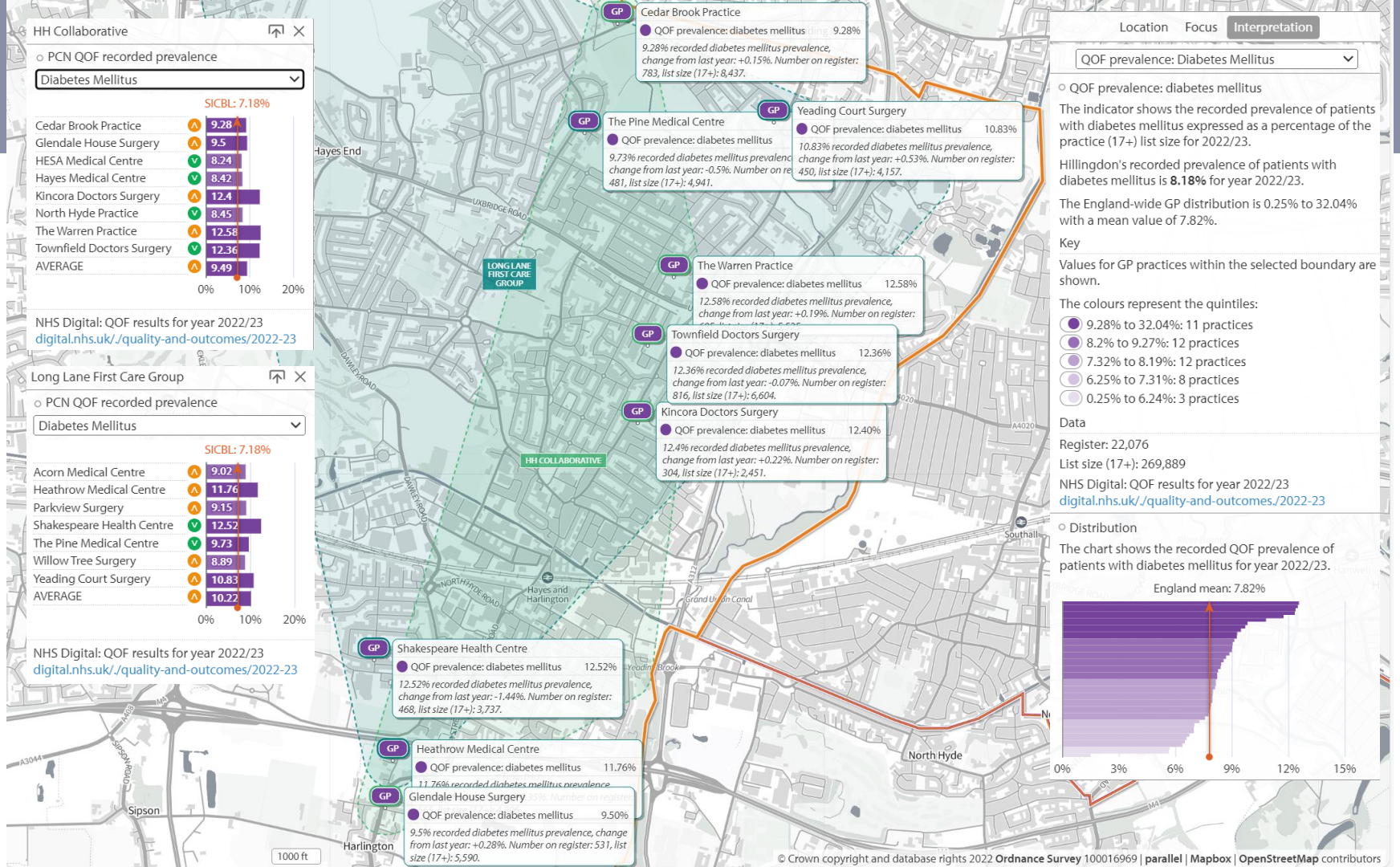




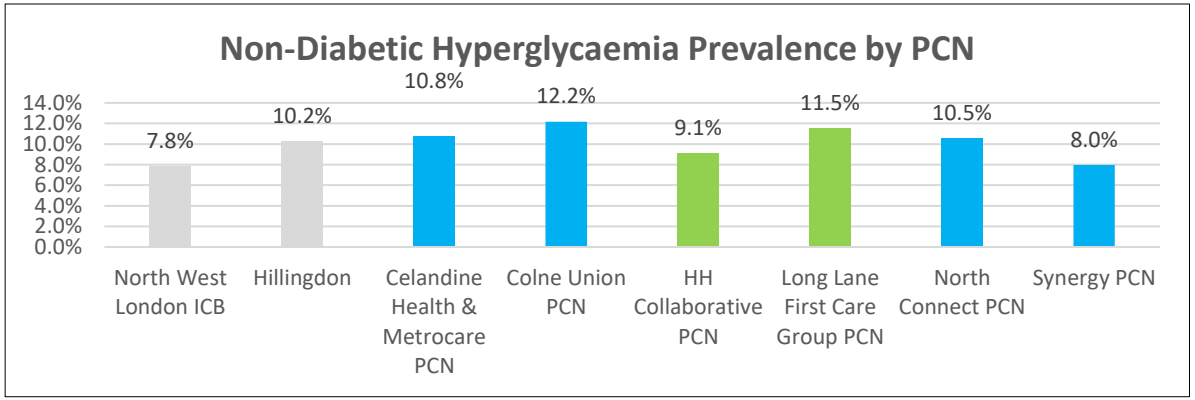


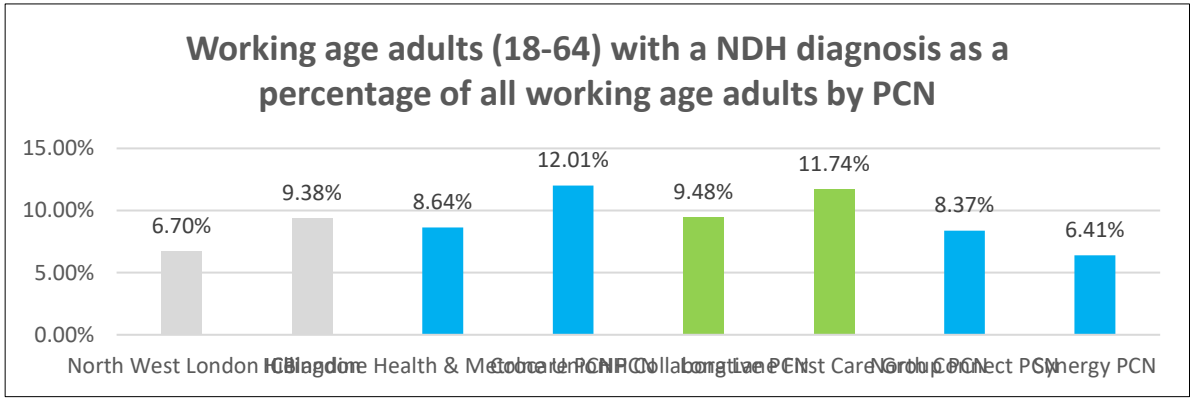





HH Collaborative
PCN QOF recorded prevalence
Diabetes Mellitus
SICBL: 7.18%
Cedar Brook Practice 9.28
Glendale House Surgery 9.5
HESA Medical Centre 8.24
Hayes Medical Centre 8.42
Kincora Doctors Surgery 12.4
North Hyde Practice 8.45
The Warren Practice 12.58
Townfield Doctors Surgery 12.36
AVERAGE 9.49
0% 10% 20%
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23
Long Lane First Care Group
PCN QOF recorded prevalence
Diabetes Mellitus
SICBL: 7.18%
Acorn Medical Centre 9.02
Heathrow Medical Centre 11.76
Parkview Surgery 9.15
Shakespeare Health Centre 12.52
The Pine Medical Centre 9.73
Willow Tree Surgery 8.89
Yeading Court Surgery 10.83
AVERAGE 10.22
0% 10% 20%
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23
GP
Cedar Brook Practice
QOF prevalence: diabetes mellitus 9.28%
9.28% recorded diabetes mellitus prevalence, change from last year: +0.15%. Number on register: 783, list size (17+): 8,437.
The Pine Medical Centre
QOF prevalence: diabetes mellitus
9.73% recorded diabetes mellitus prevalenc
change from last year: -0.5%. Number on re
481, list size (17+): 4,941.
Yeading Court Surgery
QOF prevalence: diabetes mellitus 10.83%
10.83% recorded diabetes mellitus prevalence, change from last year: +0.53%. Number on register: 450, list size (17+): 4,157.
The Warren Practice
QOF prevalence: diabetes mellitus 12.58%
12.58% recorded diabetes mellitus prevalence, change from last year: +0.19%. Number on register:
Townfield Doctors Surgery
QOF prevalence: diabetes mellitus 12.36%
12.36% recorded diabetes mellitus prevalence, change from last year: -0.07%. Number on register: 816, list size (17+): 6,604.
Kincora Doctors Surgery
QOF prevalence: diabetes mellitus 12.40%
12.4% recorded diabetes mellitus prevalence, change from last year: +0.22%. Number on register: 304, list size (17+): 2,451.
Shakespeare Health Centre
QOF prevalence: diabetes mellitus 12.52%
12.52% recorded diabetes mellitus prevalence, change from last year: -1.44%. Number on register: 468, list size (17+): 3,737.
Heathrow Medical Centre
QOF prevalence: diabetes mellitus 11.76%
Glendale House Surgery
QOF prevalence: diabetes mellitus 9.50%
9.5% recorded diabetes mellitus prevalence, change from last year: +0.28%. Number on register: 531, list size (17+): 5,590.
LONG LANE FIRST CARE GROUP
HH COLLABORATIVE
Hayes End
Hayes and Harlington
Harlington
Sipson
North Hyde
Southall
UXBRIDGE ROAD
DAWLEY ROAD
NORTH HYDE ROAD
SIPSON ROAD
Grand Union Canal
Yeading Brook
A4020
A312
A3044
M4
M25
1000 ft
© Crown copyright and database rights 2022 Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors
Location
Focus
Interpretation
QOF prevalence: Diabetes Mellitus
QOF prevalence: diabetes mellitus
The indicator shows the recorded prevalence of patients with diabetes mellitus expressed as a percentage of the practice (17+) list size for 2022/23.
Hillingdon's recorded prevalence of patients with diabetes mellitus is 8.18% for year 2022/23.
The England-wide GP distribution is 0.25% to 32.04% with a mean value of 7.82%.
Key
Values for GP practices within the selected boundary are shown.
The colours represent the quintiles:
9.28% to 32.04%: 11 practices
8.2% to 9.27%: 12 practices
7.32% to 8.19%: 12 practices
6.25% to 7.31%: 8 practices
0.25% to 6.24%: 3 practices
Data
Register: 22,076
List size (17+): 269,889
NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes./2022-23
Distribution
The chart shows the recorded QOF prevalence of patients with diabetes mellitus for year 2022/23.
England mean: 7.82%
0% 3% 6% 9% 12% 15%

Non-Diabetic Hyperglycaemia (NDH) Prevalence





Area	Total registered patients	Number of patients with a NDH diagnosis
North West London ICB	2,848,040	223,428
Hillingdon	342,135	34,978
Celandine Health & Metrocare PCN	63,153	6,811
