

## Major Diseases

Over the assessment period, prescription rates for antihypertensives and statins increased in all areas with the inequality gap narrowing for statins narrowing due to a higher increase in the least deprived areas than in the most deprived areas. Although the standardised cancer incidence rate improved within the most deprived areas, the rate remained around 1.2 times the rate in the least deprived areas. As would be expected, death rates for COVID-19 decreased markedly in all areas between the initial outbreak year (2020) and 2024. While circulatory admissions decreased for under 75s and for all ages in NI and the most and least deprived areas, there were no changes in the most-least deprived inequality gaps widening. While there was a narrowing of the most-least deprived gap for under 75 respiratory admissions, the admission rate in the most deprived areas remains double the rate observed in the least deprived areas.

### Health Outcome Indicators

**Key:**

MD

Most Deprived Areas

LD

Least Deprived Areas

Positive Change

No Notable Change

Negative Change

> <

Narrowing of the Gap

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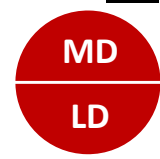
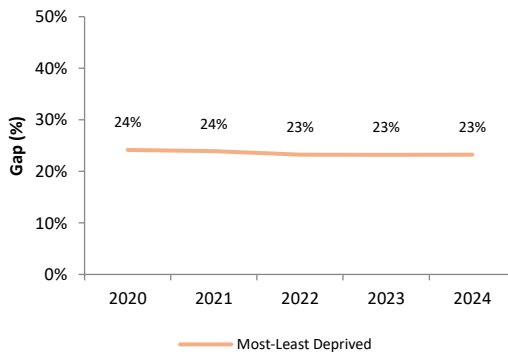
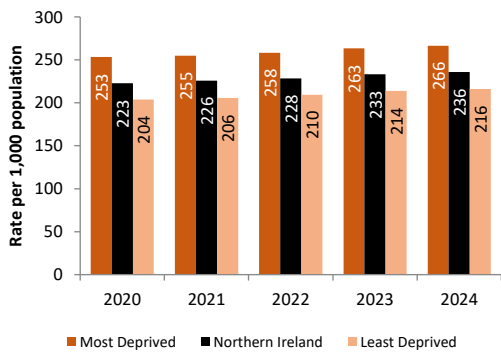
No Notable Change in the Gap

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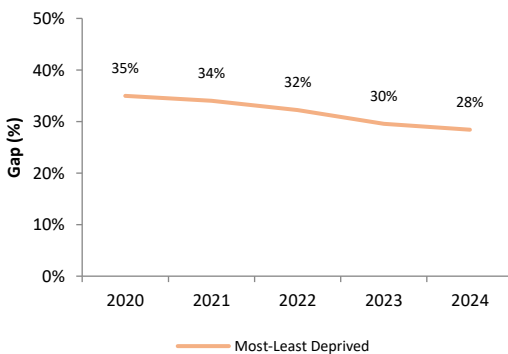
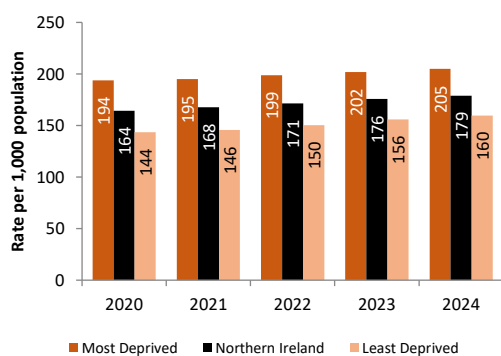
Widening of the Gap

Northern Ireland: NI

#### Standardised Prescription Rate – Antihypertensive NI ●

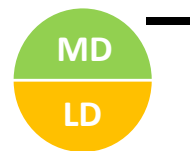
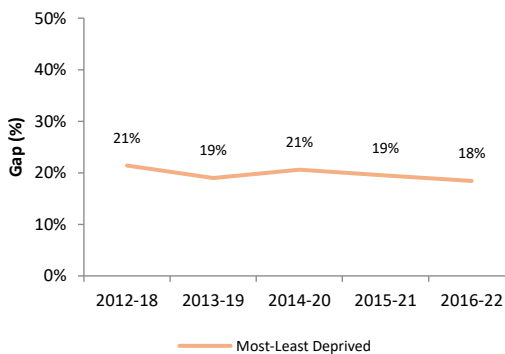
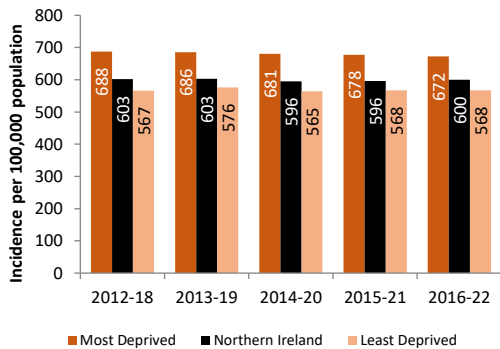


