

Statistical bulletin

Avoidable mortality in Great Britain: 2020

Deaths from causes considered avoidable, treatable or preventable given timely and effective healthcare or public health interventions in those aged under 75 years.



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Table of contents

1. [Main points](#)
2. [Avoidable mortality in Great Britain](#)
3. [Avoidable mortality by cause](#)
4. [Preventable mortality in local authorities in England and unitary authorities in Wales](#)
5. [Treatable mortality in Clinical Commissioning Groups in England and Health Boards in Wales](#)
6. [Avoidable mortality data](#)
7. [Glossary](#)
8. [Measuring the data](#)
9. [Strengths and limitations](#)
10. [Related links](#)

1 . Main points

- In 2020, 22.8% of total deaths (all ages) in Great Britain (GB) were considered avoidable (153,008 deaths out of 672,015).
- The avoidable mortality rate for GB was statistically significantly higher than all years since 2010; by constituent country, England's was statistically significantly highest since 2010 and Wales' and Scotland's since 2012.
- Wales had the highest avoidable mortality rate for deaths due to coronavirus (COVID-19) with 36.1 deaths per 100,000 people; Scotland had the lowest rate with 28.5 deaths per 100,000 people and England had 34.9 deaths per 100,000 people.
- In 2018 to 2020, Blackpool Local Authority had the highest male preventable mortality rate with 355.8 deaths per 100,000 males and Middlesbrough had the highest female rate with 205.4 deaths per 100,000 females.
- In 2020, across all Clinical Commissioning Groups (CCGs) in England and Health Boards in Wales, NHS Blackpool CCG had the highest treatable mortality rates with 164.2 deaths per 100,000 males and 132.2 deaths per 100,000 females.

Data in this release have been created using the international avoidable mortality definition. Avoidable deaths are defined as either preventable or treatable for those aged under 75 years. Coronavirus (COVID-19) has been assigned as a preventable cause of death. For further details see the [Avoidable Mortality in the UK QMI](#).

2 . Avoidable mortality in Great Britain

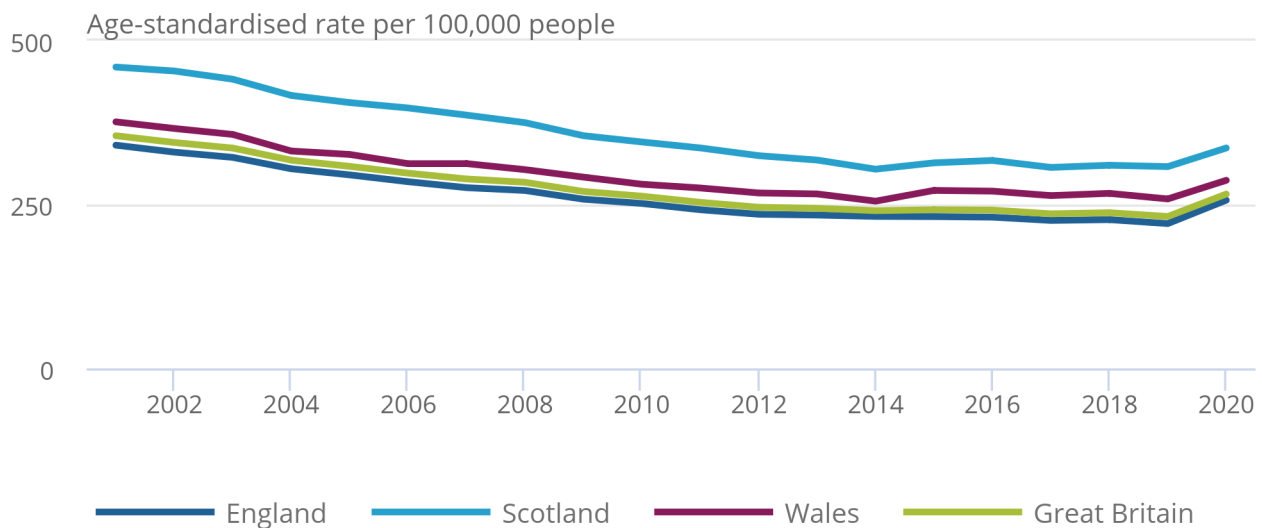
UK and Northern Ireland (NI) data will be released at a later date pending the outcome of the current review of suicide statistics in NI, as these deaths form part of the definition of avoidable mortality. The review will conclude in Spring 2022, at which stage we will make disaggregated data for NI on external causes of death available. For more information see the [Guidance note to users on suicide statistics in Northern Ireland](#).