Colne Union PCN	50,318	6,120
HH Collaborative PCN	87,944	8,028
Long Lane First Care Group PCN	41,475	4,789
North Connect PCN	52,443	5,506
Synergy PCN	46,802	3,724

Colne Union PCN (12.2%) and Long Lane PCN (11.5%) have the highest prevalence of NDH within Hillingdon while Synergy PCN (8.0%) has the lowest. The Borough average is 10.2%. All Hillingdon PCNs have a NDH prevalence higher than the NWL average of 7.8%. Colne Union PCN (12.0%) and Long Lane PCN (11.7%) also have the highest percentage of working age adults with a NDH diagnosis within their working age patient population.

Data Source: *WSIC – 31 Jan 2025*

HH Collaborative

PCN QOF recorded prevalence

Non-diabetic Hyperglycaemia

SICBL: 8.41%

Cedar Brook Practice	10.38
Glendale House Surgery	10.17
HESA Medical Centre	9.65
Hayes Medical Centre	8.41
Kincora Doctors Surgery	9.88
North Hyde Practice	9.46
The Warren Practice	13.91
Townfield Doctors Surgery	14.01
AVERAGE	10.3

0% 10% 20%

NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23

Long Lane First Care Group

PCN QOF recorded prevalence

Non-diabetic Hyperglycaemia

SICBL: 8.41%

Acorn Medical Centre	11.22
Heathrow Medical Centre	16.12
Parkview Surgery	8.63
Shakespeare Health Centre	17.32
The Pine Medical Centre	12.76
Willow Tree Surgery	14.1
Yeading Court Surgery	9.11
AVERAGE	12.39

0% 20%

NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes/2022-23

Cedar Brook Practice
QOF prevalence: non-diabetic hyperglycaemia 10.38%
10.38% recorded non-diabetic hyperglycaemia prevalence, change from last year: +1.17%. Number on register: 857, list size (18+): 8,255.

The Pine Medical Centre
QOF prevalence: non-diabetic hyperglycaemia
12.76% recorded non-diabetic hyperglycaemia prevalence, change from last year: +1.76%. Number on register: 620, list size (18+): 4,858.

Yeading Court Surgery
QOF prevalence: non-diabetic hyperglycaemia 9.11%
9.11% recorded non-diabetic hyperglycaemia prevalence, change from last year: [illegible]. Number on register: 371, list size (18+): 4,0[illegible].

Parkview Surgery
QOF prevalence: non-diabetic hyperglycaemia 8.63%
8.63% recorded non-diabetic hyperglycaemia prevalence, change from last year: +0.91%. Number on register: 532, list size (18+): 6,163.

Willow Tree Surgery
QOF prevalence: non-diabetic hyperglycaemia 14.10%
14.1% recorded non-diabetic hyperglycaemia prevalence, change from last year: +1.71%. Number on register: 365, list size (18+): 2,588.

The Warren Practice
QOF prevalence: non-diabetic hyperglycaemia 13.91%
13.91% recorded non-diabetic hyperglycaemia prevalence, change from last year: +1.09%. Number on register: 753, list size (18+): 5,412.

Tow[illegible]
QOF prevalence: non-diabetic hyperglycaemia 14.01%
14.01% recorded non-diabetic hyperglycaemia prevalence, change from last year: +1.93%. Number on register: 906, list size (18+): 6,466.

K[illegible]
QOF prevalence: non-diabetic hyperglycaemia 9.88%
9.88% recorded non-diabetic hyperglycaemia prevalence, change from last year: +2.28%. Number on register: 239, list size (18+): 2,419.

HESA Medical Centre
QOF prevalence: non-diabetic hyperglycaemia 9.65%
9.65% recorded non-diabetic hyperglycaemia prevalence, change from last year: +0.49%. Number on register: 1,478, list size (18+): 15,312.

Hayes Medical Centre
QOF prevalence: non-diabetic hyperglycaemia 8.41%
8.41% recorded non-diabetic hyperglycaemia prevalence, cha[illegible] on register: 1,23[illegible]

Shakespeare Health Centre
QOF prevalence: non-diabet[illegible] hyperglycaemia
17.32% recorded non-diabetic hyperglycaemia prevalence, change from last year: +5.49%. Number on register: 638, list size (18+): 3,683.

North Hyde Practice
QOF prevalence: non-diabetic hyperglycaemia 9.46%
9.46% recorded non-diabetic hyperglycaemia prevalence, change from last year: +0.91%. Number on register: 549, list size (18+): 5,805.

