

Article

Deaths in private homes, England and Wales (provisional): deaths registered from 28 December 2019 to 11 September 2020

Provisional figures on deaths in private homes in England and Wales.

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1 . Main points

- In England, the number of deaths in private homes registered between 28 December 2019 and 11 September 2020 was 108,842; this was 25,472 deaths more than the five-year average for the same period.
- In Wales, the number of deaths in private homes registered between 28 December 2019 and 11 September 2020 was 7,440; this was 1,624 deaths more than the five-year average for the same period.
- Between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020), males accounted for a higher percentage of excess deaths in private homes than females, while males and females aged 70 to 89 years accounted for the majority of the excess.
- Excess deaths in private homes in England and Wales were mostly deaths not involving the coronavirus (COVID-19).
- Deaths in private homes and care homes for the leading causes of death in England and Wales were above the five-year average while deaths in hospitals and hospices were below the five-year average, suggesting a re-distribution of deaths between locations.
- Deaths in private homes for males from Ischaemic heart diseases (IHD) increased by 25.9% in England and 22.7% in Wales compared with the five-year average, while deaths in hospitals decreased by 22.4% and 29.3% respectively; looking across all settings, there was an increase of 2.3% in England and a decrease of 2.5% in Wales.
- Deaths in private homes for females from Dementia and Alzheimer's disease increased by 75.0% in England and 92.2% in Wales compared with the five-year average, larger than the increase across all settings (21.7% and 19.3% respectively); deaths in hospitals decreased by 40.6% in England and 25.5% in Wales, and deaths in care homes increased by 32.0% and 28.6% respectively.

Statistician's comment

"While deaths in hospitals and care homes have dropped below the five-year average since the initial peak of the coronavirus pandemic, we've consistently seen deaths in private homes remain well above the five-year average."

"We have seen an overall increase of deaths as well as a redistribution of various causes of death. For instance, while deaths of heart disease are below average in hospital, it has been above average at home. It's a similar picture when looking at prostate cancer for males and Dementia and Alzheimer's disease for females. Unlike the high numbers of deaths involving COVID-19 in hospitals and care homes, the majority of deaths in private homes are unrelated to COVID-19."

Sarah Caul, Head of Mortality Analysis

2 . Overview of deaths in private homes

This article provides detailed analysis of deaths that occurred in private homes in England and Wales. Private homes are defined as a person's own residence, which may have some shared facilities. Examples of private homes are individuals' own homes, retirement homes and supported housing.

As reported in our [weekly death registrations bulletin](#), deaths occurring in private homes have remained above the five-year average (2015 to 2019) since the beginning of the coronavirus (COVID-19) pandemic, despite deaths occurring in other settings such as hospitals and care homes falling below the five-year average. This article provides breakdowns of deaths in private homes by age, sex and cause of death to help understand the increase.

The data in this article are based on the date that a death was registered rather than when the death occurred, which is consistent with the weekly death registrations bulletin. The use of date of registration rather than occurrence allows for a more accurate comparison between weeks because, particularly for recent weeks, a proportion of deaths that occurred may not yet have been registered. There is an average delay of five days between a death occurring and it being registered, but this can be much longer for deaths referred to coroners. The implications of registration delays for deaths in private homes are considered in [Section 7](#) with further information found in our [impact of registration delays release](#).

In this article, we use the term “involving COVID-19” when referring to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause of death or not, and we use “due to COVID-19” when referring only to deaths with an underlying cause of death of COVID-19. We use the term “not involving COVID-19” to refer to deaths that did not have COVID-19 recorded on the death certificate, and we use “excess deaths” when deaths occurred above five-year average levels.

3 . Deaths in private homes by week

The provisional number of deaths in private homes registered in England from 28 December 2019 to 11 September 2020 was 108,842 with 2,358 of these involving the coronavirus (COVID-19) (Figure 1). This was 25,472 more than the five-year average for the same period.