#### Standardised Prescription Rate – Statin NI ●



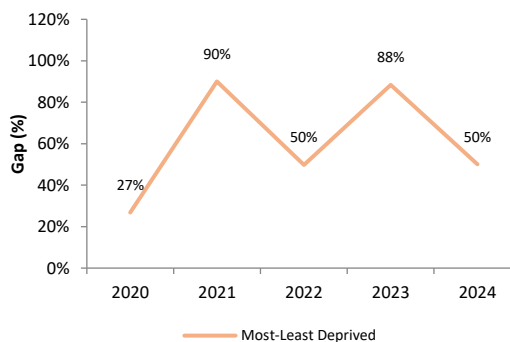
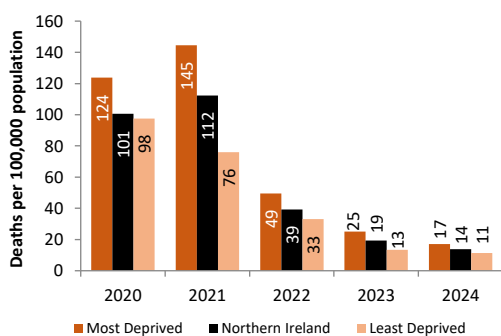
## Standardised Incidence Rate – Cancer

NI



## Standardised Death Rate – COVID-19 <sup>1</sup>

NI



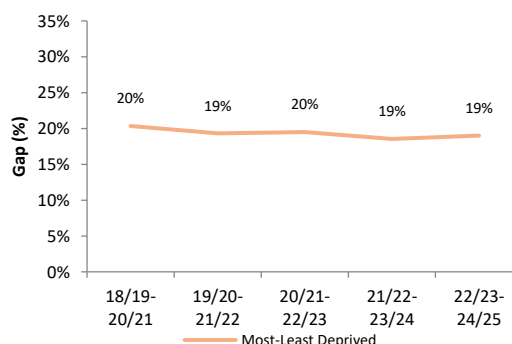
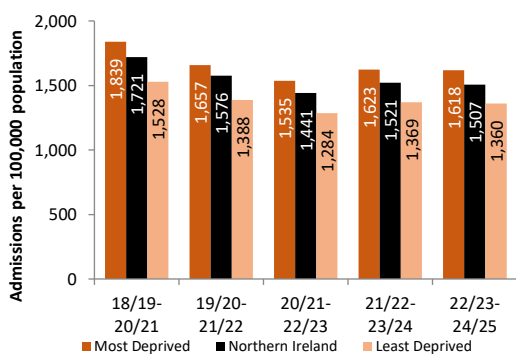
## Service-based Indicators

**Key:**

	Most Deprived Areas	↑ Increase	↘ Narrowing of the Gap	Northern Ireland: NI
	Least Deprived Areas			
	Least Deprived Areas	— No Notable Change	— No Notable Change in the Gap	
		↓ Decrease	↗ Widening of the Gap	

## Standardised Admission Rate – Circulatory <sup>2 3 4</sup>

NI



<sup>1</sup>Standardised Death Rate – COVID-19<sup>1</sup> is based on deaths due to COVID-19 that have been registered with the General Register Office (GRO). It does not include deaths reported to the PHA where the deceased has had a positive test for COVID-19 and died within 28 days, where subsequently COVID-19 was not registered on the death certificate as the cause of death.