Heathrow Medical Centre
QOF prevalence: non-diabetic hyperglycaemia 16.12%
16.12% recorded non-diabetic hyperglycaemia prevalence, change from last year: +2.86%. Number on register: 763, list size (18+): 4,733.

10.17% recorded non-diabetic hyperglycaemia prevalence, change from last year: +0.59%. Number on register: 561, list size (18+): 5,517.

Hayes End
LONG LANE FIRST CARE GROUP
HH COLLABORATIVE
Dormer
Southall
Norwood Green
North Hyde
Sipson
Harlington
1000 ft
DAWLEY ROAD
NORTHHYDE ROAD
NORWOOD ROAD
SIPSON ROAD
A4020
M4

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Location Focus Interpretation

QOF prevalence: Non-diabetic Hyperglycaemi

QOF prevalence: non-diabetic hyperglycaemia

The indicator shows the recorded prevalence of patients with non-diabetic hyperglycaemia expressed as a percentage of the practice (18+) list size for 2022/23.

Hillingdon's recorded prevalence of patients with non-diabetic hyperglycaemia is **11.11%** for year 2022/23.

The England-wide GP distribution is 0.08% to 28.6% with a mean value of 7.2%.

The value falls in the upper quintile.

Key

Values for GP practices within the selected boundary are shown.

The colours represent the quintiles:

- 10.07% to 28.6%: 28 practices
- 7.95% to 10.06%: 10 practices
- 6.13% to 7.94%: 5 practices
- 4.09% to 6.12%: 0 practices
- 0.08% to 4.08%: 3 practices

Data

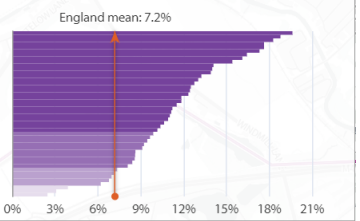
Register: 29,530

List size (18+): 265,846

NHS Digital: QOF results for year 2022/23
digital.nhs.uk/./quality-and-outcomes./2022-23

Distribution

The chart shows the recorded QOF prevalence of patients with non-diabetic hyperglycaemia for year 2022/23.



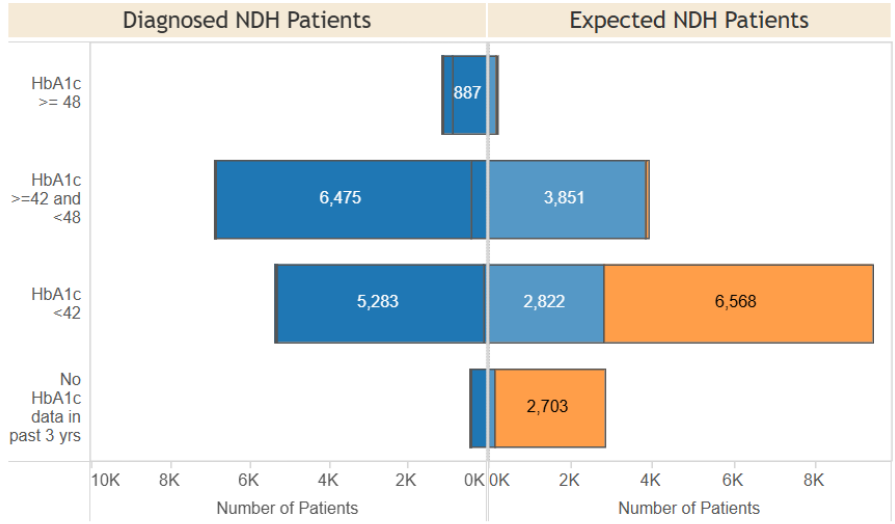
Diabetes – expected undiagnosed cases

Non-Diabetic Hyperglycaemia

NDH patients	Expected NDH	Actual vs Expected NDH
12,481	16,428	76.0%

Compare diagnosed NDH population to...

Population at risk of NDH (risk score > 5.6)

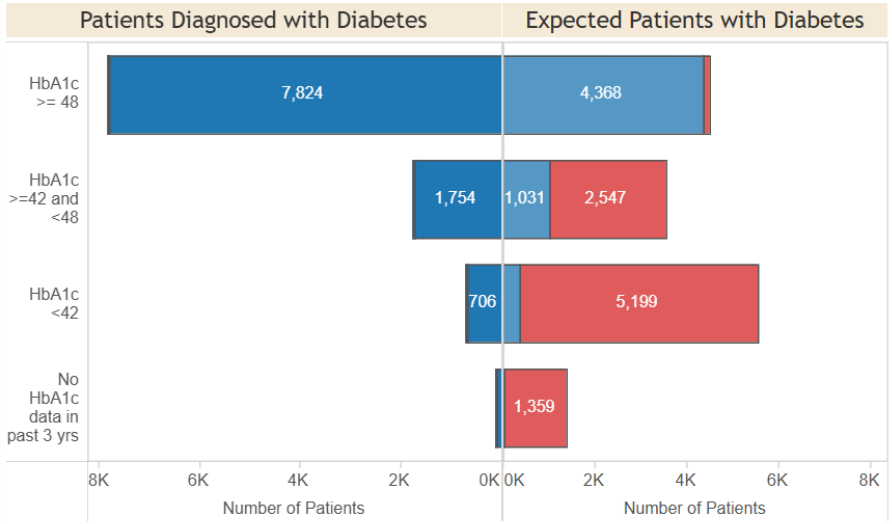


Diabetes

Diagnosed diabetes population	Predicted diabetes population	Actual vs Expected Diabetes
10,411	15,044	69.2%

Risk Threshold (Diabetes)

6.05



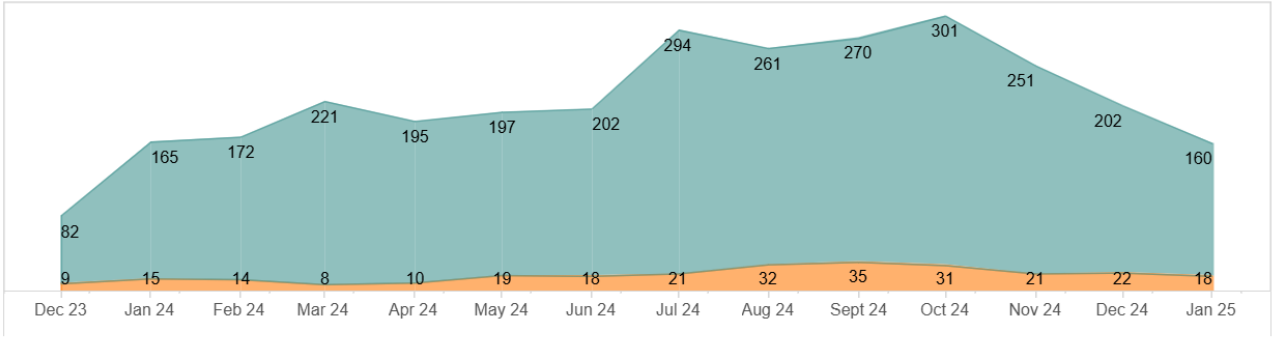
Data source: *WSIC de-ident, January 2025*

Diabetes – complications

Total population

	Diagnosed <2 years	Diagnosed +2 years	Grand Total
Type 1	5	56	61
Type 2	173	1,808	1,981
Autosomal domin..			
LADA		1	1
NOS	3	31	34
Remission		3	3
Other	92	1,074	1,166
Grand Total	273	2,973	3,246