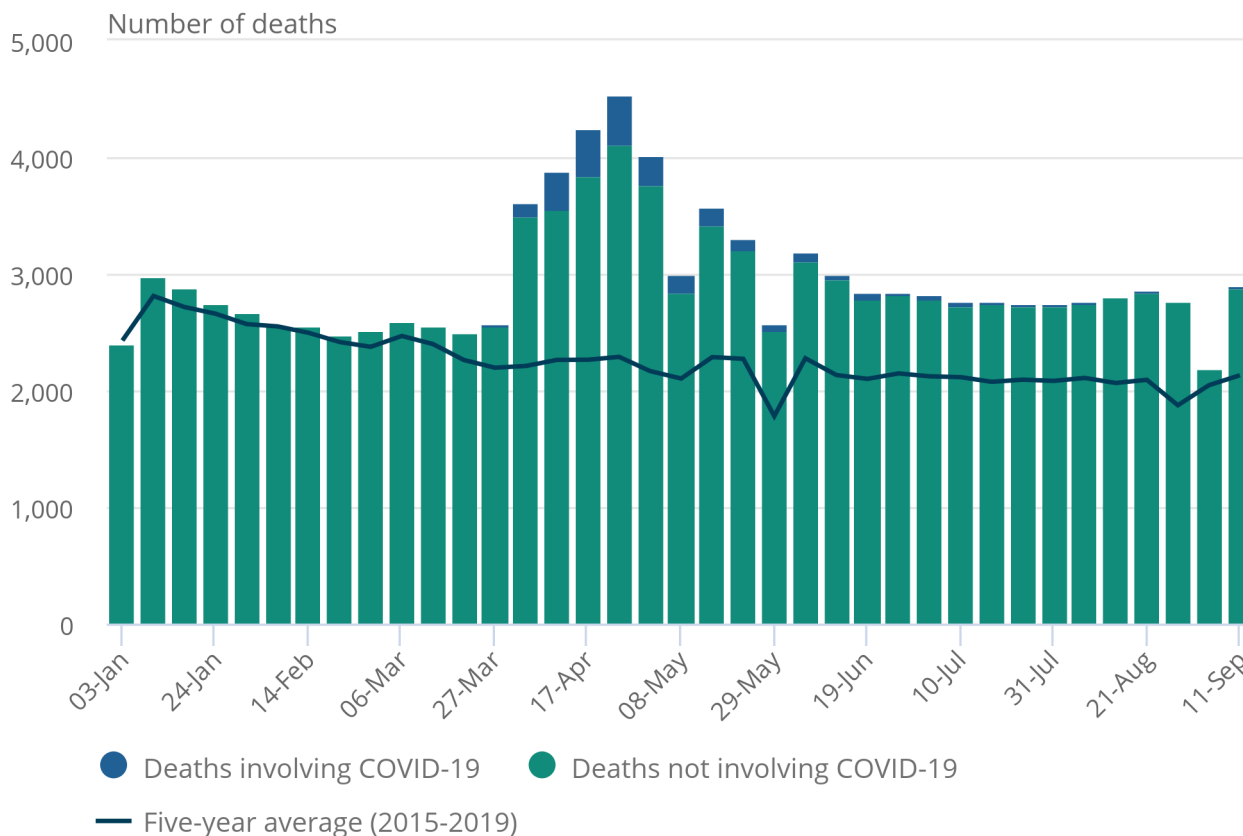
The number of deaths in private homes registered in England each week in 2020 was above the five-year average with the exception of Week 1 (week ending 3 January) when there were 22 deaths fewer than the average. The highest excess deaths were observed in Week 17 (week ending 24 April) when there were 2,242 deaths above the five-year average.

Figure 1: The number of deaths in private homes in England was above the five-year average from Week 2 to Week 37 of 2020

Number of deaths in private homes by week, England, registered between 28 December 2019 and 11 September 2020

Figure 1: The number of deaths in private homes in England was above the five-year average from Week 2 to Week 37 of 2020

Number of deaths in private homes by week, England, registered between 28 December 2019 and 11 September 2020



Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes:

1. Figures exclude deaths of non-residents.
2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.
4. The International Classification of Diseases, Tenth Edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).
5. "Deaths involving COVID-19" refers to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause of death or not.

In Wales, the provisional number of deaths in private homes registered from 28 December 2019 to 11 September 2020 was 7,440 with 134 of these involving COVID-19 (Figure 2). This was 1,624 deaths more than the five-year average for the same period.