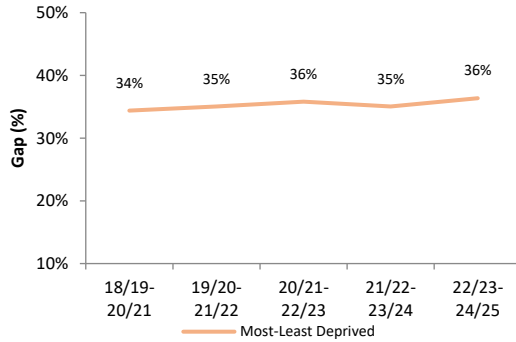
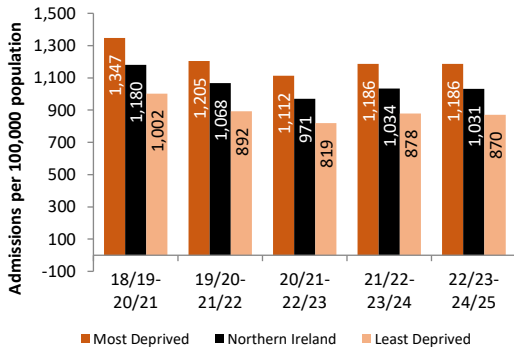
<sup>2</sup> It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

<sup>3</sup> Circulatory admissions have been identified based on primary diagnosis field only.

<sup>4</sup> Admissions figures for 2023/24 and 2024/25 should be treated with caution as they include some data that has been sourced from encompass which are 'official statistics in development'. It is important to note that while transfers within a HSC were counted as a new admission on the legacy inpatient system, they are no longer treated as a new admission on encompass. for further information see [Appendix E](#).

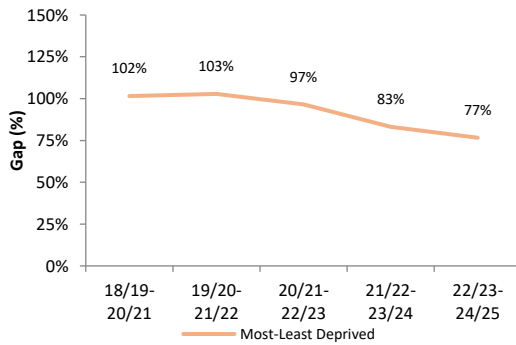
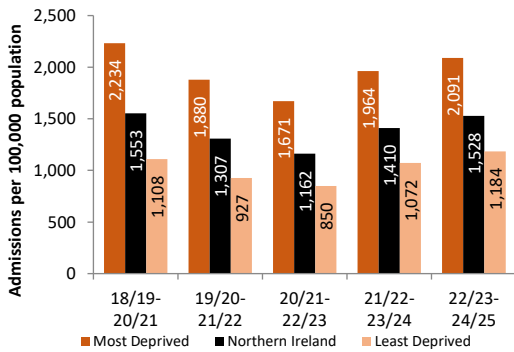
### Standardised Admission Rate – Circulatory U75 <sup>5 6 7</sup>

NI ↓



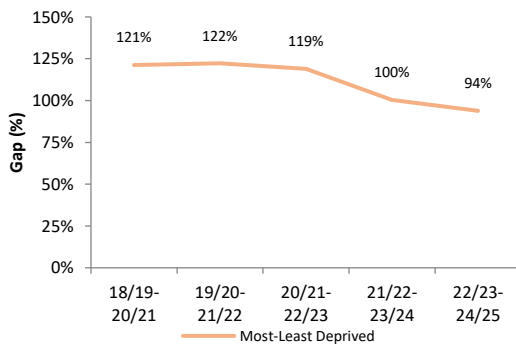
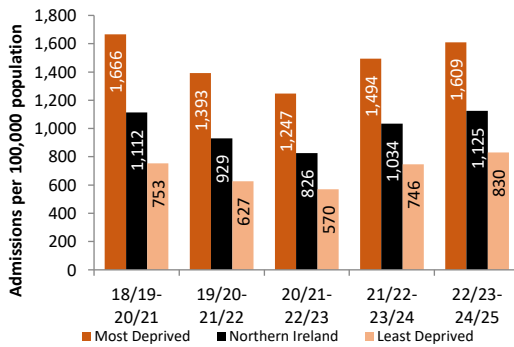
### Standardised Admission Rate – Respiratory <sup>5 7 8</sup>

NI ↓



### Standardised Admission Rate – Respiratory U75 <sup>5 7 8</sup>

NI ↓



<sup>5</sup> It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

<sup>6</sup> Circulatory admissions have been identified based on primary diagnosis field only.

<sup>7</sup> Admissions figures for 2023/24 and 2024/25 should be treated with caution as they include some data that has been sourced from encompass which are 'official statistics in development'. It is important to note that while transfers within a HSCT were counted as a new admission on the legacy inpatient system, they are no longer treated as a new admission on encompass. for further information see [Appendix E](#).

<sup>8</sup> Respiratory admissions have been identified based on primary diagnosis field only.