



Raw Disease Prevalence in Northern Ireland

2025/26

Based on administrative data recorded on General Practice Disease Registers at 31st March 2026

Introduction and Background

Prevalence is a measure of the frequency of a disease or health condition in a population at a particular point in time. This bulletin presents the latest prevalence statistics for those diseases and conditions specified in the 2025/26 Clinical Care Domain (CCD) of the NI Contract Assurance Framework (NICAF), as recorded by General Practices in Northern Ireland at 31st March 2026.

Quality and Outcomes Framework

With the introduction of the General Medical Services contract in April 2004, a quality framework of indicators was developed for General Practice, the Quality and Outcomes Framework (QOF). An integral part of the QOF was the collection of prevalence data to allow practices to case find those patients that require specific management. QOF has now ceased in Northern Ireland. QOF and a number of Enhanced Services have been replaced by the CCD of the NICAF, under which, all General Practices are still required to undertake activity that would have been undertaken as part of QOF and Enhanced Services, as clinically appropriate. In order to do so, General Practices will continue to maintain disease registers, allowing prevalence data to continue to be collected.

Data Source

The data source for the disease registers data is the General Practice Intelligence Platform (GPIP)/QOF. GPIP/QOF is a joint undertaking between the Strategic Planning and Performance Group, Department of Health (DoH) and the Business Services Organisation (BSO) as an internal solution to replace the Payment Calculation Analysis System (PCAS). The application of standardised coding across General Practices, ensures consistency in prevalence data collection.

Note GPIP/QOF, like its predecessor PCAS, is an aggregated accredited practice level dataset; patient level data does not leave the general practice as part of this dataset. Each individual general practice dataset consists of individual disease register counts; it is therefore not possible to disaggregate the registers by age and/or gender, and co-morbidity cannot be determined. It is important to distinguish GPIP/QOF from GPIP. GPIP has been developed by SPPG as part of Digital Health & Care NI (DHCNI) to extract primary care data from all GP practices in Northern Ireland under agreed governance processes. GPIP is an anonymised patient level single data storage solution and as such allows more detailed disaggregation of data such as age, gender and presence of multiple conditions.

Raw Prevalence Rates

There are a total of 14 individual areas that can be used to calculate the prevalence of conditions within the population. The prevalence statistics presented in this bulletin are **raw prevalence rates**. This means that **they take no account of differences between populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions**. The calculated rate is simply the total number of patients on the disease register (at 31st March 2026), expressed as a proportion of the total number of patients registered with a practice (at 1st January 2026). As such, care should be taken when looking at trends in prevalence over time, by practice or across geographic areas.

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Interpretation of the prevalence figures included in this bulletin and some key limitations

Prevalence is a measure of the frequency of a disease or health condition in a population at a particular point in time (this differs to incidence, which is a measure of the number of newly diagnosed cases within a particular time period).

Given that QOF has now ceased in Northern Ireland, the registers will be referred to as GPIP/QOF Disease Registers, based on the system in which they are collected. These registers do not necessarily equate to prevalence as may be defined by epidemiologists and prevalence figures based on these registers may differ from prevalence figures from other sources due to coding or definitional issues. The asthma register, for example, excludes patients who have not been prescribed asthma-related drugs in the previous twelve months. Care should be taken to understand definitional differences, e.g. when comparing GPIP/QOF prevalence with expected prevalence rates using public health models.

GPIP/QOF Disease Prevalence data are collected centrally at General Practice level. There are no centrally held data on patient details that can be directly linked to the prevalence registers, so the registers cannot be analysed by patient characteristics such as age or gender. The collection of the disease prevalence data at an aggregate level for each General Practice also precludes robust analysis of co-morbidity. Many patients are likely to suffer from co-morbidity, i.e. they are diagnosed with more than one condition, but this cannot be analysed due to the lack of patient level data.

Data from registers should be treated with caution in the first few years of reporting, as they are still being established and validated. Apparent increases in prevalence may be due to improvement in recording and case finding by GPs, rather than a true increase in the prevalence in the population. Year-on-year changes in the size of disease registers are influenced by various factors including changes in prevalence of the condition within the population; demographic changes, such as an ageing population; improvements in case finding by practices; and changes to the definition of the registers (time series trends provided in this bulletin are only presented for years in which there is a consistent definition).

Detailed disease prevalence data for Northern Ireland, can be found [here](#), with data available at GP practice, LCG and GP Federation levels. Northern Ireland level data is available from 2004/05. Historical data is also included on now-closed registers.

Where can I find information on Disease Prevalence across the UK?

[England](#) Note, the diseases/clinical areas included may differ across the UK.

[Wales](#) In addition, there may be definitional differences between countries for diseases/clinical areas.

[Scotland](#)

Official Statistics for Cancer Prevalence in Northern Ireland are also available from the [Northern Ireland Cancer Registry](#). These will differ from the figures presented in this bulletin. For example, the GPIP/QOF prevalence figures exclude non-melanotic skin cancers, and the register excludes patients diagnosed prior to 1st April 2003.

Contact

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We welcome feedback on any aspects of these statistics. Comments and feedback can be sent to Laura Baird at the following e-mail address.

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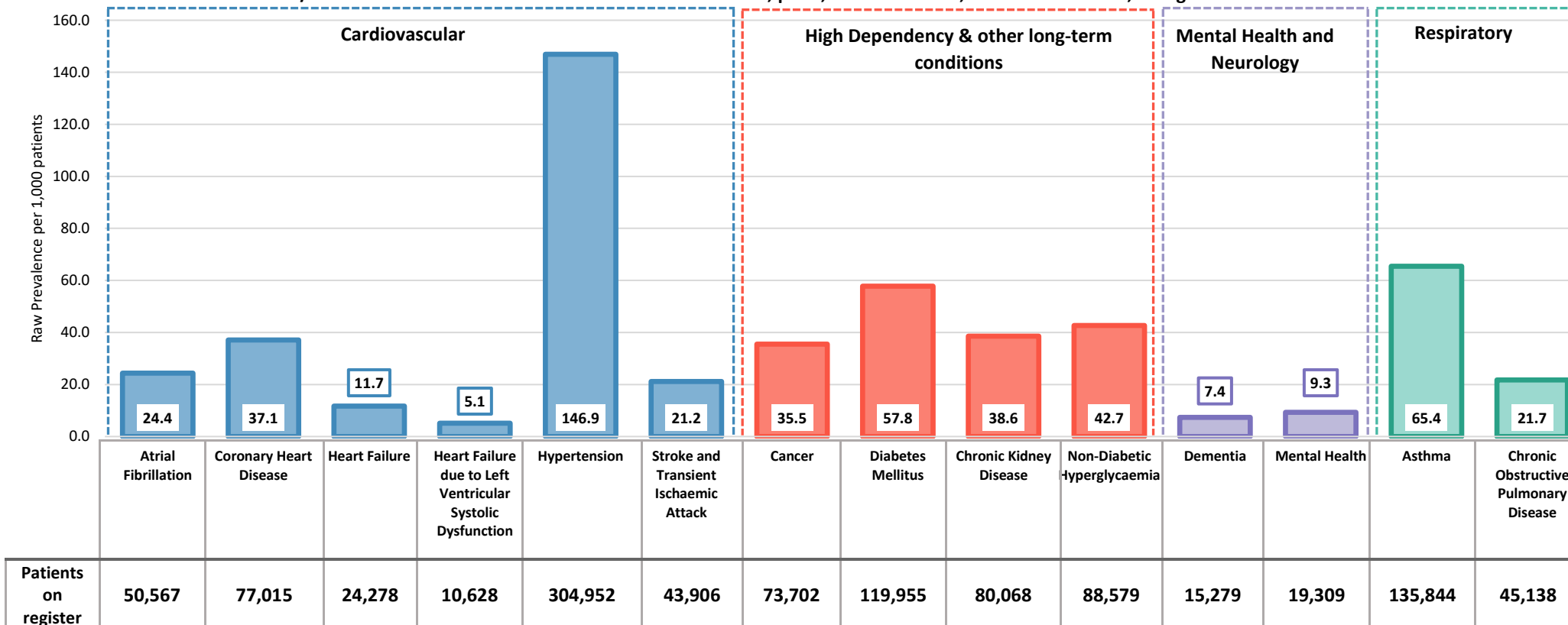
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 **NISRA**
Northern Ireland
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Gníomhaireacht Thuaisceart Éireann
um Staitistice agus Taighde

Raw Prevalence Rates by Disease Register 2025/26

Overall Raw Prevalence Rates for 2025/26

Raw Prevalence of 14 disease/ conditions included in the NICAF Clinical Care Domain, per 1,000 GP Patients, at 31st March 2026, All Ages



- The chart above shows the raw prevalence rates for the 14 registers that count patients with specific conditions or diseases at 31st March 2026. The raw prevalence rate ranged from 146.9 per 1,000 patients for Hypertension to 5.1 per 1,000 patients for Heart Failure due to Left Ventricular Systolic Dysfunction.

- Two of the registers have a specific age requirement. While the rates presented in the chart above are expressed in terms of per 1,000 patients of **all ages**, the table across and the relevant pages in this report provide prevalence rates specifically in terms of the appropriate age-groups.

31-Mar-2026				
Disease Register	Age Requirement	Number of patients on disease register	All Patients meeting age requirement	Raw prevalence rate per 1,000 patients meeting age requirement
Diabetes Mellitus	17+	119,955	1,665,062	72.0
Chronic Kidney Disease	18+	80,068	1,637,602	48.9

Raw Prevalence Rates by Disease Register

- Time series
- by Local Commissioning Group Area (2025/26)
- by GP Federation Area (2025/26)

Comparing prevalence rates

Care should be taken when looking at trends in prevalence over time or across geographic areas.

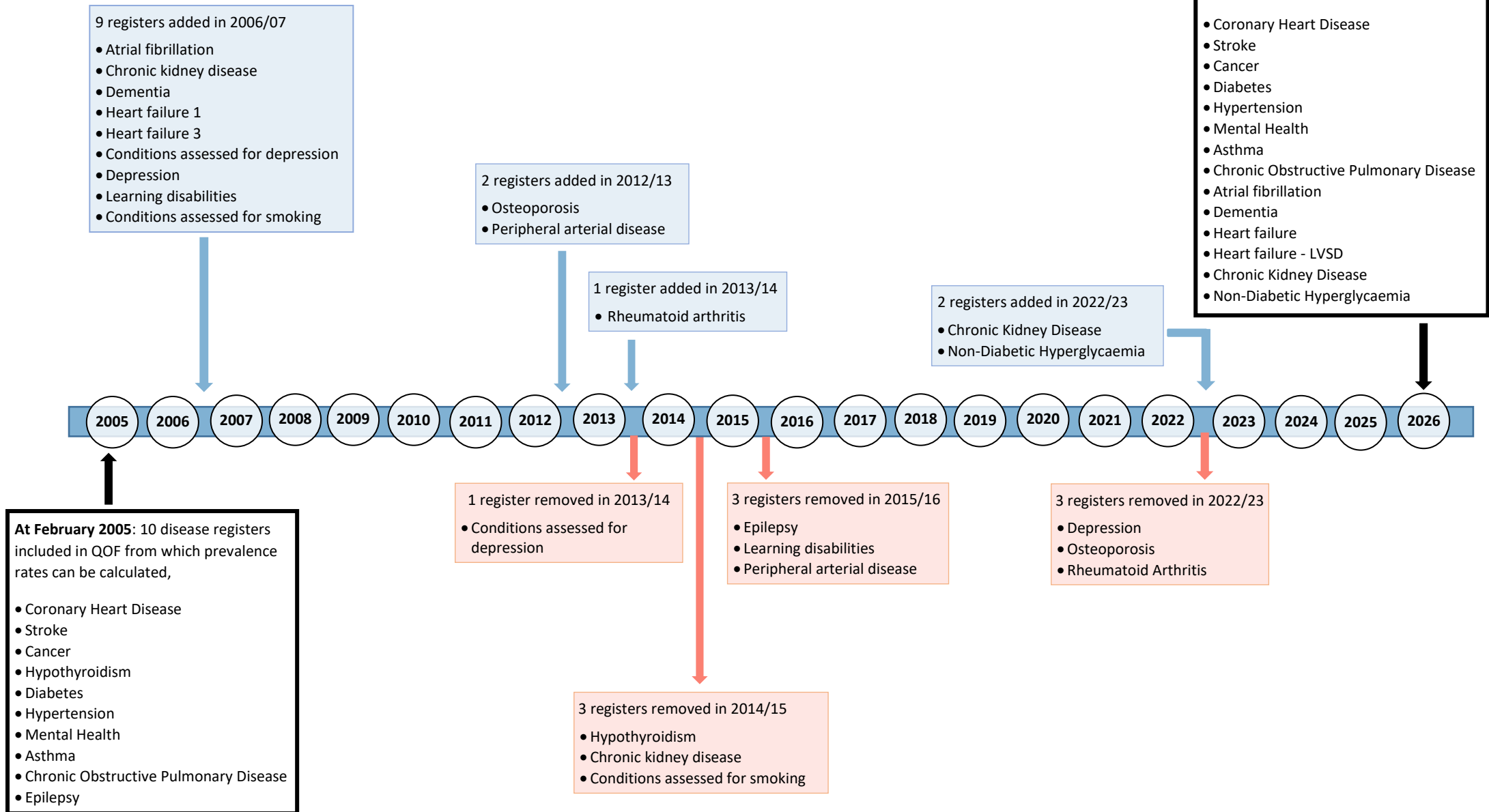
The prevalence statistics presented in this bulletin are **raw prevalence rates**. This means that **they take no account of differences between populations in terms of their age or gender profiles, or other factors that influence the prevalence of health conditions.**

In addition, apparent increases in prevalence may be due to improvement in recording and case finding by GPs, rather than a true increase in the prevalence in the population.

