Statistical bulletin

Avoidable mortality in England and Wales: 2025

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

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1 . Main points

- There were 110,804 avoidable deaths registered in England, and 8,011 in Wales in 2025, representing 20.7% and 22.4% of all deaths, respectively.
- The age-standardised avoidable mortality rate in England fell by 3.1%, to 219.5 per 100,000, the lowest on record; the rate in Wales fell by 0.8%, to 269.2 per 100,000.
- In both England and Wales, and for both males and females, the most deprived areas had avoidable mortality rates between 3.3 and 3.8 times higher than the least deprived areas.
- There were higher rates of avoidable mortality for males compared with females, across all deprivation deciles in both countries, with the largest differences seen in the most deprived areas.
- The leading cause of avoidable mortality in both England and Wales remained neoplasms (tumours), followed by diseases of the circulatory system.
- Avoidable mortality overall fell in every region of England, with the largest falls seen in the North West (529 fewer deaths) and London (481 fewer deaths).

2 . Avoidable, preventable and treatable mortality in England and Wales

Avoidable mortality

Avoidable mortality is defined as deaths that are either preventable or treatable for those aged under 75 years, in line with the international avoidable mortality definition (PDF, 694KB). For the list of causes of death that are classified as avoidable, please see our accompanying datasets.

In 2025:

- There were 110,804 deaths considered avoidable in England (20.7% of all 534,020 registered deaths); the age-standardised mortality rate (ASMR) was 219.5 deaths per 100,000 people.

- There were 8,011 deaths considered avoidable in Wales (22.4% of all 35,767 registered deaths); the ASMR was 269.2 deaths per 100,000 people.

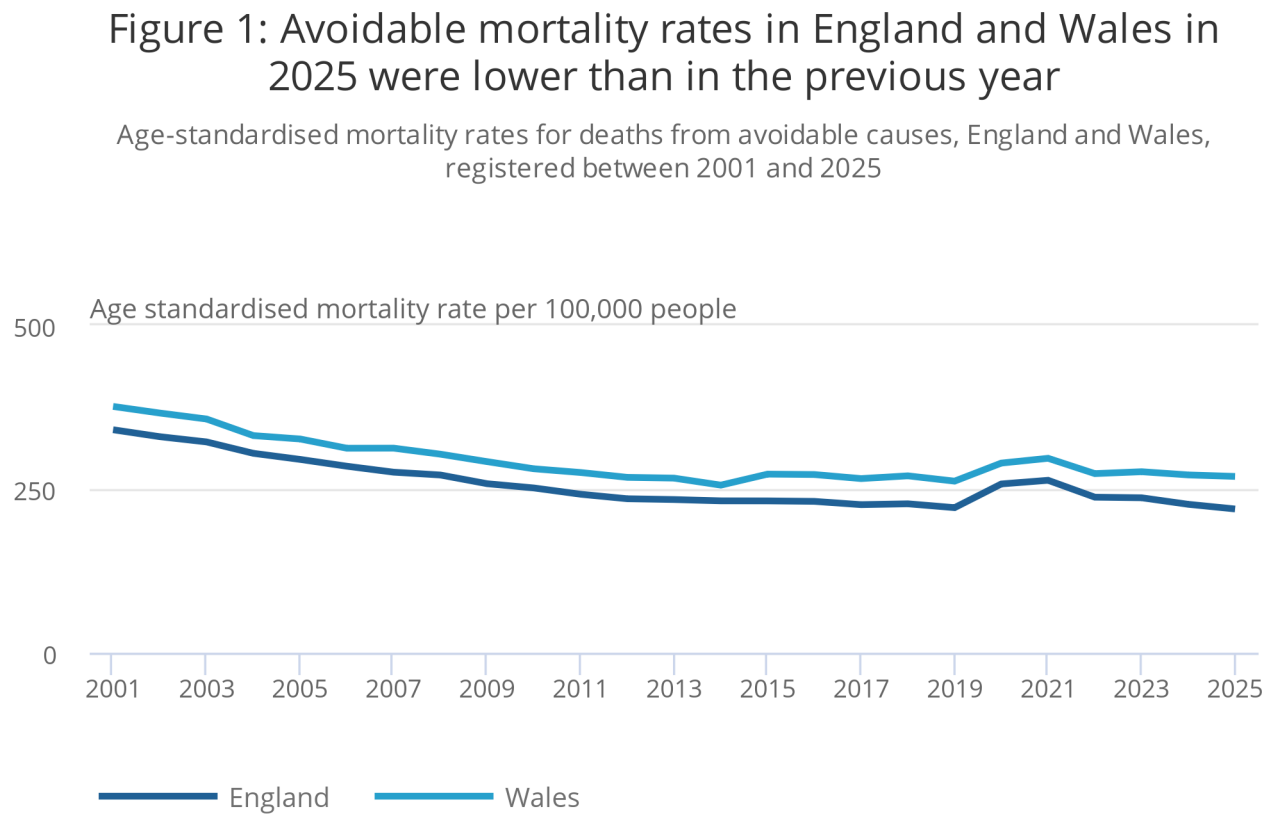
The rate of avoidable mortality in England was a new record low, falling by 3.1%, from 226.6 per 100,000 in the previous year. This was below the previous record of 221.5, recorded in 2019.