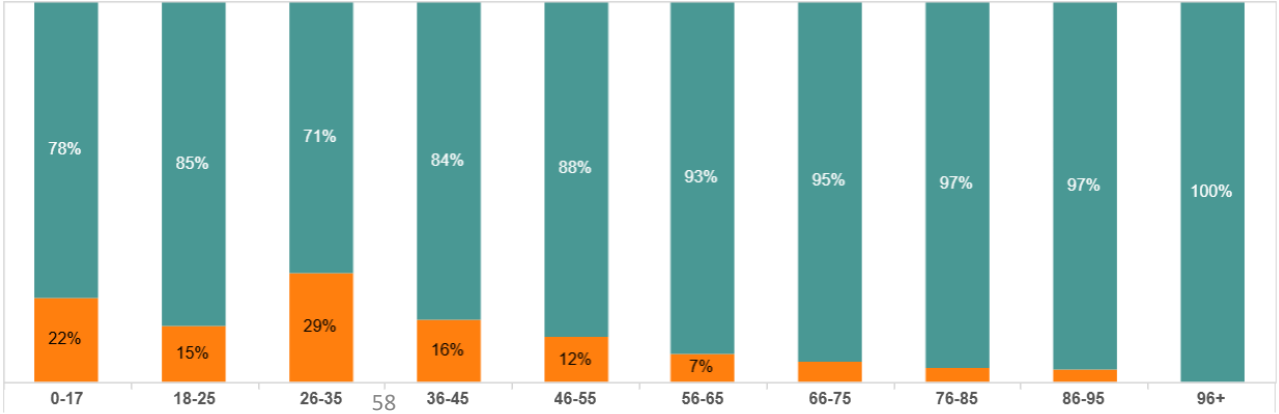
Diabetes patients based on last date of complication recorded



Diabetes patients with complications

Retinopathy	2,574
Angina	174
Diabetic Nephropathy	115
Diabetic Foot Disease	97
Neuropathy	90
Myocardial Infarction	52
Stroke and Transient Ischaemic Attack	38
Heart Failure	37
Coronary Heart Disease	33
Peripheral Arterial Disease	19
TIA	17

Percentage of patients with complications by Age Group



Data source: *WSIC de-ident, January 2025*

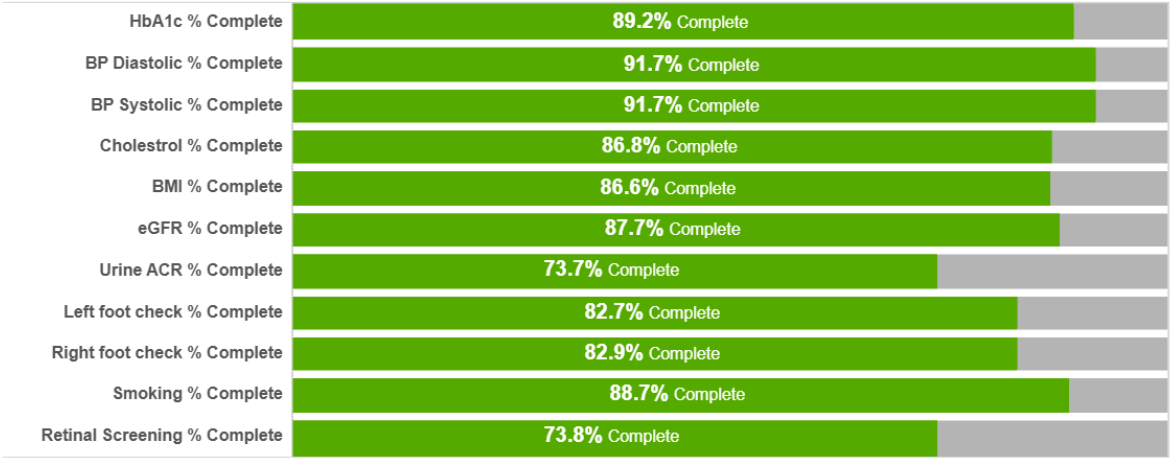
Diabetes – 9 key care processes (overview)

5,481 Diabetes patients **(52.6%)** had 9 key care processes completed in the last 12 month(s)

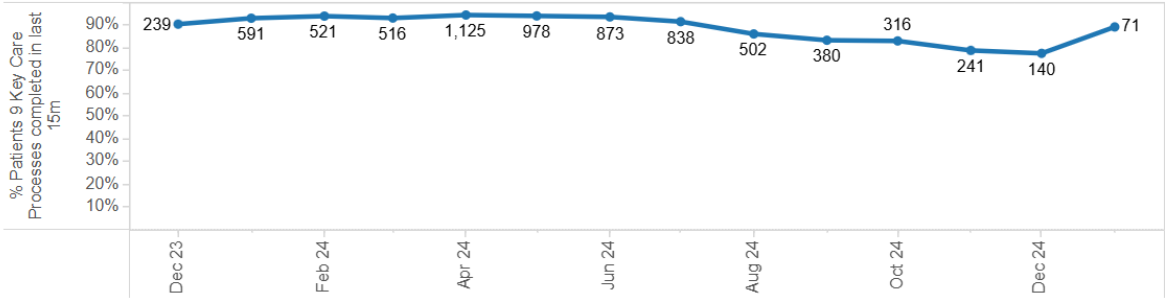
Total population

	Diagnosed <2 years	Diagnosed +2 years	Grand Total
Type 1	31	210	241
Type 2	1,311	7,133	8,444
Autosomal dominant	2		2
LADA		3	3
NOS	9	50	59
Remission	5	32	37
Other	155	1,479	1,634
Grand Total	**1,513**	**8,907**	**10,420**

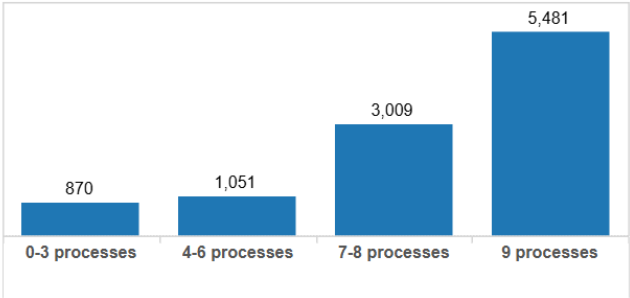
Percentage completion of Key Care Processes (in last 12m)



