



Hillingdon Pharmaceutical Needs Assessment 2022

Appendix 2: Epidemiology

October 2022

Pharmaceutical Needs Assessment 2022

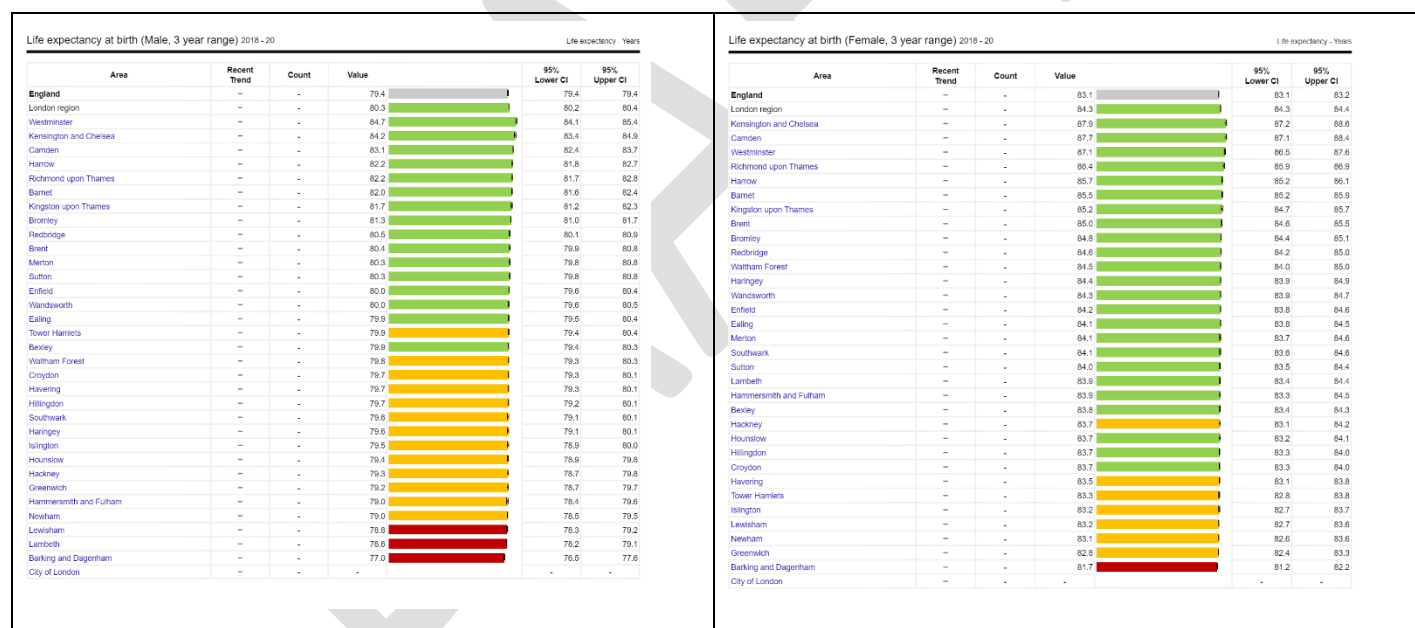
Data used in this chapter is based on existing wards, not the new structure as per the Boundary Commission review due May 2022.

1. Life expectancy

Life expectancy is the number of years a person is expected to live given the age and sex specific mortality rates that are currently experienced by the population.

Comparing regions within England & Wales the gap is 3.0 years for males (the lowest is the North-East at 77.6, compared with the highest in the South-East of 80.6) and 2.8 years for females (the lowest is the North-East at 81.5, compared with the highest in London of 84.3).

Comparing all London boroughs, the gap between the borough with the highest and lowest life expectancy is 7.7 years for males (Barking & Dagenham has the lowest life expectancy at 77.0 and Westminster has the highest at 84.7) and 6.2 years for females (Barking & Dagenham has the lowest at 81.7 and Kensington & Chelsea has the highest at 87.9). For males, Hillingdon is ranked 20th within London, for females we are ranked 24th:



Hillingdon's male and female life expectancy from birth is 79.7 and 83.7 respectively (based on 2018-20 data), a similar number of years as the England average for both genders (79.4 and 83.1 respectively) and the London average for both genders (80.3 and 84.3 respectively).

However, there are inequalities within the Borough at ward level. From the 2015-19 data, the gap in male life expectancy between Eastcote & East Ruislip and Botwell and Harefield is 7.6 years and the gap in female life expectancy between Eastcote & East Ruislip and Botwell is 6.3 years.

Area	Count	Value		95% Lower CI	95% Upper CI
England	-	79.7	<div></div>	79.6	79.7
Hillingdon	-	80.4	<div></div>	80.1	80.7
Eastcote and East Ruislip	-	84.5	<div></div>	82.9	86.1
Cavendish	-	83.3	<div></div>	81.7	84.8
Ickenham	-	83.1	<div></div>	81.4	84.7
Manor	-	82.4	<div></div>	80.6	84.3
Northwood Hills	-	81.9	<div></div>	80.2	83.5
West Ruislip	-	81.8	<div></div>	80.4	83.2
Northwood	-	81.2	<div></div>	79.2	83.1
Pinkwell	-	81.1	<div></div>	79.2	82.9
South Ruislip	-	81.0	<div></div>	79.6	82.5
Barnhill	-	80.8	<div></div>	78.8	82.7
Yeadon	-	80.6	<div></div>	78.8	82.4
Heathrow Villages	-	80.4	<div></div>	78.4	82.4
Charville	-	80.4	<div></div>	79.0	81.9
Hillingdon East	-	80.4	<div></div>	78.8	82.0
Uxbridge North	-	80.1	<div></div>	78.8	81.5
Uxbridge South	-	79.3	<div></div>	77.5	81.0
Brunel	-	79.0	<div></div>	77.0	80.9
Yiewsley	-	77.9	<div></div>	76.3	79.6
Townfield	-	77.5	<div></div>	76.0	79.0
Harefield	-	77.1	<div></div>	75.1	79.1
West Drayton	-	77.0	<div></div>	75.6	78.4
Botwell	-	76.9	<div></div>	75.6	78.1

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

Area	Count	Value		95% Lower CI	95% Upper CI
England	-	83.2	<div></div>	83.2	83.3
Hillingdon	-	83.9	<div></div>	83.6	84.2
Eastcote and East Ruislip	-	86.7	<div></div>	85.3	88.2
Ickenham	-	86.5	<div></div>	84.9	88.2
Heathrow Villages	-	86.4	<div></div>	83.7	89.1
South Ruislip	-	86.2	<div></div>	84.7	87.7
Northwood Hills	-	86.2	<div></div>	84.9	87.5
Northwood	-	85.2	<div></div>	83.5	86.8
Uxbridge North	-	85.1	<div></div>	83.8	86.5
Manor	-	84.7	<div></div>	83.4	86.0
Cavendish	-	84.4	<div></div>	83.2	85.7
Pinkwell	-	84.3	<div></div>	82.7	86.0
Hillingdon East	-	84.1	<div></div>	82.8	85.5
Barnhill	-	83.9	<div></div>	82.1	85.7
Brunel	-	83.6	<div></div>	82.1	85.1
West Ruislip	-	83.5	<div></div>	82.1	85.0
Yeadon	-	83.3	<div></div>	81.8	84.7
Yiewsley	-	83.1	<div></div>	81.4	84.8
Charville	-	82.7	<div></div>	81.1	84.3
Uxbridge South	-	82.1	<div></div>	80.3	83.8
Harefield	-	81.6	<div></div>	80.1	83.1
West Drayton	-	81.3	<div></div>	80.1	82.5
Townfield	-	80.9	<div></div>	79.4	82.3
Botwell	-	80.4	<div></div>	79.3	81.6

Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

2. Mortality

Mortality is the term used for the number of people who die within a population. Age at death and cause of death provide an indication of health status of a given population. Information on trends of death (by causes) can be used to substantiate the healthy behaviours of the population, the quality of the living conditions, local services, treatment and support. The section below examines mortality data in Hillingdon.

Infant mortality

The infant mortality rate is defined as the number of infants aged <1 year that die per 1,000 live births (regardless of maternal ages). The infant mortality rate is usually pooled over 3 years to provide a more reliable statistic. The infant mortality rate in Hillingdon is 3.6 per 1,000 live births for the 3-year period 2017-19; this is similar to the average rate for England (3.9 deaths per 1,000 live births). Infant mortality rates can be analysed in more detail, those that occur within the first 4 weeks (neonatal) and those that occur from 4 weeks up to one year.

Out of the 46 infant deaths in the 3-year period 2017-19, the majority occur in the first 4 weeks after the live birth. 2017-19 pooled data shows that for infants aged less than 28 days the mortality rate in Hillingdon is 2.7 per 1,000 live births (35 births). The England rate for the same age is 2.8 deaths per 1,000 live births.

For infants aged 28 days to 1 year the mortality rate in Hillingdon is 0.87 deaths per 1,000 live births (11 births), lower than the England rate of 1.09 (source: OHID based on ONS Births & Deaths data). Death in infancy is a rare event, and even one additional death, or life saved can make a large difference to calculations. Some of the variations in the Borough may be the result of chance rather than a cause due to extreme prematurity.

All-age all-cause mortality

The standardised mortality ratio (SMR) is constructed by applying the England age-specific rates to the age structure of the subject population to give an expected number of deaths. The observed (actual) number of deaths is then compared with the expected number and is expressed as a ratio (100x observed/expected). SMRs equal to 100 imply that the mortality rate is the same as the standard (in this case, England) mortality rate. A number higher than 100 implies an excess mortality rate whereas a number below 100 implies below average mortality. Hillingdon's SMR in 2015-19 is 94.1:

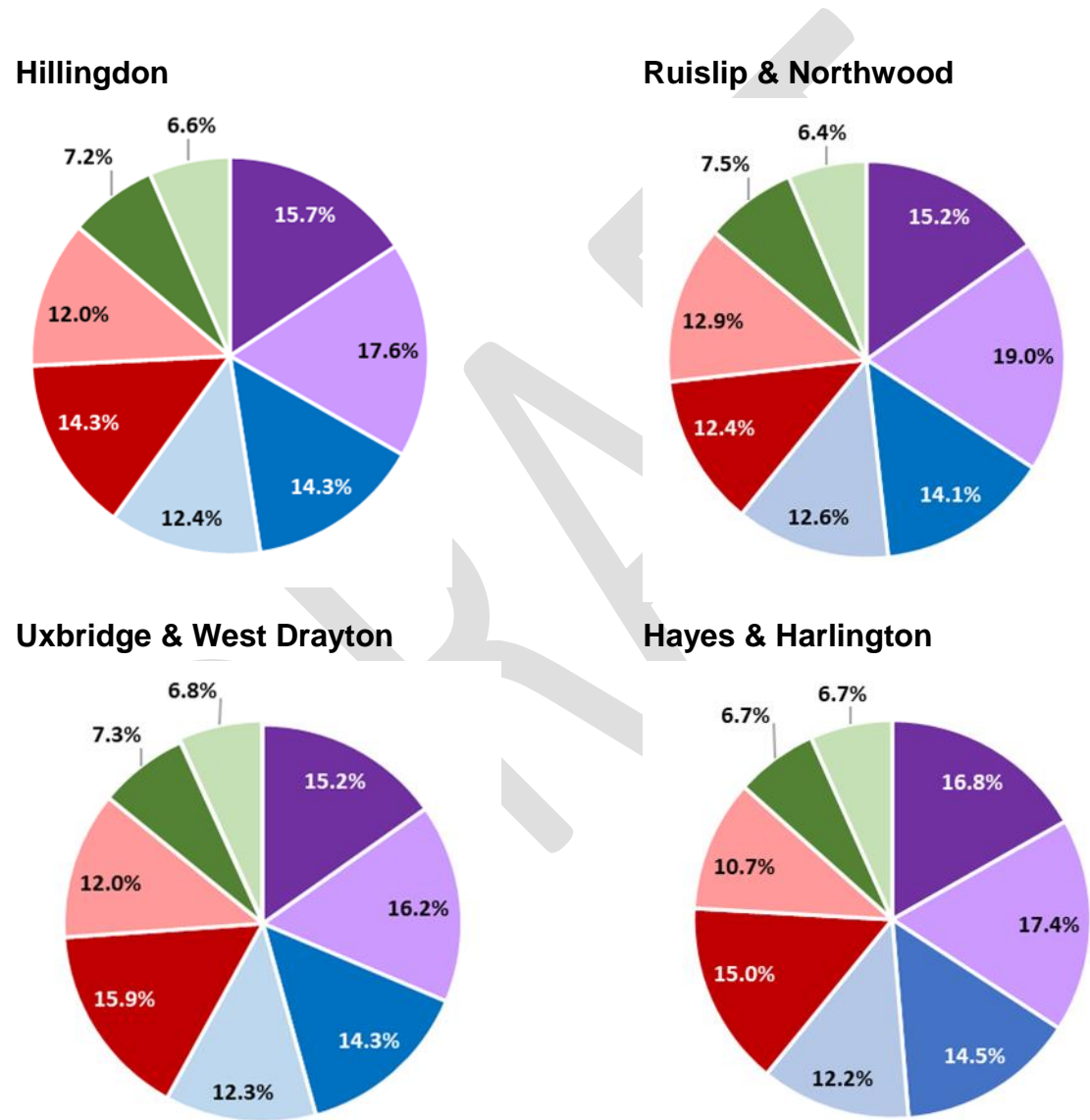
Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	–	2,487,211	100.0		99.9	100.1
London region	–	-	-		-	-
Barking and Dagenham	–	6,282	110.0		107.3	112.8
Greenwich	–	7,930	100.6		98.4	102.8
Islington	–	5,449	99.1		96.5	101.7
Lewisham	–	7,761	98.7		96.5	100.9
Tower Hamlets	–	5,338	97.9		95.3	100.5
Hackney	–	5,520	97.5		95.0	100.1
Newham	–	6,702	97.5		95.2	99.9
Lambeth	–	7,238	97.5		95.2	99.7
Havering	–	11,879	96.8		95.0	98.5
Bexley	–	10,287	95.0		93.2	96.9
Hounslow	–	7,624	94.7		92.6	96.9
Hillingdon	–	9,960	94.1		92.3	96.0
Croydon	–	12,652	93.8		92.2	95.5
Southwark	–	6,795	93.8		91.5	96.0
Wandsworth	–	7,597	93.1		91.1	95.3
Hammersmith and Fulham	–	4,669	93.0		90.4	95.7
Sutton	–	7,413	91.5		89.4	93.6
Merton	–	6,160	90.4		88.1	92.7
Waltham Forest	–	7,118	90.0		87.9	92.1
Enfield	–	10,305	89.9		88.1	91.6
Haringey	–	6,098	88.9		86.7	91.2
Ealing	–	9,809	87.8		86.1	89.6
Redbridge	–	8,802	86.9		85.1	88.8
Bromley	–	13,150	86.8		85.3	88.3
Brent	–	8,663	85.4		83.6	87.2
Kingston upon Thames	–	5,469	85.1		82.9	87.4
Barnet	–	12,010	79.9		78.5	81.4
Richmond upon Thames	–	6,154	77.6		75.7	79.6
Harrow	–	7,556	74.7		73.1	76.4
Camden	–	5,740	72.1		70.3	74.0
Westminster	–	5,563	70.2		68.4	72.1
Kensington and Chelsea	–	4,073	68.5		66.4	70.7
City of London	–	197	52.8		45.7	60.7



Major causes of deaths in Hillingdon

The average number of deaths per year in the period 2018-20 in Hillingdon is 2,050 (excluding COVID deaths in 2020). Circulatory diseases and cancers are the two major causes of death in Hillingdon. Deaths as a result of circulatory diseases accounted for an annual average of 537 deaths (26.3%) in the 3-year period 2018-20. Deaths from all cancers accounted for an annual average of 545 deaths (26.7%) in the same period.

An annual average of 282 deaths (13.8%) were as a result of respiratory diseases. The remaining 681 deaths (33.3% of total) were due to other causes; excluded from these 3-year averages are the COVID deaths that occurred in 2020 (total of 388 related deaths).



Key:

- Other, male
- Cancer, male
- Circulatory, male
- Respiratory, male
- Other, female
- Cancer, female
- Circulatory, female
- Respiratory, female

Source: National Statistics, Primary Care Mortality Dataset

The overall number of deaths varies based on age structure of the population. Therefore, younger populations in Hayes & Harlington and Uxbridge & West Drayton localities have lower number of deaths when compared with Ruislip & Northwood, where the proportion of older people is higher in the population. Populations with higher proportion of older people would have higher crude death rates, even as the health conditions are improving. On the other hand, younger populations will have low crude death rates even when health conditions are poorer. Therefore, to depict the health status more accurately, we also consider early deaths, or premature mortality.

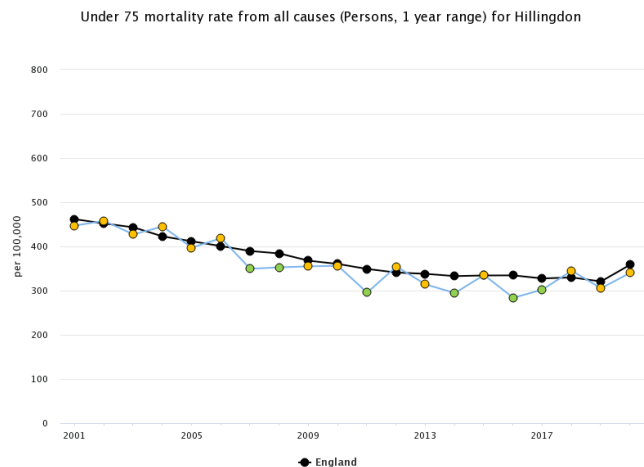
Many of the causes of premature mortality are correlated with the levels of deprivation.

The locality of Ruislip & Northwood had an annual average of 780 deaths, Uxbridge & West Drayton had 680 deaths and Hayes & Harlington had 580 deaths (2018-20, all figures are rounded to the nearest 10 and exclude COVID related deaths).

Mortality from all causes has been falling in Hillingdon in line with national decreases.

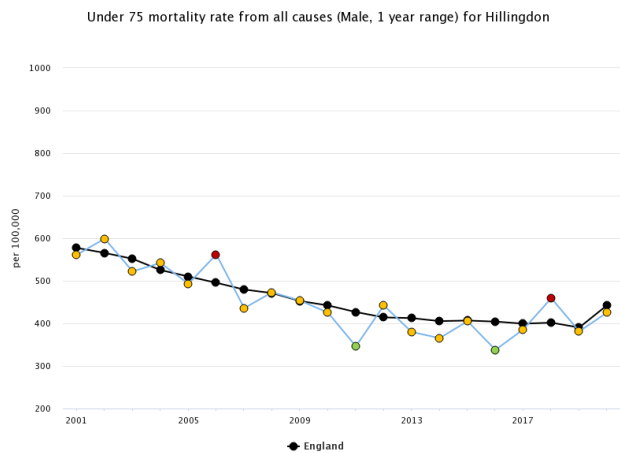
All Causes - under 75 mortality rate, Directly Standardised Rate per 100,000

Persons trend & data

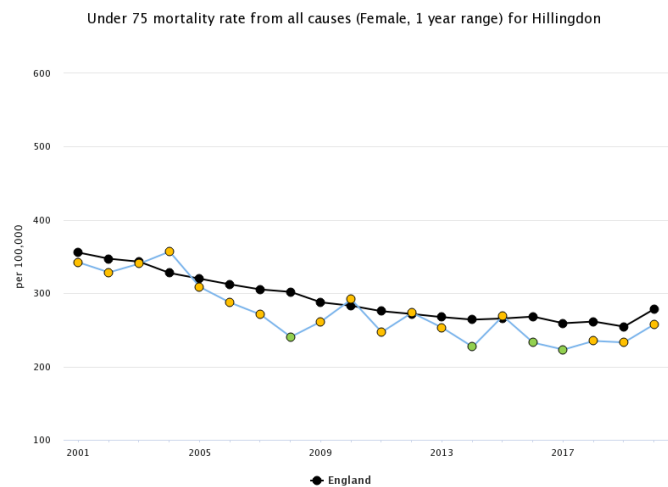


Year	Hillingdon	London	England
2013	314.1	320.3	337.9
2014	294.5	314.6	332.8
2015	335.3	321.3	334.3
2016	283.6	305.7	334.5
2017	302.5	302.1	327.5
2018	345.1	302.4	329.8
2019	305.2	292.1	320.7
2020	340.2	352.6	358.5

Male trend



Female trend

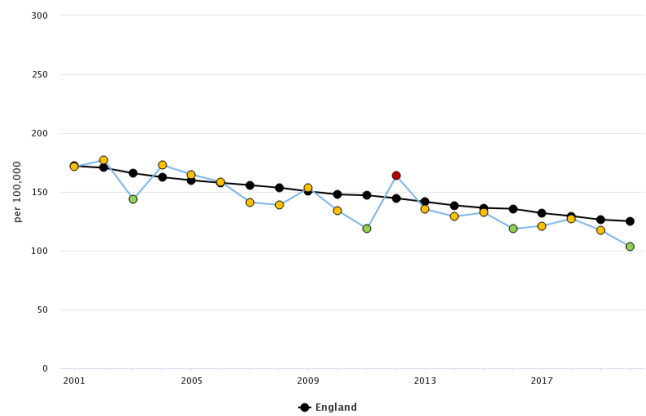


Source: Office for Health Improvement Mortality Profile

Cancer - under 75 mortality rate, Directly Standardised Rate per 100,000

Persons trend & data

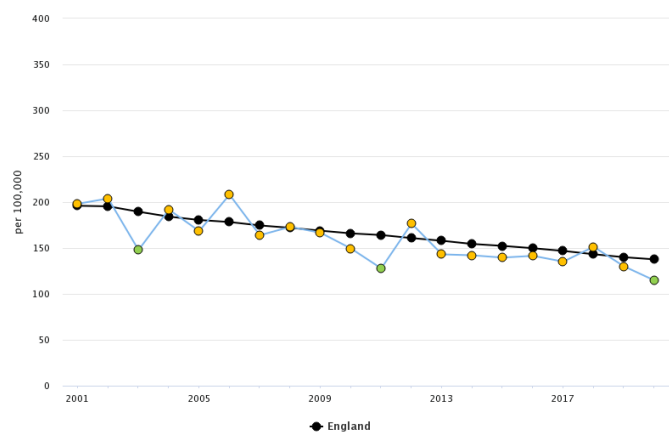
Under 75 mortality rate from cancer (Persons, 1 year range) for Hillingdon



Year	Hillingdon	London	England
2013	135.2	131.5	141.5
2014	129.1	129.5	138.5
2015	132.5	128.2	136.4
2016	118.6	123.2	135.6
2017	121.2	119.7	131.9
2018	127.2	117.6	129.4
2019	117.3	115.1	126.4
2020	103.6	111.3	125.1