The rate in Wales fell by 0.8%, from 271.5 per 100,000 in 2024; this was not a record low but remains similar to pre-pandemic levels.

ASMRs in both England and Wales were relatively stable in the period of 2012 to 2019, following a declining trend in the earlier part of our time series (2001 to 2011). Rates then increased throughout the coronavirus (COVID-19) pandemic, reaching a peak in 2021. Since then, rates in both countries have returned to levels similar to those seen in the years preceding the pandemic.

Figure 1: Avoidable mortality rates in England and Wales in 2025 were lower than in the previous year

Age-standardised mortality rates for deaths from avoidable causes, England and Wales, registered between 2001 and 2025



Source: Avoidable mortality in England and Wales from the Office for National Statistics

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.

3. Figures are for deaths registered in each calendar year.

Preventable and treatable mortality

There are two types of avoidable mortality: preventable mortality and treatable mortality. Deaths from causes classified as both preventable and treatable are counted as 0.5 deaths towards each total.

In this bulletin, we have rounded the figures to the nearest whole death. Unrounded figures are available in our accompanying datasets.

More quality and methodology information (QMI) on the categorisation process is available in our Avoidable mortality in the UK QMI.

Of the 110,804 avoidable deaths in England in 2025:

- 71,057 (64.1%) could be attributed to conditions considered preventable
- 39,747 (35.9%) could be attributed to conditions considered treatable

Of the 8,011 avoidable deaths in Wales in 2025:

- 5,218 (65.1%) could be attributed to conditions considered preventable
- 2,794 (34.9%) could be attributed to conditions considered treatable

Excluding the pandemic years, the proportion of avoidable deaths from preventable causes has increased; in 2001, preventable causes accounted for only 59.1% in England and 59.5% in Wales.

These changing proportions are influenced by stable mortality rates from preventable causes of death but reducing mortality rates from causes that can be preventable and treatable (for example, diseases of the circulatory system and neoplasms).

Avoidable mortality by English regions

ASMRs for avoidable mortality fell in every region of England between 2024 and 2025.

The highest rates of avoidable mortality in 2025 were in the North East, with a mortality rate of 270.0 per 100,000, and the North West, with a rate of 264.1 per 100,000. Compared with the previous year, the rates for these regions have declined by 3.6% and 3.5%, respectively.

The lowest rates of avoidable mortality in 2025 were in the South East, with a mortality rate of 190.6 per 100,000, and London, with a rate of 191.9 per 100,000. Compared with the previous year, the rates for these regions have declined by 1.2% and 5.0%, respectively.