Care Processes Trend

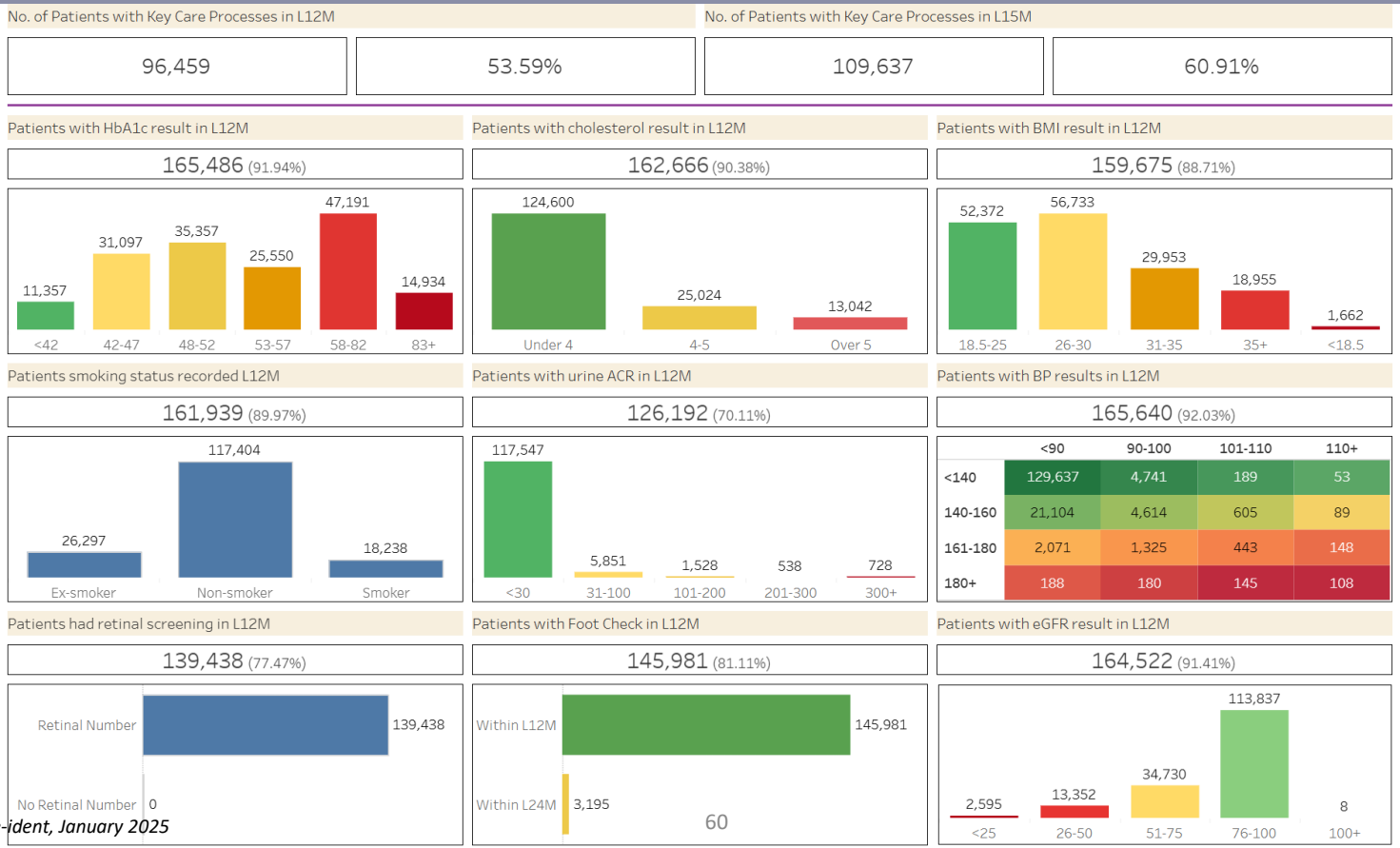


Diabetes patients by number of processes complete



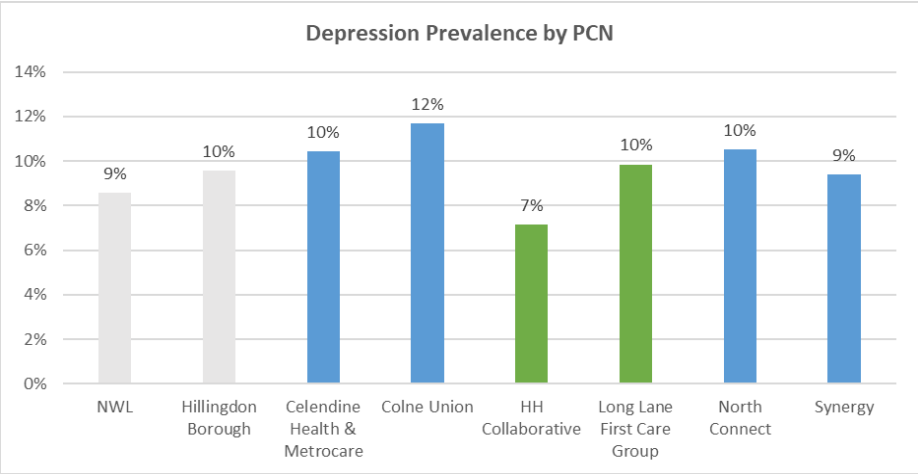
Data source: *WSIC de-ident, January 2025*

Diabetes – 9 key care processes (breakdown)



Data source: *WSIC de-ident, January 2025*

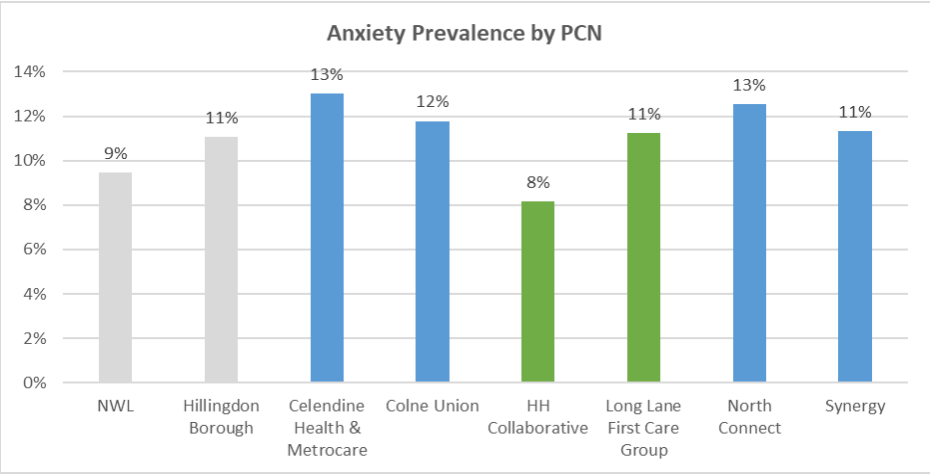
Depression Prevalence



Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of Depression is lower than the Borough and NWL average for HH Collaborative PCN but slightly higher than the NWL average for Long Lane PCN.

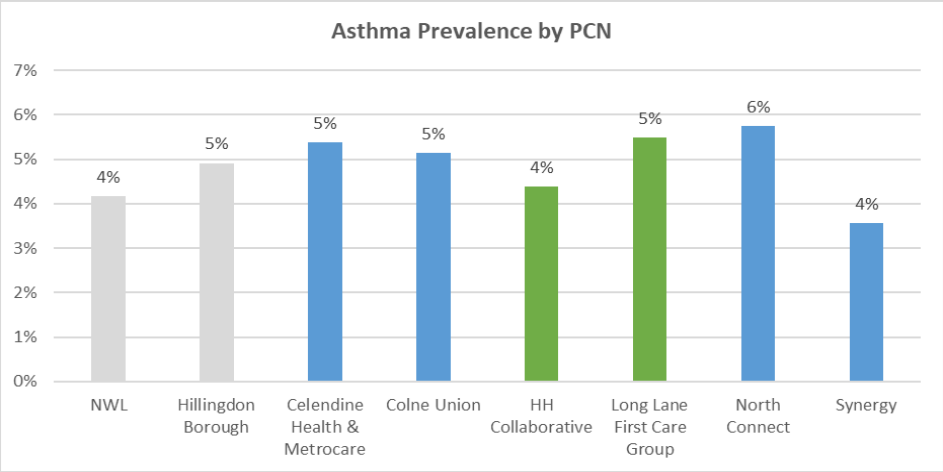
Anxiety Prevalence



Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of Anxiety is the same as the Hillingdon Borough average for Long Lane PCN but lower for HH Collaborative.

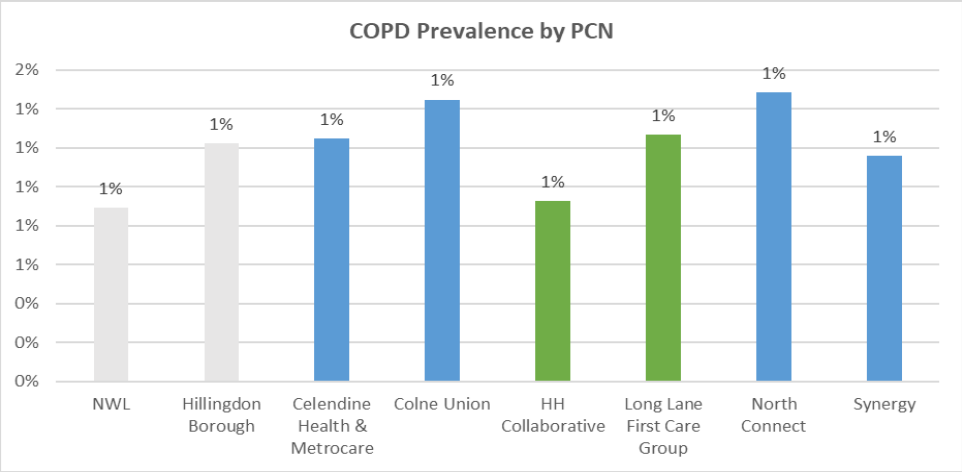
Asthma Prevalence



***Data Source**: WSIC de-Ident, Jul 2024 data*

The prevalence of Asthma for Long Lane PCN is 5.5% which is the 2nd highest within the Borough behind North Connect, this is also higher than the NWL average (4.2%) and the Borough average of 4.9%.