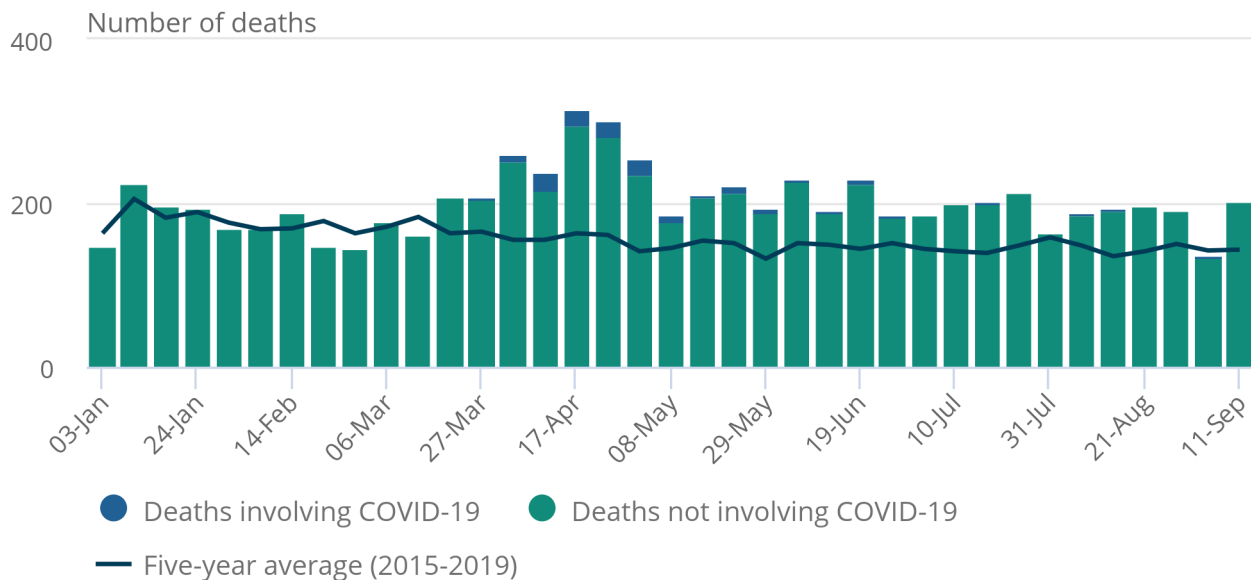
The number of deaths in private homes registered in Wales each week in 2020 has remained above the five-year average since Week 12 (week ending 20 March), with the exception of Week 36 (week ending 4 September), which was six deaths lower than the five-year average. The latter may be an effect of the August Bank Holiday (31 August), which can cause delays in death registrations. The highest excess deaths were observed in Week 16 (week ending 17 April) when there were 151 deaths above the five-year average.

Figure 2: The numbers of deaths in private homes in Wales have mostly remained above the five-year average since Week 12

Number of deaths in private homes by week, Wales, registered between 28 December 2019 and 11 September 2020

Figure 2: The numbers of deaths in private homes in Wales have mostly remained above the five-year average since Week 12

Number of deaths in private homes by week, Wales, registered between 28 December 2019 and 11 September 2020



Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes:

1. Figures exclude deaths of non-residents.
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3. Figures for 2020 are provisional.
4. The International Classification of Diseases, Tenth Edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).
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More about coronavirus

- Find the latest on [coronavirus \(COVID-19\) in the UK](#).
- All ONS analysis, summarised in our [coronavirus roundup](#).
- View [all coronavirus data](#).
- Find out how we are [working safely in our studies and surveys](#).

4 . Deaths in private homes by sex and age group

The following sections cover deaths registered during the coronavirus (COVID-19) pandemic period beginning Week 12 (week ending 20 March 2020) up to Week 37 (week ending 11 September 2020). In England, there were 24,387 more deaths in private homes compared with the five-year average during these weeks, and in Wales, 1,644 more deaths compared with the five-year average.

In England, between Weeks 12 and 37 of 2020, there were more excess deaths in private homes in males (53.8%) compared with females (46.2%), with males accounting for 13,124 of the excess 24,387 deaths (Figure 3).

The majority of age groups had more deaths in private homes compared with the five-year average for both males and females, with the exception of males aged 0 to 19 years, where deaths were slightly lower than the average. However, the age groups that contributed most to the excess deaths in private homes were ages 70 to 89 years, accounting for 14,272 of the excess 24,387 deaths (58.5%).

Figure 3: Almost 60% of excess deaths in private homes in England were of people aged 70 to 89 years

Number of deaths in private homes by sex and age, England, registered between 14 March 2020 and 11 September 2020

Notes:

1. Figures exclude deaths of non-residents.
2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.
4. The International Classification of Diseases, Tenth Edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).
5. "Deaths involving COVID-19" refers to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as an underlying cause of death or not.

[Download the data](#)

In Wales, there were also more excess deaths in private homes in males (51.9%) than females (48.1%) with males accounting for 853 of the excess 1,644 deaths (Figure 4).

Like England, the majority of age groups in Wales had more deaths in private homes compared with the five-year average, except for those aged 0 to 39 years for males and 0 to 29 years for females. The age groups that accounted for most of the excess deaths in private homes were ages 70 to 89 years, accounting for 1,045 of the excess 1,644 deaths (63.6%).

Figure 4: Over 60% of excess deaths in private homes in Wales were of people aged 70 to 89 years

Number of deaths in private homes by sex and age, Wales, registered between 14 March 2020 and 11 September 2020

Notes:

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2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.
4. The International Classification of Diseases, Tenth Edition (ICD-10) definitions are as follows: coronavirus (COVID-19) (U07.1 and U07.2).
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[Download the data](#)

5 . Deaths in private homes by cause of death

The Office for National Statistics (ONS) determines the [leading causes of death](#) using a detailed list, based on one developed by the World Health Organisation (WHO). To identify the leading causes of death for this analysis, we determined which causes accounted for approximately 40.0% of all deaths registered in England and Wales between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020). Because of this method, the number of leading causes differs between males and females.