3 . Avoidable mortality by cause

England and Wales

For the list of causes of death within each cause grouping, please see the definitions tabs in our accompanying datasets.

In 2025, the leading cause of avoidable mortality in both England and Wales was neoplasms (tumours), followed by diseases of the circulatory system. Neoplasms have been the most common cause of avoidable deaths since 2007.

The age-standardised mortality rate (ASMR) for neoplasms in 2025 was 70.4 per 100,000 people in England and 79.6 per 100,000 people in Wales. For diseases of the circulatory system, the rates were 60.7 per 100,000 people in England and 73.0 per 100,000 people in Wales.

Compared with the previous year, in England, the ASMR decreased for each of the leading cause groupings, with statistically significant falls for:

- diseases of the circulatory system
- neoplasms
- diseases of the respiratory system
- coronavirus (COVID-19)

The only statistically significant change in Wales was a fall in the ASMR for COVID-19, from 3.0 per 100,000 people (95% confidence interval of 2.5 to 3.7) in 2024 to 1.4 per 100,000 people (95% confidence interval of: 1.0 to 1.9) in 2025.

Figure 2: The leading cause of avoidable mortality in both England and Wales was neoplasms, followed by diseases of the circulatory system

Age-standardised mortality rates for deaths from avoidable causes, by cause, England and Wales, registered from 2001 to 2025

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.
3. Figures are for deaths registered in each calendar year.

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4 . Children and young people in England and Wales

For children and young people (aged 0 to 19 years), the leading cause of avoidable mortality in 2025 in England and Wales was injuries (for example, transport accidents, assault, intentional self-harm), with 553 registered deaths. This has been the leading cause of death throughout the time series (2001 to 2025). The number of deaths from this cause fell by half during the first decade of the time series and has remained stable since 2012.

The age-standardised mortality rate for avoidable mortality in children and young people, for deaths registered in 2025, was 9.1 per 100,000 in England and 9.7 per 100,000 in Wales. The rate for both countries has been relatively stable since around 2010, following a decline during the previous decade.

5 . Socioeconomic inequalities in avoidable mortality

The Index of Multiple Deprivation (IMD) is a measure of relative deprivation in England, and the Welsh Index of Multiple Deprivation (WIMD) measures this for Wales. It ranks areas from most deprived to least deprived using datasets specific to each nation. Therefore, figures for England and Wales are not comparable. Deprivation deciles rank areas from 1 (most deprived) to 10 (least deprived).

England

In all IMD deciles in England in 2025, the age-standardised mortality rate (ASMR) was higher for males than females, suggesting that regardless of deprivation, males are more at risk of avoidable mortality.