Note, on each of the following disease pages, in the charts showing disease prevalence distribution among General Practices, raw prevalence per 1,000 is presented in bands of prevalence, such as zero to less than 5 (<5). For example, a practice with a prevalence rate of 4.8 per 1,000 would be included in this band.

Timeline of disease registers*

*included in the Quality & Outcomes Framework up to 2023/24, after which it ceased in Northern Ireland; disease registers continue to be maintained by General Practices as part of the Clinical Care Domain (CCD) of the NI Contract Assurance Framework (NICAF).

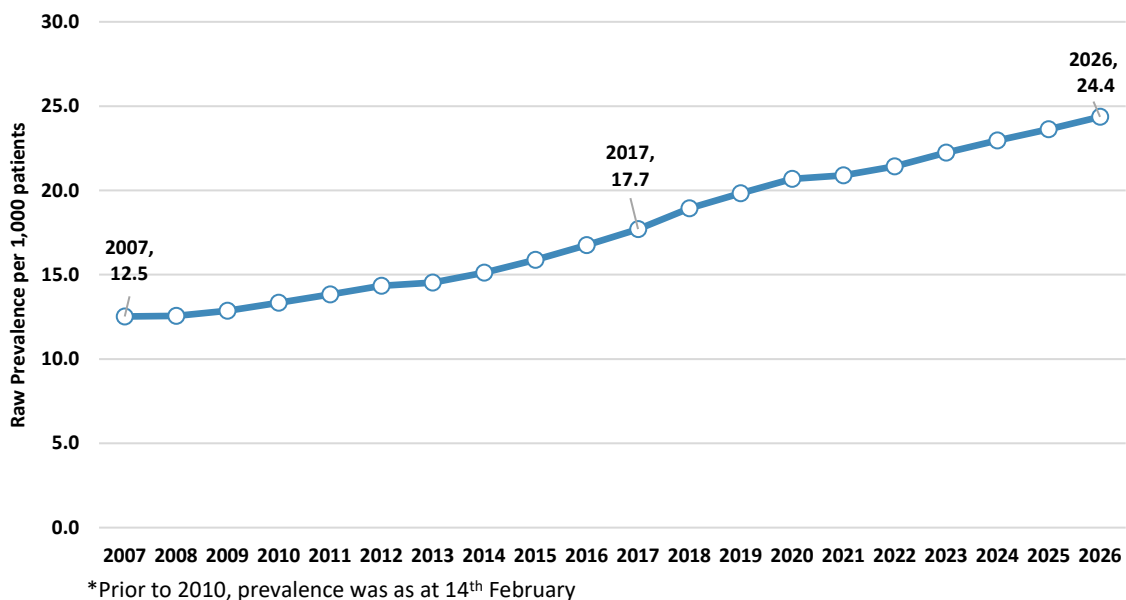


In addition to disease registers being added and removed from the Framework, there have been numerous definitional changes to the registers. The following pages specify the latest definition for the 14 registers and only provide a time series where there has been a consistent underlying definition to the register.

Atrial Fibrillation – Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.

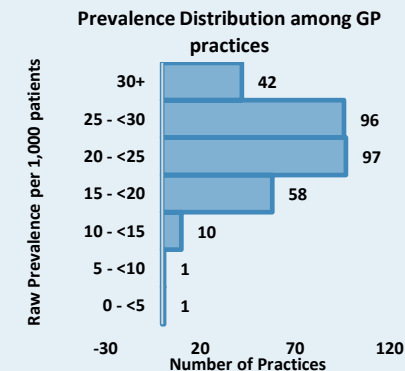
QOF Register Definition: Number of patients with atrial fibrillation. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of Atrial Fibrillation per 1,000 GP Patients at 31st March (2007-2026)*

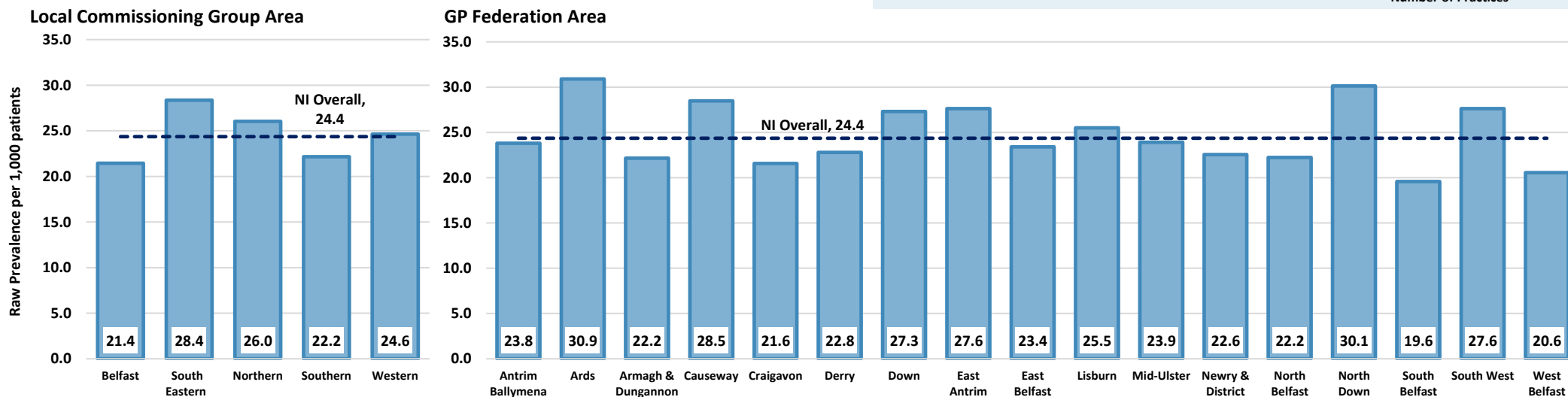


Atrial Fibrillation

- There were 50,567 GP patients recorded on the Atrial Fibrillation register at 31st March 2026. This equates to a raw prevalence rate of 24.4 per 1,000 patients.
- The raw prevalence rate ranged from 21.4 per 1,000 among practices in Belfast LCG, to 28.4 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 19.6 per 1,000 among practices in South Belfast GP Federation area, to 30.9 per 1,000 in Ards.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 2.8 per 1,000 to a maximum of 39.0 per 1,000.
- The frequency chart (across) shows that the rate in 97 practices (31.8%) was in the 20 to <25 per 1,000 range.



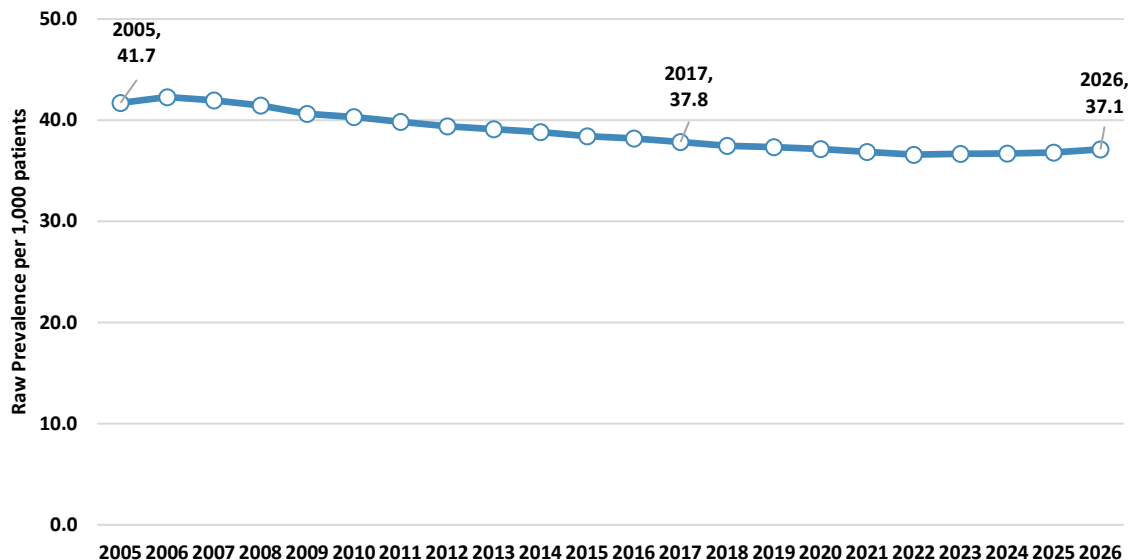
Raw Prevalence of Atrial Fibrillation per 1,000 GP Patients at 31st March 2026 by



Coronary Heart Disease – *Coronary heart disease is sometimes called ischaemic heart disease or coronary artery disease.*

QOF Register Definition: Number of patients with coronary heart disease. Prevalence data are available, on a consistent basis, from 2005.

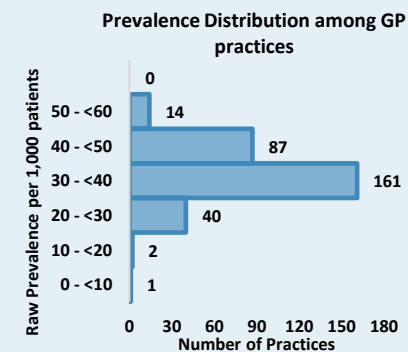
Raw Prevalence of Coronary Heart Disease per 1,000 GP Patients at 31st March (2005-2026)*



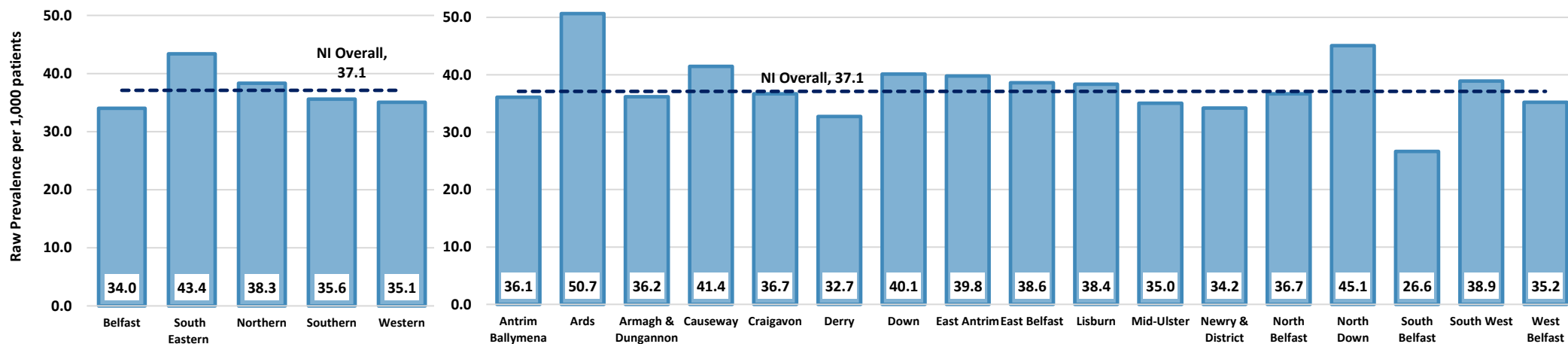
*Prior to 2010, prevalence was as at 14th February

Coronary Heart Disease

- There were 77,015 GP patients recorded on the Coronary Heart Disease register at 31st March 2026. This equates to a raw prevalence rate of 37.1 per 1,000 patients.
- The raw prevalence rate ranged from 34.0 per 1,000 among practices in Belfast LCG to 43.4 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 26.6 per 1,000 among practices in South Belfast GP Federation area to 50.7 per 1,000 in Ards.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 3.1 per 1,000 to a maximum of 58.1 per 1,000.
- The frequency chart (across) shows that the rate for 161 practices (52.8%) was in the range of 30 to <40 per 1,000.