Figure 1: Great Britain's avoidable mortality rate was statistically significantly higher in 2020 than all years since 2010

Age-standardised avoidable mortality rates by persons, Great Britain and its constituent countries, 2001 to 2020

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Age-standardised avoidable mortality rates by persons, Great Britain and its constituent countries, 2001 to 2020



Source: Office for National Statistics – Deaths registered in England and Wales, National Records of Scotland – Deaths registered in Scotland

Notes:

1. Age-standardised mortality rates are expressed per 100,000 people and standardised to the 2013 European Standard Population.
2. Deaths of non-residents are excluded for England and Wales and included for Great Britain and Scotland.
3. Figures are for deaths registered in each calendar year.

In 2020, 22.8% of all deaths in Great Britain (GB) were considered avoidable (153,008 deaths out of 672,015) with an age-standardised mortality rate (ASMR) of 265.9 deaths per 100,000 people (Figure 1). This was statistically significantly higher than all years since 2010.

Scotland had a statistically significantly higher avoidable ASMR in 2020 than England and Wales, with 336.2 deaths per 100,000 people. England had the lowest avoidable ASMR with 256.6 deaths per 100,000 people. Avoidable mortality rates were statistically significantly higher than all years since 2010 for England and 2012 for Scotland and Wales. The general improvement in avoidable ASMR's between 2010 and 2019 has been reversed following the increase in 2020.

Of the avoidable deaths in 2020, 68.6% could be attributed to conditions considered preventable (104,929.5 deaths). Coronavirus (COVID-19) has been assigned as a preventable cause in the avoidable mortality definition. Of the avoidable deaths in 2020, 31.4% could be attributed to treatable conditions (48,078.5 deaths).

3 . Avoidable mortality by cause

In this section we are focusing on:

- coronavirus (COVID-19); a new cause in the avoidable mortality definition
- alcohol-related and drug-related disorders; the only category of causes where the age-standardised mortality rate (ASMR) has statistically significantly increased since 2001
- neoplasms (cancers); the largest driving cause of avoidable mortality

Provisional assignment of new diseases

This is a new category created by the Organisation for Economic Co-operation and Development (OECD) in the [international definition of avoidable mortality](#) to include COVID-19 as an avoidable cause of death. There are no other causes of death within the category. In 2020, Wales had the highest avoidable ASMR for COVID-19 with 36.1 deaths per 100,000 people. Scotland had the lowest rate with 28.5 deaths per 100,000 people, which was statistically significantly lower than the other two countries. England had 34.9 deaths due to COVID-19 per 100,000 people.

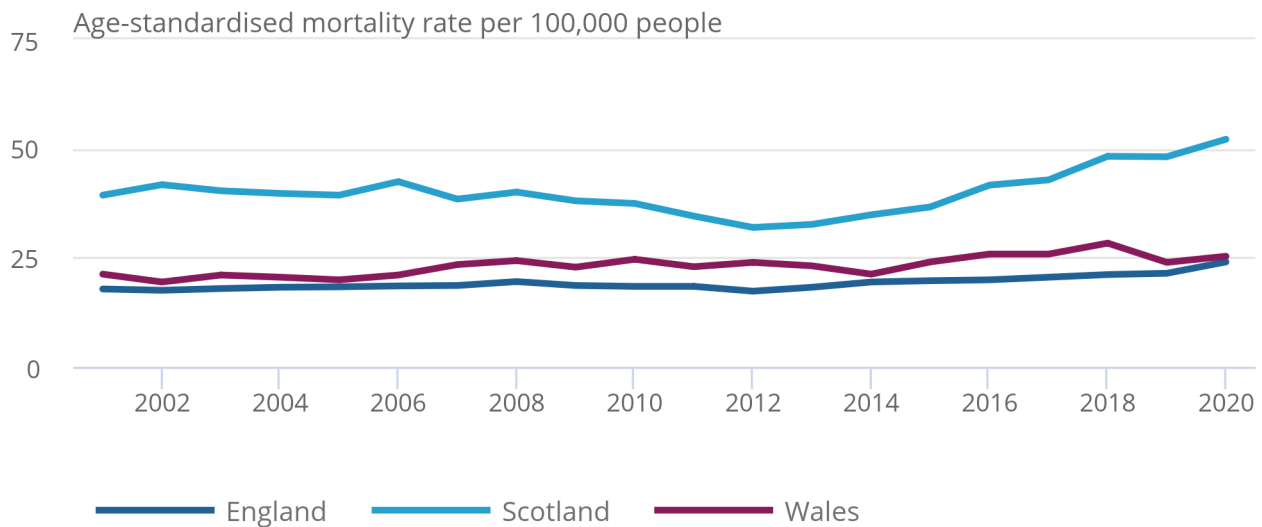
Alcohol-related and drug-related disorders