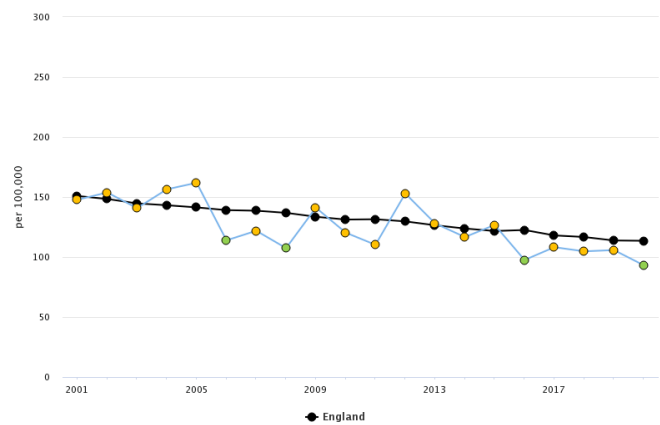
Male trend

Under 75 mortality rate from cancer (Male, 1 year range) for Hillingdon



Female trend

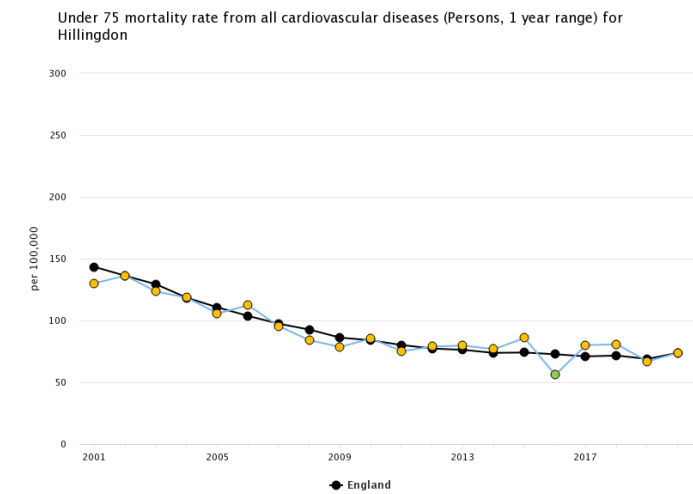
Under 75 mortality rate from cancer (Female, 1 year range) for Hillingdon



Source: Office for Health Improvement Mortality Profile

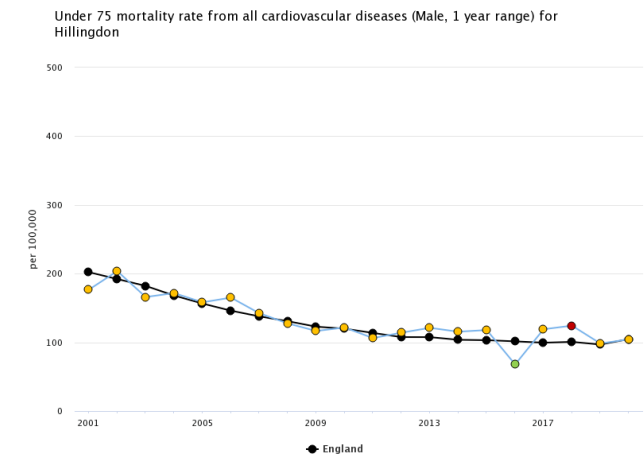
Cardiovascular Disease - under 75 mortality rate, Directly Standardised Rate per 100,000

Persons trend & data

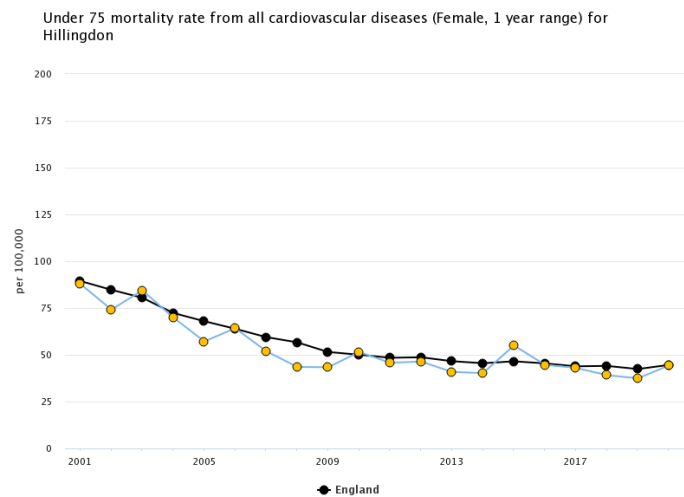


Year	Hillingdon	London	England
2013	79.7	79.4	76.2
2014	76.8	76.4	73.8
2015	85.8	76.7	74.0
2016	56.0	71.9	72.7
2017	80.0	71.1	70.9
2018	80.7	68.7	71.6
2019	67.0	67.6	68.9
2020	73.8	72.3	73.8

Male trend



Female trend

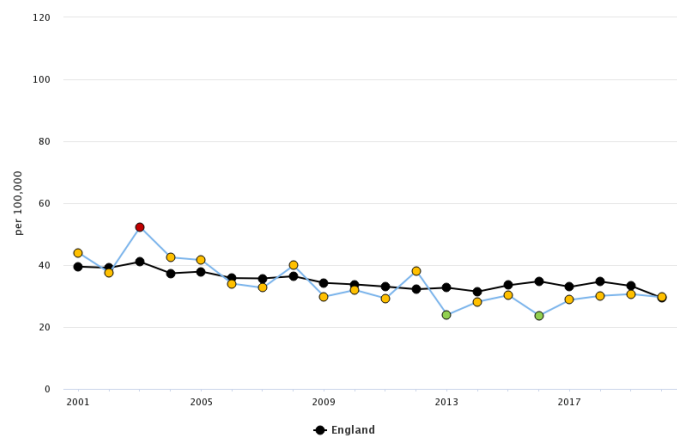


Source: Office for Health Improvement Mortality Profile

Respiratory Disease - under 75 mortality rate, Directly Standardised Rate per 100,000

Persons trend & data

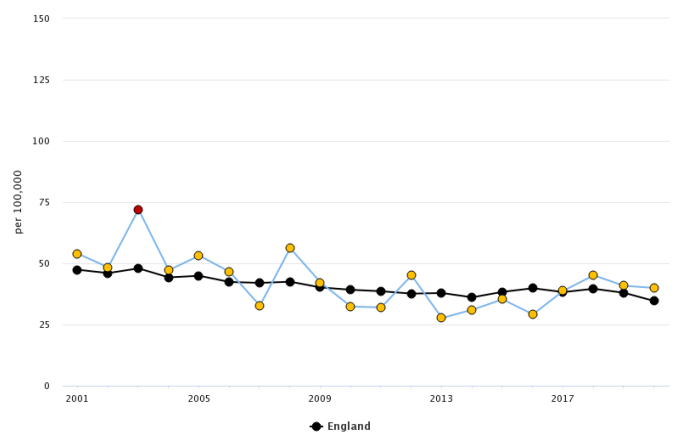
Under 75 mortality rate from respiratory disease (Persons, 1 year range) for Hillingdon



Year	Hillingdon	London	England
2013	23.9	30.0	32.7
2014	28.2	29.3	31.4
2015	30.3	30.4	33.5
2016	23.7	29.9	34.8
2017	28.8	28.3	33.0
2018	30.1	31.2	34.7
2019	30.6	28.8	33.3
2020	29.6	26.7	29.4

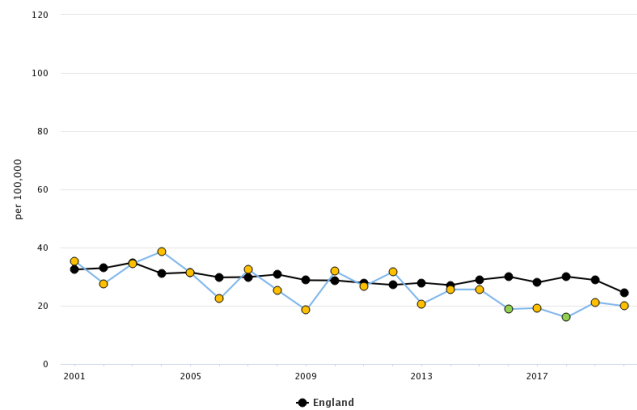
Male trend

Under 75 mortality rate from respiratory disease (Male, 1 year range) for Hillingdon



Female trend

Under 75 mortality rate from respiratory disease (Female, 1 year range) for Hillingdon



Source: Office for Health Improvement Mortality Profile

Analysis of mortality rates in Hillingdon shows that premature death rates (for people aged under 75) from all causes in Hillingdon (2020) were lower than England and London. In 2020, wards in the south of the borough had a higher number of premature deaths. The main cause of early deaths was due to cancer which accounted for 24.6% of all early deaths followed by cardiovascular disease (24.0%); together, these two causes accounted for 48.6% of all early deaths in 2020. (Source: Primary Care Mortality Dataset).

Identifying individuals and families at high risk of cardiovascular disease and cancer ensures timely start of treatment and reduces risk of complications and early death. Early management and secondary prevention of disease reduces the need for more costly and complicated NHS treatment or social care. It therefore has positive impact on individual's quality of life and features strongly in the national strategies for cardiovascular disease and cancer.

3. Prevalence of non-communicable diseases and major risk factors

The figures on the next few pages take data from the Quality Outcomes Framework (QOF) on NHS Digital (2020/21) and shows prevalence levels of non-communicable diseases from the GP register population; prevalence is the actual number of patients on a GP register that are recorded as having a stated condition.

More than one in four of the adult population in England lives with two or more conditions. People with multiple conditions are more likely to have poorer health, poorer quality of life and a higher risk of dying early than the overall general population. Some combinations of mental and physical diseases are associated with especially poor outcomes. (Source: National Institute for Health Research, 2021).

The skills and expertise of community pharmacy teams should be utilised to alleviate some of the pressures and ever-increasing demands on the NHS and social care services. Community pharmacies are well positioned to support independent living, the promotion of self-care and through this contribute to a reduction in A&E attendances.

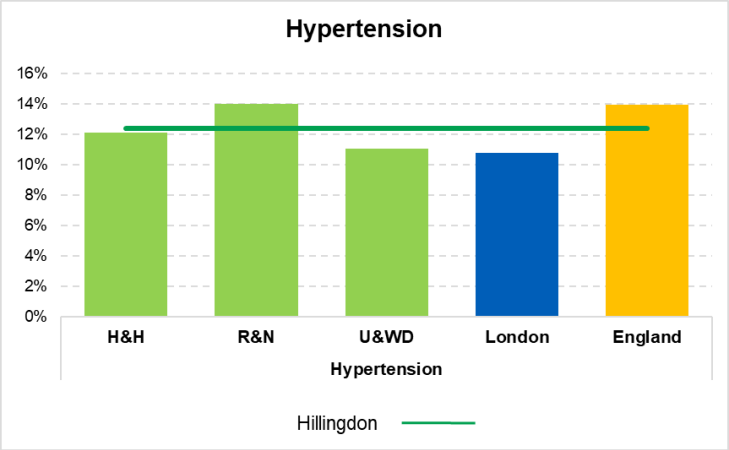
Hillingdon's Health & Wellbeing Strategy (2022-25) seeks to improve the health and wellbeing of all our residents and to reduce disparities in health and care across our communities. The strategy aims to deliver a vision shared by all health and care partners in the borough.