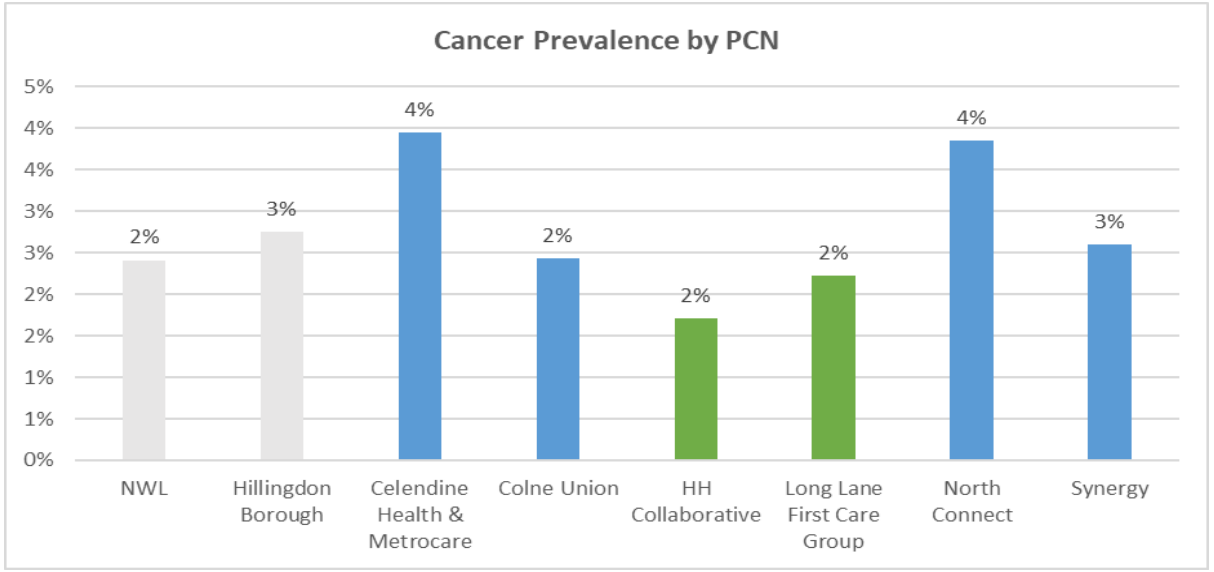
COPD Prevalence



***Data Source**: WSIC de-Ident, Jul 2024 data*

The prevalence of COPD for HH Collaborative is 0.9% and 1.3% for Long Lane, which is slightly higher than the Borough average.

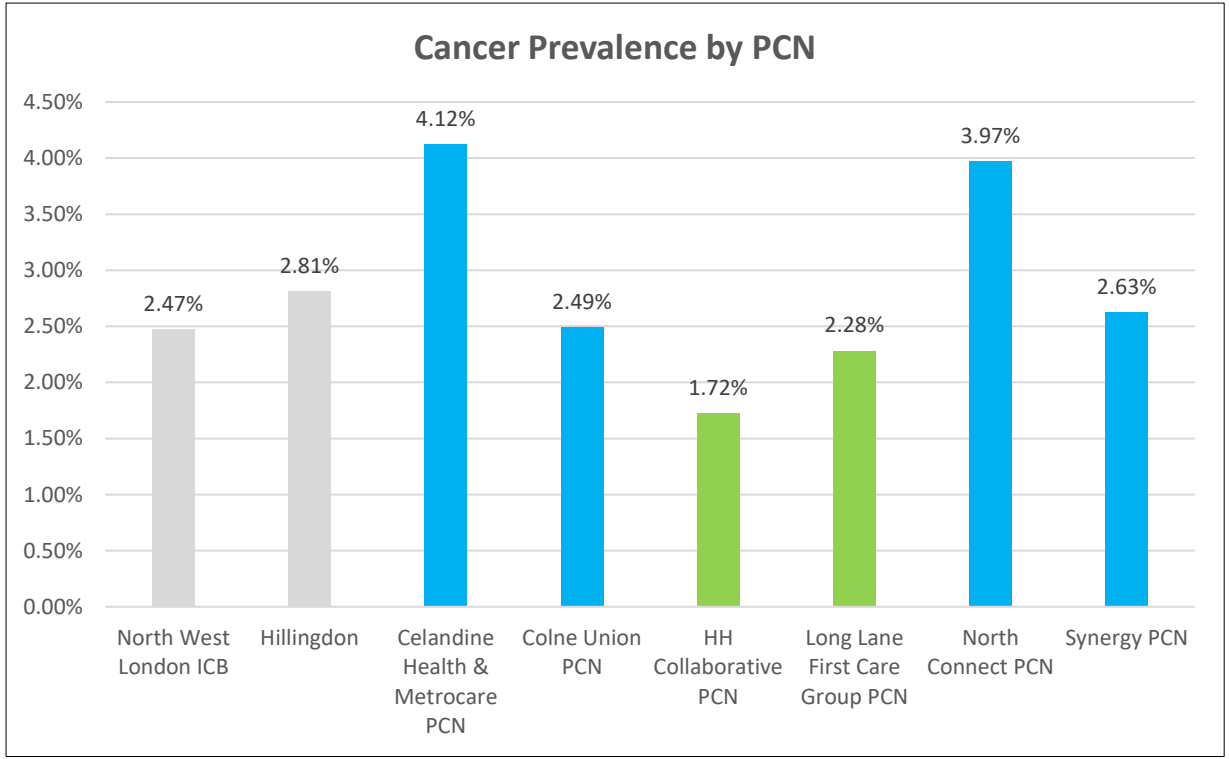
Cancer Prevalence



Data Source: *WSIC de-Ident, Jul 2024 data*

The prevalence of Cancer for HH Collaborative and Long Lane PCNs is lower than the Borough and NWL average.

