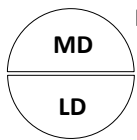


## Major Diseases

Over the assessment period, no changes were found in any of the most-least deprived gaps for indicators of major disease. All admission indicators for major disease saw decreases in rates within the most and least deprived areas, as well as regionally, while antihypertensive and statin prescription rates increased in all areas. Although the standardised cancer incidence rate improved within the most deprived areas, there was no notable change in the inequality gap. The largest inequality gap was observed for admissions due to respiratory diseases among those aged under 75 years, where the rate in the most deprived areas was double the rate in the least deprived areas.

### Health Outcome Indicators

#### Key:



Most Deprived Areas  
Least Deprived Areas



Positive Change



No Notable Change



Negative Change



Narrowing of the Gap



No Notable Change in the Gap



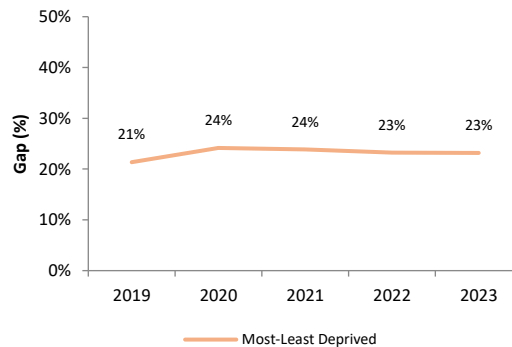
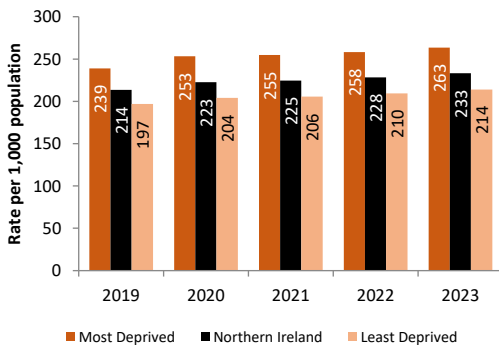
Widening of the Gap

Northern Ireland:



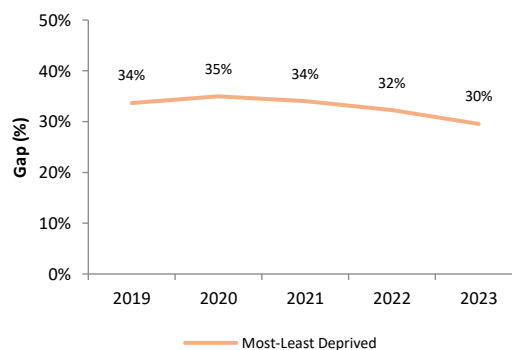
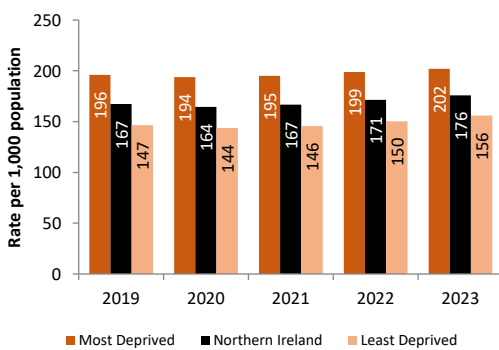
#### Standardised Prescription Rate – Antihypertensive