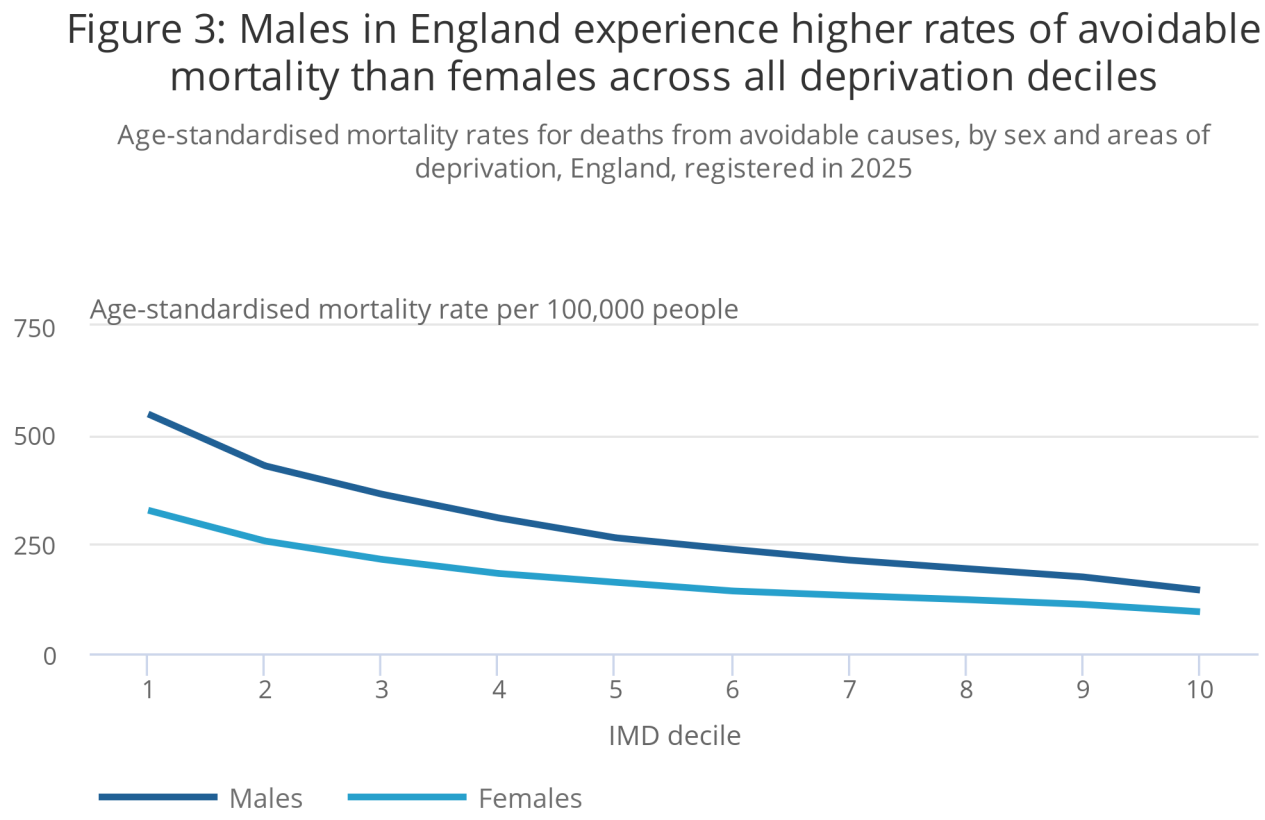
The difference in ASMR between males and females also increased alongside levels of deprivation, with the largest difference seen in the most deprived areas (decile 1). This is consistent with previous years.

In 2025, the male avoidable ASMR in the most deprived areas of England (decile 1) was 547.8 deaths per 100,000 males. This was 3.8 times higher than the 144.7 deaths per 100,000 males seen in the least deprived areas (decile 10).

The female ASMR also showed a large difference between most and least deprived areas, with 327.5 deaths per 100,000 females in the most deprived areas (decile 1). This was 3.4 times higher than the 95.2 deaths per 100,000 females in the least deprived areas (decile 10).

Figure 3: Males in England experience higher rates of avoidable mortality than females across all deprivation deciles

Age-standardised mortality rates for deaths from avoidable causes, by sex and areas of deprivation, England, registered in 2025



Source: Avoidable mortality in England and Wales from the Office for National Statistics

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.
3. Figures are for deaths registered in each calendar year.
4. Deprivation deciles are based on the Index of Multiple Deprivation (IMD). Most deprived areas refer to decile 1, and least deprived to decile 10.

