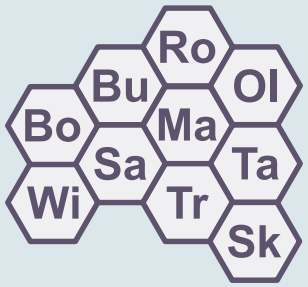
# Greater Manchester Public Health Needs Assessment (GMPHNA) Mortality & Palliative Care




GM PHIN Greater Manchester Public Health Intelligence Network

Working together for the population health of Greater Manchester

Version 3

Stockport Council Public Health

October 2025

# GMPHNA - Mortality & Palliative Care

- The aim of this document is to summarise key demographic and mortality trends across Greater Manchester and to model possible future trends.

- The purpose is to inform the continuing development of the palliative care strategy and work programme across Greater Manchester.

- This initial report has been compiled by Stockport Council Public Health Team (jsna@stockport.gov.uk) and has been reviewed by the GM Public Health Intelligence Network.

# Greater Manchester NA Mortality & Palliative Care

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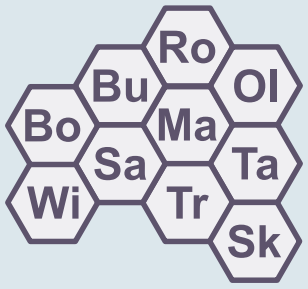


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# Demographic Trends – current resident populations

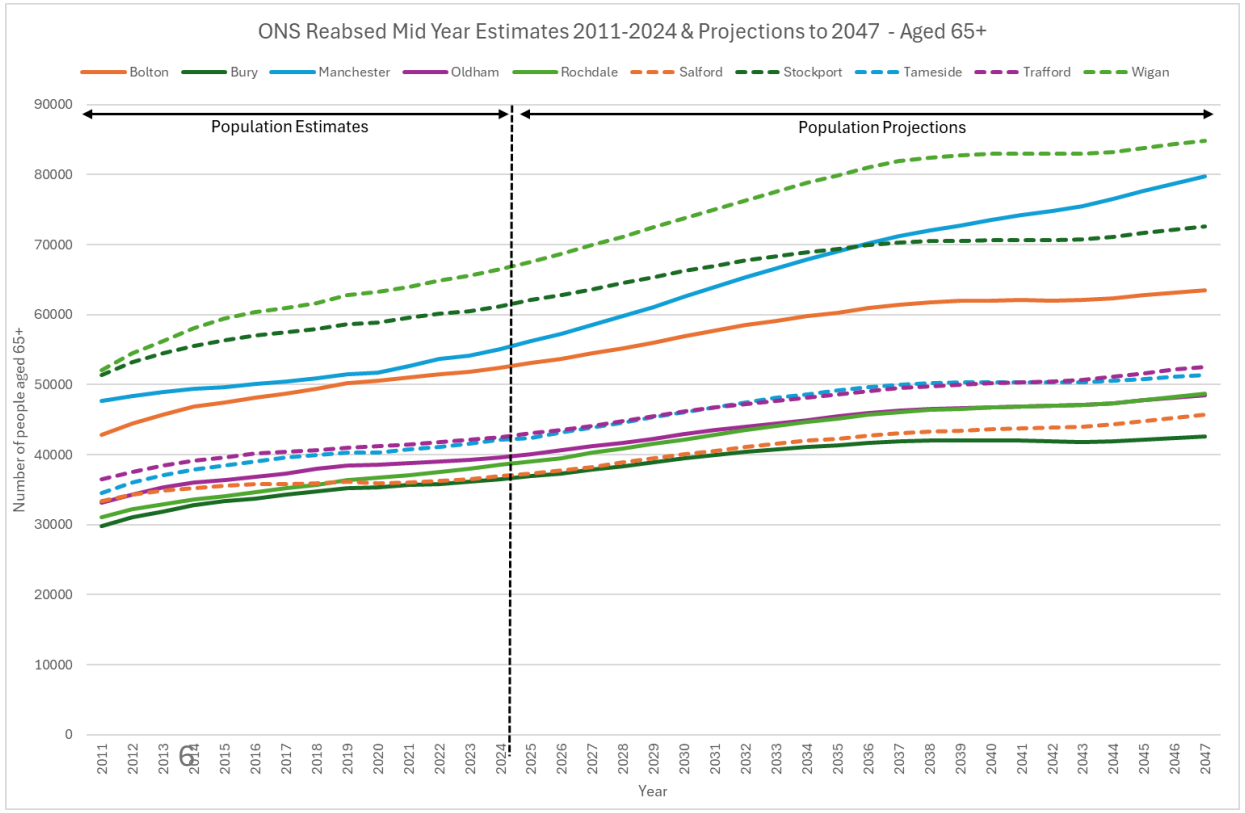
- There are currently 471,432 people aged 65+ living in Greater Manchester, 57,486 of whom are aged 85+ (ONS Mid-year Estimate 2024). There are additionally 523,626 people aged 50-64 years.
- This means 15.7% of the population of Greater Manchester are aged 65+ and 1.9% are aged 85+.
- Numbers and proportions vary across the localities within Greater Manchester.

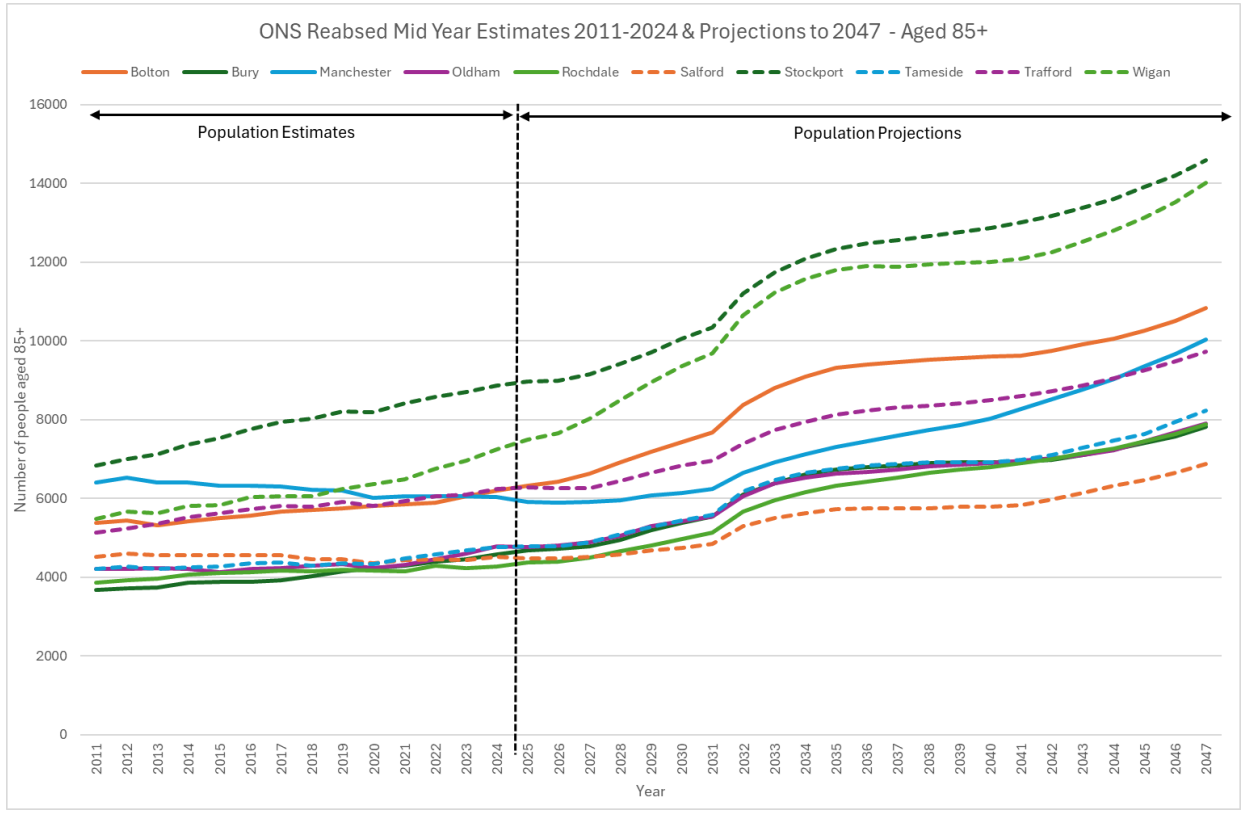
- Wigan has the highest number of people aged 65+ (66,487)
- Stockport has the highest proportion aged 65+ (20.1%)
- Stockport has the highest number and proportion aged 85+ (8,863, 2.9%).
- Bury has the lowest number of people aged 65+ (36,500, 9.3%)
- Rochdale has the lowest number of people aged 85+ (4,266)
- Manchester has the lowest proportion aged 65+ (9.8%) and aged 85+ (1.0%)

| | ONS 2024 Mid-year Estimate of Population | | | | | | |
|---|---|---|---|---|---|---|---|
| Local Authority | 50+ | 65+ | 85+ | All Ages | % 50+ | % 65+ | %85+ |
| Bolton | 108,558 | 52,356 | 6,205 | 310,085 | 35.0% | 16.9% | 2.0% |
| Bury | 74,541 | 36,500 | 4,586 | 198,921 | 37.5% | 18.3% | 2.3% |
| Manchester | 135,117 | 55,094 | 6,032 | 589,670 | 22.9% | 9.3% | 1.0% |
| Oldham | 83,745 | 39,562 | 4,784 | 251,560 | 33.3% | 15.7% | 1.9% |
| Rochdale | 80,951 | 38,570 | 4,266 | 235,561 | 34.4% | 16.4% | 1.8% |
| Salford | 79,631 | 36,944 | 4,510 | 294,348 | 27.1% | 12.6% | 1.5% |
| Stockport | 119,729 | 61,235 | 8,863 | 303,929 | 39.4% | 20.1% | 2.9% |
| Tameside | 88,846 | 42,169 | 4,755 | 239,643 | 37.1% | 17.6% | 2.0% |
| Trafford | 87,965 | 42,515 | 6,249 | 241,025 | 36.5% | 17.6% | 2.6% |
| Wigan | 135,975 | 66,487 | 7,236 | 344,922 | 39.4% | 19.3% | 2.1% |
| **Greater Manchester** | **995,058** | **471,432** | **57,486** | **3,009,664** | **33.1%** | **15.7%** | **1.9%** |

# Demographic Trends – resident projections – numbers

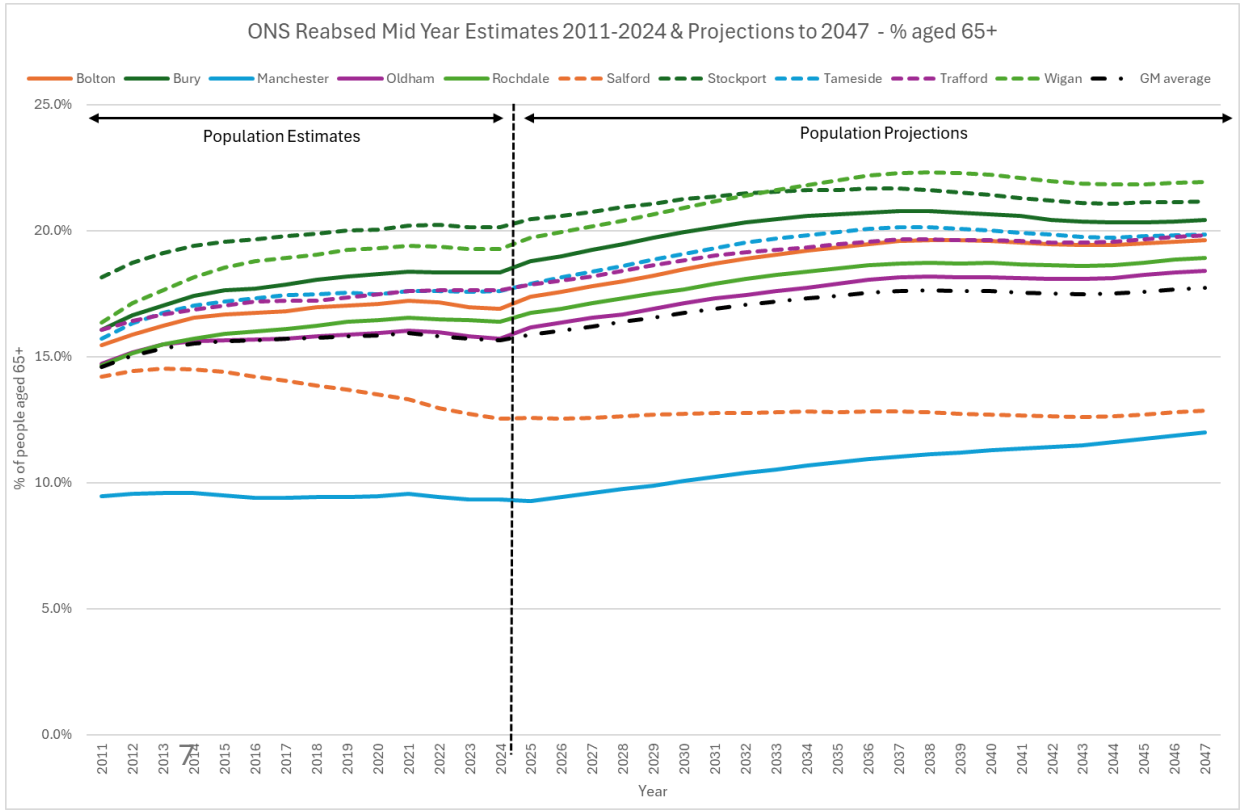
- ONS Population Projections show that the number of older people in Greater Manchester is expected to increase:
  - from 471,400 people aged 65+ in 2024, to 545,000 in 2034 (up by 15.6%) and 575,900 in 2044 (up by a further 5.7%).
  - from 57,500 people aged 85+ in 2024, to 79,400 (up by 38.1%) in 2034 and 90,100 in 2044 (up by a further 13.5%); with a particular increase as the postwar baby boom generation reach age 85 around 2030.
- Within GM the 65+ and 85+ population of all local authorities is expected to grow with proportionally largest increases in Manchester for 65+ (up 23% to 2034) and Wigan for 85+ (up 60% to 2034).