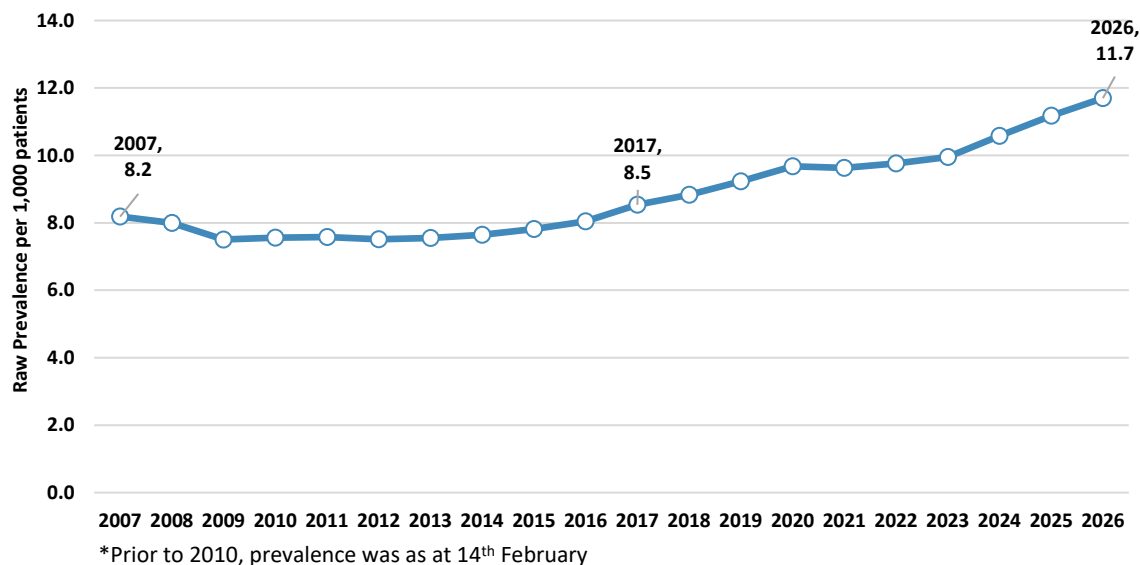
Raw Prevalence of Coronary Heart Disease per 1,000 GP Patients at 31st March 2026 by Local Commissioning Group Area and GP Federation Area



Heart Failure – Heart failure means that the heart is unable to pump blood around the body properly. It usually occurs because the heart has become too weak or stiff.

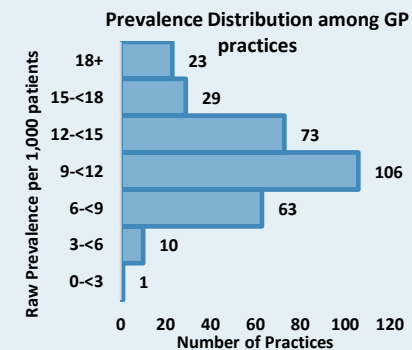
QOF Register Definition: Number of patients with heart failure. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of Heart Failure per 1,000 GP Patients at 31st March (2007-2026)*

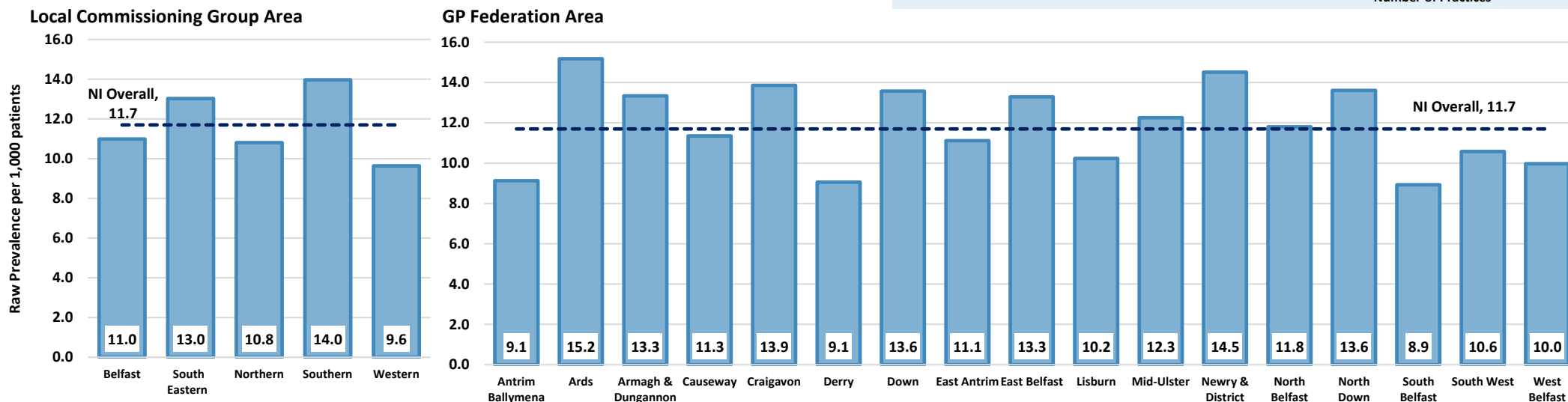


Heart Failure

- There were 24,278 GP patients recorded on the Heart Failure register at 31st March 2026. This equates to a raw prevalence rate of 11.7 per 1,000 patients.
- The raw prevalence rate ranged from 9.6 per 1,000 among practices in Western LCG to 14.0 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 8.9 per 1,000 among practices in South Belfast GP Federation area to 15.2 per 1,000 in Ards.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 0.6 per 1,000 to a maximum of 28.6 per 1,000.
- The frequency chart (across) shows that the rate for 106 practices (34.8%) was in the range of 9 to <12 per 1,000.



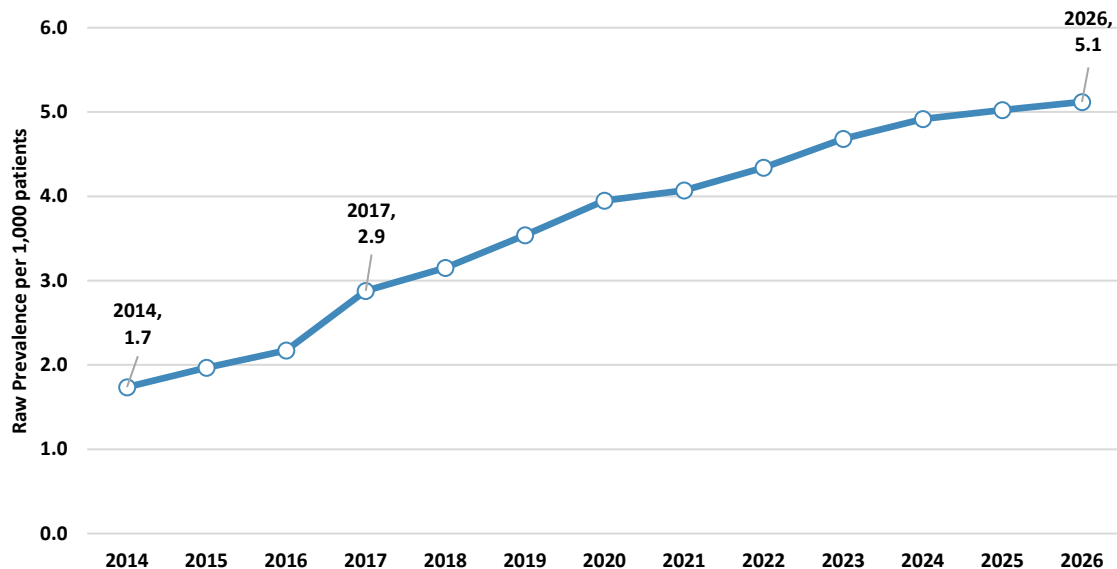
Raw Prevalence of Heart Failure per 1,000 GP Patients at 31st March 2026 by



Heart Failure due to Left Ventricular Systolic Dysfunction – *Left ventricular systolic dysfunction - the heart does not pump efficiently, and does not contract the way it should between heartbeats*

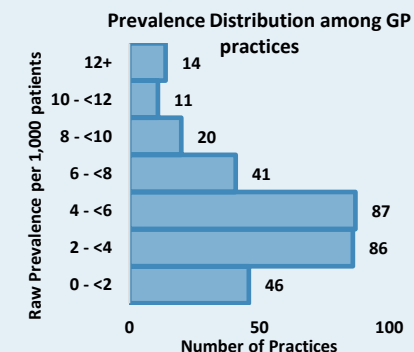
QOF Register Definition: Number of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction (LVSD) and currently treated with an ACE-I or ARB. Prevalence data are available, on a consistent basis, from 2014.

Raw Prevalence of Heart Failure due to Left Ventricular Systolic Dysfunction per 1,000 GP Patients, at 31st March (2014-2026)

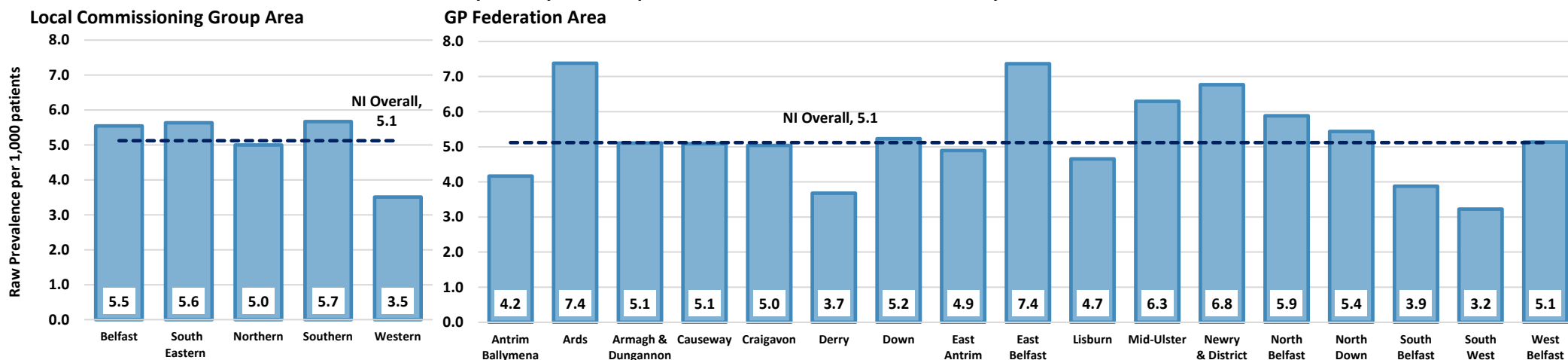


Heart Failure due to Left Ventricular Systolic Dysfunction

- There were 10,628 GP patients recorded on the Heart Failure due to Left Ventricular Systolic Dysfunction register at 31st March 2026. This equates to a raw prevalence rate of 5.1 per 1,000 patients.
- The raw prevalence rate ranged from 3.5 per 1,000 among practices in Western LCG to 5.7 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 3.2 per 1,000 among practices in the South West GP Federation area to 7.4 per 1,000 in Ards and East Belfast.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 0.1 per 1,000 to a maximum of 19.5 per 1,000.
- The frequency chart (across) shows that the rate for 87 practices (28.5%) was in the range of 4 to <6 per 1,000. Another 28.2% of practices had a rate in the 2 to <4 per 1,000 range.