Figure 2: Avoidable mortality rates increased for alcohol-related and drug-related deaths in 2020 in all countries

Age-standardised avoidable mortality rates for alcohol-related and drug-related disorders by persons, Great Britain's constituent countries, 2001 to 2020

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Age-standardised avoidable mortality rates for alcohol-related and drug-related disorders by persons, Great Britain's constituent countries, 2001 to 2020



Source: Office for National Statistics – Deaths registered in England and Wales, National Records of Scotland – Deaths registered in Scotland

Notes:

1. Age-standardised mortality rates are expressed per 100,000 people and standardised to the 2013 European Standard Population.
2. Deaths of non-residents are excluded for England and Wales and included for Scotland.
3. Figures are for deaths registered in each calendar year.

In 2020, Scotland had the highest avoidable ASMR for alcohol-related and drug-related deaths with 52.1 deaths per 100,000 people (Figure 2). This was statistically significantly higher than the rates for the other two countries. In comparison, England had the lowest rate with 24.0 deaths per 100,000 people. The ASMRs have fluctuated across the time series and are statistically significantly higher in 2020 compared with 2001 for all countries. Since 2012, avoidable rates from these causes increased by 63.3% in Scotland.

Across the constituent countries, the increase in ASMRs for alcohol-related and drug-related conditions in 2020 was driven by alcoholic liver disease, and accidental poisoning by, and exposure to, other and unspecified drugs, medicaments and biological substances. More analysis of these findings are provided in our [quarterly alcohol-specific deaths](#) and [deaths related to drug poisoning](#) publications for England and Wales, and in National Records of Scotland's (NRS') [Alcohol-specific deaths](#) and [Drug-related deaths](#) publications for Scotland.

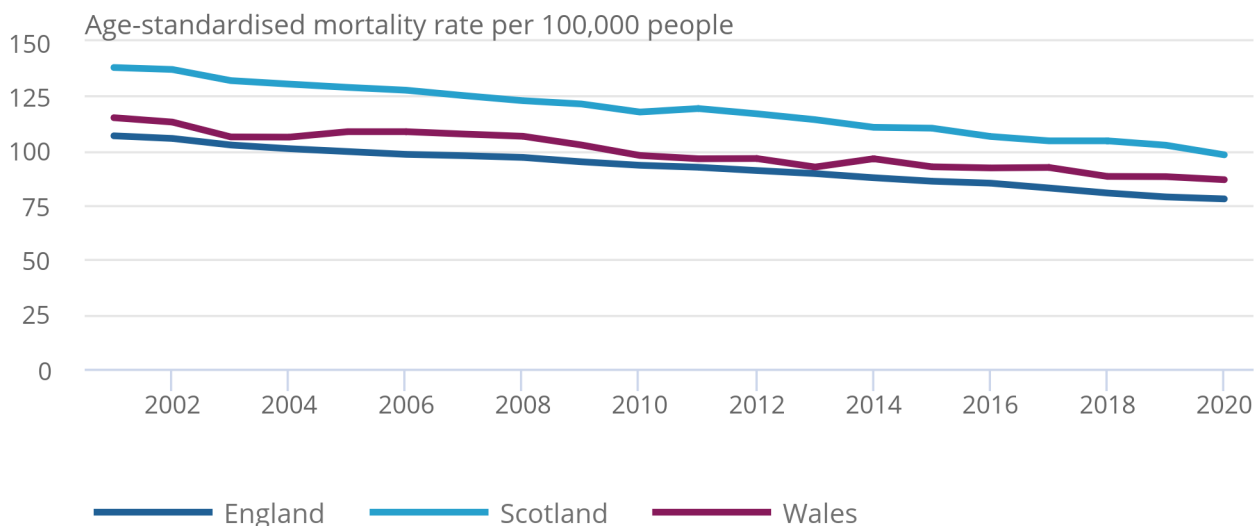
Neoplasms (Cancers)

Figure 3: Scotland had the highest avoidable mortality rate for neoplasms (cancers) in 2020

Age-standardised avoidable mortality rates for neoplasms by persons, Great Britain's constituent countries, 2001 to 2020

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Age-standardised avoidable mortality rates for neoplasms by persons, Great Britain's constituent countries, 2001 to 2020



Source: Office for National Statistics – Deaths registered in England and Wales, National Records of Scotland – Deaths registered in Scotland

Notes:

1. Age-standardised mortality rates are expressed per 100,000 people and standardised to the 2013 European Standard Population.
2. Deaths of non-residents are excluded for England and Wales, and included for Scotland.
3. Figures are for deaths registered in each calendar year.