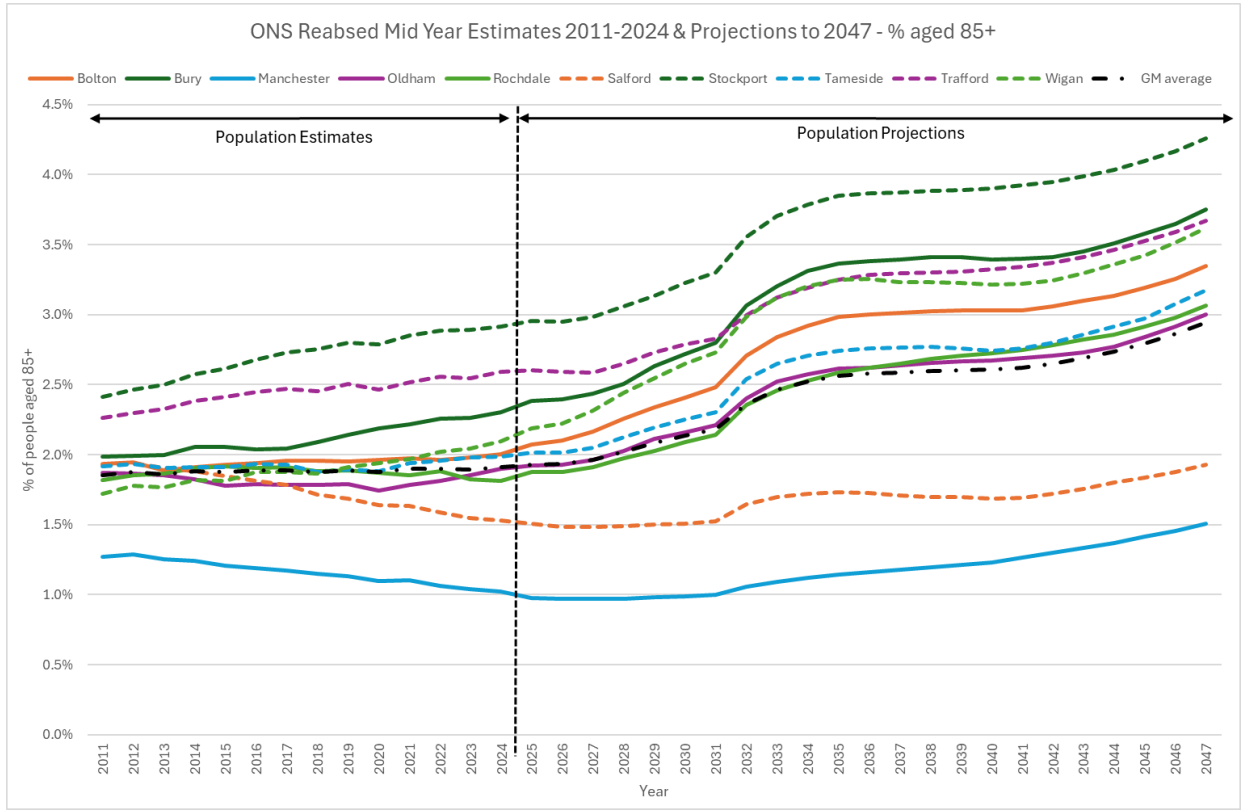


# Demographic Trends – resident projections – %

- ONS Population Projections show that the number of older people in Greater Manchester is expected to increase proportionally over the next 20 years.
  - from 15.7% of people being aged 65+ in 2024, to 17.3% in 2034 and 17.5% in 2044.
  - from 1.9% of people being aged 85+ in 2024, to 2.5% in 2034 and 2.7% in 2044.
- The proportion growth in the 65+ population is expected to end in the mid 2030s across every area apart from in Manchester, where the proportion remains low but rising. By 2034 the proportion of population aged 85+ in Stockport is expected to be 3.8%, compared to 1.1% in Manchester.



# Demographic Trends – current registered population

- There are currently 497,900 people aged 65+ registered with a GP practice in Greater Manchester, 59,675 of whom are aged 85+ (NHS England March 2025). These figures are around 7% higher than the ONS resident estimates.
- This means 15.1% of the registered population are aged 65+ and 1.8% aged 85+.
- Numbers and proportions vary across the localities within Greater Manchester.

- NHS Manchester has the highest number of people aged 65+ (68,043)
- NHS Stockport has the highest proportion aged 65+ (19.5%)
- NHS Stockport has the highest number and proportion aged 85+ (9,157, 2.8%).
- NHS Bury has the lowest number of people aged 65+ (38,419)
- NHS Heywood, Middleton & Rochdale has the lowest number of people aged 85+ (4,389)
- NHS Manchester has the lowest proportion aged 65+ (9.1%) and aged 85+ (1.0%)

| NHS England Registered Population - March 2025 | | | | | |
|---|---|---|---|---|---|
| ICB Sub-Locality | 65+ | 85+ | All Ages | % 65+ | %85+ |
| NHS Bolton (00T) | 54,615 | 6,303 | 333,874 | 16.4% | 1.9% |
| NHS Bury (00V) | 38,419 | 4,812 | 212,721 | 18.1% | 2.3% |
| NHS Manchester (14L) | 68,043 | 7,140 | 750,979 | 9.1% | 1.0% |
| NHS Oldham (00Y) | 41,654 | 4,926 | 269,304 | 15.5% | 1.8% |
| NHS Heywood, Middleton & Rochdale (01D) | 40,548 | 4,389 | 252,301 | 16.1% | 1.7% |
| NHS Salford (01G) | 39,894 | 4,777 | 322,627 | 12.4% | 1.5% |
| NHS Stockport (01W) | 64,040 | 9,157 | 329,250 | 19.5% | 2.8% |
| NHS Tameside & Glossop (01Y) | 39,428 | 4,393 | 228,577 | 17.2% | 1.9% |
| NHS Trafford (02A) | 44,007 | 6,328 | 249,344 | 17.6% | 2.5% |
| NHS Wigan Borough (02H) | 67,252 | 7,450 | 352,092 | 19.1% | 2.1% |
| NHS Greater Manchester | 497,900 | 59,675 | 3,301,069 | 15.1% | 1.8% |

# Demographic Trends – PCN registered populations

| ICB sub-locality | PCN code | PCN name | 65+ | 85+ | All Ages | % 65+ | %85+ |
|---|---|---|---|---|---|---|---|
| NHS Bolton (00T) | U05517 | HWL NETWORK PCN | 3,740 | 412 | 27,230 | 13.7% | 1.5% |
| NHS Bolton (00T) | U07003 | RUMWORTH PCN | 4,272 | 579 | 31,105 | 13.7% | 1.9% |
| NHS Bolton (00T) | U09883 | FARNWORTH & KEARSLEY PCN | 5,919 | 651 | 37,122 | 15.9% | 1.8% |
| NHS Bolton (00T) | U11602 | HORWICH NETWORK PCN | 7,290 | 796 | 41,152 | 17.7% | 1.9% |
| NHS Bolton (00T) | U46071 | WESTHOUGHTON NETWORK PCN | 6,180 | 649 | 27,555 | 22.4% | 2.4% |
| NHS Bolton (00T) | U65316 | BOLTON CENTRAL PCN | 4,435 | 454 | 53,477 | 8.3% | 0.8% |
| NHS Bolton (00T) | U79678 | TURTON PCN | 9,700 | 1,268 | 45,123 | 21.5% | 2.8% |
| NHS Bolton (00T) | U79938 | BREIGHTMET & LITTLE LEVER PCN | 6,933 | 720 | 37,323 | 18.6% | 1.9% |
| NHS Bolton (00T) | U97801 | CHORLEY ROADS NETWORK PCN | 6,146 | 774 | 33,787 | 18.2% | 2.3% |
| NHS Bury (00V) | U49226 | BURY PCN | 7,049 | 793 | 49,701 | 14.2% | 1.6% |
| NHS Bury (00V) | U49525 | HORIZON PCN | 18,913 | 2,333 | 92,495 | 20.4% | 2.5% |
| NHS Bury (00V) | U73478 | PRESTWICH PCN | 6,436 | 825 | 41,329 | 15.6% | 2.0% |
| NHS Bury (00V) | U76801 | WHITEFIELD DISTRICT & COMMUNITY PCN | 6,021 | 861 | 29,196 | 20.6% | 2.9% |
| NHS Manchester (14L) | U07506 | ARDWICK AND LONGSIGHT PCN | 5,215 | 572 | 86,788 | 6.0% | 0.7% |
| NHS Manchester (14L) | U13098 | MILES PLATTING NEWTON HEATH & MOSTON PCN | 5,810 | 635 | 46,214 | 12.6% | 1.4% |
| NHS Manchester (14L) | U26379 | HULME & CITY CENTRE SOUTH PCN | 1,808 | 168 | 54,767 | 3.3% | 0.3% |
| NHS Manchester (14L) | U34667 | GORTON AND LEVENSHULME PCN | 5,176 | 543 | 58,035 | 8.9% | 0.9% |
| NHS Manchester (14L) | U45992 | CITY CENTRE & ANCOATS PCN | 1,496 | 115 | 41,077 | 3.6% | 0.3% |
| NHS Manchester (14L) | U49529 | CLAYTON BESWICK & OPENSHAW PCN | 5,832 | 521 | 51,404 | 11.3% | 1.0% |
| NHS Manchester (14L) | U58188 | NORTHENDEN & BROOKLANDS (WYTHENSHAWE) PCN | 4,637 | 450 | 29,599 | 15.7% | 1.5% |
| NHS Manchester (14L) | U65853 | WITHINGTON & FALLOWFIELD PCN | 5,136 | 604 | 52,729 | 9.7% | 1.1% |
| NHS Manchester (14L) | U71839 | BETTER HEALTH MCR PCN | 1,583 | 151 | 45,760 | 3.5% | 0.3% |
| NHS Manchester (14L) | U78687 | DIDSBURY CHORLTON PARK & BURNAGE PCN | 5,870 | 730 | 46,377 | 12.7% | 1.6% |
| NHS Manchester (14L) | U85748 | CHEETHAM HILL & CRUMPSALL PCN | 5,262 | 548 | 63,528 | 8.3% | 0.9% |
| NHS Manchester (14L) | U85954 | H-BLACKLEY HARPURHEY & CHARLESTOWN PCN | 6,080 | 631 | 51,172 | 11.9% | 1.2% |
| NHS Manchester (14L) | U94373 | WYTHENSHAWE PCN | 7,475 | 689 | 59,958 | 12.5% | 1.1% |
| NHS Manchester (14L) | U98408 | WEST CENTRAL MANCHESTER PCN | 6,663 | 783 | 63,571 | 10.5% | 1.2% |

This table (spread over 3 pages) shows the March 2025 NHS England registered population data by PCN in Greater Manchester.

PCNs with a 65+ population over 12,500 or being more than 20% of the total population, or those with a 85+ population over 2,000 or being more than 3% of the total population are highlighted.

These are areas with potentially higher needs.