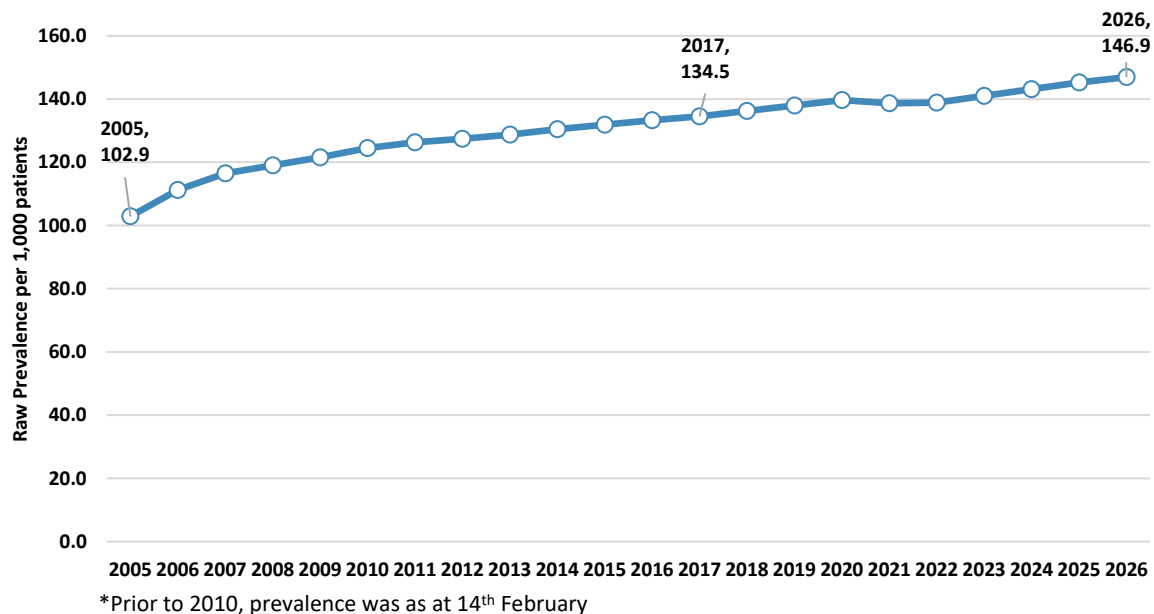
Raw Prevalence of Heart Failure due to Left Ventricular Systolic Dysfunction per 1,000 GP Patients at 31st March 2026 by



Hypertension – High blood pressure

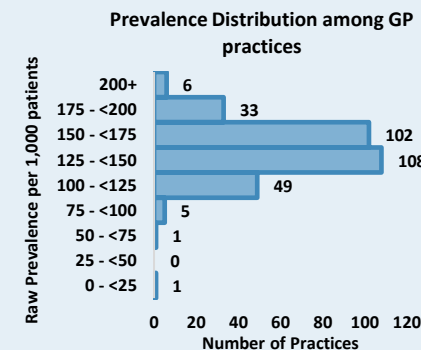
QOF Register Definition: Number of patients with established hypertension. Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of Hypertension per 1,000 GP Patients at 31st March (2005-2026)*

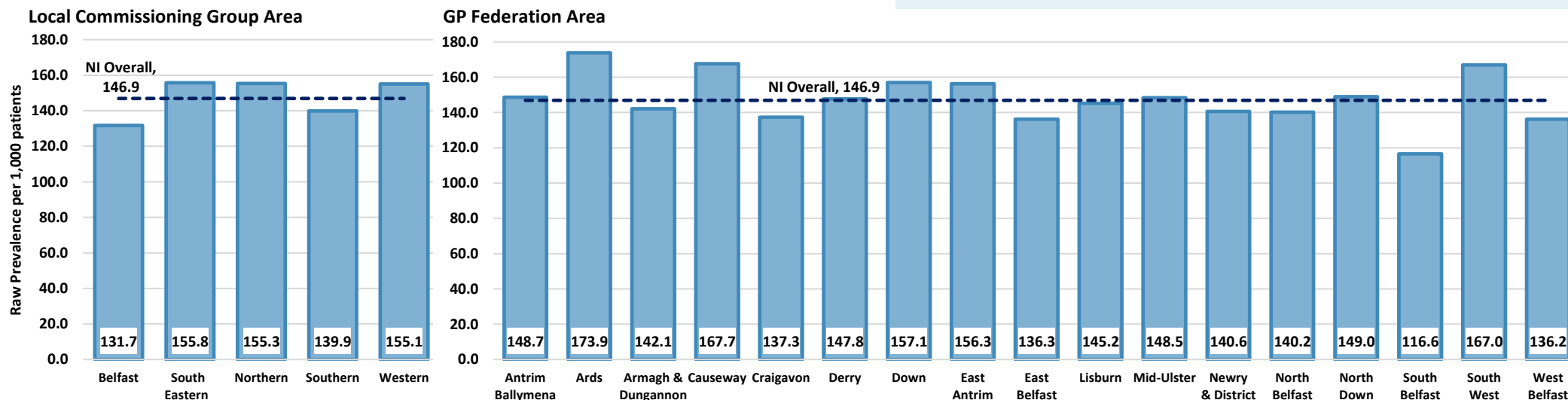


Hypertension

- There were 304,952 GP patients recorded on the Hypertension register at 31st March 2026. This equates to a raw prevalence rate of 146.9 per 1,000 patients.
- The raw prevalence rate ranged from 131.7 per 1,000 among practices in Belfast LCG to 155.8 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 116.6 per 1,000 among practices in South Belfast GP Federation area to 173.9 per 1,000 in Ards.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 22.7 per 1,000 to a maximum of 217.7 per 1,000.
- The frequency chart (across) shows that the rate for 108 practices (35.4%) was in the range of 125 to <150 per 1,000.



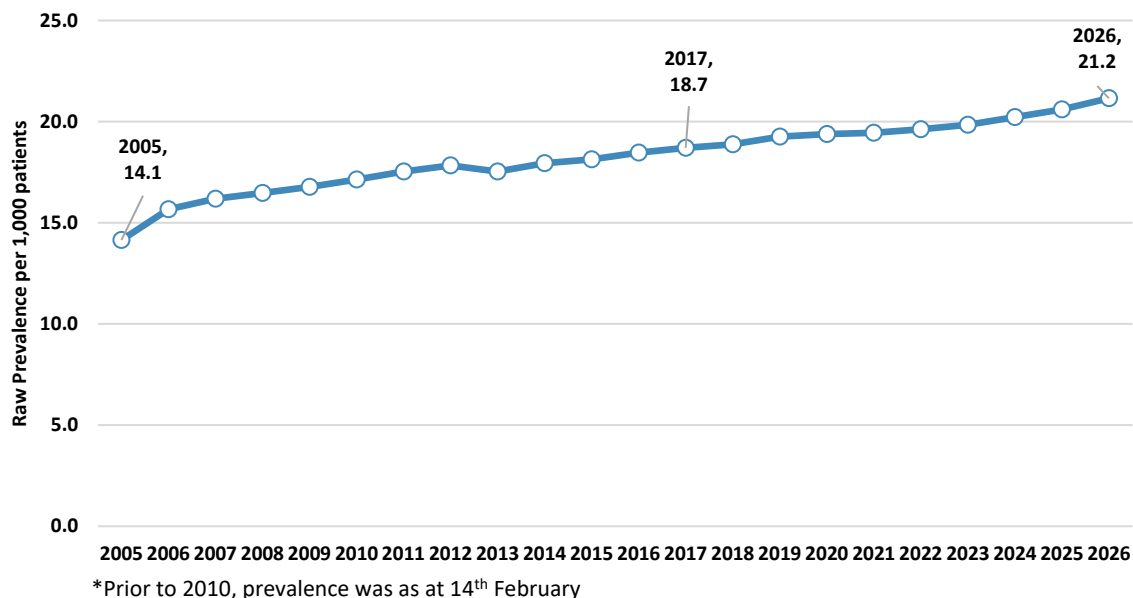
Raw Prevalence of Hypertension per 1,000 GP Patients at 31st March 2026 by



Stroke and Transient Ischaemic Attack – A stroke is a serious life-threatening medical condition that happens when the blood supply to part of the brain is cut off. A transient ischaemic attack (TIA) or "mini stroke" is caused by a temporary disruption in the blood supply to part of the brain.

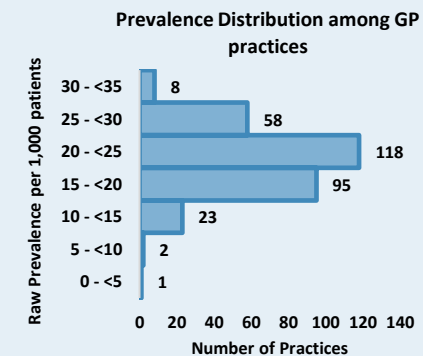
QOF Register Definition: Number of patients with stroke or transient ischaemic attack (TIA). Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of Stroke and Transient Ischaemic Attack per 1,000 GP Patients at 31st March (2005-2026)*

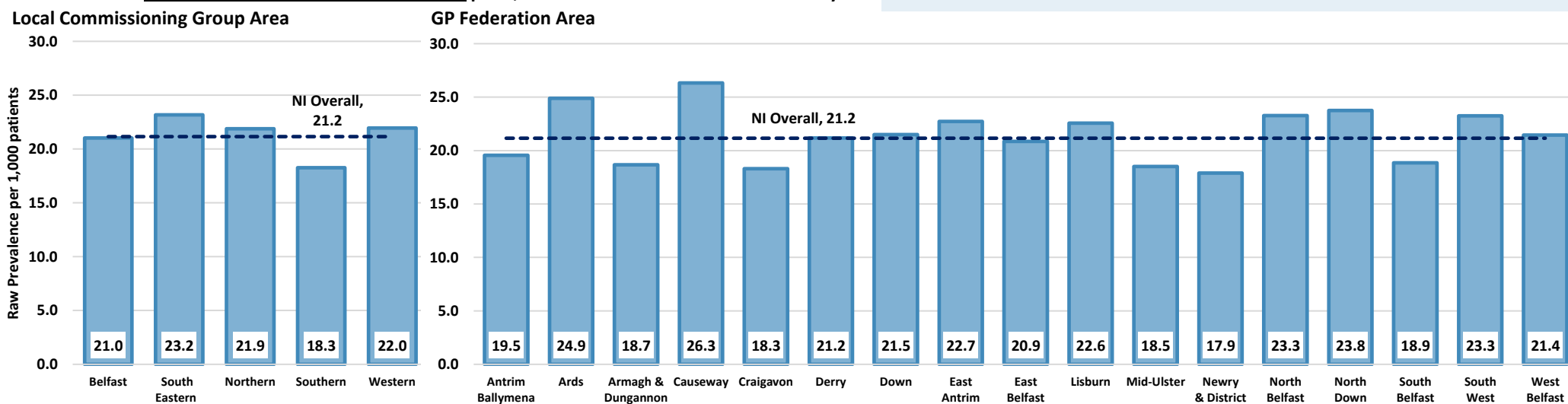


Stroke and Transient Ischaemic Attack

- There were 43,906 GP patients recorded on the Stroke and Transient Ischaemic Attack register at 31st March 2026. This equates to a raw prevalence rate of 21.2 per 1,000 patients.
- The raw prevalence rate ranged from 18.3 per 1,000 among practices in Southern LCG to 23.2 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 17.9 per 1,000 among practices in Newry & District GP Federation area to 26.3 per 1,000 in Causeway.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 1.6 per 1,000 to a maximum of 33.7 per 1,000.
- The frequency chart (across) shows that, for 118 practices (38.7%), the rate was in the range of 20 to <25 per 1,000.