Wales

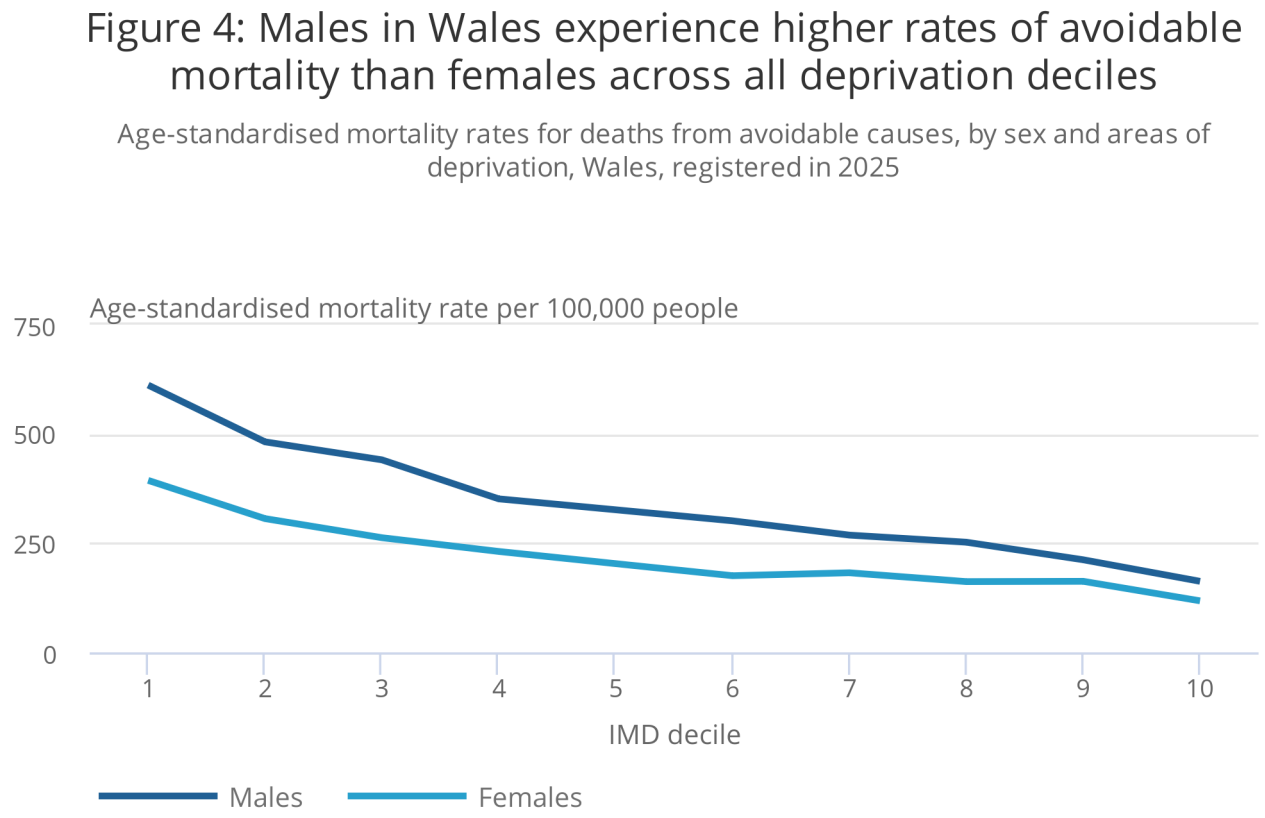
Similarly to England, in all WIMD deciles in Wales in 2025, the ASMR was higher for males than females, most predominantly in more deprived areas. This was consistent throughout our time series.

In 2025, the male avoidable ASMR in the most deprived areas of Wales (decile 1) was 611.7 deaths per 100,000 males. This was 3.8 times higher than the 162.6 deaths per 100,000 males seen in the least deprived areas (decile 10).

The female ASMR also showed a large difference between most and least deprived areas, with 393.6 deaths per 100,000 females in the most deprived areas (decile 1). This was 3.3 times higher than the 117.9 deaths per 100,000 females in the least deprived areas (decile 10).

Figure 4: Males in Wales experience higher rates of avoidable mortality than females across all deprivation deciles

Age-standardised mortality rates for deaths from avoidable causes, by sex and areas of deprivation, Wales, registered in 2025



Source: Avoidable mortality in England and Wales from the Office for National Statistics

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.
3. Figures are for deaths registered in each calendar year.
4. Deprivation deciles are based on the Welsh Index of Multiple Deprivation (IMD). Most deprived areas refer to decile 1, and least deprived to decile 10.