# Demographic Trends – PCN registered populations

| ICB sub-locality | PCN code | PCN name | 65+ | 85+ | All Ages | % 65+ | %85+ |
|---|---|---|---|---|---|---|---|
| NHS Oldham (00Y) | U14327 | OLDHAM CENTRAL PCN | 6,683 | 786 | 68,346 | 9.8% | 1.2% |
| NHS Oldham (00Y) | U17156 | MILLTOWN ALLIANCE PCN | 8,170 | 935 | 60,800 | 13.4% | 1.5% |
| NHS Oldham (00Y) | U41563 | OLDHAM NORTH PCN | 9,357 | 1,120 | 41,969 | 22.3% | 2.7% |
| NHS Oldham (00Y) | U67660 | OLDHAM SOUTH PCN | 5,928 | 693 | 43,945 | 13.5% | 1.6% |
| NHS Oldham (00Y) | U75449 | OLDHAM EAST PCN | 11,516 | 1,392 | 54,244 | 21.2% | 2.6% |
| NHS Heywood, Middleton and Rochdale (01D) | U16428 | MIDDLETON PCN | 7,751 | 856 | 45,278 | 17.1% | 1.9% |
| NHS Heywood, Middleton and Rochdale (01D) | U32831 | CANALSIDE PCN | 6,352 | 696 | 48,933 | 13.0% | 1.4% |
| NHS Heywood, Middleton and Rochdale (01D) | U55161 | PENNINES PCN | 7,730 | 742 | 37,649 | 20.5% | 2.0% |
| NHS Heywood, Middleton and Rochdale (01D) | U64487 | ROCHDALE NORTH PCN | 10,539 | 1,282 | 62,842 | 16.8% | 2.0% |
| NHS Heywood, Middleton and Rochdale (01D) | U78443 | HEYWOOD PCN | 5,966 | 606 | 34,579 | 17.3% | 1.8% |
| NHS Heywood, Middleton and Rochdale (01D) | U89776 | THE BRIDGE PCN | 2,210 | 207 | 23,020 | 9.6% | 0.9% |
| NHS Salford (01G) | U00203 | ECCLES & IRLAM PCN | 10,718 | 1,172 | 79,768 | 13.4% | 1.5% |
| NHS Salford (01G) | U03153 | BROUGHTON HEALTH ALLIANCE PCN | 4,865 | 857 | 56,631 | 8.6% | 1.5% |
| NHS Salford (01G) | U57786 | SWINTON PCN | 8,955 | 1,173 | 48,190 | 18.6% | 2.4% |
| NHS Salford (01G) | U60510 | SALFORD SOUTH EAST PCN | 8,198 | 798 | 92,985 | 8.8% | 0.9% |
| NHS Salford (01G) | U69393 | WALKDEN & LITTLE HULTON PCN | 7,158 | 777 | 45,053 | 15.9% | 1.7% |
| NHS Stockport (01W) | U14006 | VICTORIA PCN | 6,494 | 796 | 41,630 | 15.6% | 1.9% |
| NHS Stockport (01W) | U15435 | HEATONS GROUP NETWORK PCN | 11,948 | 1,521 | 72,348 | 16.5% | 2.1% |
| NHS Stockport (01W) | U37388 | BRAMHALL AND CHEADLE HULME PCN LTD | 13,233 | 2,107 | 59,341 | 22.3% | 3.6% |
| NHS Stockport (01W) | U56857 | CHEADLE NETWORK PCN | 7,320 | 1,176 | 36,381 | 20.1% | 3.2% |
| NHS Stockport (01W) | U64597 | STOCKPORT EAST AND SOUTH PCN | 15,269 | 2,351 | 60,115 | 25.4% | 3.9% |
| NHS Stockport (01W) | U99971 | TAME VALLEY PCN | 9,776 | 1,206 | 59,435 | 16.4% | 2.0% |

This table (spread over 3 pages) shows the March 2025 NHS England registered population data by PCN in Greater Manchester.

PCNs with a 65+ population over 12,500 or being more than 20% of the total population, or those with a 85+ population over 2,000 or being more than 3% of the total population are highlighted.

# Demographic Trends – PCN registered populations

| ICB sub-locality | PCN code | PCN name | 65+ | 85+ | All Ages | % 65+ | %85+ |
|---|---|---|---|---|---|---|---|
| NHS Tameside and Glossop (01Y) | U01630 | STALYBRIDGE, DUKINFIELD & MOSSLEY PCN | 7,515 | 803 | 43,441 | 17.3% | 1.8% |
| NHS Tameside and Glossop (01Y) | U02275 | HYDE PCN | 13,033 | 1,492 | 73,990 | 17.6% | 2.0% |
| NHS Tameside and Glossop (01Y) | U38271 | ASHTON PCN | 9,318 | 908 | 57,774 | 16.1% | 1.6% |
| NHS Tameside and Glossop (01Y) | U53900 | DENTON PCN | 9,562 | 1,190 | 53,372 | 17.9% | 2.2% |
| NHS Trafford (02A) | U42898 | SOUTH TRAFFORD PCN | 6,205 | 906 | 33,090 | 18.8% | 2.7% |
| NHS Trafford (02A) | U66368 | NORTH TRAFFORD PCN | 6,091 | 797 | 48,417 | 12.6% | 1.6% |
| NHS Trafford (02A) | U79881 | TRAFFORD WEST PCN | 10,753 | 1,492 | 53,661 | 20.0% | 2.8% |
| NHS Trafford (02A) | U83990 | SALE CENTRAL PCN | 11,778 | 1,716 | 65,544 | 18.0% | 2.6% |
| NHS Trafford (02A) | U95344 | ALTRINCHAM HEALTHCARE ALLIANCE PCN | 9,180 | 1,417 | 48,632 | 18.9% | 2.9% |
| NHS Wigan Borough (02H) | U21926 | HINDLEY PCN | 8,645 | 904 | 49,119 | 17.6% | 1.8% |
| NHS Wigan Borough (02H) | U23418 | LIGA WIGAN PCN | 8,145 | 927 | 41,837 | 19.5% | 2.2% |
| NHS Wigan Borough (02H) | U30170 | TABA WIGAN PCN | 10,378 | 1,096 | 56,906 | 18.2% | 1.9% |
| NHS Wigan Borough (02H) | U42152 | WIGAN CENTRAL PCN | 11,658 | 1,335 | 63,907 | 18.2% | 2.1% |
| NHS Wigan Borough (02H) | U69052 | SWAN NETWORK WIGAN PCN | 7,516 | 773 | 35,550 | 21.1% | 2.2% |
| NHS Wigan Borough (02H) | U70230 | LEIGH PCN | 10,588 | 1,085 | 60,388 | 17.5% | 1.8% |
| NHS Wigan Borough (02H) | U96127 | NORTH WIGAN PCN | 10,318 | 1,330 | 44,316 | 23.3% | 3.0% |

This table (spread over 3 pages) shows the March 2025 NHS England registered population data by PCN in Greater Manchester.

PCNs with a 65+ population over 12,500 or being more than 20% of the total population, or those with a 85+ population over 2,000 or being more than 3% of the total population are highlighted.

# Demographic Trends – care homes

This table shows the October 2025 CQC data for care homes in Greater Manchester that offer services to older people; these care homes may also offer services to other user groups. In total there are 450 care homes across GM, with 17,263 beds (although some of these beds may be allocated to other client user groups). This averages at 3.3 people aged 85+ per care home bed and 27.3 people aged 65+ per bed.

| Measure | Bolton | Bury | Manchester | Oldham | Rochdale | Salford | Stockport | Tameside | Trafford | Wigan | GM total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of care homes with services for older people | 45 | 35 | 59 | 45 | 53 | 34 | 54 | 35 | 38 | 52 | 450 |
| Number of beds at care homes with services for older people | 1,775 | 1,392 | 2,089 | 1,636 | 1,596 | 1,436 | 2,238 | 1,421 | 1,383 | 2,297 | 17,263 |
| | | | | | | | | | | | |
| Number of beds per residents in locality aged 65+ | 29.5 | 26.2 | 26.4 | 24.2 | 24.2 | 25.7 | 27.4 | 29.7 | 30.7 | 28.9 | 27.3 |
| Number of beds per residents in locality aged 85+ | 3.5 | 3.3 | 2.9 | 2.9 | 2.7 | 3.1 | 4.0 | 3.3 | 4.5 | 3.2 | 3.3 |

Wigan has the highest number of beds and Manchester has the highest number of care homes. Trafford has the highest ratio of people aged 85+ to beds (4.5) and Rochdale has the lowest (2.7).

# Demographic trends key findings

- There are currently 471,432 people aged 65+ living in Greater Manchester, 57,486 of whom are aged 85+ (ONS Mid-year Estimate 2024). This means 15.7% of the population of Greater Manchester are aged 65+ and 1.9% are aged 85+.
- Numbers and proportions vary across the localities within Greater Manchester. Wigan has the highest number of people aged 65+ (66,487), Stockport has the highest proportion aged 65+ (20.1%) and Stockport has the highest number and proportion aged 85+ (8,863, 2.9%).
- ONS Population Projections show that the number of older people in Greater Manchester is expected to increase:
  - from 471,400 people aged 65+ in 2024, to 545,000 in 2034 (up by 15.6%) and 575,900 in 2044 (up by a further 5.7%).
  - from 57,500 people aged 85+ in 2024, to 79,400 (up by 38.1%) in 2034 and 90,100 in 2044 (up by a further 13.5%); with a particular increase as the postwar baby boom generation reach age 85 around 2030.
- Within GM the 65+ and 85+ population of all local authorities is expected to grow with proportionally largest increases in Manchester for 65+ (up 23% to 2034) and Wigan for 85+ (up 60% to 2034).
- There are 450 care homes across Greater Manchester who accept older people.

# Section 2: Mortality Trends

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Greater Manchester Public Health Intelligence Network

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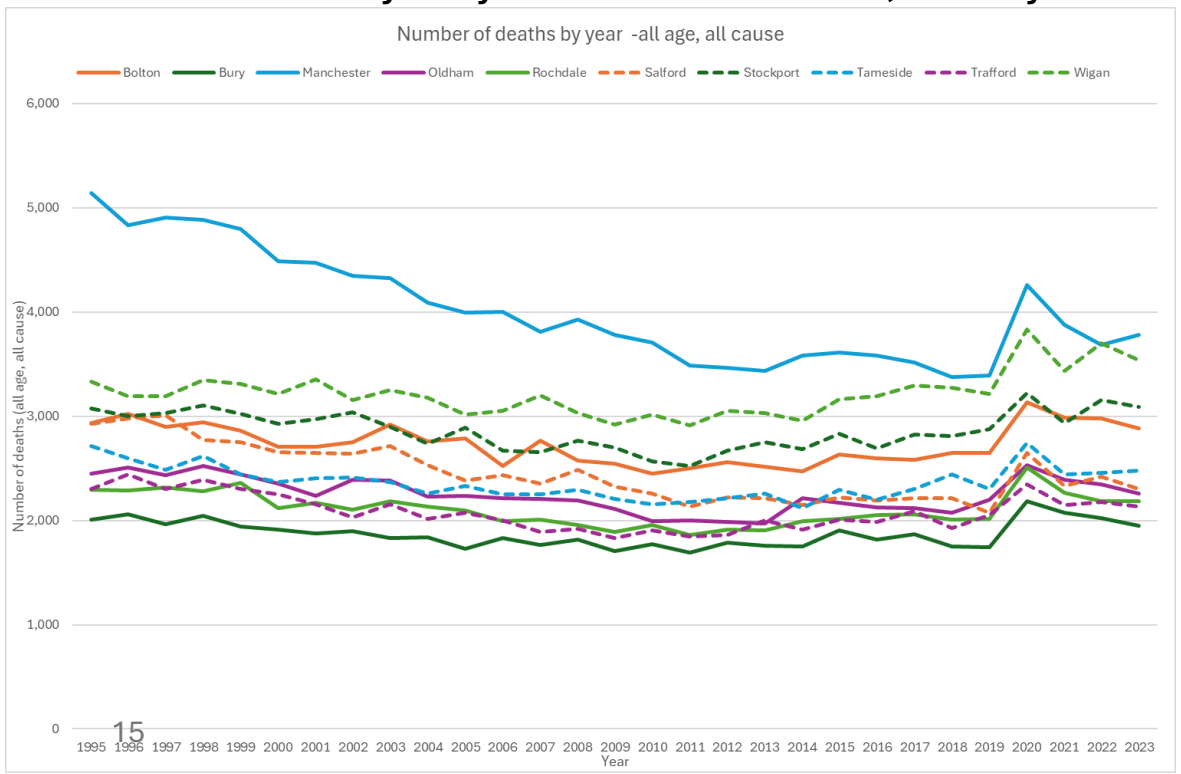
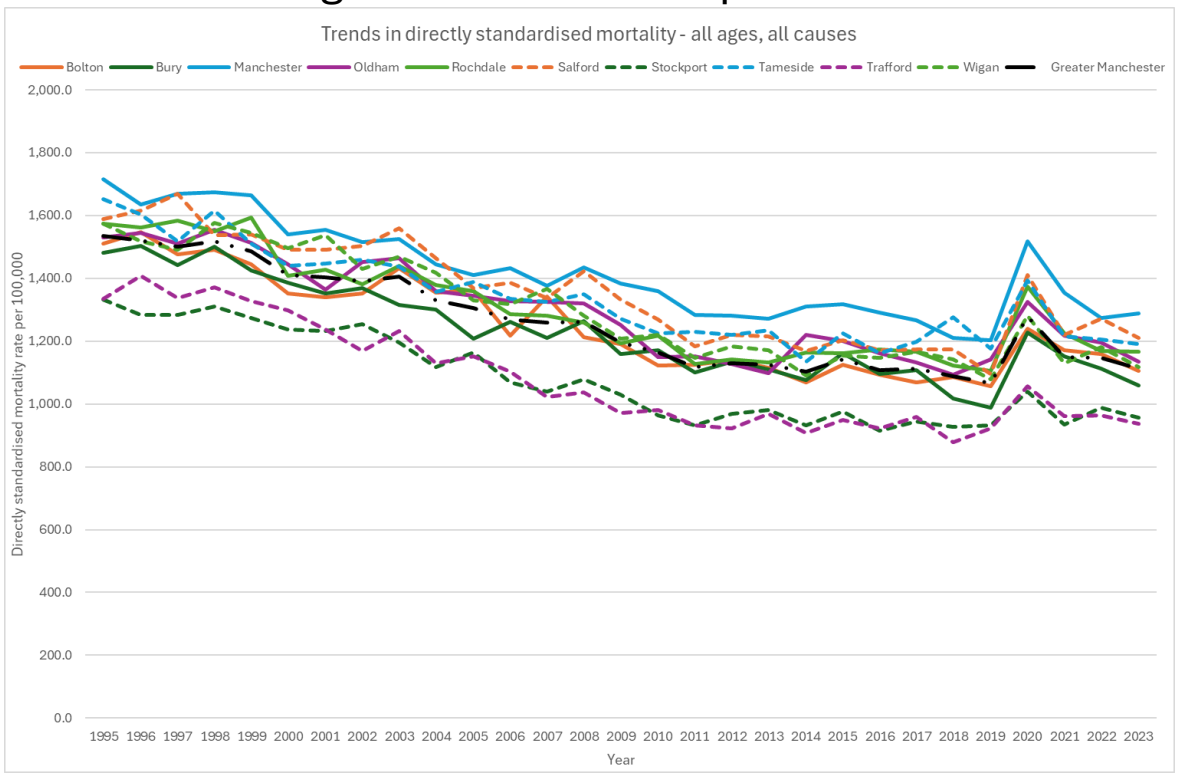
# Mortality Trends

- In 2023 there were 26,598 deaths registered in Greater Manchester, an age standardised mortality rate of 1,112.7 per 1,000.
- Numbers and rates of mortality have fallen since 1995, however following national trends since 2011 the improvement in mortality slowed and numbers and rates for the 10 years to 2020 were stable.
- The COVID-19 pandemic had a significant impact on mortality numbers and rates in 2020; and although numbers have fallen from the peak levels, they are still higher in 2023 than they were in 2019 (26,598 in 2023 compared to 24,517 in 2019; 1112.7 per 100,000 compared to 1,065.2).
- Rates of mortality vary between localities, mainly driven by differences in age structure and deprivation.