Cancer Prevalence

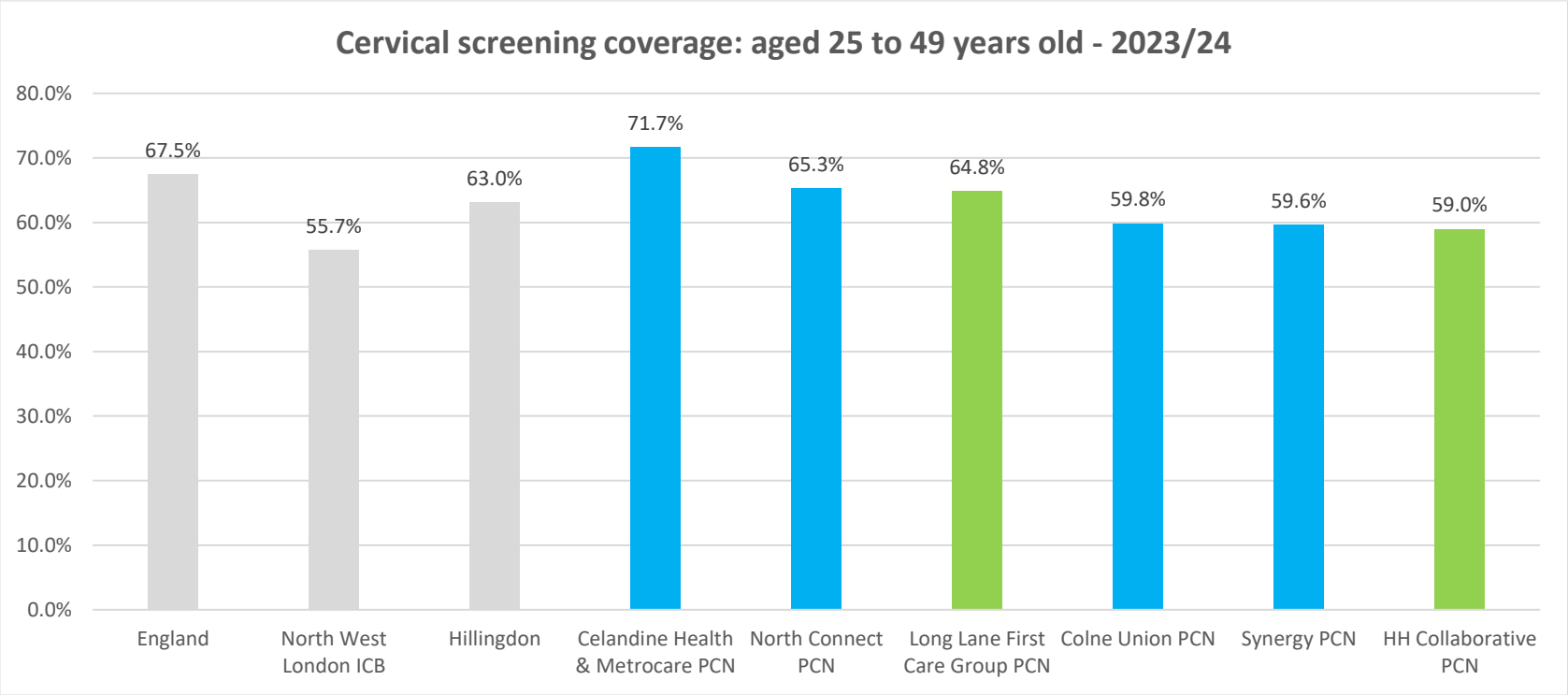


Area	Total registered patients	Number of patients with a cancer diagnosis
North West London ICB	2,848,040	70,458
Hillingdon	342,135	9,628
Celandine Health & Metrocare PCN	63,153	2,602
Colne Union PCN	50,318	1,252
HH Collaborative PCN	87,944	1,516
Long Lane First Care Group PCN	41,475	946
North Connect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

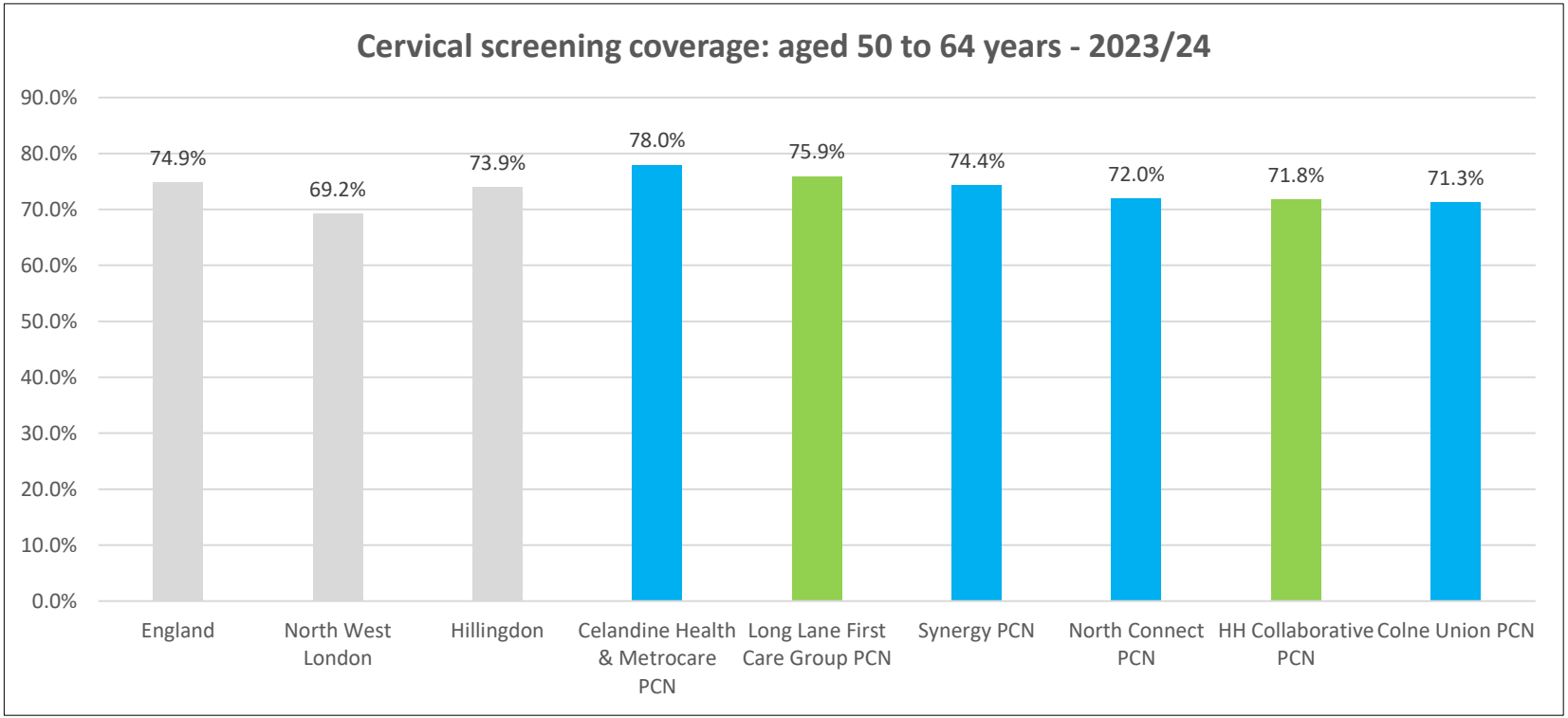
Data Source: *WSIC – 31 Jan 2025*

Cervical Cancer Screening



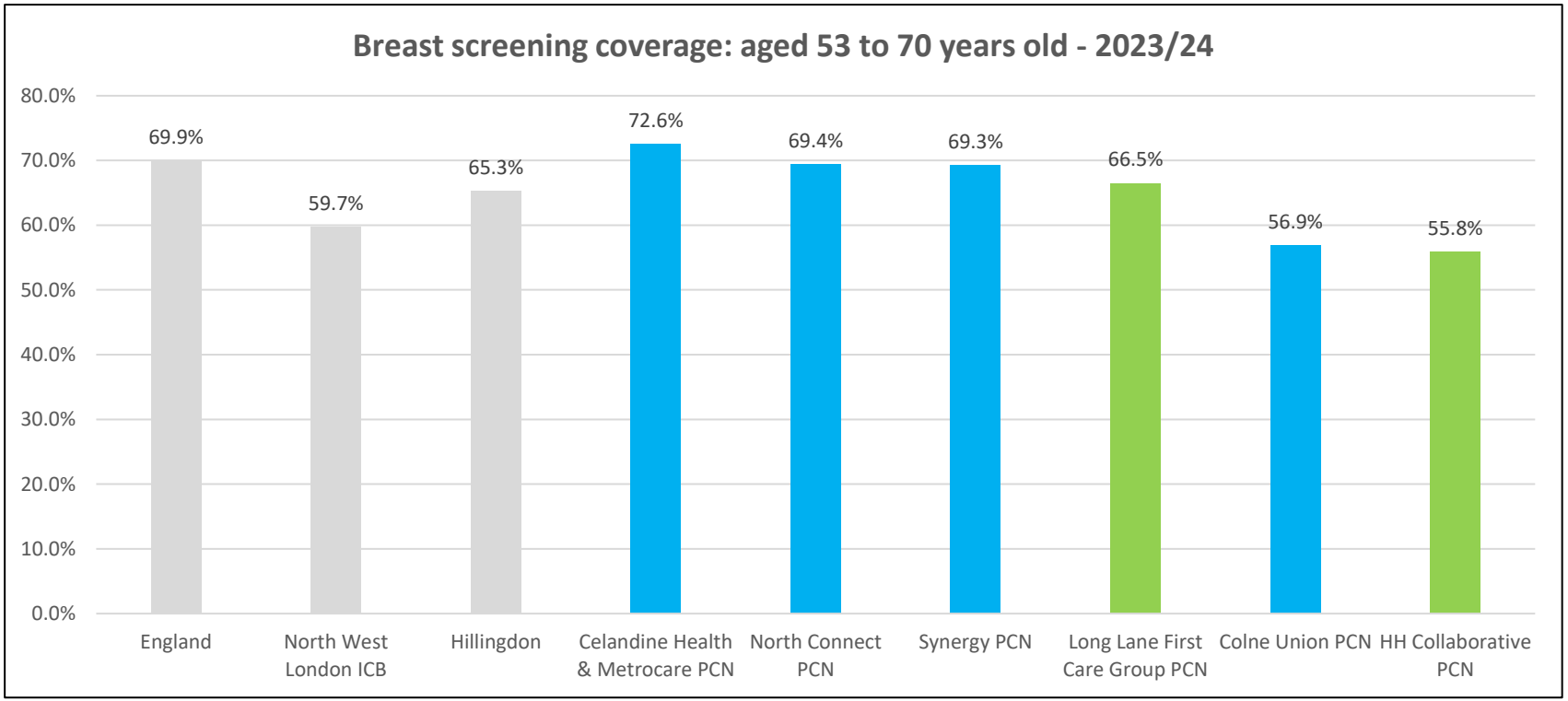
Data Source: *DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025*