4. Disease Prevalence, GP Registered Population (2020/21)

Cardiovascular Disease Prevalence

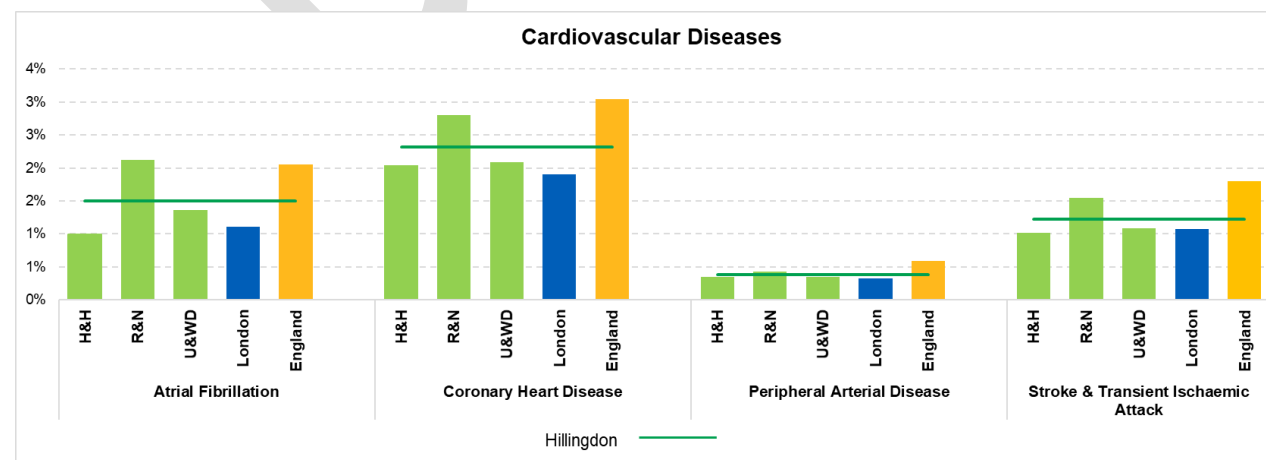
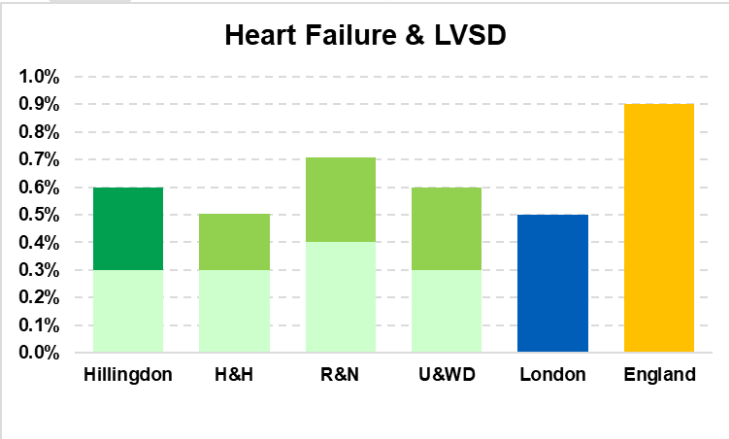
Across all cardiovascular diseases Hillingdon's rate is higher than London but lower than England. At locality level, Ruislip & Northwood rates are higher in all cardiovascular diseases.

Hypertension was recorded as the highest CVD risk factor in Hillingdon – affecting 12.4% of the Hillingdon GP registered population (40,300 residents). This is higher than the London average (10.8%) but lower than the rates for England (13.9%).



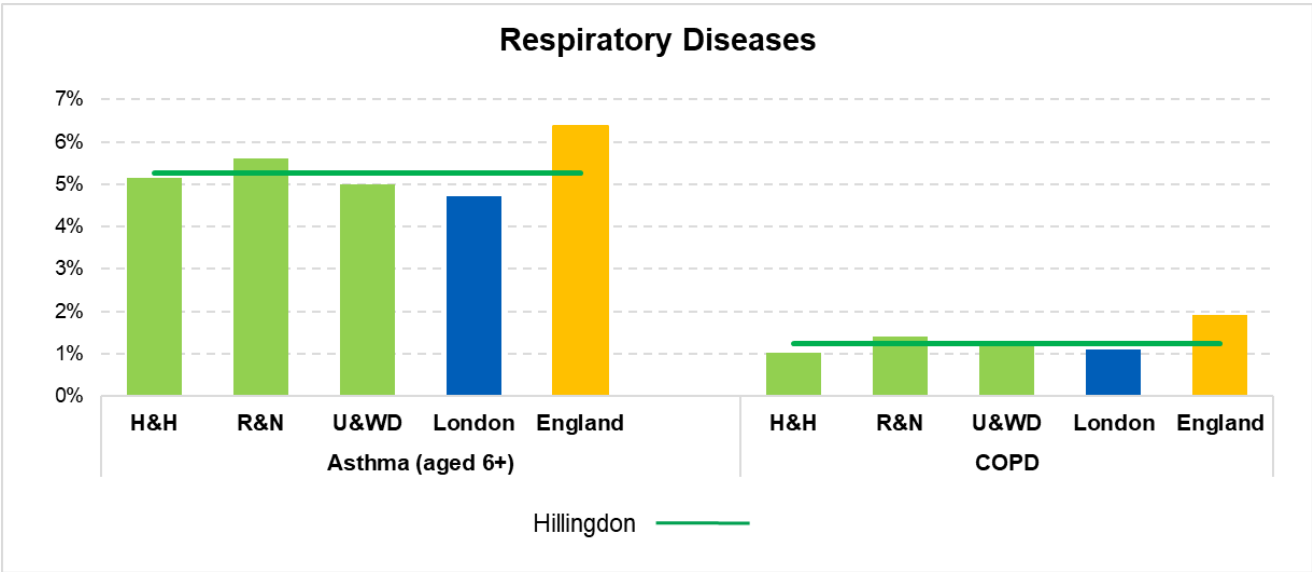
The prevalence of all heart failure in Hillingdon (0.6%, 1,950 residents), is above London and below England rates.

The lighter shades at the bottom of the chart show the prevalence of heart failure due to left ventricular systolic dysfunction and the darker shades higher on the chart show the prevalence of other heart failure.



Respiratory Disease Prevalence

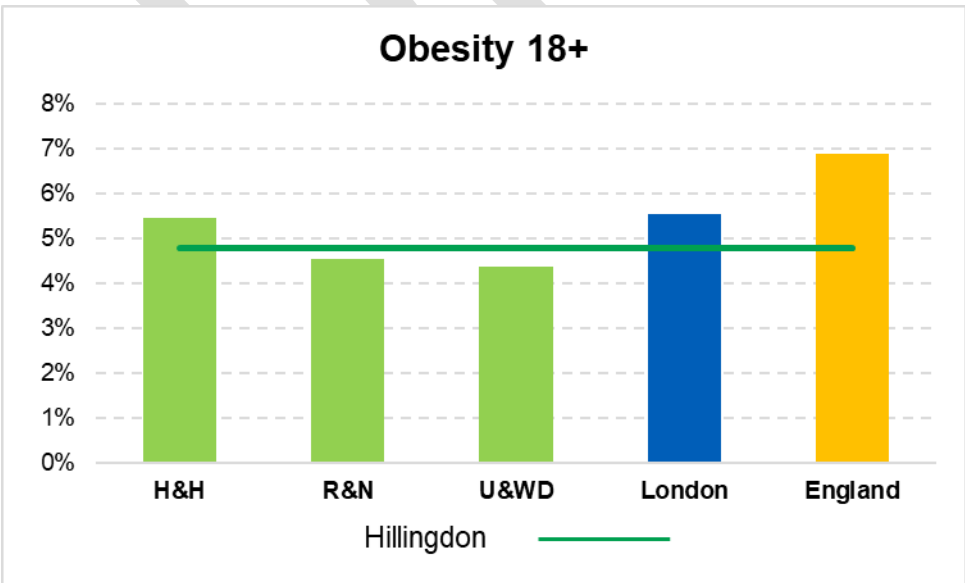
Hillingdon’s rates are higher than London but lower than England. At locality level, Ruislip & Northwood rates are higher in both asthma and COPD.



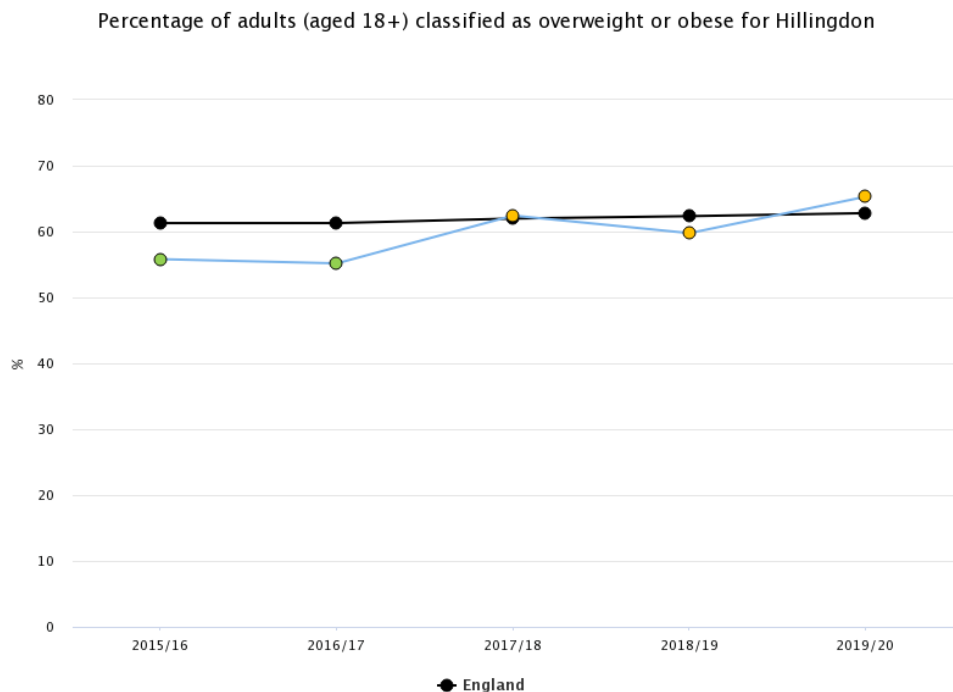
Excess Weight and Obesity Prevalence

Obesity is an established risk factor for many chronic conditions including diabetes, arthritis and heart failure. In Hillingdon 4.8% of adults (aged 18+) on the GP register population are noted to be obese. Hillingdon’s prevalence is lower than both London and England.

At locality level, Hayes & Harlington has the highest prevalence.

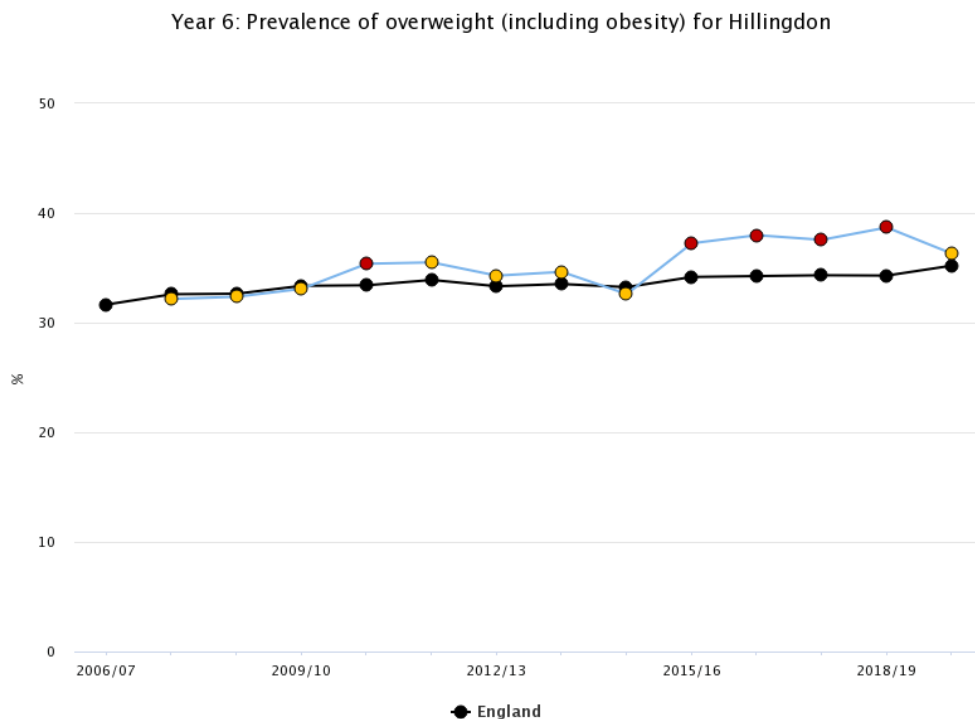
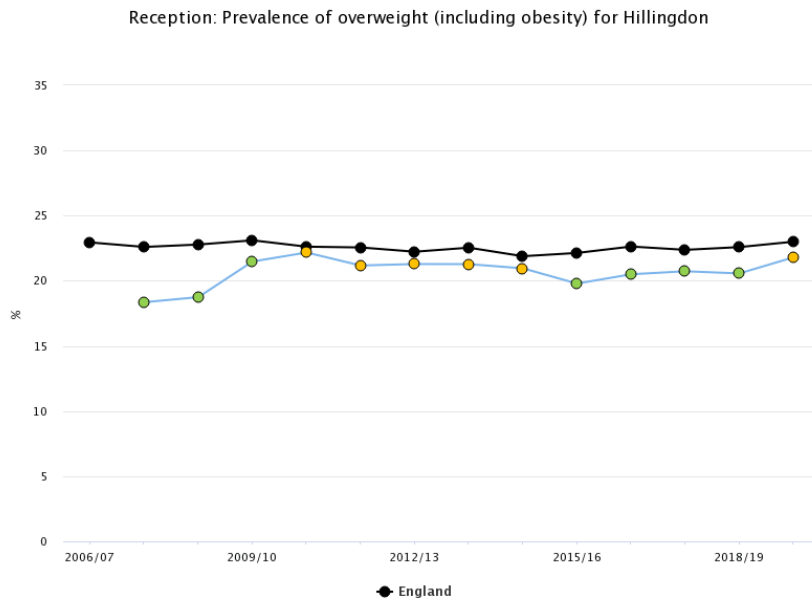