# Mortality Trends

- This data is taken from OHIDs Fingertips tool and shows the mortality numbers and rates for 2022 for Greater Manchester as a whole for the most significant causes of death.

| Indicator | Period | Greater Manchester ICB - QOP | | | North West | England | England | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Value | Worst | Range | Best |
| **All causes** | | | | | | | | | |
| Mortality rate from all causes, all ages (Persons) | 2022 | – | 27,147 | 1,147 | 1,097 | 972 | 1,147 | | 825 |
| Mortality rate from all causes, all ages (Male) | 2022 | – | 13,922 | 1,348 | 1,285 | 1,144 | 1,348 | | 975 |
| Mortality rate from all causes, all ages (Female) | 2022 | – | 13,225 | 984 | 944 | 833 | 996 | | 693 |
| Under 75 mortality rate from all causes (Persons) | 2022 | – | 10,014 | 435.1 | 412.8 | 342.3 | 435.1 | | 262.8 |
| Under 75 mortality rate from all causes (Male) | 2022 | – | 6,036 | 532.3 | 504.8 | 419.7 | 532.3 | | 316.9 |
| Under 75 mortality rate from all causes (Female) | 2022 | – | 3,978 | 341.0 | 324.8 | 269.2 | 352.7 | | 206.8 |
| **Cancer** | | | | | | | | | |
| Mortality rate from cancer, all ages (Persons) | 2022 | – | 6,839 | 283.0 | 270.2 | 250.7 | 285.2 | | 216.7 |
| Mortality rate from cancer, all ages (Male) | 2022 | – | 3,605 | 336.2 | 323.9 | 301.5 | 341.8 | | 262.9 |
| Mortality rate from cancer, all ages (Female) | 2022 | – | 3,234 | 244.5 | 230.6 | 213.1 | 250.5 | | 178.8 |
| Under 75 mortality rate from cancer (Persons) | 2022 | – | 3,150 | 139.5 | 135.4 | 122.4 | 144.7 | | 102.0 |
| Under 75 mortality rate from cancer (Male) | 2022 | – | 1,677 | 151.8 | 149.8 | 135.4 | 156.1 | | 112.2 |
| Under 75 mortality rate from cancer (Female) | 2022 | – | 1,473 | 127.9 | 121.8 | 110.3 | 138.8 | | 85.8 |
| **Cardiovascular disease** | | | | | | | | | |
| Mortality rate from cardiovascular disease, all ages (Persons) | 2022 | – | 6,532 | 276.8 | 264.5 | 236.2 | 281.6 | | 189.7 |
| Mortality rate from cardiovascular disease, all ages (Male) | 2022 | – | 3,711 | 358.6 | 339.8 | 298.0 | 358.6 | | 238.2 |
| Mortality rate from cardiovascular disease, all ages (Female) | 2022 | – | 2,821 | 209.9 | 202.4 | 185.0 | 217.1 | | 143.7 |
| Under 75 mortality rate from cardiovascular disease (Persons) | 2022 | – | 2,359 | 103.9 | 98.1 | 77.8 | 103.9 | | 54.0 |
| Under 75 mortality rate from cardiovascular disease (Male) | 2022 | – | 1,653 | 147.7 | 138.6 | 110.0 | 147.7 | | 76.6 |
| Under 75 mortality rate from cardiovascular disease (Female) | 2022 | – | 706 | 61.5 | 59.3 | 47.4 | 64.3 | | 31.8 |
| **COVID-19** | | | | | | | | | |
| Mortality rate for deaths due to COVID-19, all ages (Persons) | 2022 | – | 1,015 | 43.6 | 41.3 | 37.9 | 49.8 | | 28.1 |
| Mortality rate for deaths due to COVID-19, all ages (Male) | 2022 | – | 570 | 58.2 | 54.6 | 50.2 | 65.9 | | 36.3 |
| Mortality rate for deaths due to COVID-19, all ages (Female) | 2022 | – | 445 | 33.1 | 32.0 | 29.5 | 38.8 | | 20.9 |
| Under 75 mortality rate for deaths due to COVID-19 (Persons) | 2022 | – | 326 | 14.3 | 12.2 | 9.7 | 14.3 | | 6.2 |
| Under 75 mortality rate for deaths due to COVID-19 (Male) | 2022 | – | 205 | 18.3 | 15.6 | 12.0 | 18.3 | | 6.8 |
| Under 75 mortality rate for deaths due to COVID-19 (Female) | 2022 | – | 121 | 10.4 | 8.9 | 7.6 | 10.6 | | 4.3 |
| Mortality rate for deaths involving COVID-19, all ages (Persons) | 2022 | – | 1,541 | 65.7 | 63.3 | 58.1 | 77.2 | | 37.9 |
| Mortality rate for deaths involving COVID-19, all ages (Male) | 2022 | – | 833 | 83.7 | 81.5 | 76.1 | 101.6 | | 51.2 |
| Mortality rate for deaths involving COVID-19, all ages (Female) | 2022 | – | 708 | 52.7 | 50.4 | 45.6 | 59.5 | | 27.7 |
| Under 75 mortality rate for deaths involving COVID-19 (Persons) | 2022 | – | 499 | 21.9 | 19.4 | 16.0 | 21.9 | | 10.6 |
| Under 75 mortality rate for deaths involving COVID-19 (Male) | 2022 | – | 301 | 27.0 | 24.1 | 19.6 | 27.0 | | 12.5 |
| Under 75 mortality rate for deaths involving COVID-19 (Female) | 2022 | – | 198 | 17.0 | 15.0 | 12.7 | 17.3 | | 7.2 |

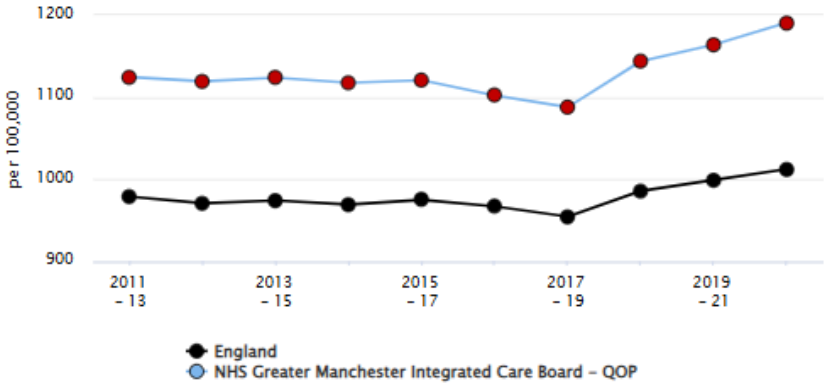
| Indicator | Period | Greater Manchester ICB - QOP | | | North West | England | England | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Recent Trend | Count | Value | Value | Value | Worst | Range | Best |
| **Dementia and Alzheimer's disease** | | | | | | | | | |
| Mortality rate from dementia and Alzheimer's disease, all ages (Persons) | 2022 | – | 3,132 | 140.9 | 128.1 | 111.7 | 140.9 | | 88.2 |
| Mortality rate from dementia and Alzheimer's disease, all ages (Male) | 2022 | – | 1,111 | 128.0 | 116.0 | 100.2 | 128.0 | | 78.2 |
| Mortality rate from dementia and Alzheimer's disease, all ages (Female) | 2022 | – | 2,021 | 148.1 | 134.7 | 118.1 | 148.1 | | 91.4 |
| **Liver disease** | | | | | | | | | |
| Mortality rate from liver disease, all ages (Persons) | 2022 | – | 943 | 37.3 | 34.7 | 27.1 | 37.3 | | 19.7 |
| Mortality rate from liver disease, all ages (Male) | 2022 | – | 570 | 47.0 | 45.3 | 35.1 | 48.8 | | 22.8 |
| Mortality rate from liver disease, all ages (Female) | 2022 | – | 373 | 28.4 | 25.3 | 19.9 | 28.4 | | 12.9 |
| Under 75 mortality rate from liver disease (Persons) | 2022 | – | 741 | 31.8 | 29.3 | 21.4 | 31.8 | | 14.3 |
| Under 75 mortality rate from liver disease (Male) | 2022 | – | 450 | 39.1 | 37.1 | 27.6 | 41.2 | | 17.2 |
| Under 75 mortality rate from liver disease (Female) | 2022 | – | 291 | 24.7 | 21.8 | 15.5 | 24.7 | | 8.6 |
| **Respiratory disease** | | | | | | | | | |
| Mortality rate from respiratory disease, all ages (Persons) | 2022 | – | 3,338 | 142.9 | 136.0 | 106.9 | 142.9 | | 82.8 |
| Mortality rate from respiratory disease, all ages (Male) | 2022 | – | 1,631 | 164.2 | 156.7 | 129.5 | 164.2 | | 99.0 |
| Mortality rate from respiratory disease, all ages (Female) | 2022 | – | 1,707 | 127.9 | 122.1 | 91.1 | 127.9 | | 66.9 |
| Under 75 mortality rate from respiratory disease (Persons) | 2022 | – | 1,023 | 45.8 | 43.5 | 30.7 | 45.8 | | 18.8 |
| Under 75 mortality rate from respiratory disease (Male) | 2022 | – | 550 | 50.4 | 46.9 | 35.3 | 54.1 | | 22.8 |
| Under 75 mortality rate from respiratory disease (Female) | 2022 | – | 473 | 41.6 | 40.2 | 26.3 | 41.6 | | 13.5 |
| **All causes Preventable** | | | | | | | | | |
| Under 75 mortality rate from causes considered preventable (Persons, 1 year range) | 2022 | ↑ | 4,927 | 213.5 | 198.2 | 155.0 | 213.5 | | 107.8 |
| Under 75 mortality rate from causes considered preventable (Male, 1 year range) | 2022 | ↑ | 3,138 | 274.9 | 256.3 | 204.6 | 274.9 | | 143.8 |
| Under 75 mortality rate from causes considered preventable (Female, 1 year range) | 2022 | ↑ | 1,789 | 153.8 | 142.4 | 108.0 | 153.8 | | 73.2 |
| Under 75 mortality rate from causes considered preventable (Persons, 3 year range) | 2020 - 22 | – | 16,177 | 233.5 | 215.5 | 171.4 | 233.5 | | 122.0 |
| Under 75 mortality rate from causes considered preventable (Male, 3 year range) | 2020 - 22 | – | 10,243 | 299.7 | 278.1 | 227.2 | 299.7 | | 163.6 |
| Under 75 mortality rate from causes considered preventable (Female, 3 year range) | 2020 - 22 | – | 5,934 | 169.3 | 155.5 | 118.6 | 169.3 | | 81.8 |

# Mortality Trends – all causes

Mortality rate from all causes, all ages (Persons, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals  Show 99.8% CI values  ▶ More options




**Recent trend:** Could not be calculated

| Period | | NHS Greater Manchester Integrated Care Board - QOP Count | Value | 95% Lower CI | 95% Upper CI | North West | England |
|---|---|---|---|---|---|---|---|
| 2011 - 13 | ● | 70,691 | 1,125 | 1,116 | 1,133 | 1,090 | 979 |
| 2012 - 14 | ● | 71,377 | 1,119 | 1,111 | 1,128 | 1,084 | 971 |
| 2013 - 15 | ● | 72,496 | 1,124 | 1,116 | 1,132 | 1,085 | 974 |
| 2014 - 16 | ● | 73,105 | 1,118 | 1,110 | 1,126 | 1,080 | 970 |
| 2015 - 17 | ● | 74,145 | 1,121 | 1,112 | 1,129 | 1,081 | 975 |
| 2016 - 18 | ● | 73,828 | 1,102 | 1,094 | 1,110 | 1,071 | 967 |
| 2017 - 19 | ● | 73,907 | 1,088 | 1,080 | 1,096 | 1,059 | 955 |
| 2018 - 20 | ● | 78,456 | 1,144 | 1,136 | 1,152 | 1,107 | 986 |
| 2019 - 21 | ● | 80,823 | 1,164 | 1,156 | 1,172 | 1,123 | 999 |
| 2020 - 22 | ● | 83,453 | 1,191 | 1,183 | 1,199 | 1,140 | 1,013 |

*Source: OHID, based on Office for National Statistics data*

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| England | – | 1,633,736 | 981 | 980 | 983 |
| CA-Greater Manchester | – | - | - | - | - |
| Manchester | – | 11,347 | 1,305 | 1,280 | 1,330 |
| Salford | – | 7,052 | 1,234 | 1,205 | 1,263 |
| Tameside | – | 7,382 | 1,204 | 1,176 | 1,232 |
| Rochdale | – | 6,639 | 1,186 | 1,157 | 1,215 |
| Oldham | – | 6,991 | 1,182 | 1,154 | 1,210 |
| Bolton | – | 8,852 | 1,145 | 1,121 | 1,169 |
| Wigan | – | 10,678 | 1,142 | 1,120 | 1,165 |
| Bury | – | 6,054 | 1,107 | 1,079 | 1,136 |
| Stockport | – | 9,183 | 960 | 940 | 980 |
| Trafford | – | 6,462 | 953 | 930 | 977 |

*Source: OHID, based on Office for National Statistics data*

- This data is also taken from OHIDs Fingertips tool and shows the mortality numbers and rates trends for Greater Manchester as a whole for all causes, and for 2020-2022 for each local authority within Greater Manchester.
- Pre COVID-19 there were around 24,600 deaths a year.