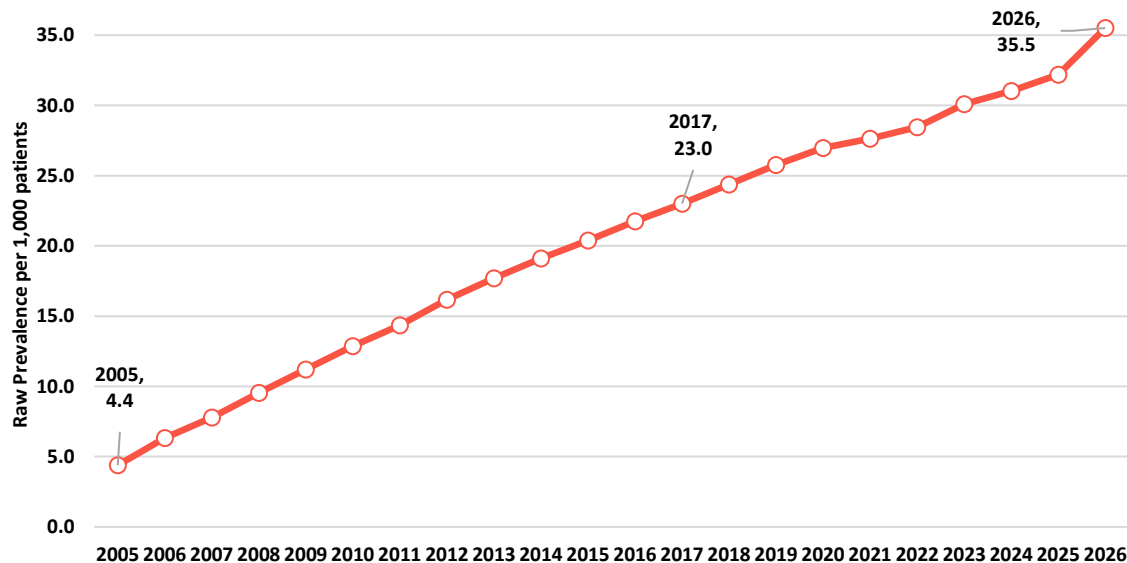
Raw Prevalence of Stroke and Transient Ischaemic Attack per 1,000 GP Patients at 31st March 2026 by



Cancer – Cancer is a condition where cells in a specific part of the body grow and reproduce uncontrollably.

QOF Register Definition: Number of patients with a diagnosis of cancer, excluding non-melanotic skin cancers, from 1st April 2003. Prevalence data are available, on a consistent basis, from 2005. Because of the cut-off date in this definition, prevalence trends are obscured by the increase in the size of the register due to the cumulative accrual of new cancer cases onto practice registers with each passing year. Increases in the register size will be, at least in part, due to the cumulative nature of the register.

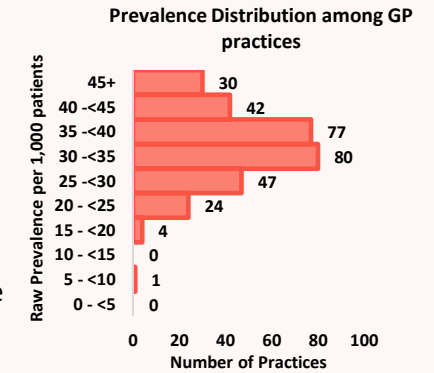
Raw Prevalence of Cancer per 1,000 GP Patients at 31st March (2005-2026)*



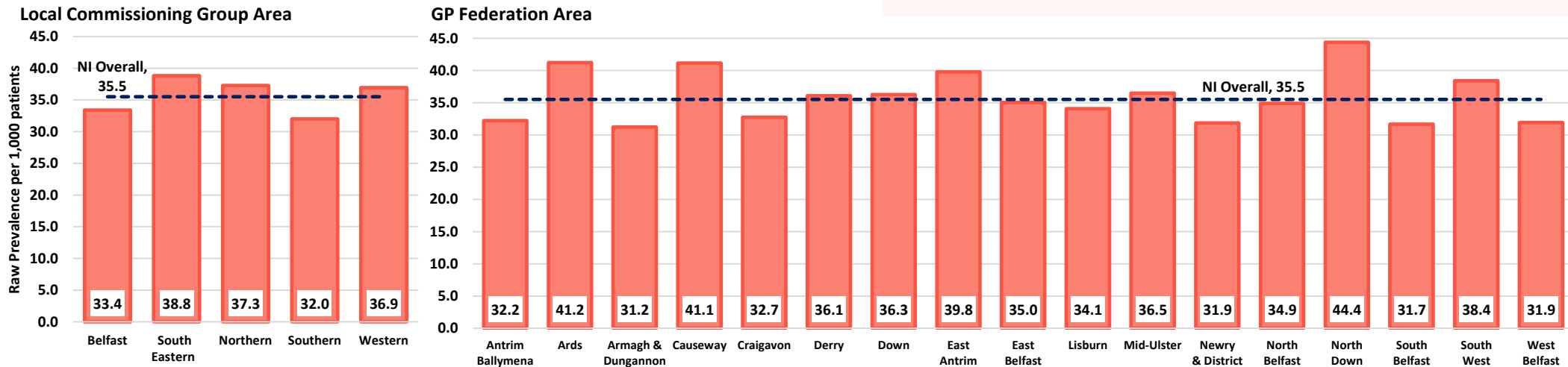
*Prior to 2010, prevalence was as at 14th February

Cancer

- There were 73,702 GP patients recorded on the Cancer register at 31st March 2026. This equates to a raw prevalence rate of 35.5 per 1,000 patients.
- The raw prevalence rate ranged from 32.0 per 1,000 among practices in Southern LCG to 38.8 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 31.2 per 1,000 among practices in the Armagh & Dungannon GP Federation area to 44.4 per 1,000 in North Down.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 7.1 per 1,000 to a maximum of 57.9 per 1,000.
- The frequency chart (across) shows that the rate for 80 practices (26.2%) was in the range of 30 to <35 per 1,000.



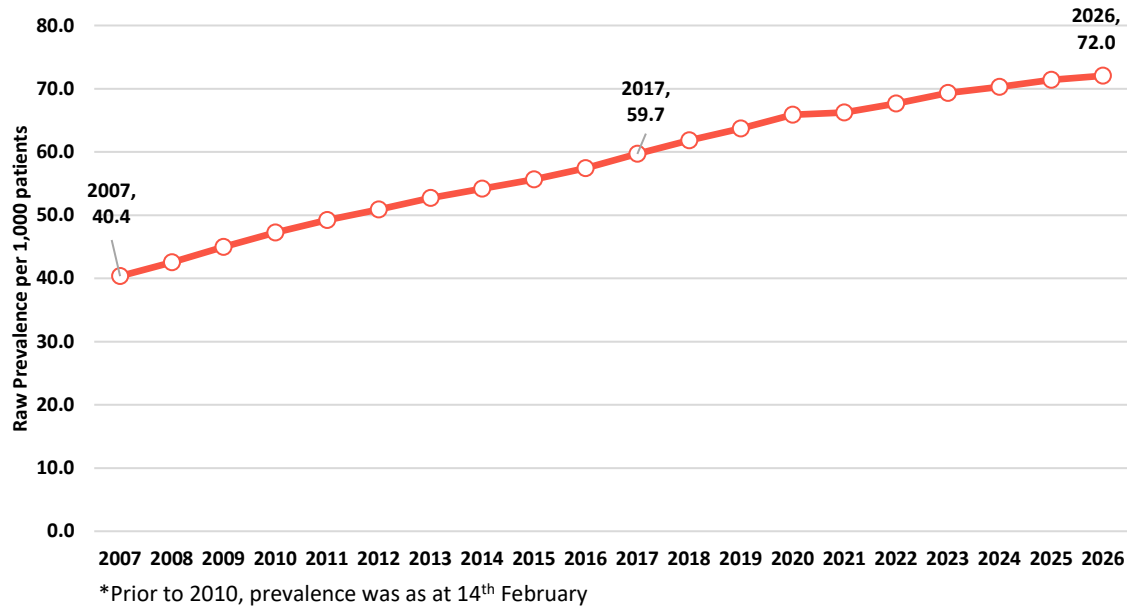
Raw Prevalence of Cancer per 1,000 GP Patients at 31st March 2026 by



Diabetes Mellitus – *Diabetes is a lifelong condition that causes a person's blood sugar level to become too high.*

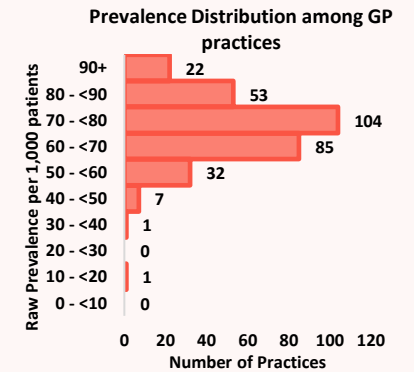
QOF Register Definition: Number of patients aged 17 years and over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of Diabetes Mellitus per 1,000 GP Patients aged 17+, at 31st March (2007-2026)*



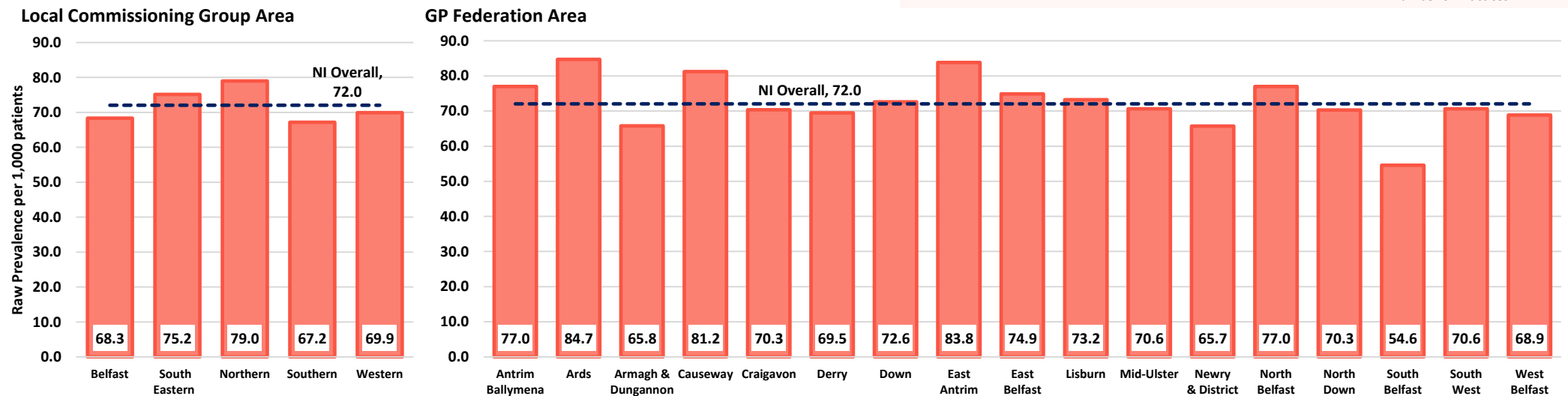
Diabetes Mellitus

- There were 119,955 GP patients recorded on the Diabetes Mellitus register at 31st March 2026. This equates to a raw prevalence rate of 72.0 per 1,000 patients (aged 17+).
- The raw prevalence rate ranged from 67.2 per 1,000 among practices in Southern LCG to 79.0 per 1,000 in Northern LCG.
- The raw prevalence rate ranged from 54.6 per 1,000 among practices in South Belfast GP Federation area to 84.7 per 1,000 in Ards.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 12.5 per 1,000 to a maximum of 109.9 per 1,000.
- The frequency chart (across) shows that the rate for 104 practices (34.1%) was in the range of 70 to <80 per 1,000.