In England and Wales, between Week 12 and Week 37 of 2020, the numbers of deaths in private homes were above the five-year average for all the leading causes for both males and females (Table 1). The numbers of deaths in care homes were also above the five-year average, while deaths in hospitals and hospices were below the average. This suggests that the distribution of deaths between the different places of occurrence has shifted compared with the five-year average. Data for all the leading causes of death by place of occurrence can be found in the [accompanying dataset](#).

Table 1: Differences compared with the five-year average for the leading causes of death by sex and place of occurrence, England and Wales, registered between 14 March and 11 September 2020

		Care home	Private home	Hospice	Hospital
England - Males	Difference	333	4,323	-579	-4,148
	Percentage difference (%)	7.9	31.8	-20.5	-25.2
England - Females	Difference	5,007	4,364	-428	-4,976
	Percentage difference (%)	26.5	41.2	-19.1	-30.9
Wales - Males	Difference	14	301	-46	-357
	Percentage difference (%)	8.3	31.4	-50.5	-27.4
Wales - Females	Difference	264	325	-35	-355
	Percentage difference (%)	26.5	44.0	-52.2	-27.3

Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes

1. Figures exclude deaths of non-residents.
2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.
4. Figures refer to underlying cause of death only.

In England, Ischaemic heart diseases (IHD) was the leading cause of death in private homes for males between Week 12 and Week 37 of 2020 accounting for 18.8% of all male deaths (Figure 5). IHD also accounted for the largest absolute increase of deaths compared with the five-year average with an additional 1,705 male deaths in private homes (a 25.9% increase). This contrasts with IHD deaths that occurred in hospitals, which were 22.4% (1,565 deaths) below the five-year average.

When we look at percentage change rather than number of deaths, the leading cause of death in males with the largest increase compared with the five-year average was malignant neoplasm of the prostate with a 53.5% increase (801 additional deaths). Again, this contrasts with deaths that occurred in hospitals, which saw a 28.2% (447 deaths) decrease compared with the five-year average.

Like males, the leading cause of death in private homes for females was IHD accounting for 10.5% of all female deaths between Week 12 and Week 37 of 2020, however the largest increase in comparison with the five-year average was observed in Dementia and Alzheimer's disease with an increase of 75.0% (1,335 deaths) in private homes (Figure 6). In contrast, female deaths due to Dementia and Alzheimer's disease in hospitals were 40.6% below the five-year average (1,497 deaths) while deaths in care homes were 32.0% (3,890 deaths) above the five-year average.

Out of the 24,387 excess deaths in private homes in England between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020), 8,687 deaths (35.6%) were due to the leading causes.

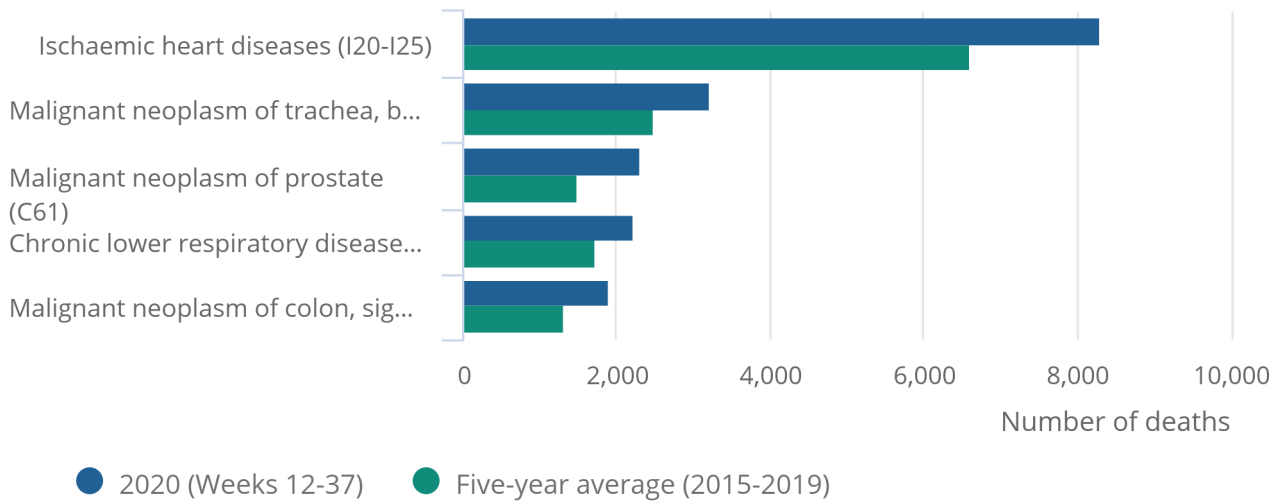
In England, deaths due to COVID-19 was the seventh leading cause of death in private homes while for females it was the 11th leading cause.