In 2020, Scotland had the highest avoidable mortality rate for neoplasms with 98.0 deaths per 100,000 people, which was statistically significantly higher than the other two countries. In contrast, England had a statistically significantly lower mortality rate (77.8 deaths per 100,000 people) than the other two countries.

Since the beginning of the time series, avoidable mortality rates for neoplasms have declined with rates statistically significantly lower in 2020 compared with 2001 for all three constituent countries of Great Britain. The gap between Scotland and England's rates has narrowed since 2001.

Data for all cause groups are available in the [accompanying datasets](#).

4 . Preventable mortality in local authorities in England and unitary authorities in Wales

Figure 4: Age-standardised preventable mortality rates by local authorities in England and unitary authorities in Wales by sex, between 2001 to 2003 and 2018 to 2020

Notes:

1. Age-standardised mortality rates are expressed per 100,000 people and standardised to the 2013 European Standard Population.
2. Figures exclude deaths of non-residents.
3. Figures are for deaths registered in three-year calendar periods.
4. Figures are based on boundaries as of August 2021.
5. Because of low death counts, the Isles of Scilly has been combined with Cornwall and the City of London with Hackney.

Download the data

[.xlsx](#)

Preventable mortality refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions. Data for avoidable and treatable mortality are available in the [accompanying datasets](#). For more information on local areas in Scotland, contact [National Records of Scotland](#).

Local authorities in England

In 2018 to 2020, Blackpool had the highest rate of preventable mortality for males with 355.8 deaths per 100,000 males. This was 3.2 times higher than Hart, which had the lowest rate. Blackpool's rate was statistically significantly higher than 98.0% of other local authorities' (LA) in England.

For females, Middlesbrough had the highest rate of preventable mortality in 2018 to 2020 with 205.4 deaths per 100,000 females. This was statistically significantly higher than 96.4% of other LA's. This was also 3.9 times higher than Mid Sussex, which had the lowest rate.

Unitary authorities in Wales

In 2018 to 2020, Merthyr Tydfil had the highest rates of preventable mortality with 288.8 deaths per 100,000 males and 188.6 deaths per 100,000 females. These rates were statistically significantly higher than 57.1% and 81.0% of other unitary authorities' (UA) across Wales respectively. They were respectively 1.9 and 2.2 times higher than Monmouthshire, which had the lowest rates.

5 . Treatable mortality in Clinical Commissioning Groups in England and Health Boards in Wales

Figure 5: Age-standardised treatable mortality rates by Clinical Commissioning Groups in England and Health Boards in Wales by sex, 2001 to 2020

Notes:

1. Age-standardised mortality rates are expressed per 100,000 people and standardised to the 2013 European Standard Population.
2. Figures exclude deaths of non-residents.
3. Figures are for deaths registered in each calendar year.
4. Figures are based on boundaries as of August 2021.

Download the data

[.xlsx](#)

Treatable mortality refers to causes of death that can be mainly avoided through timely and effective healthcare interventions. Data for avoidable and preventable mortality are available in the [accompanying datasets](#). For more information on health areas in Scotland, contact [National Records of Scotland](#).

Clinical Commissioning Groups in England

NHS Blackpool Clinical Commissioning Group (CCG) had the highest rate of treatable mortality in 2020 for both males and females with rates of 164.2 and 132.2 per 100,000 people respectively. These rates were statistically significantly higher than 83.8% and 81.0% of other CCGs respectively. The male rate was 2.6 times higher than NHS West Suffolk CCG, while the female rate was 2.4 times higher than NHS Herts Valleys CCG, which had the lowest rates respectively.

Health Boards in Wales

In 2020, Swansea Bay University Health Board (HB) had the highest treatable mortality rate for males with 129.1 deaths per 100,000 males. This was statistically significantly higher than 50.0% of other HB's. This was also 1.8 times higher than Powys Teaching HB, which had the lowest rate.

For females Cwm Taf Morgannwg University HB had the highest mortality rate with 99.1 deaths per 100,000 females, 1.3 times higher than Powys Teaching HB, which had the lowest rate.

6 . Avoidable mortality data

[Avoidable mortality in Great Britain](#)

Dataset | Released 7 March 2022

Annual age-standardised mortality rates for causes considered avoidable, treatable and preventable in Great Britain and the three constituent countries, 2001 to 2020.