Cervical Cancer Screening



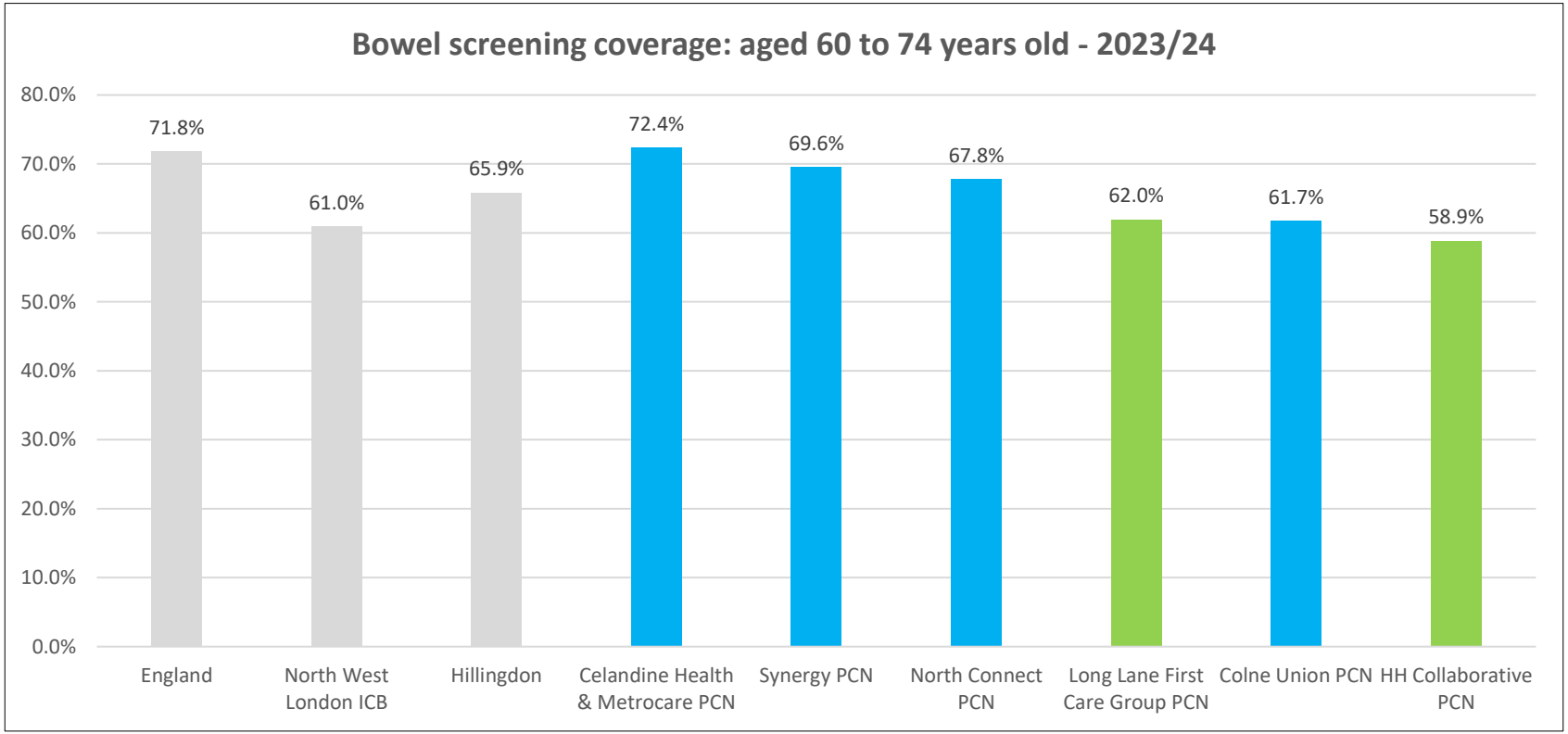
Data Source: *DHSC Fingertips Public Health Profiles: data for 2023/24 last accessed 10/2/2025*

Breast Cancer Screening



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

Bowel Cancer Screening



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

Other available data

- Trends over time (available for QOF data at practice level on Fingertips)
- CVD treatment/monitoring indicators (some are listed on the next slide)
- 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?

CVD treatment/monitoring-related indicators

CHD005 - For patients with CHD, a record that aspirin, APT or ACT is taken exists (denominator incl. PCAs)

CHD008 - Last BP reading of patients (<80 yrs, with CHD) in the last 12 months is <= 140/90 mmHg (denominator incl. PCAs)

CHD009 - Last BP reading of patients (80+ yrs, with CHD) in the last 12 months is <= 150/90 mmHg (denominator incl. PCAs)

HF003 - Heart failure w LVSD: treated with ACE-I or ARB (denominator incl. PCAs)

HF005 - Patients' heart failure diagnosis confirmed by an ECG or specialist assessment (denominator incl. PCAs)

HF006 - Patients with heart failure due to LVSD treated with beta-blockers (denominator incl. PCAs)

HF007 - Patients with heart failure who had a review in the last 12 months, including the assessment of functional capacity (denominator incl. PCAs)

AF006 - Stroke risk of patients with AF assessed with CHA2DS2-VASc (denominator incl. PCAs)

AF007 - Patients with AF who are treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (denominator incl. PCAs)

STIA007 - For patients with stroke a record exists that an anti-platelet agent or an anti-coagulant is taken (denominator incl. PCAs)

STIA010 - Last BP reading of patients (<80 yrs, with a history of stroke or TIA) in the last 12 months is <= 140/90 mmHg (denominator incl. PCAs)

STIA011 - Last BP reading of patients (80+ yrs, with a history of stroke or TIA) in the last 12 months is <= 150/90 mmHg (denominator incl. PCAs)

HYP003 - Last BP reading of patients (<80 yrs, with hypertension), in the last 12 months is <= 140/90 mmHg (denominator incl. PCAs)

HYP007 - Last BP reading of patients (80+ yrs, with hypertension), in the last 12 months is <= 150/90 mmHg (denominator incl. PCAs)

Hypertension patients with a recent blood pressure reading

Hypertension patients treated to appropriate threshold

Patients with QRISK ≥ 20% treated with lipid lowering therapy

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