Socioeconomic inequalities in avoidable mortality by cause

In 2025, in both England and Wales, there was a higher number of avoidable deaths in the most deprived group, compared with the least deprived group, in all seven cause groups of avoidable mortality that we present in this bulletin.

In England (Figure 5), the cause group with the largest relative difference between the most and least deprived areas was diseases of the respiratory system, with an ASMR more than eight times higher in the most deprived areas, for both men and women.

The relative differences between the most and least deprived areas, broken down by cause, were similar for men and women for most causes. The exceptions to this were alcohol-related and drug-related (for which men in the most deprived areas fared worse) and infectious diseases (for which women in the most deprived areas fared worse).

Figure 5: There is a higher rate of avoidable mortality in the most deprived areas, compared with the least deprived areas, in all the most prevalent causes of avoidable mortality in England

Age-standardised mortality rates for deaths from avoidable causes, by sex, deprivation decile and cause, England, registered in 2025

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.

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For Wales, because of the lower numbers of deaths, we have used IMD quintiles to compare causes (Figure 6). The trends are similar to those seen in England.

Figure 6: There is a higher rate of avoidable mortality in the most deprived group, compared with the least deprived group, in all the most prevalent causes of avoidable mortality in Wales

Age-standardised mortality rates for deaths from avoidable causes, by sex, deprivation decile and cause, Wales, registered in 2025

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.
3. Figures are for deaths registered in each calendar year.
4. Deprivation quintiles are based on the Welsh Index of Multiple Deprivation. Most deprived areas refer to quintile 1, and least deprived to quintile 5.

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6 . Data on avoidable mortality in England and Wales

Avoidable mortality in England and Wales
Dataset | Released 2 November 2026
Annual age-standardised mortality rates for causes considered avoidable, in England and Wales, by local authorities, by Integrated Care Boards and Welsh Health Boards, with and without deaths from ischaemic heart disease (IHD), and standardised years of life lost (SYLL).

Socioeconomic inequalities in avoidable mortality in England and Wales
Dataset | Released 2 November 2026
Annual age-standardised mortality rates by deprivation decile and quintile, sex and cause as well as absolute (Slope Index of Inequality) measures of inequality in England and Wales.

7 . Glossary

Age-standardised mortality rates

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

Avoidable mortality

Avoidable mortality refers to deaths that are preventable or treatable.

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).

Slope Index of Inequality (SII)

This index models the absolute inequality (the difference between the hypothetical most and least deprived populations) in avoidable mortality using weighted linear regression. This takes account of the inequality across all adjacent deciles of relative deprivation, rather than focusing only on the differencing of the two extremes.

Statistical significance

Refers to statistically significant changes or differences. Statistical 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.

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).

8 . Data sources and quality

Sources

Figures are calculated using death registration data for England and Wales held by the Office for National Statistics (ONS), published in our Death registration summary statistics, England and Wales bulletin.

Quality

More quality and methodology information (QMI) on strengths, limitations, appropriate uses, and how the data were created is available in our Avoidable mortality in the UK QMI.

Socioeconomic deprivation

Socioeconomic deprivation is measured using GOV.UK's Index of Multiple Deprivation (IMD) for England, which provides an overall relative measure of deprivation for each Lower layer Super Output Area (LSOA). More information is available in our Socioeconomic inequalities in avoidable mortality QMI.

9 . Related links

Avoidable mortality in Scotland, 2024
Report | Released 24 March 2026
National Records of Scotland's information on the numbers of deaths that are classified as avoidable.

Health inequalities annual report 2026
Report | Released 25 March 2026
Annual publication from Northern Ireland's Department of Health. Presents 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: 2025
Bulletin | Released 25 September 2026
Registered deaths by leading cause of death, age, sex, and selected underlying causes of death, and death occurrences, in England and Wales.

10 . Cite this statistical bulletin

Office for National Statistics (ONS), released 2 November 2026, ONS website, statistical bulletin, Avoidable mortality in England and Wales: 2025