GM PHIN Greater Manchester Public Health Intelligence Network

Working together for the population health of Greater Manchester

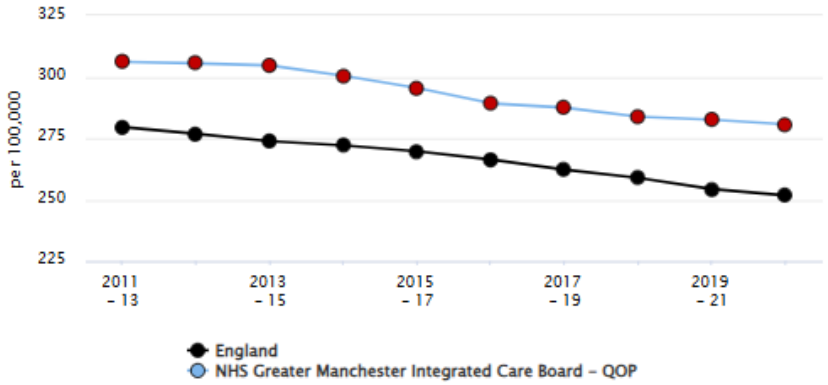
# Mortality Trends – cancer

Mortality rate from cancer, all ages (Persons, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals  Show 99.8% CI values

▶ More options




**Recent trend:** Could not be calculated

| Period | | NHS Greater Manchester Integrated Care Board - QOP Count | Value | 95% Lower CI | 95% Upper CI | North West | England |
|---|---|---|---|---|---|---|---|
| 2011 - 13 | ● | 19,572 | 306.2 | 301.9 | 310.5 | 301.4 | 279.6 |
| 2012 - 14 | ● | 19,788 | 305.5 | 301.2 | 309.8 | 299.6 | 276.9 |
| 2013 - 15 | ● | 19,984 | 304.6 | 300.4 | 308.9 | 297.1 | 273.9 |
| 2014 - 16 | ● | 19,953 | 300.4 | 296.3 | 304.6 | 294.4 | 272.1 |
| 2015 - 17 | ● | 19,878 | 295.5 | 291.3 | 299.6 | 289.0 | 269.7 |
| 2016 - 18 | ● | 19,743 | 289.2 | 285.2 | 293.3 | 284.3 | 266.4 |
| 2017 - 19 | ● | 19,926 | 287.5 | 283.5 | 291.5 | 280.7 | 262.2 |
| 2018 - 20 | ● | 19,918 | 283.8 | 279.9 | 287.8 | 278.2 | 258.9 |
| 2019 - 21 | ● | 20,059 | 282.6 | 278.7 | 286.6 | 274.7 | 254.3 |
| 2020 - 22 | ● | 20,112 | 280.7 | 276.8 | 284.6 | 271.0 | 251.7 |

*Source: OHID, based on Office for National Statistics data*

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| England | – | 414,810 | 248.5 | 247.8 | 249.3 |
| CA-Greater Manchester | – | - | - | - | - |
| Manchester | – | 2,852 | 324.9 | 312.8 | 337.3 |
| Salford | – | 1,754 | 303.1 | 289.0 | 317.8 |
| Bury | – | 1,584 | 283.0 | 269.2 | 297.3 |
| Oldham | – | 1,728 | 282.8 | 269.6 | 296.6 |
| Tameside | – | 1,779 | 278.3 | 265.4 | 291.6 |
| Rochdale | – | 1,609 | 278.1 | 264.6 | 292.1 |
| Wigan | – | 2,704 | 273.5 | 263.1 | 284.1 |
| Bolton | – | 2,085 | 262.5 | 251.3 | 274.0 |
| Stockport | – | 2,380 | 251.0 | 241.0 | 261.4 |
| Trafford | – | 1,653 | 245.7 | 234.0 | 257.9 |

*Source: OHID, based on Office for National Statistics data*

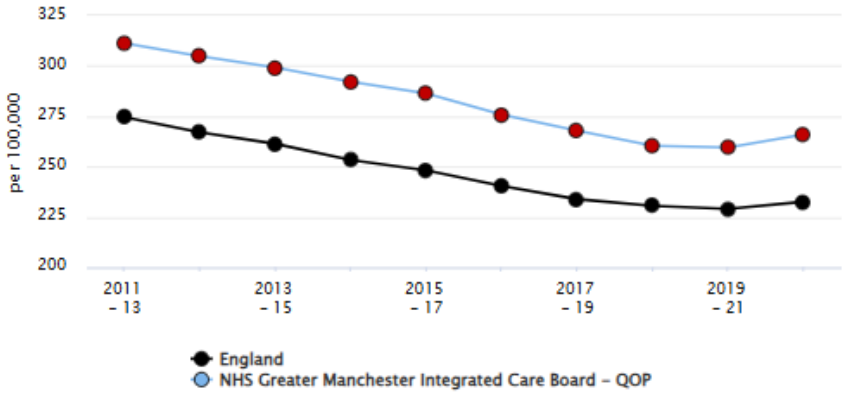
- This data is also taken from OHIDs Fingertips tool and shows the mortality numbers and rates trends for Greater Manchester as a whole for cancer, and for 2020-2022 for each local authority within Greater Manchester.
- There are around 6,700 deaths a year due to cancer.

# Mortality Trends – cardiovascular disease

Mortality rate from cardiovascular disease, all ages (Persons, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals  Show 99.8% CI values  ▶ More options




**Recent trend:** Could not be calculated

| Period | | NHS Greater Manchester Integrated Care Board - QOP Count | Value | 95% Lower CI | 95% Upper CI | North West | England |
|---|---|---|---|---|---|---|---|
| 2011 - 13 | ● | 19,306 | 311.3 | 306.9 | 315.7 | 299.6 | 274.6 |
| 2012 - 14 | ● | 19,193 | 304.8 | 300.4 | 309.1 | 290.0 | 267.1 |
| 2013 - 15 | ● | 19,091 | 299.2 | 295.0 | 303.5 | 281.6 | 261.4 |
| 2014 - 16 | ● | 18,916 | 292.2 | 288.1 | 296.5 | 272.2 | 253.3 |
| 2015 - 17 | ● | 18,793 | 286.4 | 282.3 | 290.5 | 267.7 | 248.2 |
| 2016 - 18 | ● | 18,346 | 275.9 | 271.9 | 279.9 | 259.7 | 240.5 |
| 2017 - 19 | ● | 18,085 | 268.0 | 264.0 | 271.9 | 254.3 | 233.9 |
| 2018 - 20 | ● | 17,781 | 260.4 | 256.5 | 264.3 | 248.7 | 230.6 |
| 2019 - 21 | ● | 17,945 | 259.5 | 255.7 | 263.4 | 249.0 | 229.0 |
| 2020 - 22 | ● | 18,586 | 266.0 | 262.2 | 269.9 | 255.1 | 232.6 |

*Source: OHID, based on Office for National Statistics data*

| Area | Recent Trend | Count | Value | Lower CI | Upper CI |
|---|---|---|---|---|---|
| England | – | 387,788 | 233.0 | 232.3 | 233.7 |
| CA-Greater Manchester | – | - | - | - | - |
| Manchester | – | 2,691 | 319.3 | 307.0 | 331.8 |
| Rochdale | – | 1,617 | 289.1 | 275.1 | 303.6 |
| Tameside | – | 1,744 | 285.4 | 271.9 | 299.2 |
| Salford | – | 1,578 | 277.5 | 263.8 | 291.6 |
| Oldham | – | 1,615 | 271.9 | 258.7 | 285.7 |
| Bolton | – | 2,044 | 262.8 | 251.4 | 274.5 |
| Wigan | – | 2,474 | 261.8 | 251.4 | 272.5 |
| Bury | – | 1,404 | 256.2 | 242.9 | 270.0 |
| Stockport | – | 2,304 | 240.0 | 230.2 | 250.0 |
| Trafford | – | 1,599 | 235.5 | 224.1 | 247.4 |

*Source: OHID, based on Office for National Statistics data*

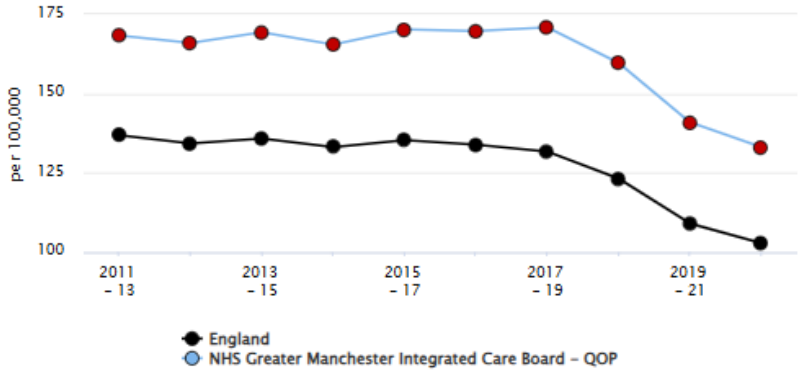
- This data is also taken from OHIDs Fingertips tool and shows the mortality numbers and rates trends for Greater Manchester as a whole for cardiovascular disease, and for 2020-2022 for each local authority within Greater Manchester.
- There are around 6,200 deaths a year due to CVD.

# Mortality Trends – respiratory disease

Mortality rate from respiratory disease, all ages (Persons, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals  Show 99.8% CI values  ▶ More options




**Recent trend:** Could not be calculated

| Period | | NHS Greater Manchester Integrated Care Board - QOP Count | Value | 95% Lower CI | 95% Upper CI | North West | England |
|---|---|---|---|---|---|---|---|
| 2011 - 13 | ● | 10,284 | 168.3 | 165.0 | 171.6 | 163.5 | 136.9 |
| 2012 - 14 | ● | 10,309 | 166.0 | 162.8 | 169.3 | 161.3 | 134.3 |
| 2013 - 15 | ● | 10,658 | 169.3 | 166.1 | 172.6 | 163.2 | 135.9 |
| 2014 - 16 | ● | 10,587 | 165.5 | 162.3 | 168.7 | 160.7 | 133.2 |
| 2015 - 17 | ● | 11,025 | 170.2 | 167.1 | 173.5 | 162.9 | 135.3 |
| 2016 - 18 | ● | 11,126 | 169.8 | 166.6 | 173.0 | 163.7 | 133.9 |
| 2017 - 19 | ● | 11,362 | 170.9 | 167.7 | 174.1 | 162.7 | 131.7 |
| 2018 - 20 | ● | 10,756 | 159.7 | 156.7 | 162.8 | 154.0 | 123.3 |
| 2019 - 21 | ● | 9,626 | 141.0 | 138.2 | 143.8 | 136.2 | 109.1 |
| 2020 - 22 | ● | 9,195 | 133.1 | 130.4 | 135.9 | 128.4 | 102.8 |

*Source: OHID, based on Office for National Statistics data*

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| England | – | 177,003 | 106.3 | 105.8 | 106.8 |
| CA-Greater Manchester | – | - | - | - | - |
| Salford | – | 960 | 171.9 | 161.1 | 183.3 |
| Manchester | – | 1,349 | 163.7 | 155.0 | 172.9 |
| Tameside | – | 927 | 152.1 | 142.4 | 162.4 |
| Wigan | – | 1,391 | 150.3 | 142.3 | 158.6 |
| Rochdale | – | 823 | 150.0 | 139.8 | 160.7 |
| Bolton | – | 1,108 | 144.2 | 135.8 | 153.1 |
| Oldham | – | 834 | 142.3 | 132.7 | 152.4 |
| Bury | – | 639 | 118.1 | 109.1 | 127.7 |
| Trafford | – | 676 | 100.0 | 92.6 | 107.9 |
| Stockport | – | 935 | 97.1 | 90.9 | 103.5 |

*Source: OHID, based on Office for National Statistics data*

- This data is also taken from OHIDs Fingertips tool and shows the mortality numbers and rates trends for Greater Manchester as a whole for respiratory disease, and for 2020-2022 for each local authority within Greater Manchester.
- There are around 3,000 deaths a year due to respiratory disease, pre COVID-19 there were around 3,800.