NI



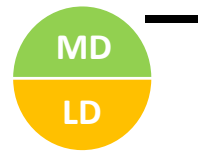
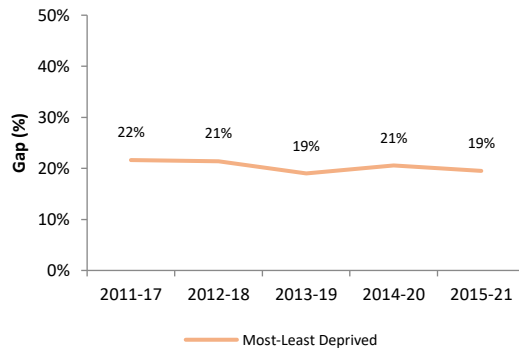
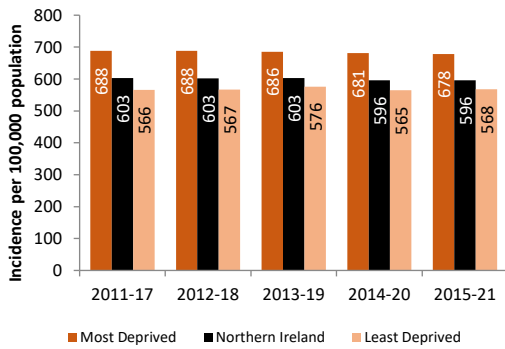
#### Standardised Prescription Rate – Statin

NI

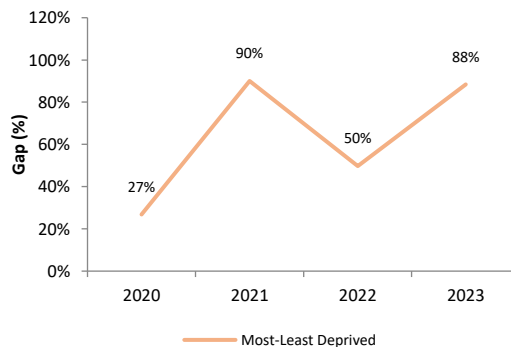
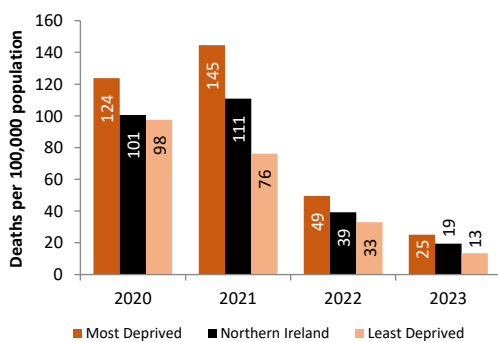


## Standardised Incidence Rate – Cancer

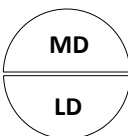
NI 



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

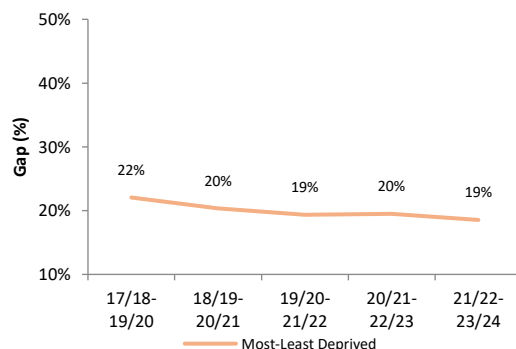
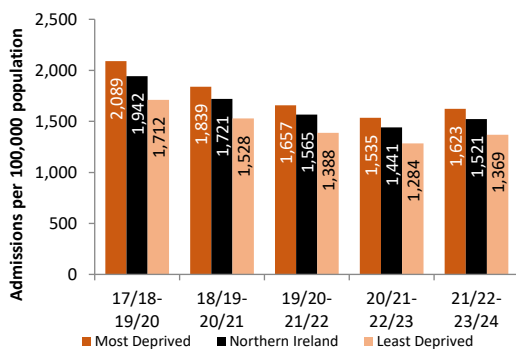


### Service-based Indicators

	Most Deprived Areas	↑ Increase	> < Narrowing of the Gap
	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> As COVID-19 is an emergent disease, data is only available for 2020 to 2022, therefore only a limited time series is available. The 'Standardised Death Rate – COVID-19' 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.