Figure 5: The numbers of male deaths in private homes in England were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, males, England, registered between 14 March 2020 and 11 September 2020

Figure 5: The numbers of male deaths in private homes in England were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, males, England, registered between 14 March 2020 and 11 September 2020



Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes:

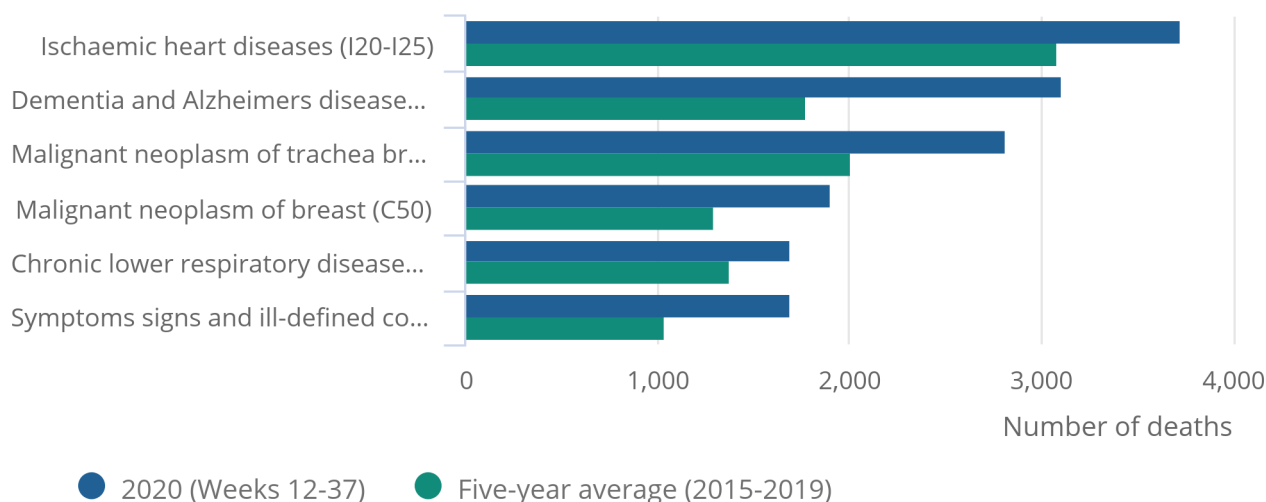
1. Figures exclude deaths of non-residents.
2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.
4. Figures refer to underlying cause of death only.

Figure 6: The numbers of female deaths in private homes in England were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, females, England, registered between 14 March 2020 and 11 September 2020

Figure 6: The numbers of female deaths in private homes in England were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, females, England, registered between 14 March 2020 and 11 September 2020



Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes:

1. Figures exclude deaths of non-residents.
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As in England, IHD remained the leading cause of death for males in Wales accounting for 19.4% of all deaths in private homes among males, and an absolute increase of 109 deaths (22.7%) compared with the five-year average (Figure 7). In contrast, deaths from IHD in hospitals were 29.3% (152 deaths) lower than the five-year average.

When looking at percentage change, the leading cause with the highest increase compared with the five-year average was malignant neoplasm of prostate with a 75.3% increase (73 additional deaths). This also contrasts with deaths that occurred in hospitals, which saw a 20.1% (27 deaths) decrease compared with the five-year average.

For females, the leading cause of death in private homes was also IHD accounting for 11.6% of all deaths, while the largest increase compared with the five-year average was in Dementia and Alzheimer's disease with an increase of 92.2% (83 deaths) (Figure 8). In comparison, deaths from Dementia and Alzheimer's disease in hospitals were 25.5% (73 deaths) below the five-year average while deaths in care homes were 28.6% (189 deaths) above the five-year average.

Out of the 1,644 excess deaths in private homes in Wales between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020), 626 deaths (38.1%) were due to the leading causes.