Data from OHID Obesity Profile shows that 65.3% of adults within Hillingdon are carrying excess weight in the period of 2019/20, which is above England (62.8%) and London rates (55.7%); this has increased from 55.8% in 2015/16. However, it should be noted that the data is taken from the Active Lives profile which is based on self-reported height and weight from a small sample of residents.



Excess Weight in Children

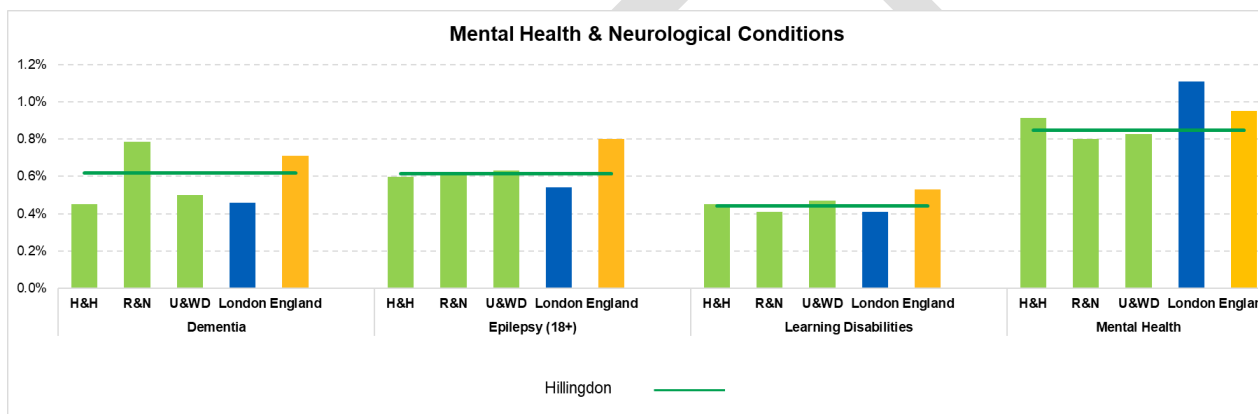
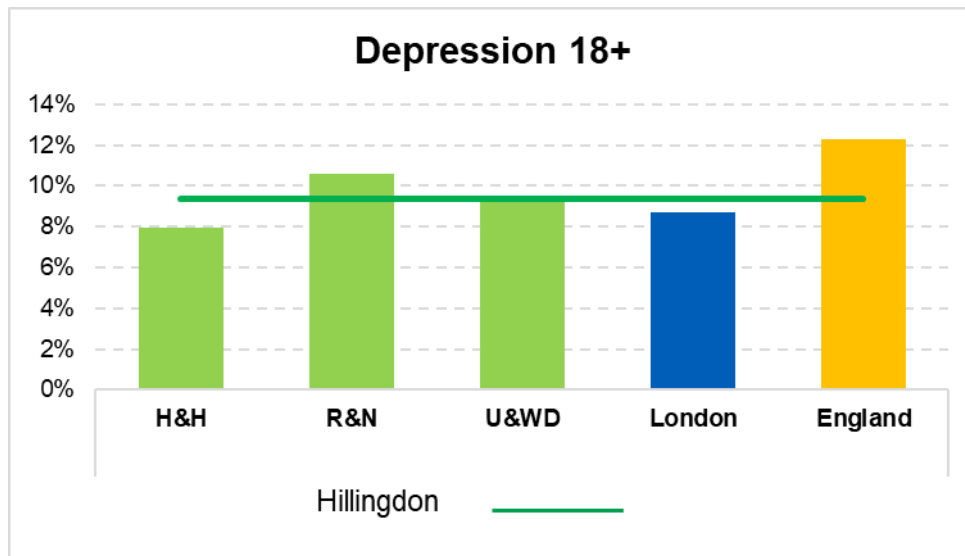
National Childhood Measurement Programme (2019/20) data shows that 21.8% of children in Reception are overweight (including obese) increasing to 36.3% for children in Year 6. Trend data show that we remain below the national rates for reception, but above the national rates for Year 6.



Mental Health & Neurological Conditions Prevalence

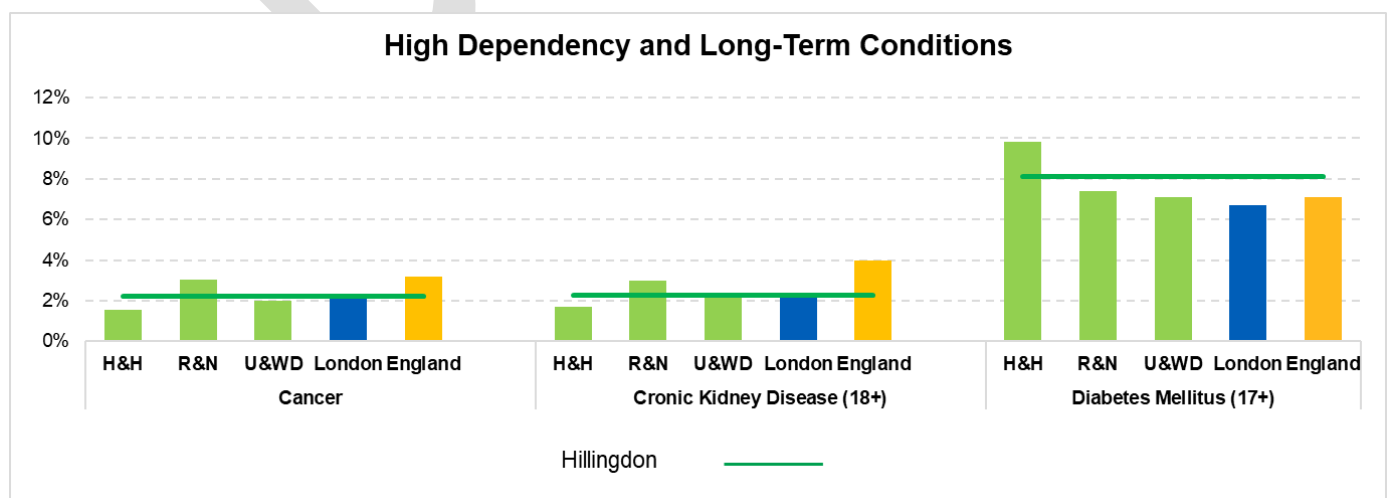
Hillingdon's rates are higher than London but lower than England for most conditions, with the exception of mental health where the Borough rates are lower than both London and England. Locality levels vary depending on the stated condition.

Depression was recorded as the highest mental health condition in Hillingdon – affecting 9.4% of the Hillingdon GP registered population (23,800 residents); this is higher than the London prevalence (8.7%) but lower than the England prevalence (12.3%).

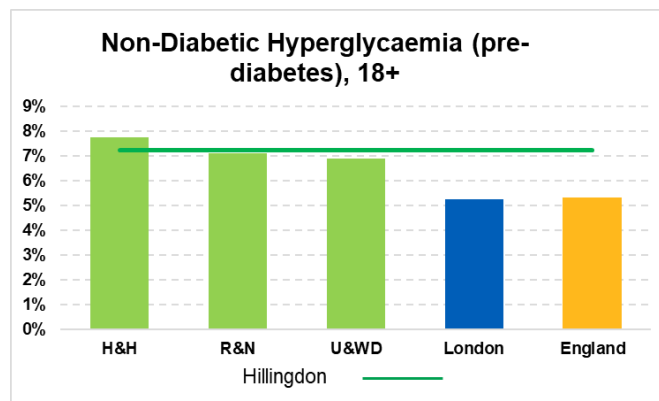


High Dependency and other Long-Term Conditions

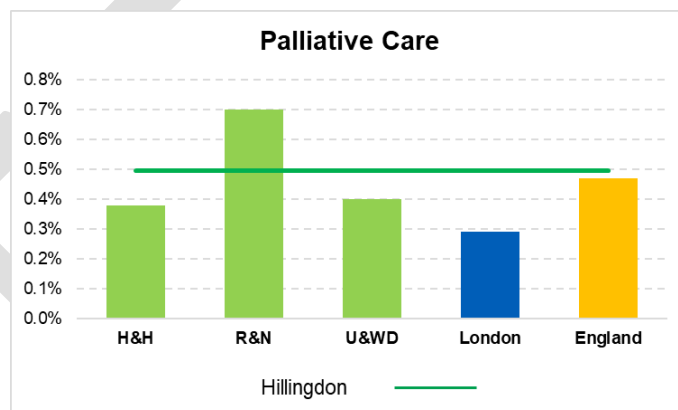
The Hillingdon prevalence of Cancer and Chronic Kidney Disease are similar to London and lower than England. At locality level, Ruislip & Northwood has higher rates of prevalence. For Diabetes Mellitus Hillingdon's prevalence is higher than both London and England; prevalence rates are highest in Hayes & Harlington.



Non-diabetic hyperglycaemia (pre-diabetes) is a new indicator in QOF for 2020/21; Hillingdon's prevalence is above both London & England, with Hayes & Harlington's rates being the highest of the localities.

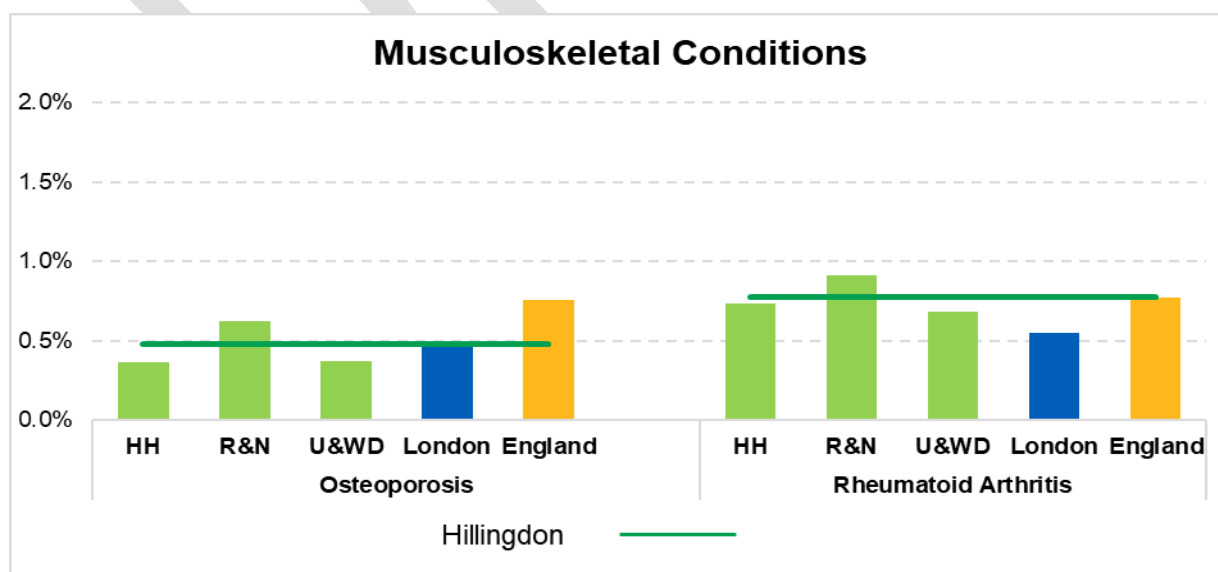


Hillingdon's palliative care prevalence rates are higher than London and England, with Ruislip & Northwood rates being the highest of the localities.