All calculations use the 17+ registered list

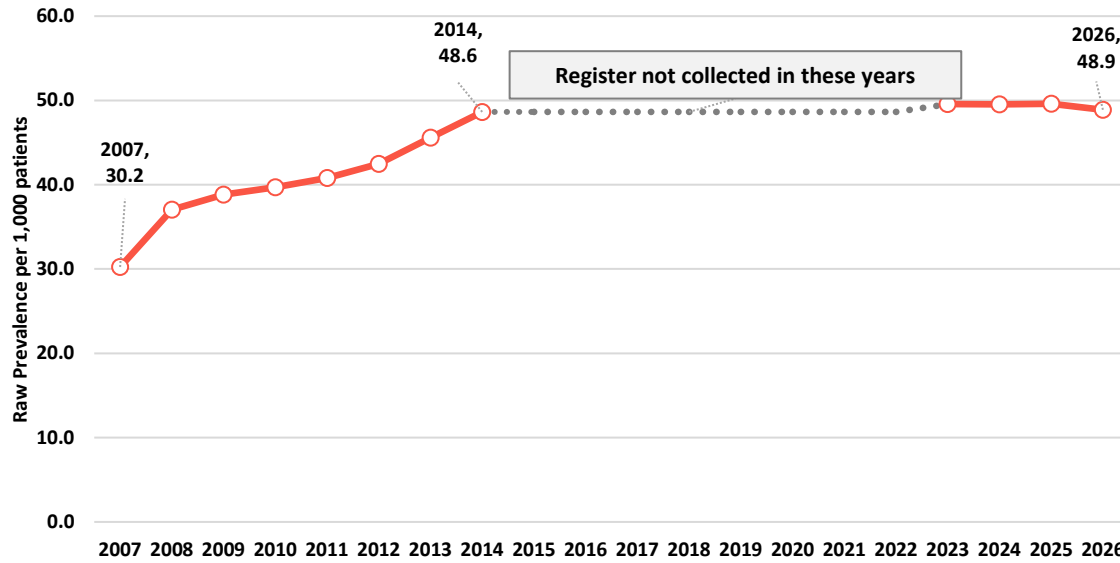
Raw Prevalence of Diabetes Mellitus per 1,000 GP Patients aged 17+, at 31st March 2026 by



Chronic Kidney Disease – *Chronic Kidney Disease is a condition characterised by a gradual loss of kidney function.*

QOF Register Definition: Number of patients aged 18 years or over with chronic kidney disease with classification of categories G3a to G5 (previously stage 3 to 5). The CKD register was removed from the QOF from 2014/15 and re-introduced from 2022/23; the definition remains consistent with the previous register.

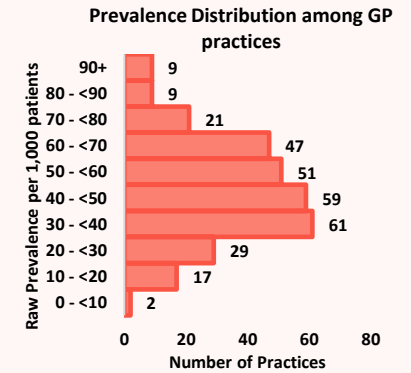
Raw Prevalence of Chronic Kidney Disease per 1,000 GP Patients aged 18+, at 31st March (2007-2026)*, #



*Prior to 2010, prevalence was as at 14th February; # Register removed from 2014/15 and reintroduced from 2022/23

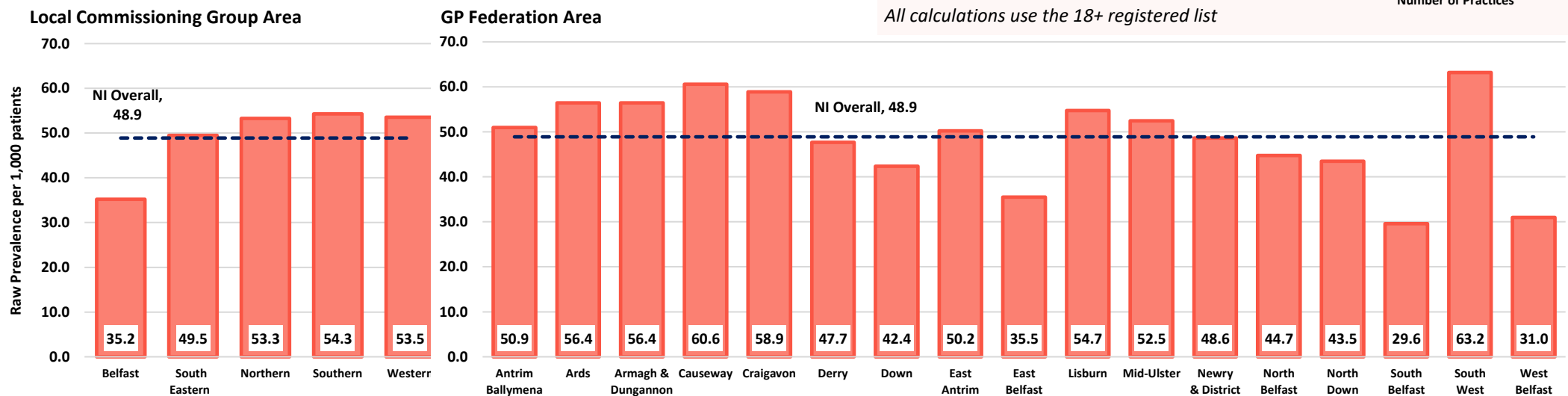
Chronic Kidney Disease

- There were 80,068 GP patients recorded on the Chronic Kidney Disease register at 31st March 2026. This equates to a raw prevalence rate of 48.9 per 1,000 patients (aged 18+).
- The raw prevalence rate ranged from 35.2 per 1,000 among practices in Belfast LCG to 54.3 per 1,000 in Southern LCG.
- The raw prevalence rate ranged from 29.6 per 1,000 among practices in South Belfast GP Federation area to 63.2 per 1,000 in South West GP Federation area.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 1.9 per 1,000 to a maximum of 137.5 per 1,000.
- The frequency chart (across) shows that the rate for 61 practices (20%) was in the range of 30 to <40 per 1,000.



All calculations use the 18+ registered list

Raw Prevalence of Chronic Kidney Disease per 1,000 GP Patients aged 18+, at 31st March 2026 by

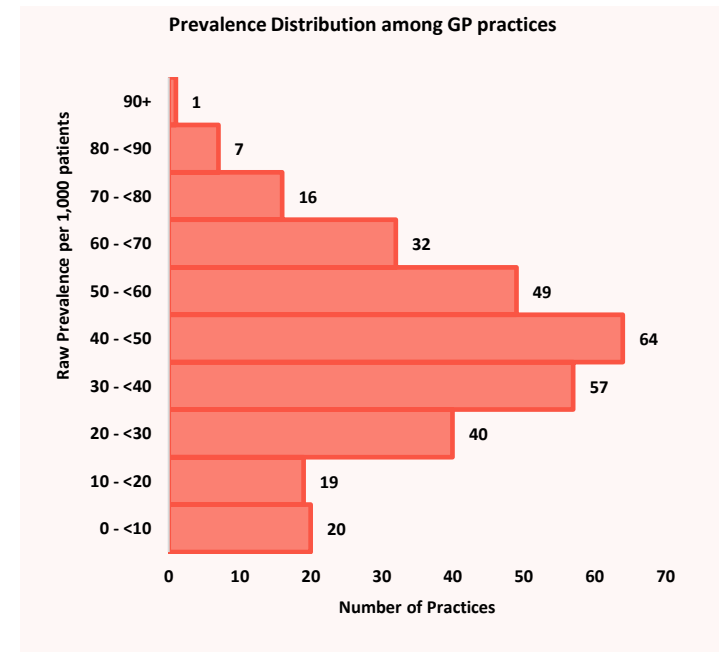


Non-Diabetic Hyperglycaemia– *Non-diabetic hyperglycaemia is a condition where a person’s blood glucose (sugar) level is high even though they do not have diabetes.*

QOF Register Definition: Number of patients with Non-Diabetic Hyperglycaemia. This register was first introduced in the QOF from 2022/23.

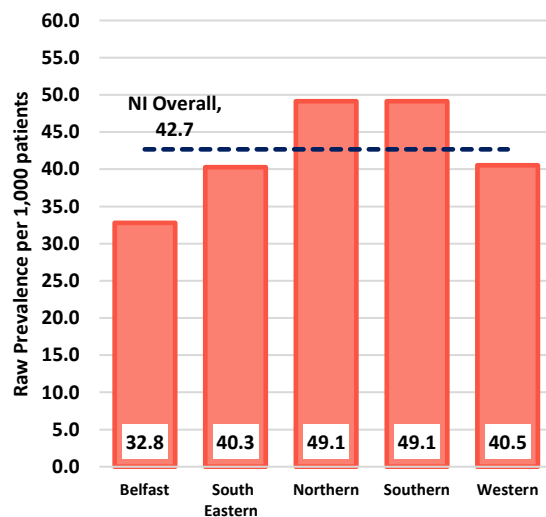
Non-Diabetic Hyperglycaemia

- There were 88,579 GP patients recorded on the Non-Diabetic Hyperglycaemia register at 31st March 2026. This equates to a raw prevalence rate of 42.7 per 1,000 patients at 31st March 2026, which compares with a rate of 39.8 per 1,000 patients at 31st March 2025, 35.9 per 1,000 patients at 31st March 2024 and 32.5 per 1,000 patients at 31st March 2023.
- The raw prevalence rate ranged from 32.8 per 1,000 among practices in Belfast LCG to 49.1 per 1,000 in the Northern and Southern LCGs.
- The raw prevalence rate ranged from 24.4 per 1,000 among practices in West Belfast GP Federation area to 56.7 per 1,000 in Causeway GP Federation area.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 1.1 per 1,000 to a maximum of 90.4 per 1,000.
- The frequency chart (across) shows that the rate for 64 practices (21.0%) was in the range of 40 to <50 per 1,000.

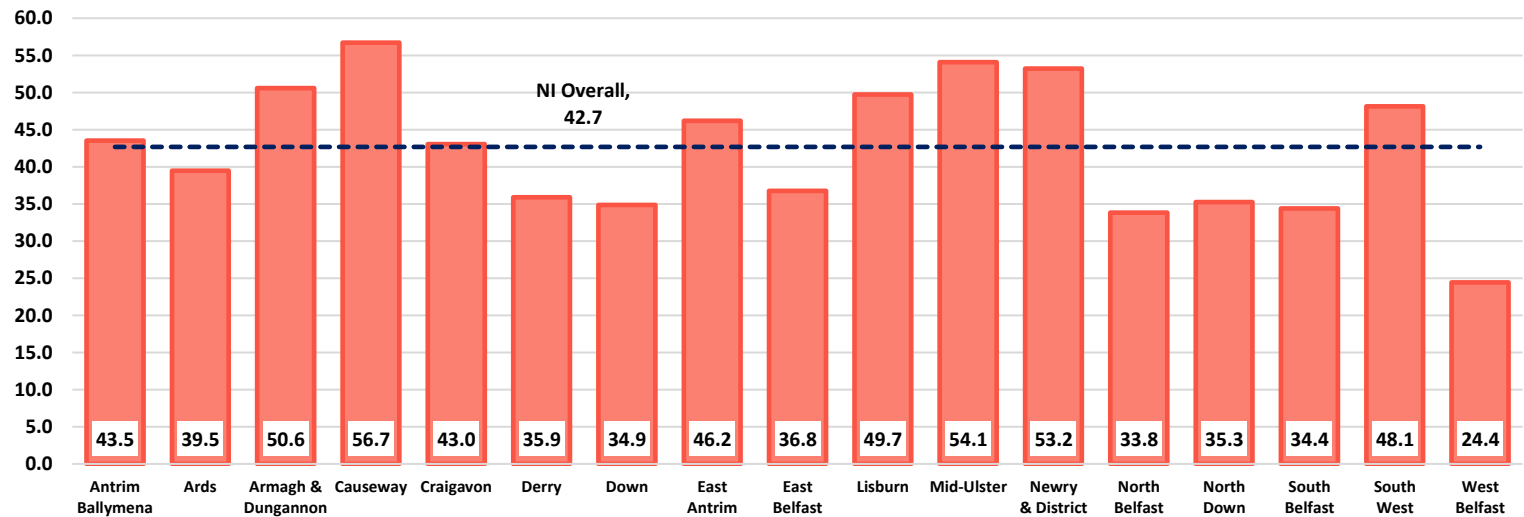


Raw Prevalence of Non-Diabetic Hyperglycaemia per 1,000 GP Patients, at 31st March 2026 by