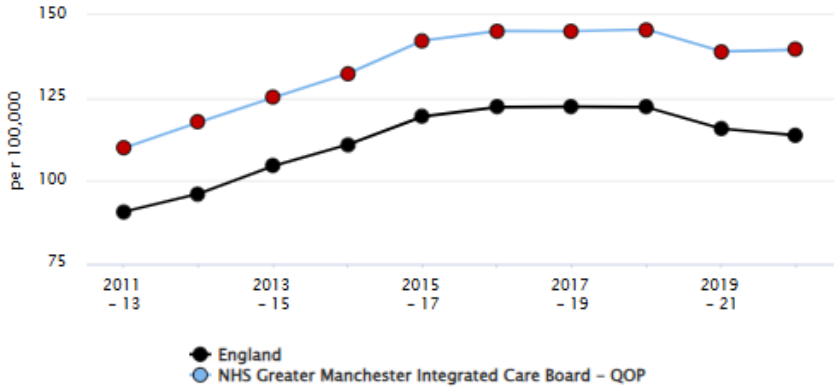
# Mortality Trends – dementia & Alzheimer's disease

Mortality rate from dementia and Alzheimer's disease, all ages (Persons, 3 year range)

Directly standardised rate - per 100,000

Show confidence intervals  Show 99.8% CI values

▶ More options




**Recent trend:** Could not be calculated

| Period | | NHS Greater Manchester Integrated Care Board - QOP Count | Value | 95% Lower CI | 95% Upper CI | North West | England |
|---|---|---|---|---|---|---|---|
| 2011 - 13 | ● | 6,525 | 110.0 | 107.3 | 112.7 | 103.4 | 90.7 |
| 2012 - 14 | ● | 7,100 | 117.7 | 114.9 | 120.5 | 111.7 | 96.2 |
| 2013 - 15 | ● | 7,620 | 125.1 | 122.3 | 128.0 | 120.9 | 104.5 |
| 2014 - 16 | ● | 8,179 | 132.4 | 129.5 | 135.3 | 128.6 | 110.9 |
| 2015 - 17 | ● | 8,875 | 142.3 | 139.3 | 145.3 | 137.6 | 119.4 |
| 2016 - 18 | ● | 9,165 | 145.2 | 142.2 | 148.2 | 141.0 | 122.3 |
| 2017 - 19 | ● | 9,271 | 145.1 | 142.2 | 148.1 | 140.8 | 122.4 |
| 2018 - 20 | ● | 9,381 | 145.6 | 142.7 | 148.6 | 140.5 | 122.2 |
| 2019 - 21 | ● | 9,031 | 139.0 | 136.1 | 141.9 | 132.1 | 115.7 |
| 2020 - 22 | ● | 9,155 | 139.5 | 136.7 | 142.4 | 129.6 | 113.7 |

*Source: OHID. based on Office for National Statistics data*

| Area | Recent Trend | Count | Value | 95% Lower CI | 95% Upper CI |
|---|---|---|---|---|---|
| England | – | 182,880 | 109.9 | 109.4 | 110.4 |
| CA-Greater Manchester | – | - | - | - | - |
| Tameside | – | 903 | 158.8 | 148.5 | 169.7 |
| Salford | – | 777 | 146.7 | 136.5 | 157.5 |
| Wigan | – | 1,207 | 141.5 | 133.5 | 150.0 |
| Bury | – | 735 | 139.6 | 129.6 | 150.1 |
| Manchester | – | 1,000 | 137.8 | 129.3 | 146.6 |
| Bolton | – | 997 | 137.2 | 128.7 | 146.1 |
| Rochdale | – | 693 | 135.7 | 125.7 | 146.3 |
| Oldham | – | 718 | 133.4 | 123.7 | 143.7 |
| Stockport | – | 1,124 | 114.2 | 107.6 | 121.1 |
| Trafford | – | 774 | 112.7 | 104.9 | 121.0 |

*Source: OHID based on Office for National Statistics data*

- This data is also taken from OHIDs Fingertips tool and shows the mortality numbers and rates trends for Greater Manchester as a whole for dementia & alzheimer's disease disease, and for 2020-2022 for each local authority within Greater Manchester.
- There are around 3,000 deaths a year due to dementia or alzheimer's disease

# Mortality Trends – local analysis

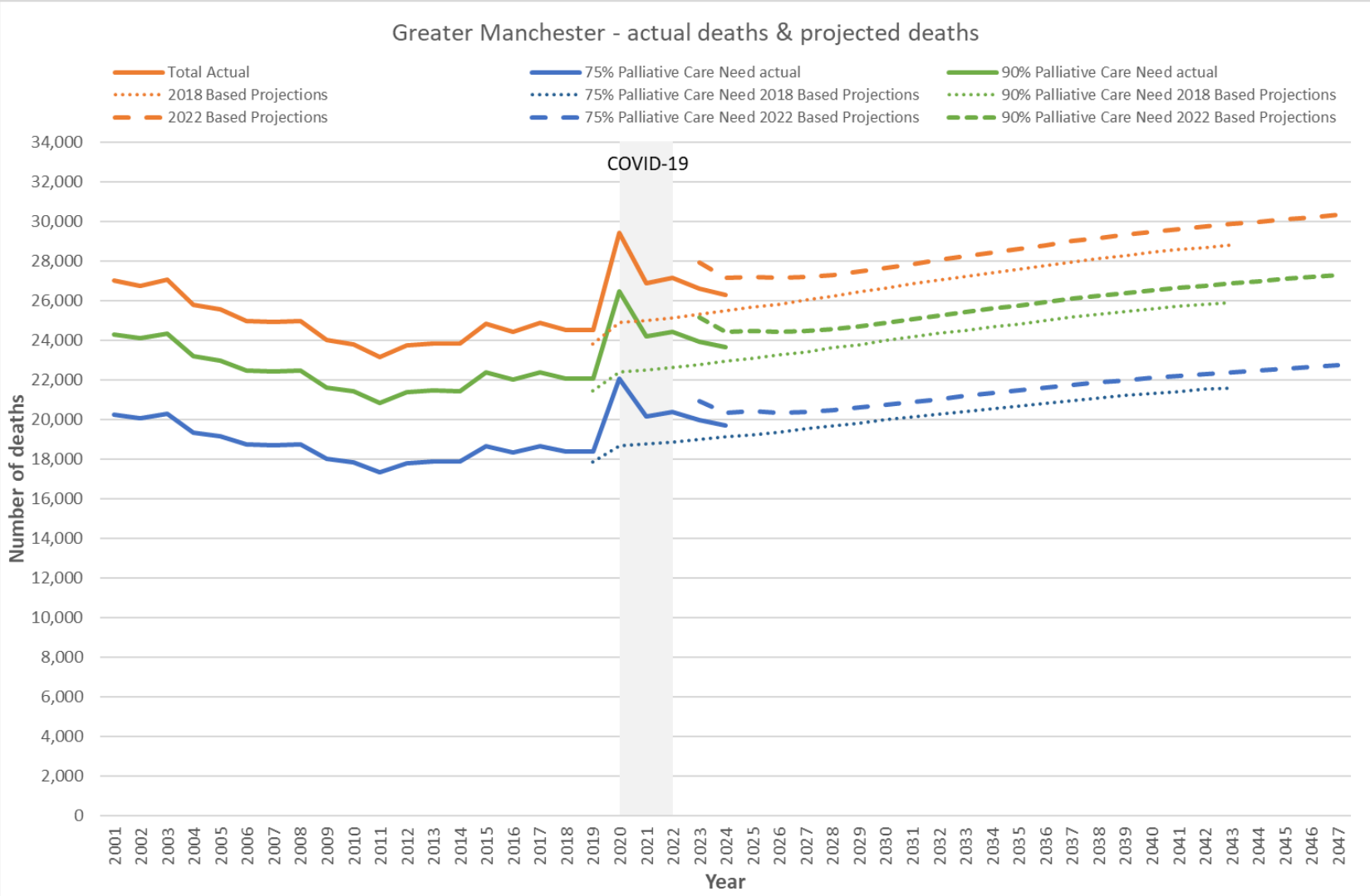
For more information about mortality trends in each area see:

- Bolton https://www.boltonjsna.org.uk/
- Bury https://www.bury.gov.uk/health-and-wellbeing/joint-strategic-needs-assessment
- Manchester https://www.manchester.gov.uk/info/500230/joint_strategic_needs_assessment
- Oldham https://www.jsnaoldham.co.uk/
- Rochdale https://www.rochdale.gov.uk/joint-strategic-needs-assessment-jsna
- Salford https://www.salford.gov.uk/people-communities-and-local-information/joint-strategic-strengths-and-needs-assessment/
- Stockport – https://www.stockport.gov.uk/health-and-wellbeing-board/joint-strategic-needs-assessment
- Tameside https://www.tameside.gov.uk/publichealth/healthandwellbeing
- Trafford https://www.traffordjsna.org.uk/Home.aspx
- Wigan https://www.wigan.gov.uk/Docs/PDF/Council/Strategies-Plans-and-Policies/JSNA.pdf

# Mortality Trends - projection

- The following analysis attempts to replicate the methodology used in the 2023 Marie Curie report "How many people need palliative care?" for Greater Manchester https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/2023/how-many-people-need-palliative-care.pdf
- This analysis uses data on the actual deaths for GM 2001-2024, and the projected number of deaths 2024-2047 (based on the 2022 ONS population projection data) and applies the crude 75% / 90% palliative care need to these from the Marie Curie research.
- The ONS 2020 based population projections are what Marie Curie used in their data (page 12). However while ONS population projections are usually released down to local authority level, the 2020 based (which were calculated during CV-19) were only available at the national level, due to the capacity ONS were putting into CV-19 response.
- The ONS 2022 based population projections for national and local authority level have now been published, but it should be noted that these are different to those used in the original analysis by Marie Curie and reflect the post pandemic period. Data from the 2018 ONS based population projections are also presented so that the pre pandemic trends can also be assessed.
- The accuracy of the ONS Population Projections for some GM localities are contested; therefore these estimates should be treated with caution.
- This is a crude estimate and should only be treated as a starting point.

# Mortality Trends – projections




- Comparing the GM projected deaths for 2044 to the actual deaths for 2024, the ONS projection suggest there will be 14.1% more deaths in 20 years time (up by 3,709 in total).
- Analysis shows that between 2027 and 2043 there are on average an additional 1,000 deaths projected a year in the 2022 projections in Greater Manchester compared to the 2018 projections.
- By 2044 there are an estimated 22,500-27,000 (75% - 90%) deaths requiring palliative care in GM, as based on 2022 projection and Marie Curie research.
- For 2024, a year where actual and projected deaths data are available the projection estimated 875 (3%) more deaths than actually occurred, possibly an impact of the additional uncertainty COVID-19 has added to the modelling. Actual data for 2025, when available, further will help the assessment of the validity of the projections.

# Mortality Trends – projections locality

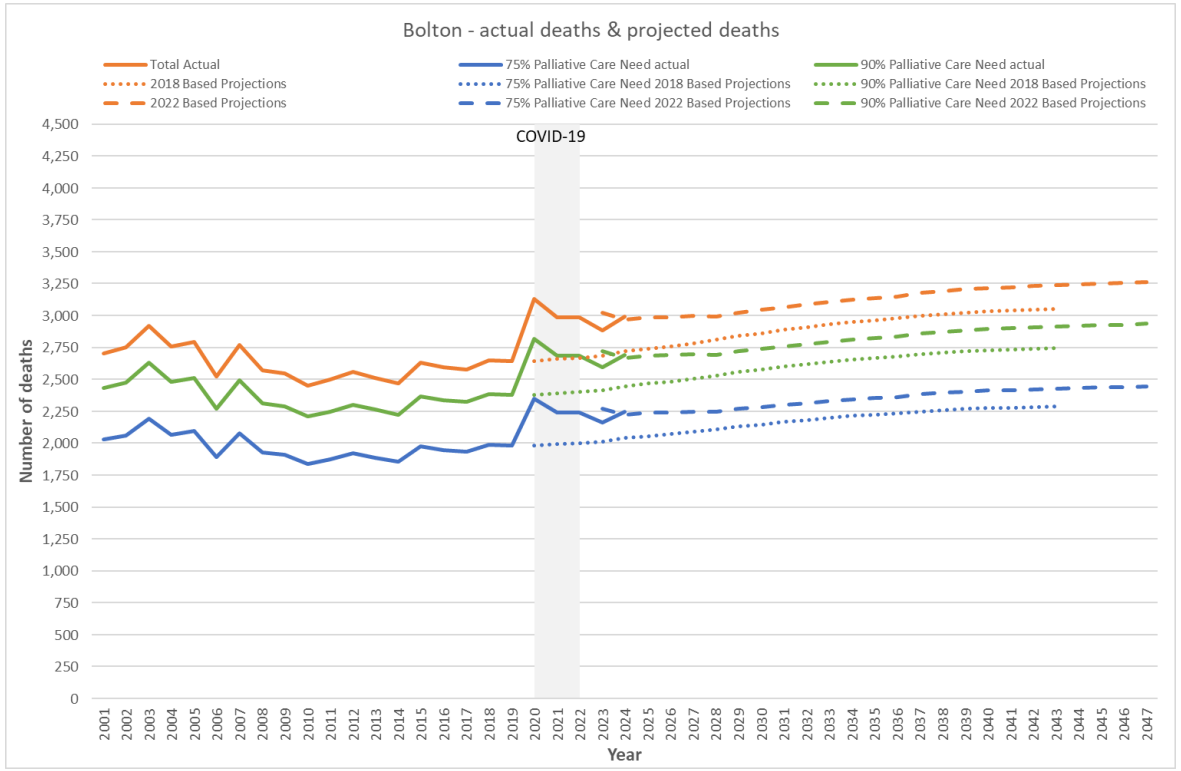
- This table shows the Greater Manchester projection for number of deaths by locality, and as with past trends there are anticipated differences by locality. By 2044 Manchester and Wigan are expected to have similar numbers of deaths a year (around 4,300) followed by Stockport and Bolton (3,300).
- Comparing 2024 actual and 2024 projected the projected deaths are higher in all but 2 localities, by up to 7%.