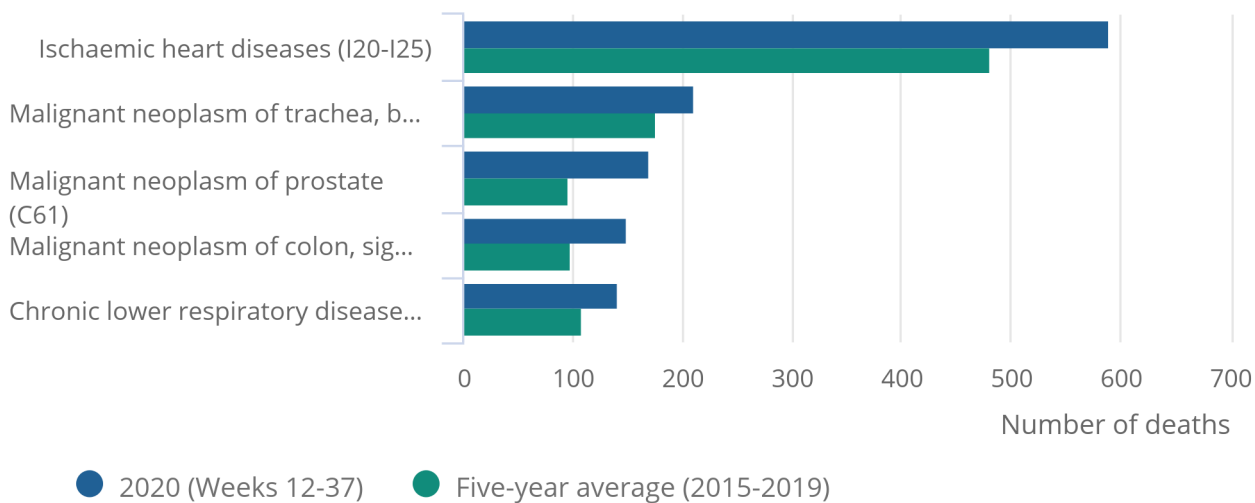
In Wales, deaths due to COVID-19 was the 10th leading cause of death in private homes while for females it was the 15th leading cause.

Figure 7: The numbers of male deaths in private homes in Wales were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, males, Wales, registered between 14 March 2020 and 11 September 2020

Figure 7: The numbers of male deaths in private homes in Wales were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, males, Wales, registered between 14 March 2020 and 11 September 2020



Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes:

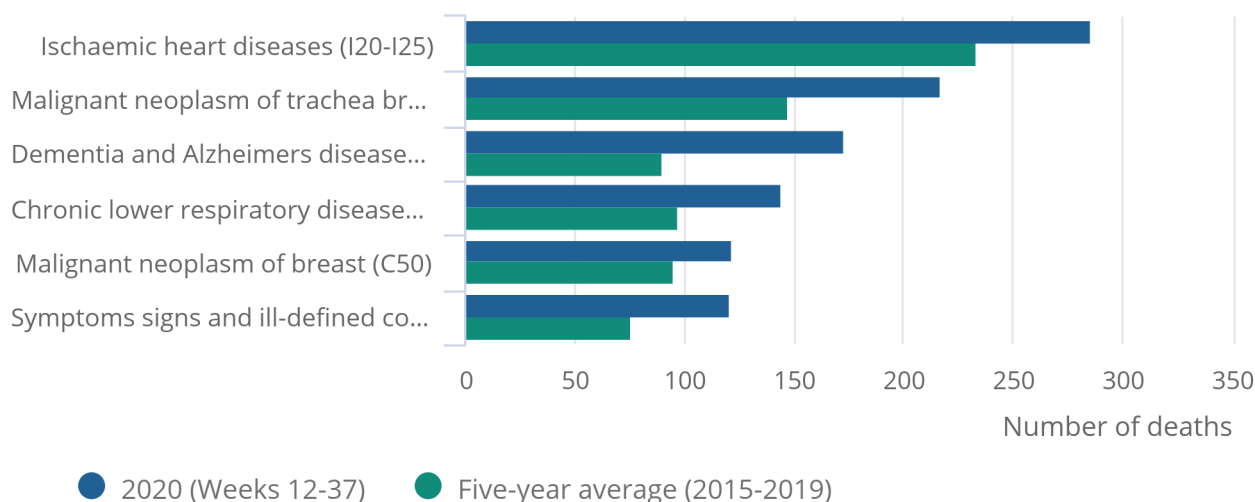
1. Figures exclude deaths of non-residents.
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3. Figures for 2020 are provisional.
4. Figures refer to underlying cause of death only.

Figure 8: The numbers of female deaths in private homes in Wales were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, females, Wales, registered between 14 March 2020 and 11 September 2020

Figure 8: The numbers of female deaths in private homes in Wales were higher than the five-year average for all leading causes of death

Number of deaths in private homes by leading cause of death, females, Wales, registered between 14 March 2020 and 11 September 2020



Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes:

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2. Based on date a death was registered rather than occurred.
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To further investigate the causes of death accounting for the excess deaths in private homes, Tables 2 and 3 present the causes of death between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020) where deaths increased by more than 70.0% compared with the five-year average, and had an excess number of deaths greater than 10. These criteria were chosen as they provide a reasonable number of causes of death which have the largest impact on the excess.

In England, disorders of fluid, electrolyte and acid-base balance (including dehydration) accounted for the third highest percentage increase compared with the five-year average with a 95.0% rise (96 excess deaths). The majority of these deaths occurred in those aged 50 years and over (71.6%).

In comparison with the five-year average, deaths from Dementia and Alzheimer's disease increased by 79.3% (2,095 deaths) while deaths from Parkinson's disease increased by 79.2% (328 excess deaths).