Musculoskeletal Conditions

Hillingdon's prevalence of Osteoporosis is the same as London and lower than England; for Rheumatoid Arthritis our rates are higher than London and the same as England. At locality level, Ruislip & Northwood has higher prevalence,



The health care needs of a population vary with age, with the elderly and the young

having different needs. For example, the need for chronic disease management will be greater in the elderly population while the need for sexual health and maternity services will be greater in the younger population.

Smoking

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

In Hillingdon in 2019/20 the estimated prevalence of smoking is 12.7% of the population aged over 18. This is lower than both the England and London rates (14.3% and 15.4% respectively). Source: GP Patient Survey (GPPS)

In the 2020 Annual Population Survey of manual workers and workers in routine occupations the prevalence of smoking is higher, assessed 21.4% in England and 19.3% in London (Hillingdon data is not available).

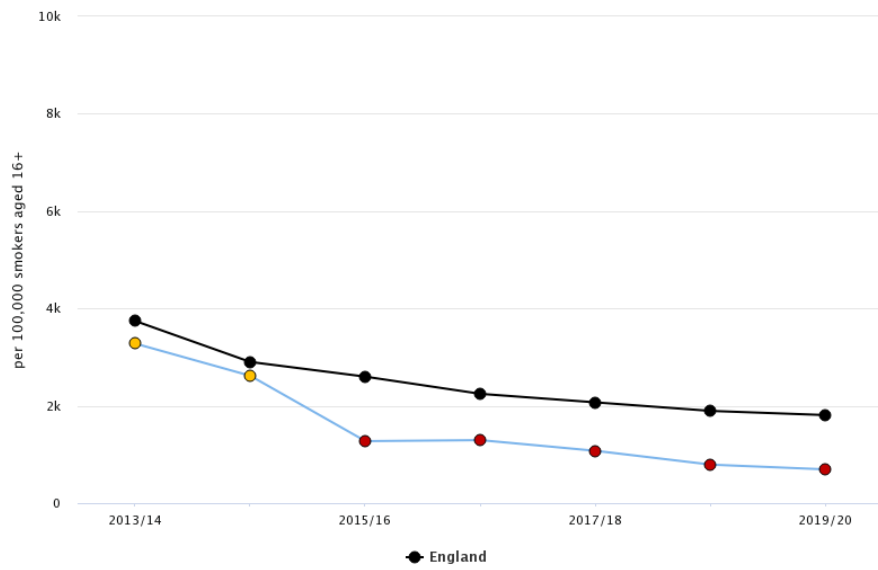
Smoking attributable hospital admissions show that in 2019/20 there were 1,953 admissions in Hillingdon – a DSR rate of 1,386 per 100,000; this is lower than the England rate (1,398) and higher than the London rate (1,152). Source: OHID, Local Tobacco Control Profile 2019/20

Hillingdon has low quit rates in comparison to London boroughs, 2019/20 (these are smokers who have successfully quit at the four week follow up appointment):

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	114,153	1,808		1,798	1,819
London region	—	15,346	1,665*		1,638	1,691
Hammersmith and Fulham	—	1,054	6,743		5,089	9,030
Westminster	—	1,114	4,897		3,700	6,610
Kensington and Chelsea	—	827	4,264		3,407	5,373
Tower Hamlets	—	1,556	3,976		3,166	5,064
Hackney	—	1,218	3,781		3,029	4,763
Islington	—	910	3,610		2,831	4,694
Camden	—	861	3,206		2,490	4,145
Hounslow	—	955	3,162		2,398	4,198
Kingston upon Thames	—	378	2,896		2,162	3,877
Lewisham	—	988	2,797		2,237	3,490
Merton	—	493	2,231		1,773	2,809
Bexley	—	557	1,996		1,610	2,475
Richmond upon Thames	—	237	1,894		1,343	2,670
Wandsworth	—	672	1,847		1,419	2,395
Barnet	—	561	1,618		1,226	2,152
Lambeth	—	504	1,398		1,094	1,803
Greenwich	—	386	1,346		1,063	1,710
Haringey	—	380	1,188		941	1,518
Southwark	—	376	932		738	1,180
Newham	—	270	711		540	939
Croydon	—	264	706		546	909
Hillingdon	—	196	693		513	941
Waltham Forest	—	211	604		461	787
Sutton	—	86	335		248	438
Redbridge	—	96	303		223	405
Havering	—	24	88		51	131
Barking and Dagenham	—	24	86		49	126
Brent	—	5	19		2	38
Bromley	—	-	*		-	-
City of London	—	-	*		-	-
Ealing	—	-	*		-	-
Enfield	—	-	*		-	-
Harrow	—	-	*		-	-

Hillingdon's quitter numbers have been declining year on year since 2014/15:

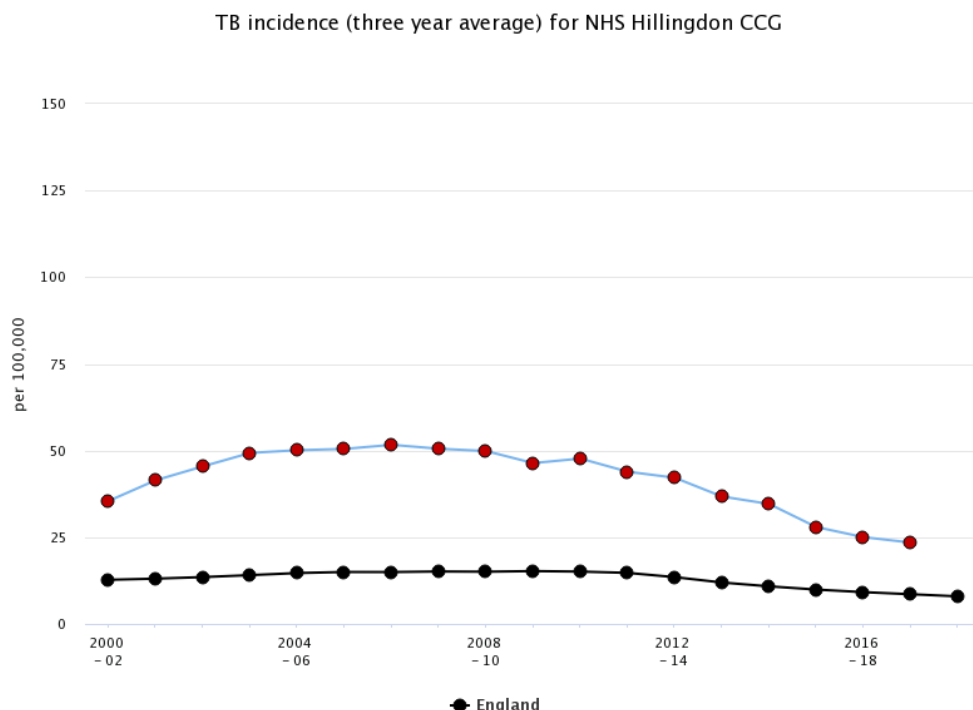
Smokers that have successfully quit at 4 weeks for Hillingdon



5. Prevalence of communicable diseases

Tuberculosis (TB)

Between 2016-18 in England an average of 15,296 cases of TB were reported, a rate of 9.2 cases per 100,000 population. London has the main burden of TB infection, with 38% of these cases (5,796). Hillingdon reported 227 cases in that time-period; a rate of 25.0 per 100,000, this is reduction of cases compared to 2010-12:



Source: OHID TB Strategy Monitoring Indicators on Fingertips

Treatment completion rates (2018 data) in Hillingdon are 92.3%, above England (84.8%).

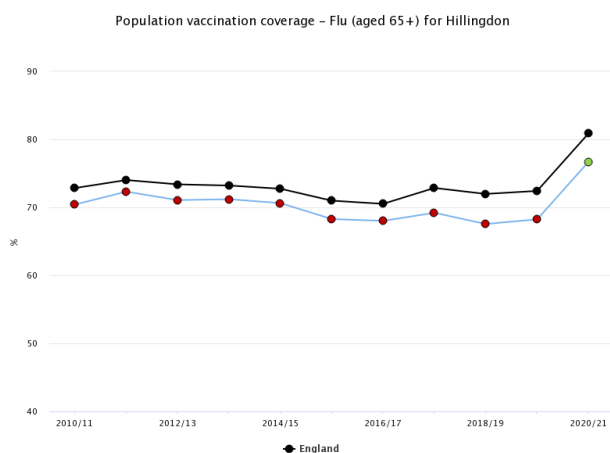
Seasonal influenza

Influenza is a highly infectious illness caused by the influenza (flu) virus. It spreads rapidly through small droplets coughed or sneezed into the air by an infected person. Influenza vaccines are shown to provide effective protection against influenza. Influenza immunisation is offered to people in at-risk groups such as pregnant women and elderly people. These groups of people are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu.

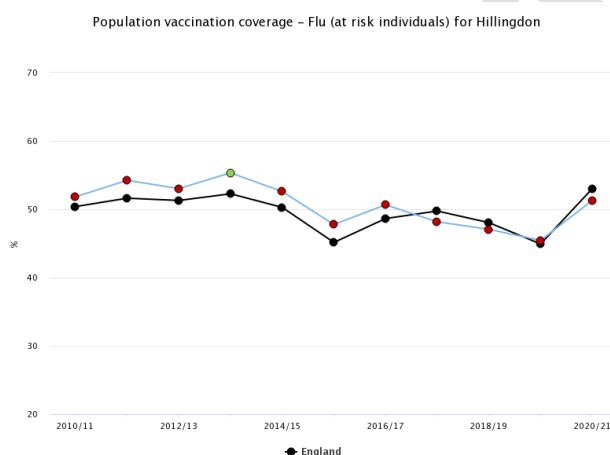
Population coverage 2020/21 of flu vaccination aged 65+ in Hillingdon is 76.7% of the population, below England and above London averages (80.9% and 71.8% respectively). Vaccination rates in at risk individuals aged 6 months to 65 years (excluding pregnant women) is 51.3% in Hillingdon (2020/21) compared to England and London rates (53.0% and 45.0%). Source: OHID Health Protection profile.

This is below the Chief Medical Officer's target of 85% coverage for those aged 65+ and 75% of those aged under 65 who are 'at risk' and pregnant women, [National flu immunisation programme 2021 to 2022 letter - GOV.UK \(www.gov.uk\)](#).