Local Commissioning Group Area



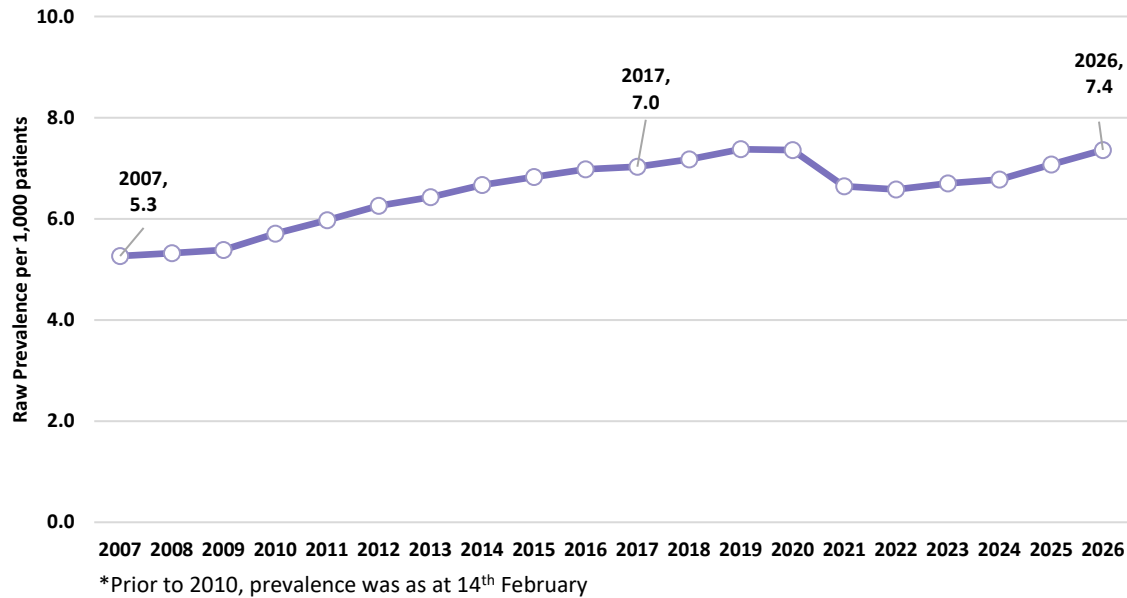
GP Federation Area



Dementia – *Dementia is the name for problems with mental abilities caused by gradual changes and damage in the brain.*

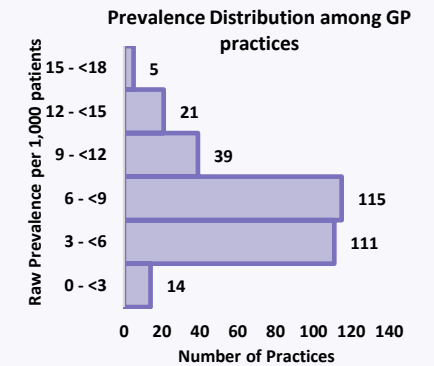
QOF Register Definition: Number of patients diagnosed with dementia. Prevalence data are available, on a consistent basis, from 2007.

Raw Prevalence of Dementia per 1,000 GP Patients at 31st March (2007-2026)*

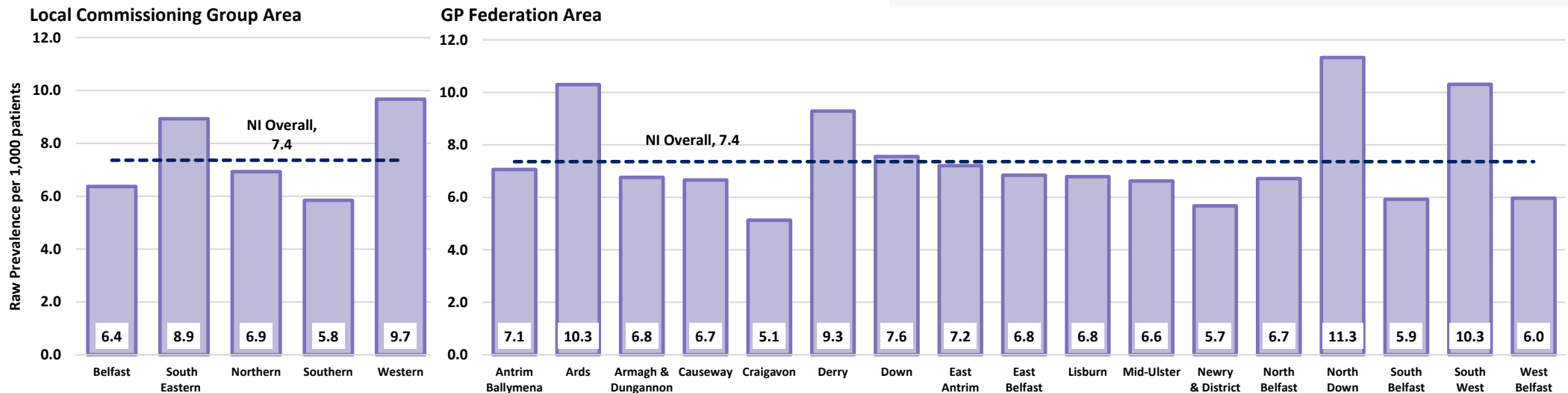


Dementia

- There were 15,279 GP patients recorded on the Dementia register at 31st March 2026. This equates to a raw prevalence rate of 7.4 per 1,000 patients.
- The raw prevalence rate ranged from 5.8 per 1,000 among practices in Southern LCG to 9.7 per 1,000 in Western LCG.
- The raw prevalence rate ranged from 5.1 per 1,000 among practices in Craigavon GP Federation area to 11.3 per 1,000 in North Down.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 0.2 per 1,000 to a maximum of 17.2 per 1,000.
- The frequency chart (across) shows that the rate for 115 practices (37.7%) was in the range of 6 to <9 per 1,000.



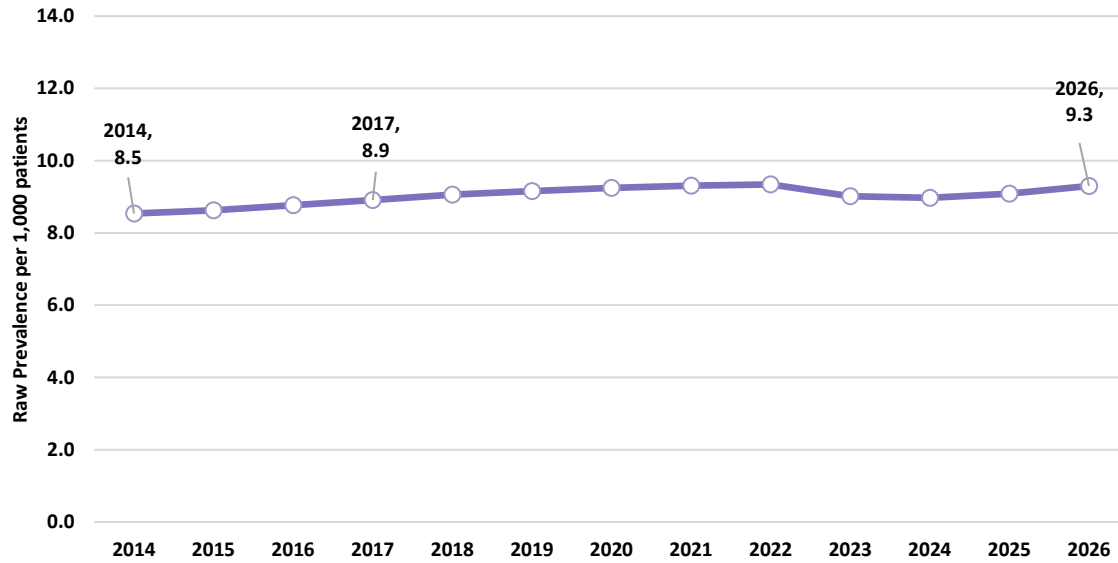
Raw Prevalence of Dementia per 1,000 GP Patients at 31st March 2026 by



Mental Health – For QOF purposes this relates to the prevalence of those serious mental illnesses specified in the definition below.

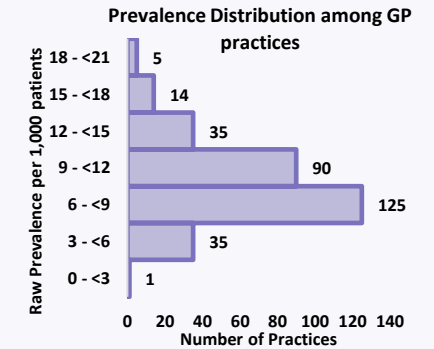
QOF Register Definition: Number of patients with schizophrenia, bipolar affective disorder, and other psychoses, and other patients on lithium therapy. Prevalence data are available, on a consistent basis, from 2014.

Raw Prevalence of Mental Health per 1,000 GP Patients at 31st March (2014-2026)

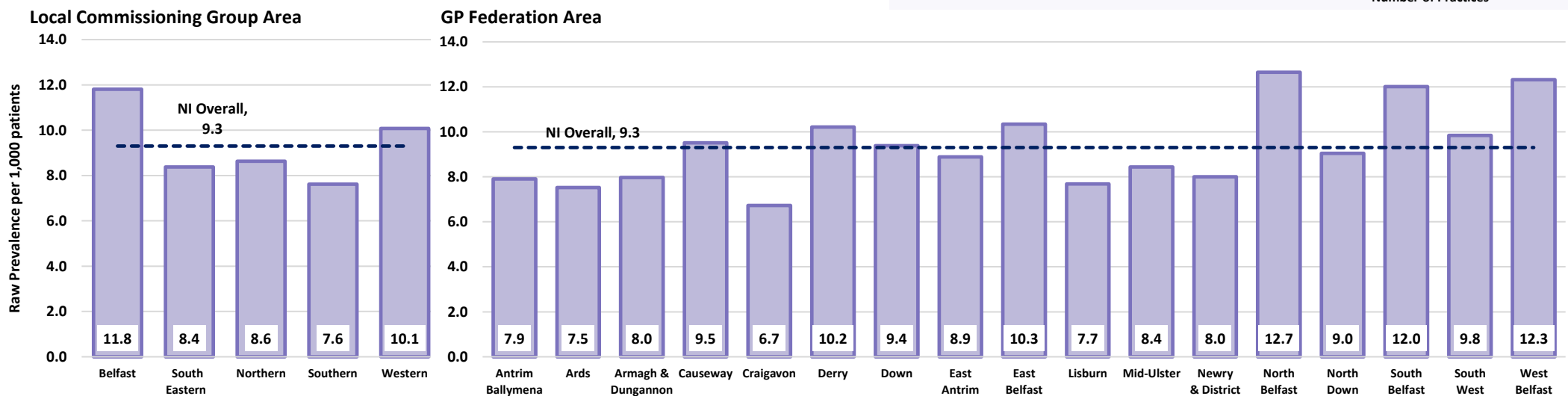


Mental Health

- There were 19,309 GP patients recorded on the Mental Health register at 31st March 2026. This equates to a raw prevalence rate of 9.3 per 1,000 patients.
- The raw prevalence rate ranged from 7.6 per 1,000 among practices in Southern LCG to 11.8 per 1,000 in Belfast LCG.
- The raw prevalence rate ranged from 6.7 per 1,000 among practices in Craigavon GP Federation area to 12.7 per 1,000 in North Belfast.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 2.5 per 1,000 to a maximum of 20.1 per 1,000.
- The frequency chart (across) shows that the rate for 125 practices (41.0%) was in the range of 6 to <9 per 1,000.