[Avoidable mortality in Great Britain - children and young people](#)

Dataset | Released 7 March 2022

Annual age-standardised mortality rates for causes considered avoidable, treatable and preventable in Great Britain and the three constituent countries for children and young people (aged 0 to 19 years), 2001 to 2020.

[Avoidable mortality in England and Wales - supplementary data tables](#)

Dataset | Released 7 March 2022

Supplementary annual data for England and Wales for 2001 to 2020: standardised years of life lost (SYLL) because of causes considered avoidable; age-standardised avoidable, treatable and preventable mortality rates with and without deaths from ischaemic heart disease (IHD); and number of avoidable, treatable and preventable deaths by sex and age.

[Avoidable mortality by local authorities in England and unitary authorities in Wales](#)

Dataset | Released 7 March 2022

Age-standardised mortality rates for causes considered avoidable, treatable and preventable by local authorities in England and unitary authorities in Wales from 2001 to 2003 to 2018 to 2020.

[Avoidable mortality by Clinical Commissioning Groups in England and Health Boards in Wales](#)

Dataset | Released 7 March 2022

Annual age-standardised mortality rates for causes considered avoidable, treatable and preventable by Clinical Commissioning Groups (CCGs) in England and Health Boards in Wales, 2001 to 2020.

7 . Glossary

Preventable mortality

Preventable mortality refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions (that is, before the onset of diseases or injuries, to reduce incidence).

Treatable mortality

Treatable mortality refers to causes of death that can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment (that is, after the onset of disease, to reduce case-fatality).

Avoidable mortality

Avoidable mortality refers to deaths that are preventable or treatable.

Age-standardised mortality rates

Age-standardised mortality rates are used to allow comparisons between populations which may contain different proportions of people of different ages.

Statistical significance

The term "significant" refers to statistically significant changes or differences. Significance has been determined using the 95% confidence intervals, where instances of non-overlapping confidence intervals between figures indicate the difference is unlikely to have arisen from random fluctuation.

8 . Measuring the data

Figures are calculated using [death registration data](#) for England and Wales held by the Office for National Statistics (ONS) and death registration data for Scotland provided by the [National Records of Scotland](#).

Defining avoidable mortality

The [current definition](#), proposed by the Organisation for Economic Co-operation and Development in 2017, has been implemented from 2001 onwards.

Our definition of avoidable mortality is different to the measure of [avoidable deaths in hospital](#), which NHS trusts in England are required to publish figures on. More information on this is available in the [Avoidable mortality in the UK QMI](#).

More quality and methodology information on strengths, limitations, appropriate uses, and how the data were created is available in the [Avoidable mortality in the UK QMI](#). The [accompanying datasets](#) also include further breakdowns of data.

Early access for quality assurance purposes

We provide early access for quality assurance to a small number of people working in other government bodies. This is to acknowledge use of mortality data we do not own in the case of Scotland, and for general comment on the plausibility of our findings. However, the ONS itself independently produces these statistics, including determining the focus and content of this bulletin.

9 . Strengths and limitations

A strength of avoidable mortality is:

- the implementation of the [new avoidable mortality definition \(DOC, 422KB\)](#) means our statistics are internationally comparable as well as comparable between local administrations and over time at national and sub-national level

A limitation of avoidable mortality is:

- that cause of death data do not account for coding changes that occurred in 2011 and 2014

10 . Related links

[Socioeconomic inequalities in avoidable mortality in England: 2019](#)

Bulletin | Released 11 March 2021

Avoidable mortality in England, using measures of multiple deprivation to measure socioeconomic inequalities.

[Socioeconomic inequalities in avoidable mortality in Wales: 2019](#)

Bulletin | Released 11 March 2021

Avoidable mortality in Wales, using measures of multiple deprivation to measure socioeconomic inequalities.

[Avoidable mortality in Scotland](#)

Report | Released 7 March 2022

Information on the numbers of deaths that were registered in 2020 which are classified as avoidable.

[Health inequalities annual report - Department of Health Northern Ireland](#)

Report | Released 14 April 2021

Annual publication presenting a comprehensive analysis of health inequality gaps between the most and least deprived areas of Northern Ireland, and within health and social care trust and local government district areas.

[Deaths registered in England and Wales: 2020](#)

Bulletin | Released 6 July 2021

Registered deaths by age, sex, selected underlying causes of death and the leading causes of death. Contains death rates and death registrations by area of residence and single year of age.