| Greater Manchester Actual and Projected Deaths (ONS) & Marie Curies Estimated Palliative Care Need | | | | | | | | | | | Modelled change 2024-2044 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Area Name | Actual Deaths | 2022 Based Projections - number of deaths | | | 75% Palliative Care Need - number of deaths | | | 90% Palliative Care Need - number of deaths | | | Difference to actual | | Difference to projected | |
| | 2024 | 2024 | 2034 | 2044 | 2024 | 2034 | 2044 | 2024 | 2034 | 2044 | Number | % | Number | % |
| Bolton | 2,991 | 2,966 | 3,125 | 3,243 | 2,225 | 2,344 | 2,432 | 2,669 | 2,813 | 2,919 | 252 | 8.4% | 277 | 9.3% |
| Bury | 1,900 | 2,019 | 2,119 | 2,185 | 1,514 | 1,589 | 1,638 | 1,817 | 1,907 | 1,966 | 285 | 15.0% | 166 | 8.2% |
| Manchester | 3,647 | 3,800 | 3,945 | 4,298 | 2,850 | 2,959 | 3,224 | 3,420 | 3,551 | 3,868 | 651 | 17.9% | 498 | 13.1% |
| Oldham | 2,247 | 2,387 | 2,469 | 2,552 | 1,790 | 1,852 | 1,914 | 2,148 | 2,222 | 2,297 | 305 | 13.6% | 165 | 6.9% |
| Rochdale | 2,113 | 2,255 | 2,393 | 2,540 | 1,691 | 1,795 | 1,905 | 2,030 | 2,154 | 2,286 | 427 | 20.2% | 285 | 12.6% |
| Salford | 2,320 | 2,363 | 2,384 | 2,499 | 1,773 | 1,788 | 1,874 | 2,127 | 2,146 | 2,249 | 179 | 7.7% | 136 | 5.7% |
| Stockport | 2,963 | 3,005 | 3,128 | 3,291 | 2,254 | 2,346 | 2,469 | 2,705 | 2,815 | 2,962 | 328 | 11.1% | 286 | 9.5% |
| Tameside | 2,368 | 2,531 | 2,648 | 2,780 | 1,898 | 1,986 | 2,085 | 2,278 | 2,383 | 2,502 | 412 | 17.4% | 249 | 9.8% |
| Trafford | 2,141 | 2,143 | 2,191 | 2,319 | 1,607 | 1,643 | 1,739 | 1,929 | 1,972 | 2,087 | 178 | 8.3% | 176 | 8.2% |
| Wigan | 3,571 | 3,666 | 4,030 | 4,263 | 2,749 | 3,022 | 3,197 | 3,299 | 3,627 | 3,837 | 692 | 19.4% | 597 | 16.3% |
| **Greater Manchester** | **26,261** | **27,136** | **28,432** | **29,970** | **20,352** | **21,324** | **22,478** | **24,422** | **25,589** | **26,973** | **3,709** | **14.1%** | **2,834** | **10.4%** |

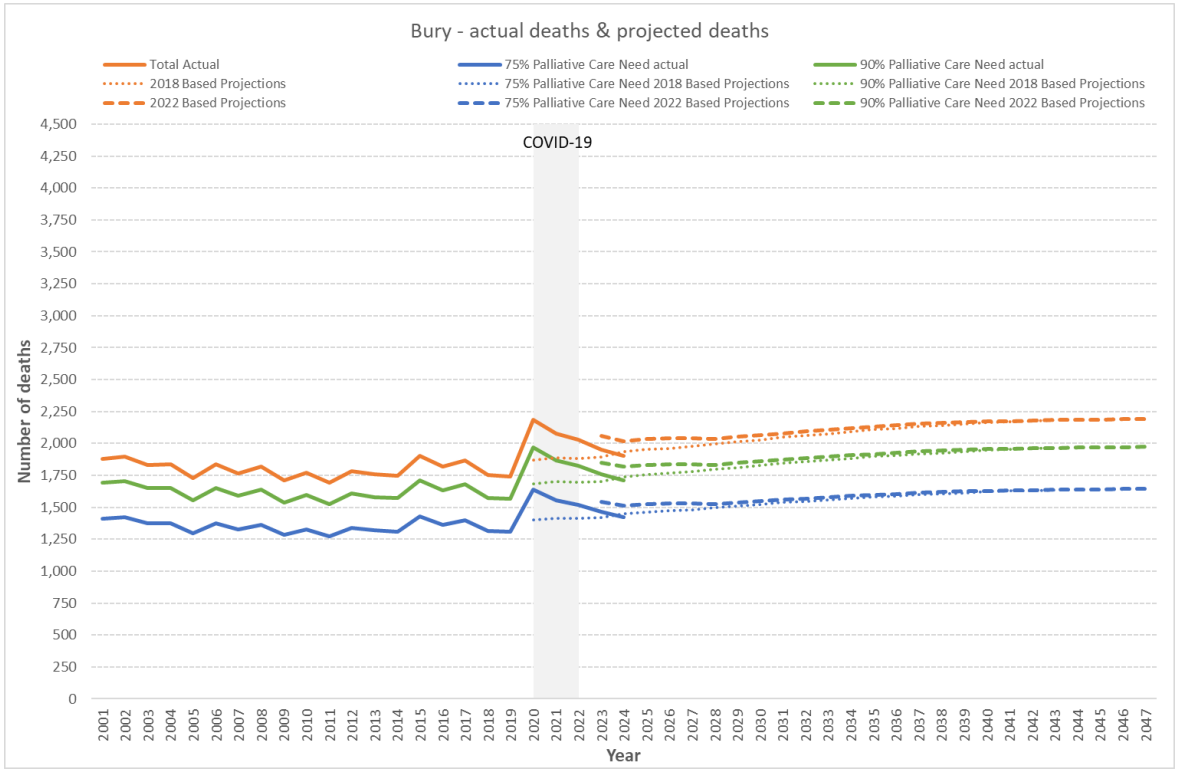
- Locality level charts are included on the following pages

# Mortality Trends – projections Bolton & Bury

- By 2044 there projected to be 3,243 deaths in Bolton, up from 2,991 actual in 2024 (by 8.4%).
- The actual number of deaths in 2024 was 25 higher (0.8%) than projected
- By 2043 the current 2022 based projections are 6.2% higher than the previous 2018 based projections.

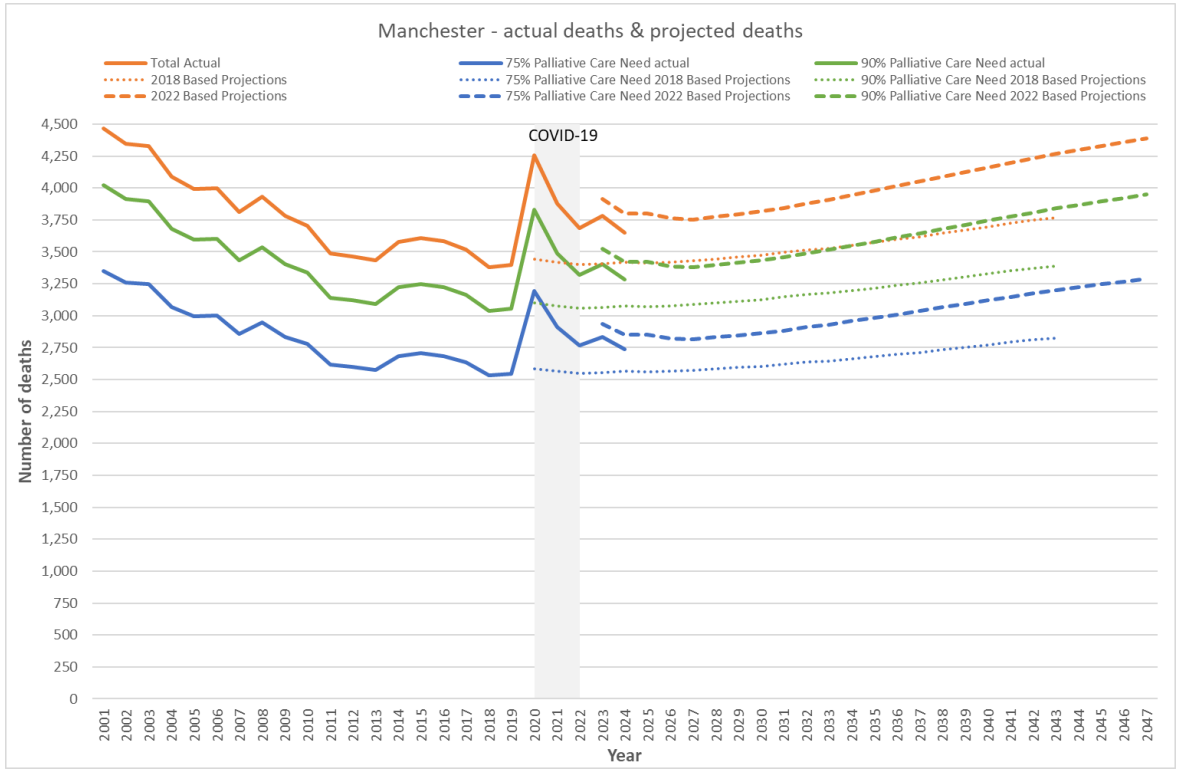



- By 2044 there projected to be 2,185 deaths in Bury, up from 1,900 actual in 2024 (by 15.0%).
- The actual number of deaths in 2024 was 119 lower (6.3%) than projected
- By 2043 the current 2022 based projections are similar to the previous 2018 based projections.

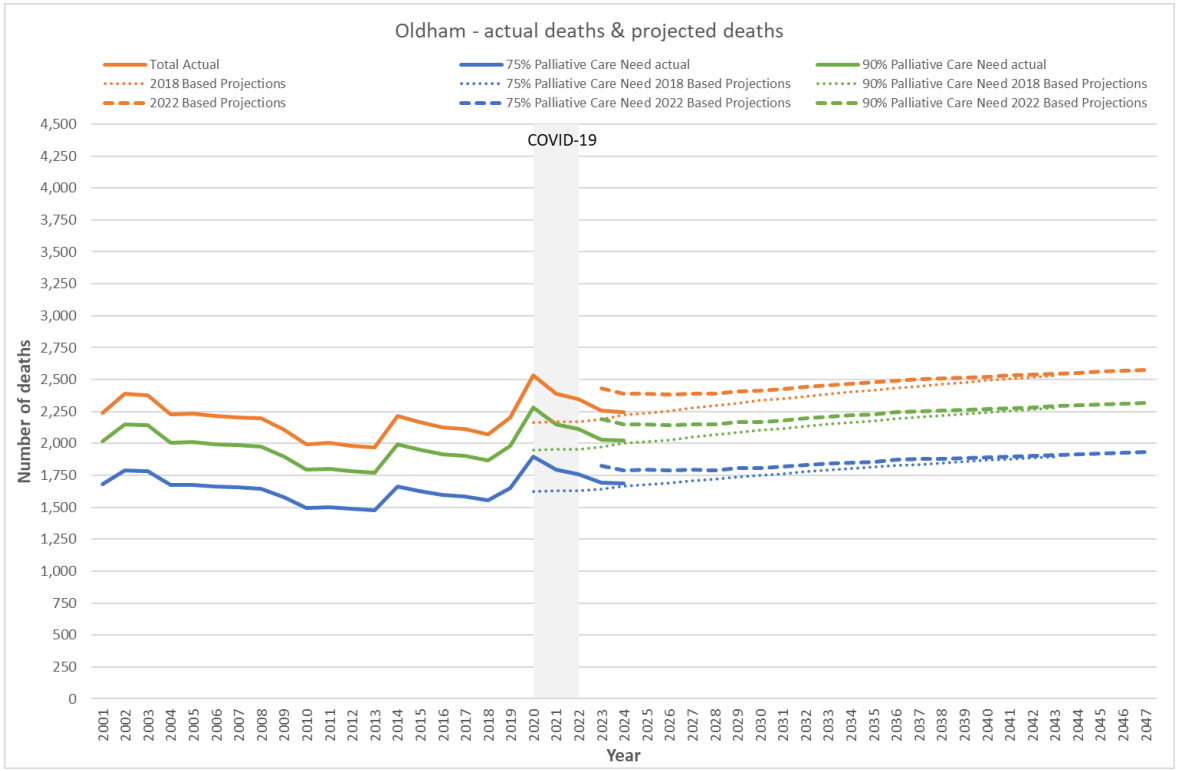


# Mortality Trends – projections Manchester & Oldham

- By 2044 there projected to be 4,298 deaths in Manchester, up from 3,647 actual in 2024 (by 17.9%).
- The actual number of deaths in 2024 was 153 lower (4.2%) than projected.
- By 2043 the current 2022 based projections are 13.2% higher than the previous 2018 based projections.