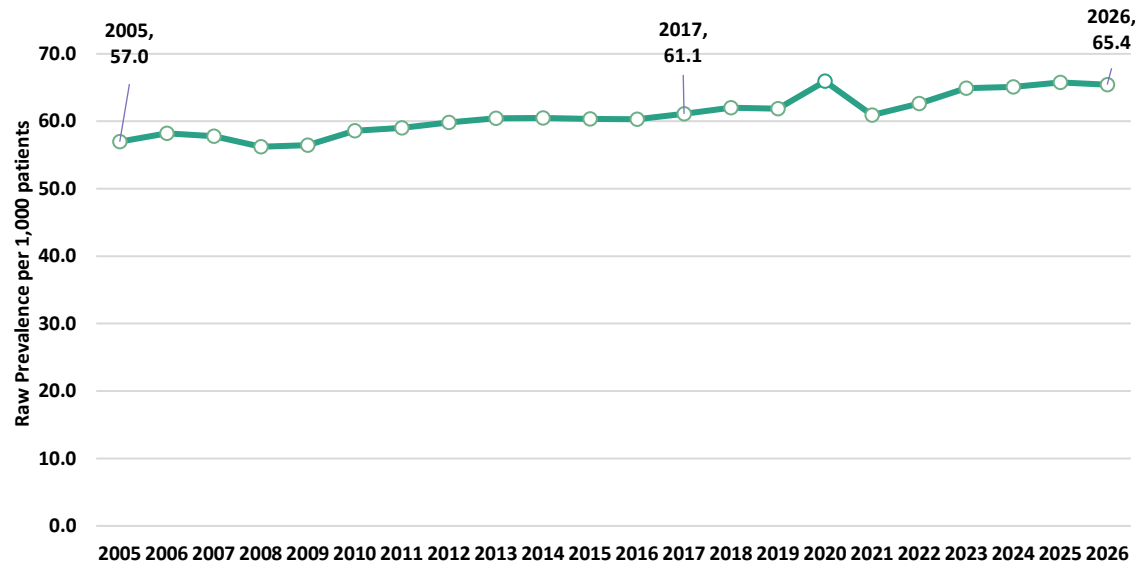
Raw Prevalence of Mental Health per 1,000 GP Patients at 31st March 2026 by



Asthma – Asthma is a common lung condition that causes occasional breathing difficulties.

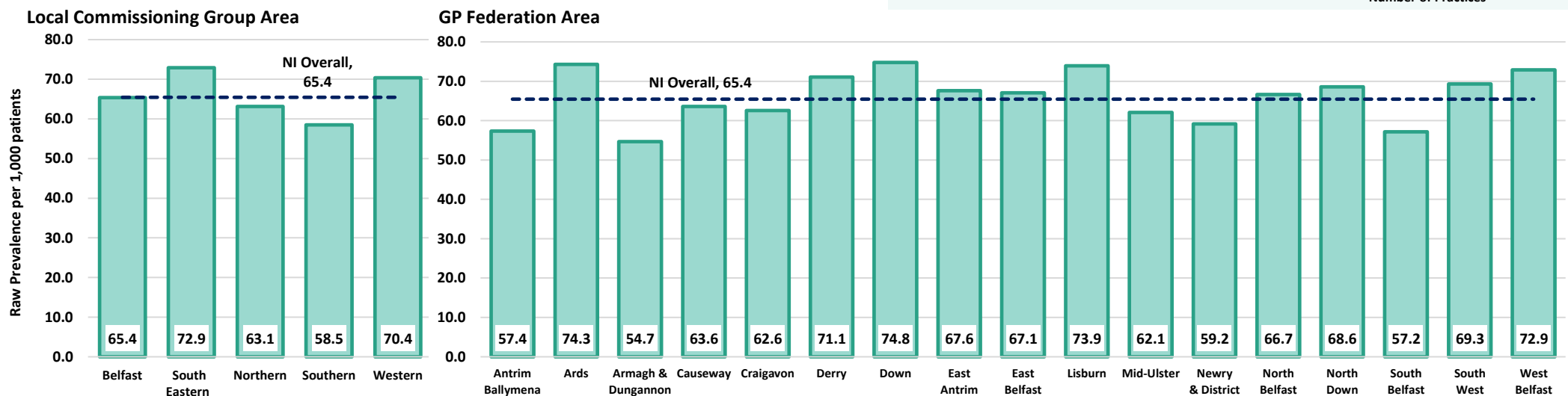
QOF Register Definition: Number of patients with asthma, excluding those who have had no prescription for asthma-related drugs in the last 12 months. Prevalence data are available, on a consistent basis, from 2005.

Raw Prevalence of Asthma per 1,000 GP Patients at 31st March (2005-2026)*



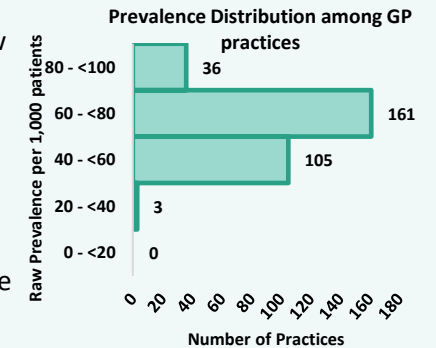
*Prior to 2010, prevalence was as at 14th February

Raw Prevalence of Asthma per 1,000 GP Patients at 31st March 2026 by



Asthma

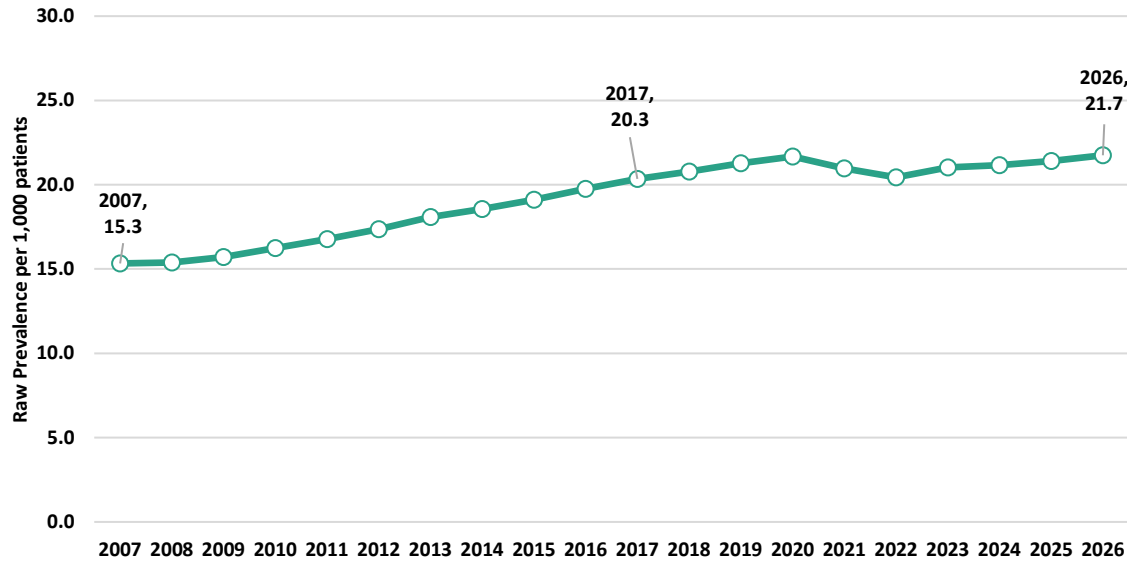
- There were 135,844 GP patients recorded on the Asthma register at 31st March 2026. This equates to a raw prevalence rate of 65.4 per 1,000 patients.
- The raw prevalence rate ranged from 58.5 per 1,000 among practices in Southern LCG to 72.9 per 1,000 in South Eastern LCG.
- The raw prevalence rate ranged from 54.7 per 1,000 among practices in Armagh & Dungannon GP Federation area to 74.8 per 1,000 in Down.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 30.3 per 1,000 to a maximum of 99.8 per 1,000.
- The frequency chart (across) shows that the rate for 161 practices (52.8%) was in the range of 60 to <80.



Chronic Obstructive Pulmonary Disease – *Chronic obstructive pulmonary disease (COPD) is the name for a group of lung conditions that cause breathing difficulties (including emphysema and chronic bronchitis).*

QOF Register Definition: Number of patients with chronic obstructive pulmonary disease. Prevalence data are available, on a consistent basis, from 2007.

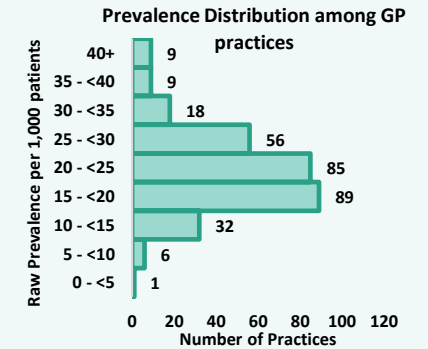
Raw Prevalence of Chronic Obstructive Pulmonary Disease per 1,000 GP Patients at 31st March (2007-2026)*



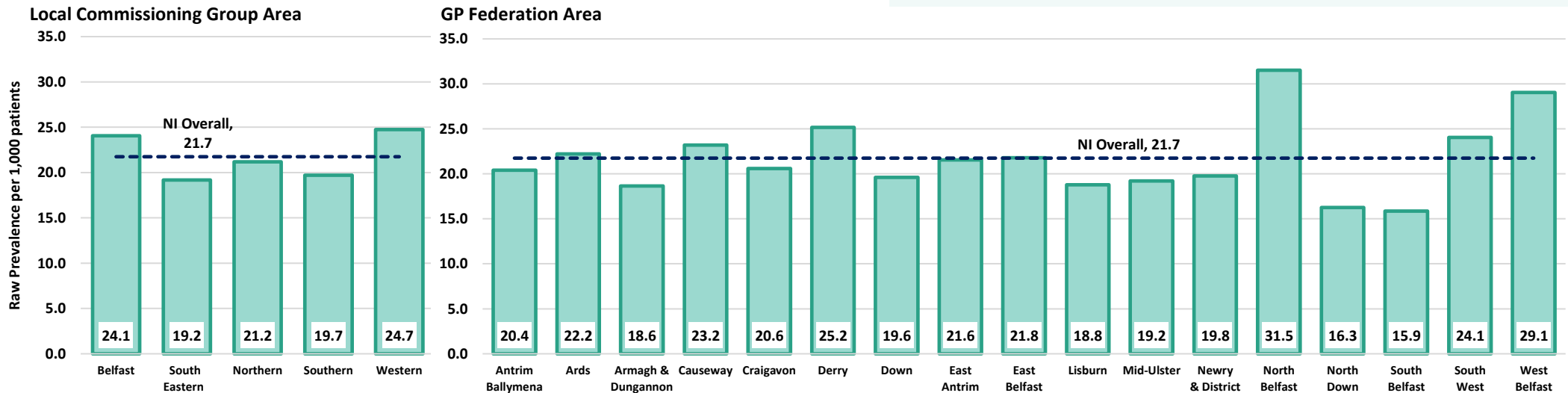
*Prior to 2010, prevalence was as at 14th February

Chronic Obstructive Pulmonary Disease

- There were 45,138 GP patients recorded on the Chronic Obstructive Pulmonary Disease register at 31st March 2026. This equates to a raw prevalence rate of 21.7 per 1,000 patients.
- The raw prevalence rate ranged from 19.2 per 1,000 among practices in South Eastern LCG to 24.7 per 1,000 in Western LCG.
- The raw prevalence rate ranged from 15.9 per 1,000 among practices in South Belfast GP Federation area to 31.5 per 1,000 in North Belfast.
- Among the 305 practices, the raw prevalence rate ranged from a minimum of 1.2 per 1,000 to a maximum of 62.4 per 1,000.
- The frequency chart (across) shows that the rate for 89 practices (29.2%) was in the range of 15 to <20 per 1,000.



Raw Prevalence of Chronic Obstructive Pulmonary Disease per 1,000 GP Patients at 31st March 2026 by



Contact

For further information regarding this statistical bulletin, or to make any comments or feedback, please contact:

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