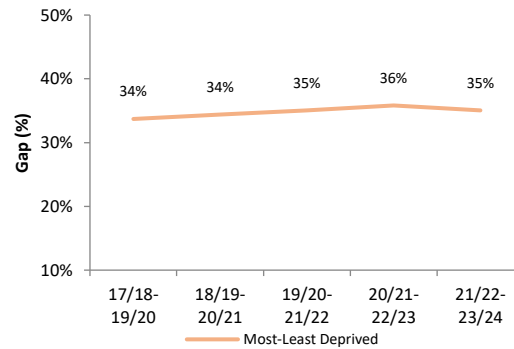
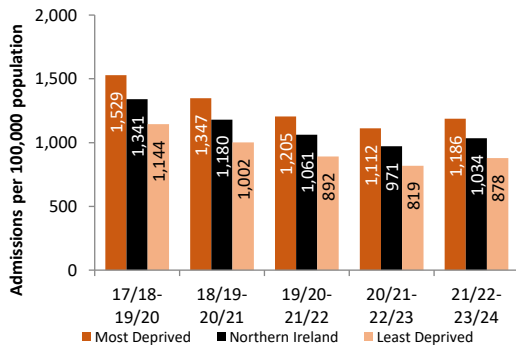
<sup>2</sup> It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

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

<sup>4</sup> Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see [Appendix E](#).

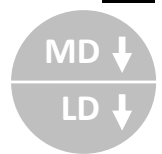
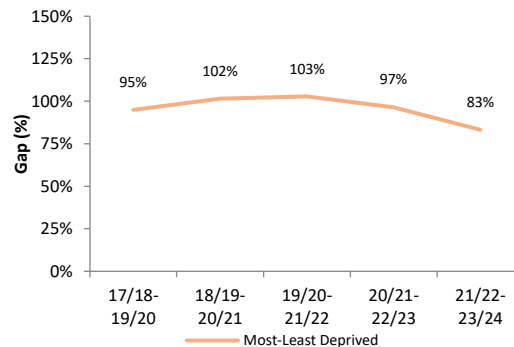
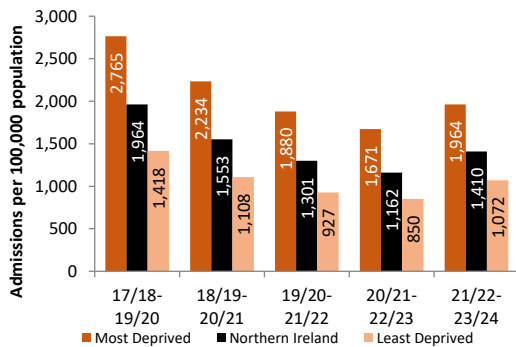
### Standardised Admission Rate – Circulatory U75 <sup>5 6 7</sup>

NI ↓



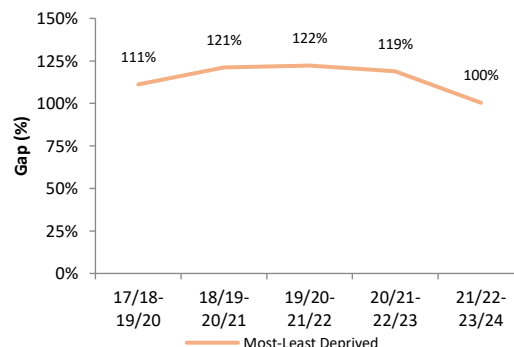
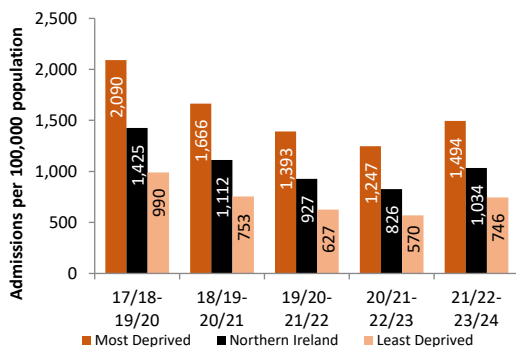
### Standardised Admission Rate – Respiratory <sup>5 6 7</sup>

NI ↓



### Standardised Admission Rate – Respiratory U75 <sup>5 6 7</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> Respiratory admissions have been identified based on primary diagnosis field only.

<sup>7</sup> Admissions figures for 2023/24 should be treated with caution as they include some data that has been sourced from encompass which are considered to be 'official statistics in development', for further information see [Appendix E](#).