Trend data shows that overall proportions in both KPIs increased in 2020/21; Hillingdon's rates are better than London but lower than England:



Year	Hillingdon	London	England
2014/15	70.6%	69.2%	72.7%
2015/16	68.3%	66.4%	71.0%
2016/17	68.0%	65.1%	70.5%
2017/18	69.2%	67.5%	72.9%
2018/19	67.6%	65.4%	72.0%
2019/20	68.2%	66.2%	72.4%
2020/21	76.7%	71.8%	80.9%

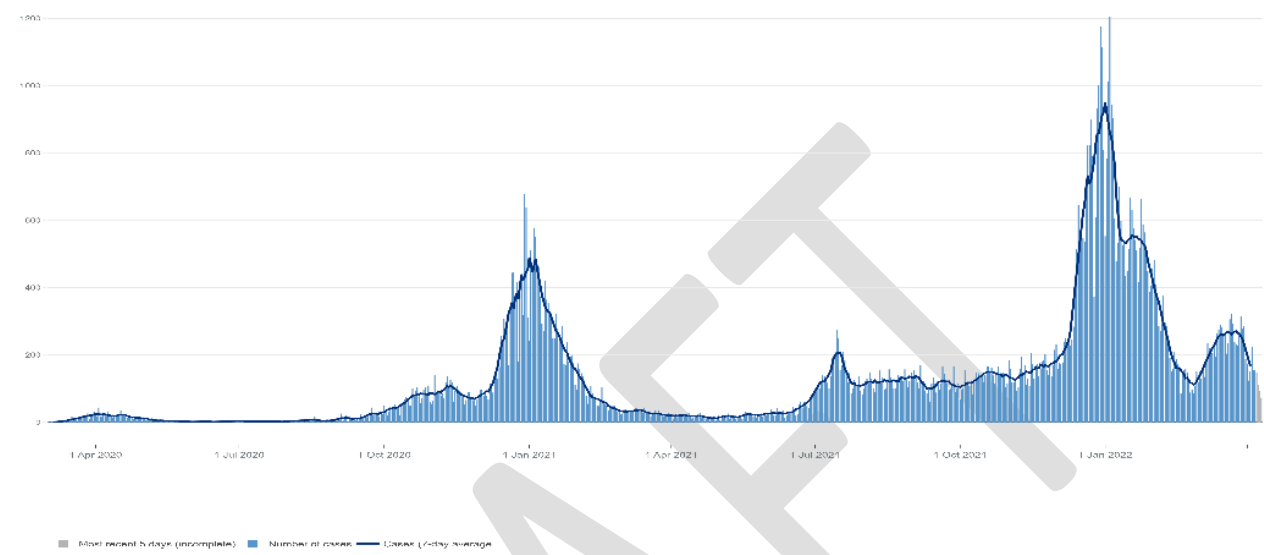


Year	Hillingdon	London	England
2014/15	52.6%	49.8%	50.3%
2015/16	47.8%	43.7%	45.1%
2016/17	50.7%	47.1%	48.6%
2017/18	48.2%	46.6%	49.7%
2018/19	47.1%	44.4%	48.0%
2019/20	45.4%	41.8%	44.9%
2020/21	51.3%	45.0%	53.0%

COVID-19

Between March 2020 and 11th April 2022, Hillingdon has recorded 99,049 Covid cases with a cumulative rate of 32,053.2 per 100,000, higher than London at 31,464.9 and lower than England at 32,214.8.

At the peak of the waves Hillingdon recorded 1,206 cases per day:



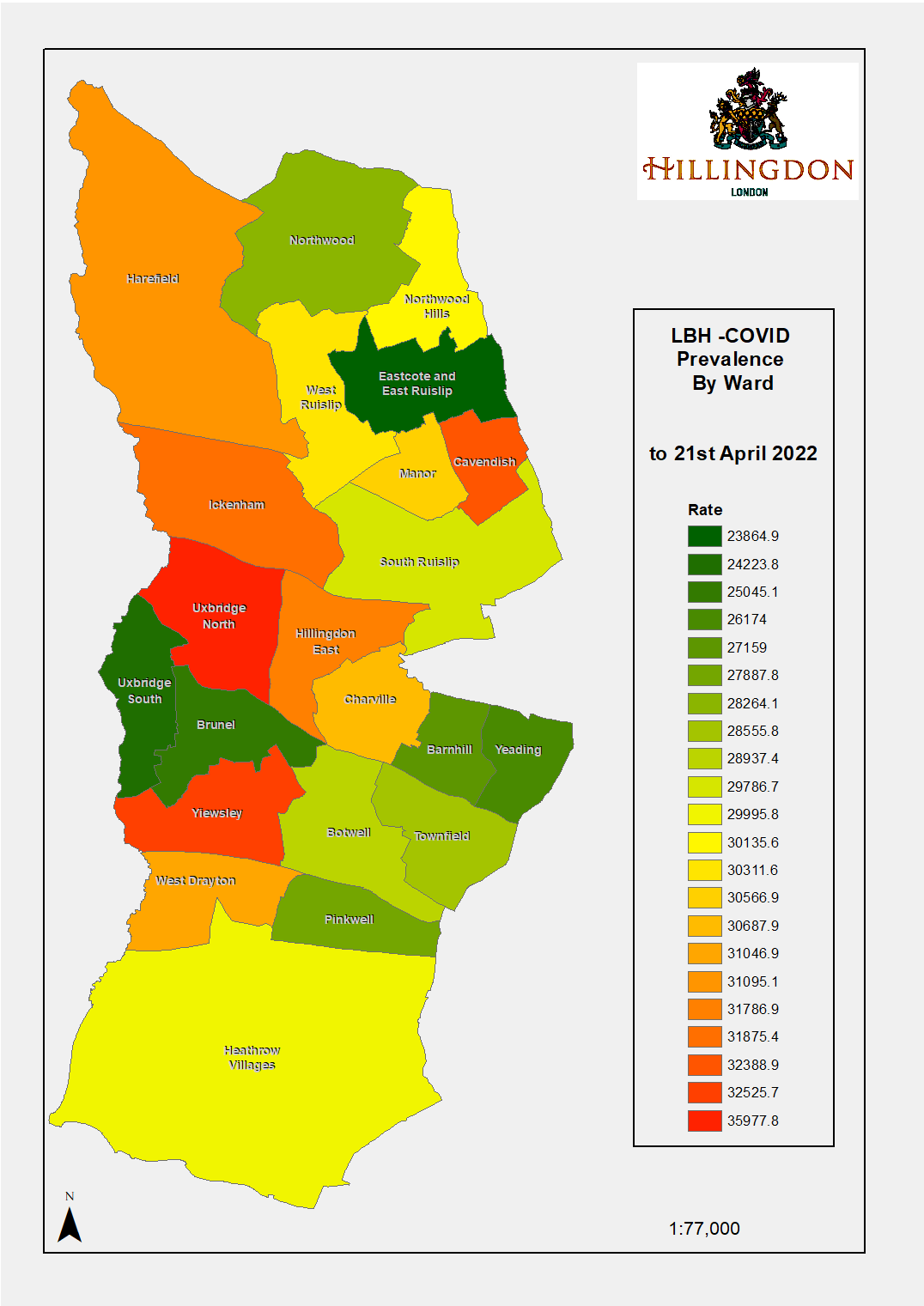
Source: coronavirus.data.gov.uk

Hillingdon has recorded a total of 863 deaths with COVID, a rate of 279.3 per 100,000, this is higher than London (253.2) and lower than England (280.6).

Vaccinations rates within the borough are better than the London rate, but lower than the England rate; as of the 11th April uptake is:

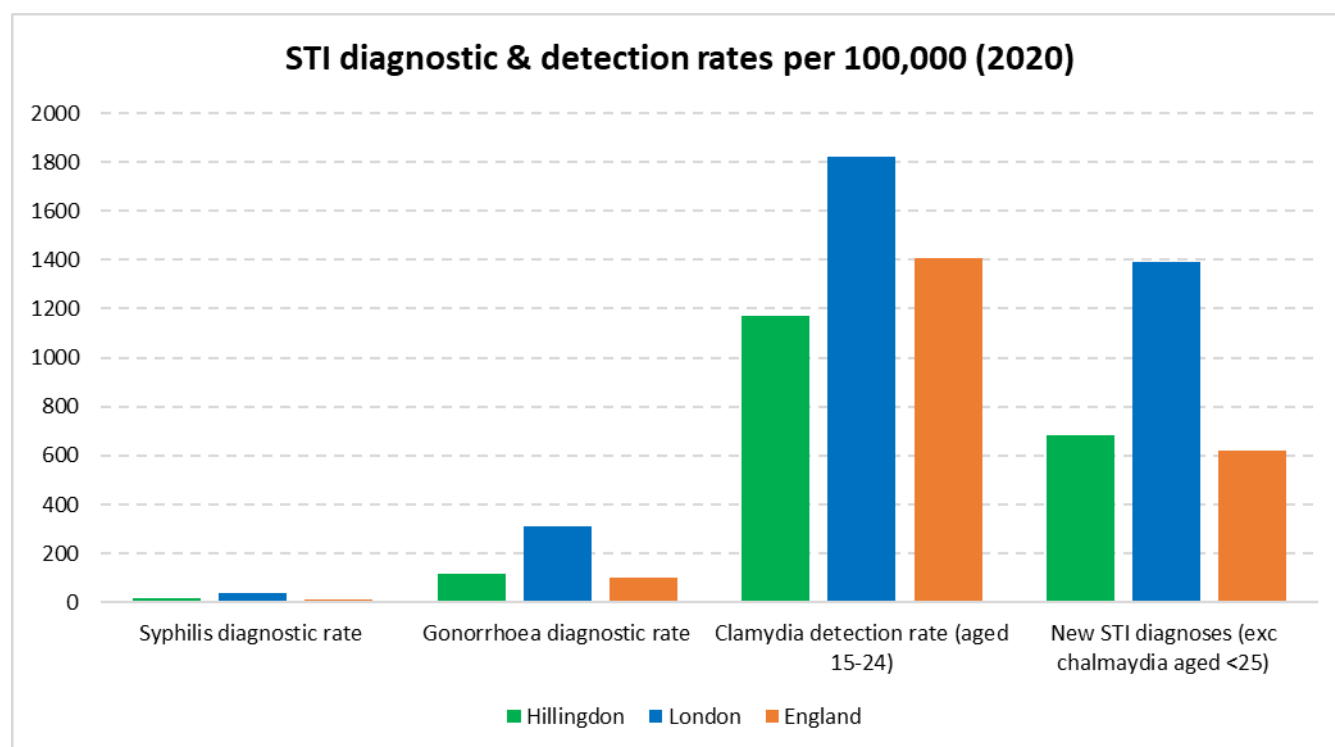
Hillingdon	London	England
1 st dose 75.2% 2 nd dose 70.2% 3 rd dose 50.3%	1 st dose 70.0% 2 nd dose 65.2% 3 rd dose 46.6%	1 st dose 91.9% 2 nd dose 86.1% 3 rd dose 67.1%

At ward level prevalence of Covid cases has varied throughout the pandemic, with Uxbridge North and Yiewsley seeing the highest overall prevalence of cases:



Sexually transmitted infections

Sexually transmitted infections (STI) represent an important public health issue in London which has the highest rate of any region for acute STIs in England. Sexually transmitted infections have been on a general increase over the past 10 years. In comparison with other London boroughs, however, Hillingdon has a relatively low rate of sexually transmitted infections:



The table shows the trend in STIs diagnosed in Hillingdon:

STI / year	2014	2015	2016	2017	2018	2019	2020	Hillingdon rank in London, 2020
Chlamydia (15-24)	562	520	547	642	746	584	437	25 th
Gonorrhoea	197	188	138	199	272	381	364	25 th
Syphilis	24	29	40	39	39	35	47	28 th
New STI Diagnoses (excl Chlamydia <25)	1,904	1,849	1,741	1,835	1,788	1,738	1,388	26 th

Source: OHID, Sexual & Reproductive Health Profiles

The total number of all new STIs diagnosed in Hillingdon in 2020 is 683 per 100,000 of the population; this is lower than the London rate of 1,391 per 100,000 and higher than the England rate (619 per 100,000).