Large percentage increases were also observed in deaths from cerebral palsy and other paralytic syndromes (111.1%), diabetes (85.6%), and appendicitis, hernia and intestinal obstruction (74.1%). Individuals who suffer from these conditions may potentially be at a higher risk of severe outcomes from not being able to access health care, in comparison to their healthy peers.

Table 2: Percentage difference and excess deaths compared with the five-year average, all persons, England, registered between 14 March and 11 September 2020

Cause of death	ICD-10 code	Percentage difference (%)	Excess deaths
Cerebral palsy and other paralytic syndromes	G80-G83	111.1	30
Cardiac arrhythmias	I47-I49	105.2	446
Disorders of fluid, electrolyte and acid-base balance (incl. dehydration)	E86-E87	95.0	96
Diabetes	E10-E14	85.6	575
Dementia and Alzheimer's disease	F01,F03,G30	79.3	2,095
Parkinson's disease	G20	79.2	328
Diseases of the urinary system	N00-N39	79.2	404
Chronic rheumatic heart diseases	I05-I09	76.8	73
Appendicitis, hernia and intestinal obstruction	K35-K46, K56	74.1	103

Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes

1. Figures exclude deaths of non-residents.
2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.
4. Figures refer to underlying cause of death only.

In Wales, heart failure and complications and ill-defined heart disease had the second highest percentage increase compared with the five-year average, with a 136.9% increase (89 excess deaths). Other heart conditions such as hypertensive diseases, cardiac arrhythmias and pulmonary heart disease and diseases of pulmonary circulation also had high percentage increases (83.9%, 81.5% and 78.9% respectively). This could possibly be a result of people avoiding or delaying treatment for critical medical conditions.

As in England, Dementia and Alzheimer's disease (94.3% increase and 133 excess deaths) and Parkinson's disease (100.0% increase and 22 excess deaths) had high increases compared with the five-year average.

Increases above the five-year average were also observed in deaths from neoplasms: melanoma and other malignant neoplasm of skin (106.9%), malignant neoplasm of prostate (75.3%), malignant neoplasm of liver and intrahepatic bile ducts (71.9%) and malignant neoplasm of ovary (71.4%). This could be due to reduced access to health care, or people not seeking the appropriate health care they need as a result of the pandemic. Further analysis on deaths by cause can be found in [Analysis of death registrations not involving coronavirus \(COVID-19\), England and Wales](#).

Table 3: Percentage difference and excess deaths compared with the five-year average, all persons, Wales, registered between 14 March and 11 September 2020

Cause of death	ICD-10 code	Percentage difference (%)	Excess deaths
Congenital malformations, deformations and chromosomal abnormalities	Q00-Q99	157.1	11
Heart failure and complications and ill-defined heart disease	I50-I51	136.9	89
Mental and behavioural disorders due to psychoactive substance use	F10-F19	133.3	12
Benign neoplasms in situ and uncertain behaviour	D00-D48	109.5	23
Melanoma and other malignant neoplasms of skin	C43-C44	106.9	31
Diseases of the urinary system	N00-N39	103.0	34
Parkinson's disease	G20	100.0	22
Dementia and Alzheimer's disease	F01,F03, G30	94.3	133
Hypertensive diseases	I10-I15	83.9	47
Cardiac arrhythmias	I47-I49	81.5	22
Pulmonary heart disease and diseases of pulmonary circulation	I26-I28	78.9	15
Malignant neoplasm of prostate	C61	75.3	73
Malignant neoplasm of liver and intrahepatic bile ducts	C22	71.9	41
Malignant neoplasm of ovary	C56	71.4	25

Source: Office for National Statistics - Deaths in private homes, England and Wales

Notes

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3. Figures for 2020 are provisional.
4. Figures refer to underlying cause of death only.

6 . Deaths registered by place of occurrence

In England, between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020), 39.6% of all deaths occurred in hospitals, followed by private homes (27.7%) and care homes (25.9%). However, since the peak in deaths, trends have differed between places of occurrence.

Deaths in private homes have declined since the peak in Week 17 (week ending 24 April) but have continued to be above the five-year average. In contrast, deaths in hospitals have remained below the five-year average for all weeks since Week 23 (week ending 5 June) and deaths in care homes have mostly remained below the five-year average since Week 25 (week ending 19 June) with some increases in recent weeks.

In the most recent week (Week 37), deaths in private homes were 772 above the five-year average, while deaths in care homes were 72 above and hospitals were 323 below the average.

Figure 9: The number of excess deaths in private homes in England continues to be larger than excess deaths in hospitals and care homes

Number of excess deaths by place of occurrence, England, registered between 14 March 2020 and 11 September 2020

Notes:

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2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.

[Download the data](#)

In Wales, between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020), 44.9% of all deaths occurred in hospitals, followed by private homes (30.8%) and care homes (20.1%).