Age data shows that young people experience higher rates of infection and account for higher proportions of treatments, specifically those aged 20-24. Females aged 15-24 are 1.7 times more likely than males to be diagnosed with an STI.

Source: Sexually transmitted infections (STIs): annual data tables, 2020

<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

Appendix 2: Epidemiology - Pharmaceutical Needs Assessment 2022

HIV

The rate of HIV diagnosed in Hillingdon in 2020 was 8.2 per 100,000 of the population aged 15 and over. Hillingdon ranked 25th lowest of the 32 London Boroughs submitting data for diagnosed HIV prevalence. Hillingdon's cases have decreased since 2015 (44 cases) to 2020 (20 cases).

New HIV diagnosis rate per 100,000 aged 15 years and over 2020

Crude rate - per 100,000

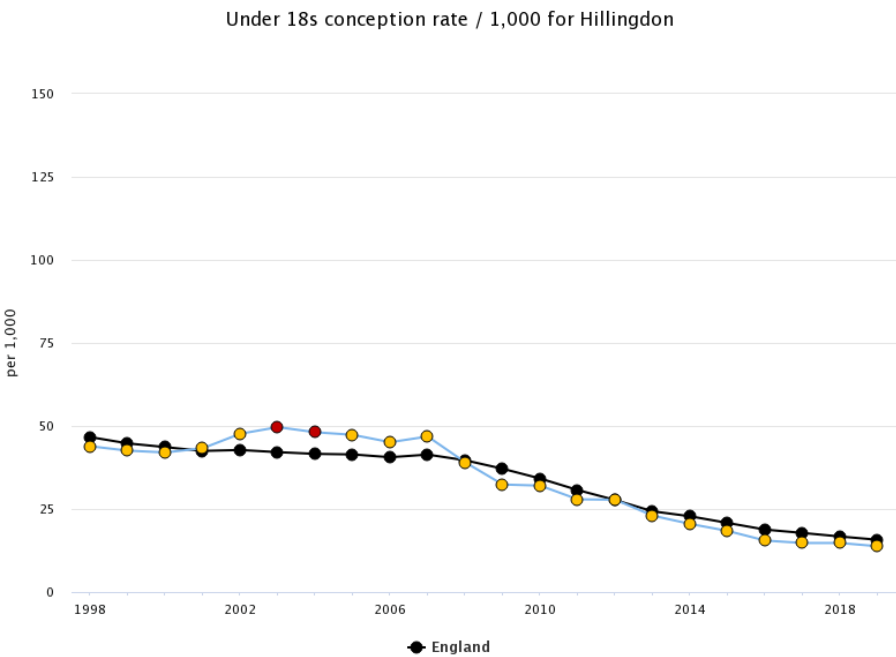
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	2,622	5.7	5.4	5.9
London region	↓	951	13.1	12.3	14.0
Lambeth	↓	74	27.5	21.6	34.5
Westminster	→	58	25.6	19.4	33.1
Southwark	↓	61	23.2	17.7	29.8
Lewisham	↓	49	19.9	14.7	26.3
Greenwich	→	40	17.5	12.5	23.8
Haringey	→	37	17.1	12.1	23.6
Camden	↓	40	17.1	12.2	23.3
Croydon	→	52	16.9	12.6	22.2
Brent	→	44	16.9	12.3	22.6
Tower Hamlets	↓	43	16.0	11.6	21.6
Islington	→	30	14.2	9.6	20.3
Ealing	→	38	14.1	10.0	19.3
Waltham Forest	↓	29	13.2	8.9	19.0
Wandsworth	↓	36	13.2	9.3	18.3
Hackney	↓	31	13.2*	8.9	18.7
Newham	↓	33	11.7	8.1	16.5
Merton	→	17	10.3	6.0	16.5
Redbridge	→	24	10.0	6.4	14.8
Kensington and Chelsea	↓	13	9.8	5.2	16.8
Enfield	→	25	9.5	6.2	14.1
Barking and Dagenham	↓	14	8.8	4.8	14.8
Hammersmith and Fulham	↓	13	8.6	4.6	14.7
Hounslow	→	18	8.4	5.0	13.2
Barnet	→	26	8.2	5.3	12.0
Hillingdon	→	20	8.2	5.0	12.6
Harrow	→	15	7.4	4.2	12.3
Bromley	→	20	7.4	4.5	11.5
Sutton	→	12	7.2	3.7	12.7
Bexley	→	14	7.0	3.8	11.7
Kingston upon Thames	→	9	6.2	2.8	11.8
Havering	→	12	5.7	2.9	10.0
Richmond upon Thames	→	4	2.5	0.7	6.4
City of London	-	-	*	-	-

Source: UK Health Security Agency (UKHSA) on OHID Fingertips

6. Risk taking behaviours

Teenage conceptions

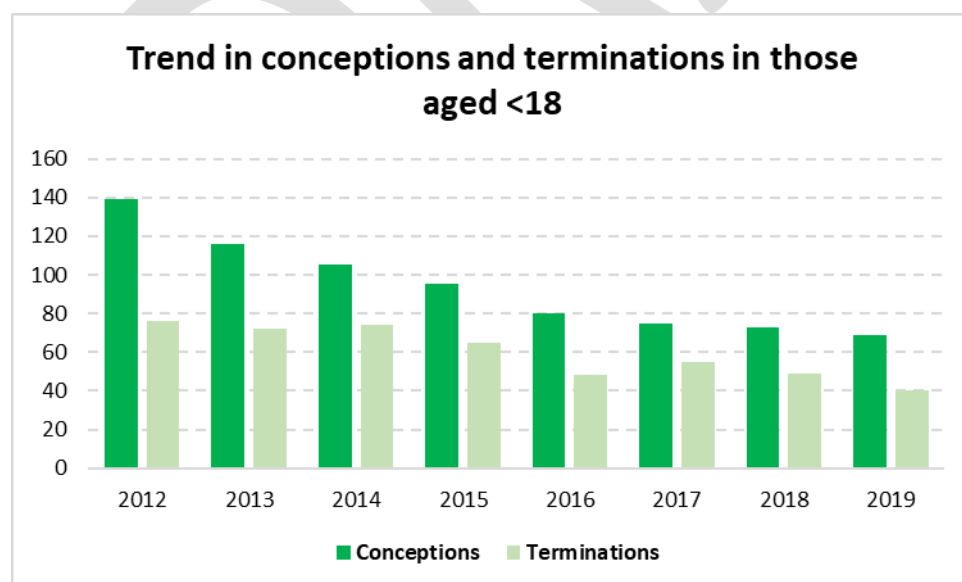
The 2019 teenage conception rate for Hillingdon was 13.8 per 1000, which was lower than England rate (15.7 per 1000) and similar to the London rate (13.5 per 1,000). The trend in teenage conceptions shows reductions in rates for England, London and Hillingdon since 1998. There is a higher proportion of births to under 18s in wards in the south of the borough.



58% of under 18s conceptions lead to a termination in 2019, this is higher than the England proportion (54.7%) but lower than London (64.8%).

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↑	7,668	54.7		53.9	55.5
London region	→	1,220	64.8		62.6	66.9
Tower Hamlets	→	41	91.3		77.0	95.3
Camden	→	33	89.2		75.3	95.7
Merton	→	32	88.9		74.7	95.6
Westminster	→	11	85.7		52.4	92.4
Richmond upon Thames	→	23	85.7		64.4	92.1
Islington	→	39	79.6		66.4	88.5
Barnet	→	39	75.0		61.8	84.8
Kensington and Chelsea	→	14	73.7		51.2	88.2
Lambeth	→	61	73.5		63.1	81.8
Ealing	→	36	72.5		57.0	81.3
Hackney	→	43	71.7*		59.2	81.5
Bromley	→	46	70.8		58.8	80.4
Wandsworth	→	31	70.5		55.8	81.8
Havering	→	36	69.8		54.5	78.9
Southwark	→	43	68.3		56.0	78.4
Sutton	→	32	68.1		53.8	79.6
Hammersmith and Fulham	→	18	66.7		47.8	81.4
Croydon	→	81	63.8		55.1	71.6
Haringey	→	51	62.2		51.4	71.9
Waltham Forest	→	43	61.1		48.2	70.3
Lewisham	→	63	60.6		51.0	69.4
Redbridge	→	34	59.3		44.9	69.4
Hillingdon	→	40	58.0		46.2	68.9
Newham	→	52	57.8		47.5	67.5
Brent	→	33	57.6		43.3	67.8
Barking and Dagenham	→	42	57.3		44.7	66.7
Harrow	→	19	57.1		38.2	69.5
Hounslow	→	43	56.4		44.1	65.7
Bexley	→	28	53.7		38.9	64.6
Enfield	→	59	50.0		41.1	58.9
Greenwich	→	38	49.4		38.5	60.3
Kingston upon Thames	→	5	45.5		21.3	72.0
City of London	-	-	-		-	-

There were 69 <18 conceptions in 2019, of which 58% resulted in terminations.



Source: Office for National Statistics data on OHID Fingertips

Substance misuse – Drugs & Alcohol

Data on drug treatment outcomes report successful completion of drug treatment (defined as leaving treatment free of drugs and not re-presenting within 6 months) for opiate users in Hillingdon as 6.1% of those in treatment, compared with 4.9% for England (reporting period June 2020 – May 2021, November 2021).

Successful drug treatment for non-opiate users (defined as above) for Hillingdon is 32.0% of those in treatment compared with 34.3% for England (reporting period June 2020 – May 2021, November 2021). Source: National Drug Treatment Monitoring System

Excess use of alcohol has an impact on health and leads to increased crime.

Admission episodes for alcohol related conditions (broad*) in Hillingdon are recorded as 1,969 per 100,000 (2019/20 DSR rate), higher than both London and England rates (1,809 and 1,815 respectively). Admission episodes for alcohol related conditions (narrow*) in Hillingdon are recorded as 504 per 100,000 (2019/20 DSR rate), higher than London and lower than England (519 and 416 respectively).

Data on adults in effective treatment January to December 2021:

	Number in treatment	Effective treatment	percentage
Opiate use only	531	503	95%
Non-opiate only	112	108	96%
Non-opiate & alcohol	174	167	96%

Data on young people in drug treatment shows that in the period of Jan-Dec 2021, 19 young people are currently in treatment, with 95% (18) in effective treatment.

(Source: National Drug Treatment Monitoring System (NDTMS))

A supervised administration service is widely available across the borough with 27 pharmacies offering this service.

*Broad definition: A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a Broad measure of alcohol-related admissions but is sensitive to changes in coding practice over time.

*Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a Narrower measure. Since every hospital admission must have a primary diagnosis, it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

Source: OHID, Local Alcohol Profiles for England

7. Pharmacy Services

Community pharmacies play a crucial role in supporting residents with a range of services supporting health areas mentioned in this appendix. Appendix 3 covers these areas, and the results of the survey can be found in Appendix 4.

Data Sources

Mortality and Life expectancy

Life Expectancy:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/datasets/lifeexpectancyestimatesallagesuk>

Mortality:

- Office for Health Improvement Mortality Profile
- Primary Care Mortality data set

Disease Prevalence, GP Registered Population (QOF2020/21) on NHS Digital

Office for Health Improvement & Disparities - Profiles and data on Fingertips:

- Teenage conceptions and terminations
- UK Health Security Agency (UKHSA)
- Sexual & Reproductive Health Profile
- TB Strategy Monitoring Indicators
- Local Tobacco Control Profile
- Local Alcohol Profiles for England

COVID data

- coronavirus.data.gov.uk
- UK Health Security Agency, COVID-19 Situational Awareness Explorer

Substance misuse

National Drug Treatment Monitoring System

Sexually transmitted infections (STIs): annual data tables, 2020

<https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables>

Influenza

National flu immunisation programme 2021 to 2022 letter - GOV.UK (www.gov.uk).