Excess deaths in private homes have declined since their peak in Week 16 (week ending 17 April 2020) but mainly continue to be above the five-year average. In contrast, deaths in hospitals have remained below the five-year average since Week 21 (week ending 22 May) for all weeks except Week 35 (week ending 28 August) with an increase of two deaths, while deaths in care homes have remained slightly above the five-year average for the majority of weeks, with only 5 out of 26 weeks being slightly below.

In the most recent week (Week 37), excess deaths in private homes were 59 above the five-year average, while excess deaths in care homes and hospitals were below the five-year average (14 and 39 deaths respectively).

Figure 10: The number of excess deaths in private homes in Wales continues to be larger than excess deaths in hospitals and care homes

Number of excess deaths by place of occurrence, Wales, registered between 14 March 2020 and 11 September 2020

Notes:

1. Figures exclude deaths of non-residents.
2. Based on date a death was registered rather than occurred.
3. Figures for 2020 are provisional.

[Download the data](#)

The continuation of excess deaths in private homes may be because of deaths of people who would otherwise have died elsewhere, particularly in hospitals, where we see much lower levels of mortality than is usual for the time of year. Further analysis on deaths by place of occurrence and possible reasons for excess deaths can be found in [Analysis of death registrations not involving coronavirus \(COVID-19\), England and Wales](#).

7 . Registration delays

Deaths should normally be registered within five days of the date of death, but there are a number of situations where the [registration of a death will be delayed](#).

Between Week 12 (week ending 20 March 2020) and Week 37 (week ending 11 September 2020), 53.1% of deaths in private homes in England were registered within five days of the date of death, which was slightly higher than the five-year average (52.1%). In Wales, 60.8% of deaths in private homes were registered within five days of the date of death, which was also higher than the five-year average (60.3%). As the percentage of deaths in private homes being registered within five days is similar to the five-year average, the observed excess is not driven by registration delays.

8 . Deaths in private homes data

[Deaths in private homes in England and Wales](#)

Dataset | Released 19 October 2020

Provisional counts of the number of deaths registered in private homes in England and Wales by age, sex and cause of death.

9 . Glossary

Coronavirus (COVID-19) deaths

Coronavirus (COVID-19) deaths are those deaths registered in England and Wales in the stated week where COVID-19 was mentioned on the death certificate. A doctor can certify the involvement of COVID-19 based on symptoms and clinical findings – a positive test result is not required.

Excess deaths

Excess deaths are those deaths that are above the five-year average levels. For example, if on average 100 people died on this day over the past five years, but 120 died on the same day this year; this would mean there are 20 excess deaths.

10 . Data sources and quality

More quality and methodology information on strengths, limitations, appropriate uses, and how the data were created is available in the [Mortality statistics in England and Wales QMI](#).

The information used to produce these statistics is based on details collected when certified deaths are registered with the local registration office. In England and Wales, deaths should be registered within five days of the death occurring, but there are some situations that result in the registration of the death being delayed. For example, when a death needs to be investigated by a coroner. Therefore, there may be some deaths that have occurred but are yet to be registered, meaning they will not be included in this analysis. More information on this issue can be found in our [impact of registration delays release](#).

Our [User guide to mortality statistics](#) provides further information on data quality, legislation and procedures relating to mortality and includes a [glossary of terms](#).

11 . Related links

[Deaths registered weekly in England and Wales, provisional](#)

Bulletin | Updated every Tuesday

Provisional counts of the number of deaths registered in England and Wales, including deaths involving the coronavirus (COVID-19) pandemic, by age, sex and region, in the latest weeks for which data are available

[Monthly mortality analysis, England and Wales](#)

Bulletin | Released 18 September 2020

Provisional death registration data for England and Wales, broken down by sex, age and country. Includes deaths due to COVID-19 and leading causes of death.

[Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 \(provisional\)](#)

Article | Released 3 July 2020

Provisional figures on deaths involving the coronavirus (COVID-19) within the care sector, in England and Wales.

[Analysis of death registrations not involving coronavirus \(COVID-19\), England and Wales](#)

Article | Released 2 September 2020

Exploration of trends in non-COVID-19 deaths since 2 May 2020, how they compare with the five-year average, and how the nature of deaths from 2 May to 10 July may have changed from previous years when total numbers of non-COVID-19 deaths have returned to more expected levels.

[Deaths registered in England and Wales: 2019](#)

Bulletin | Released 1 July 2020

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.

[Coronavirus \(COVID-19\) latest data and analysis](#)

Web page | Updated as and when new data become available

Brings together the latest data and analysis on the coronavirus (COVID-19) pandemic in the UK and its effect on the economy and society.

[Coronavirus \(COVID-19\) roundup](#)

Blog | Updated as and when new data become available

Catch up on the latest data and analysis related to the coronavirus pandemic and its impact on our economy and society.