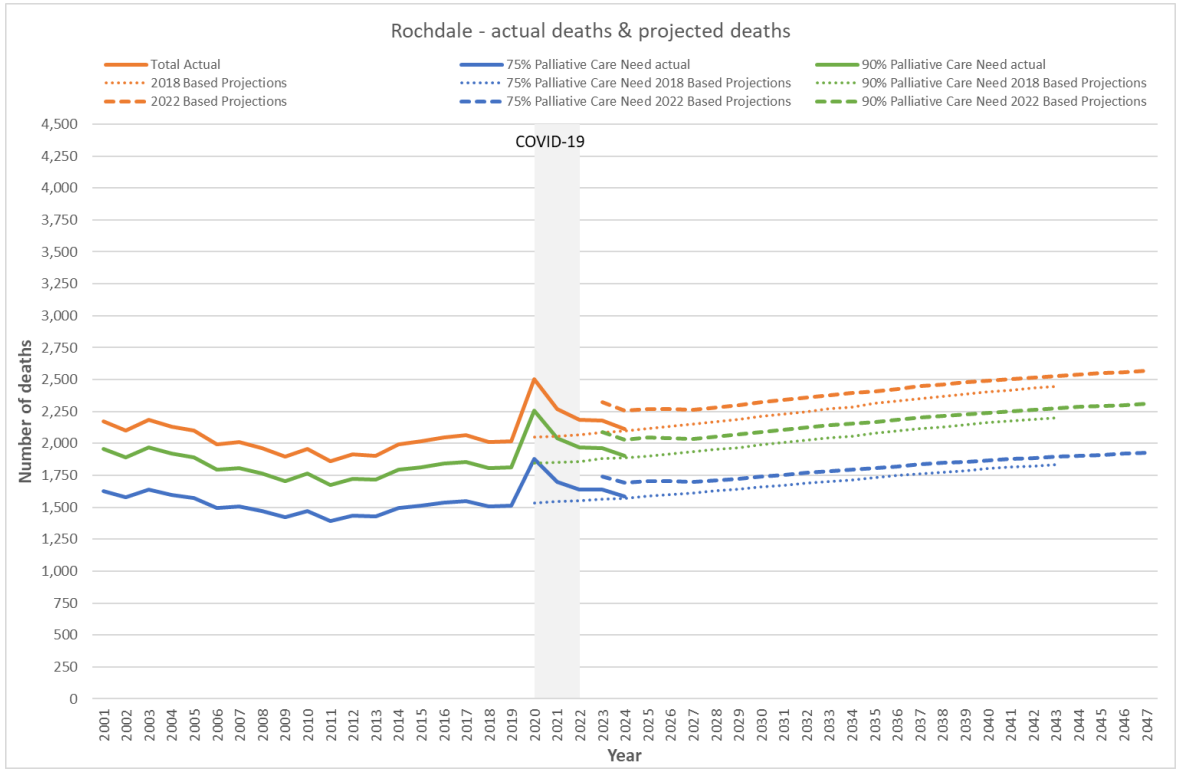



- By 2044 there projected to be 2,552 deaths in Oldham, up from 2,247 actual in 2024 (by 13.6%).
- The actual number of deaths in 2024 was 140 lower (6.2%) than projected.
- By 2043 the current 2022 based projections are 0.7% higher than the previous 2018 based projections.

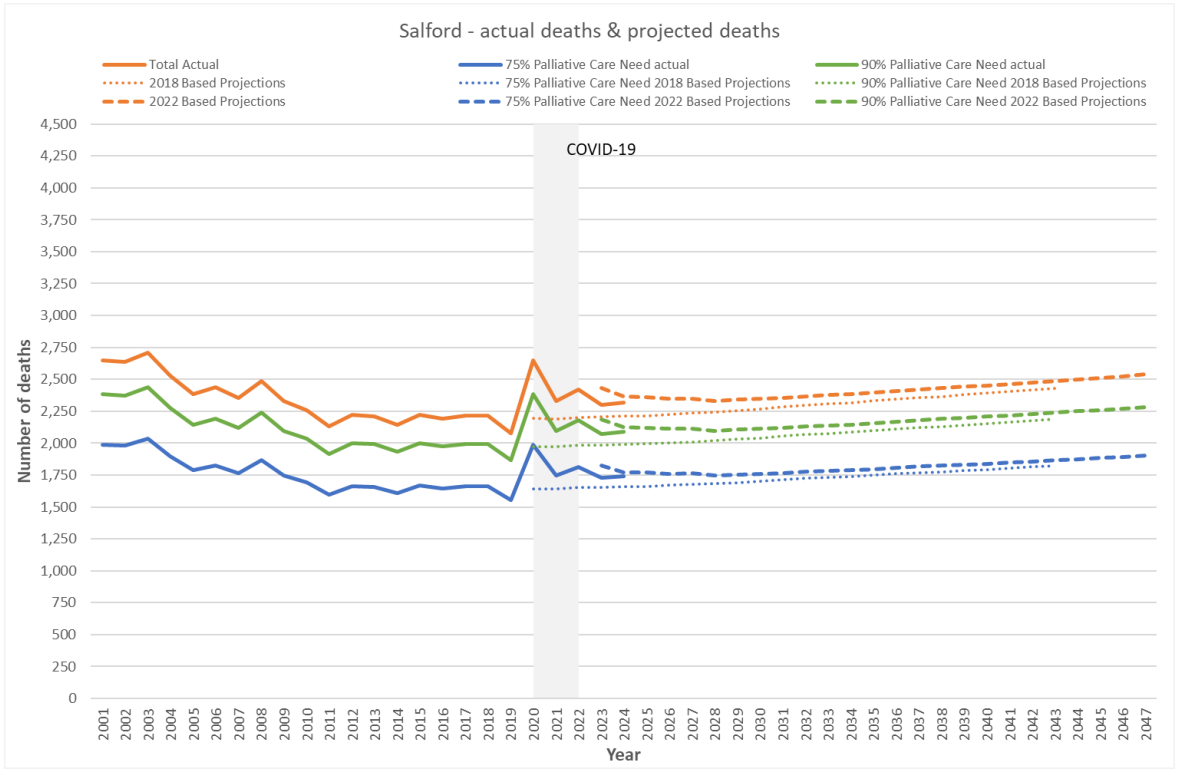


# Mortality Trends – projections Rochdale & Salford

- By 2044 there projected to be 2,540 deaths in Rochdale, up from 2,113 actual in 2024 (by 20.2%).
- The actual number of deaths in 2024 was 142 lower (6.7%) than projected.
- By 2043 the current 2022 based projections are 3.4% higher than the previous 2018 based projections.

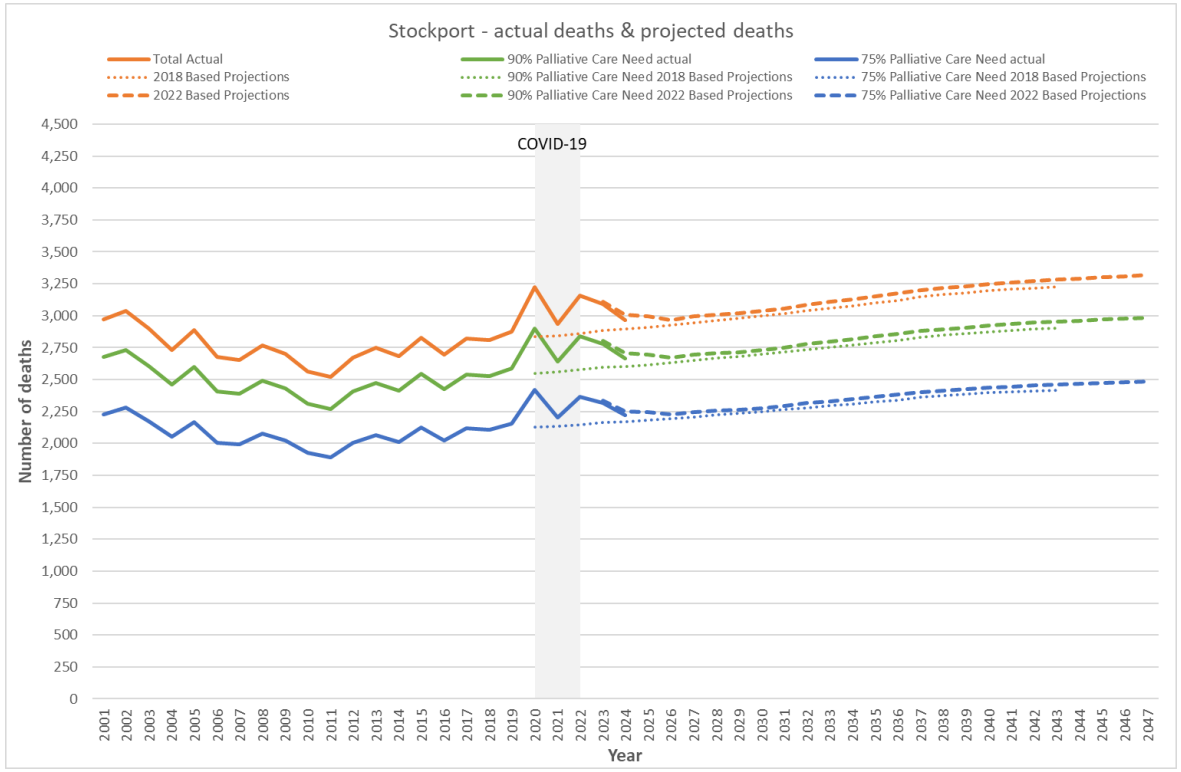



- By 2044 there projected to be 2,499 deaths in Oldham, up from 2,320 actual in 2024 (by 7.7%).
- The actual number of deaths in 2024 was 43 lower (1.9%) than projected.
- By 2043 the current 2022 based projections are 2.4% higher than the previous 2018 based projections.

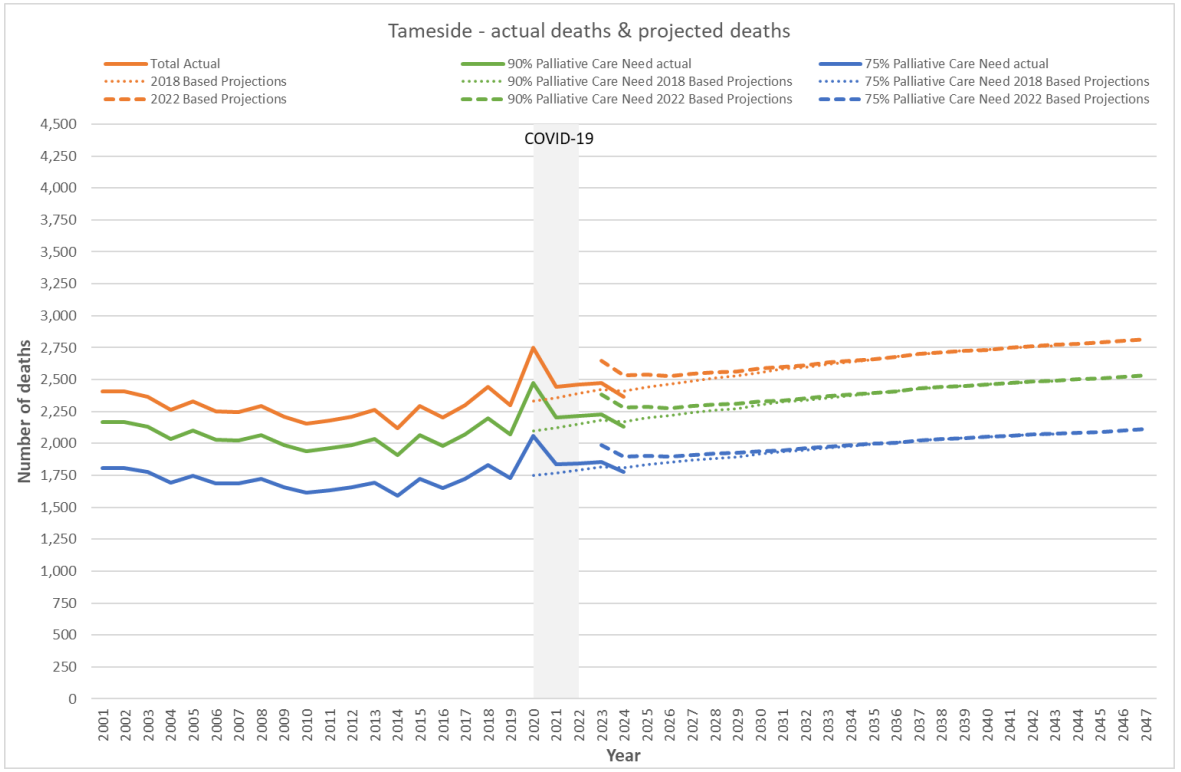


# Mortality Trends – projections Stockport & Tameside

- By 2044 there projected to be 3,291 deaths in Stockport, up from 2,963 actual in 2024 (by 11.1%).
- The actual number of deaths in 2024 was 42 lower (1.4%) than projected.
- By 2043 the current 2022 based projections are 1.8% higher than the previous 2018 based projections.

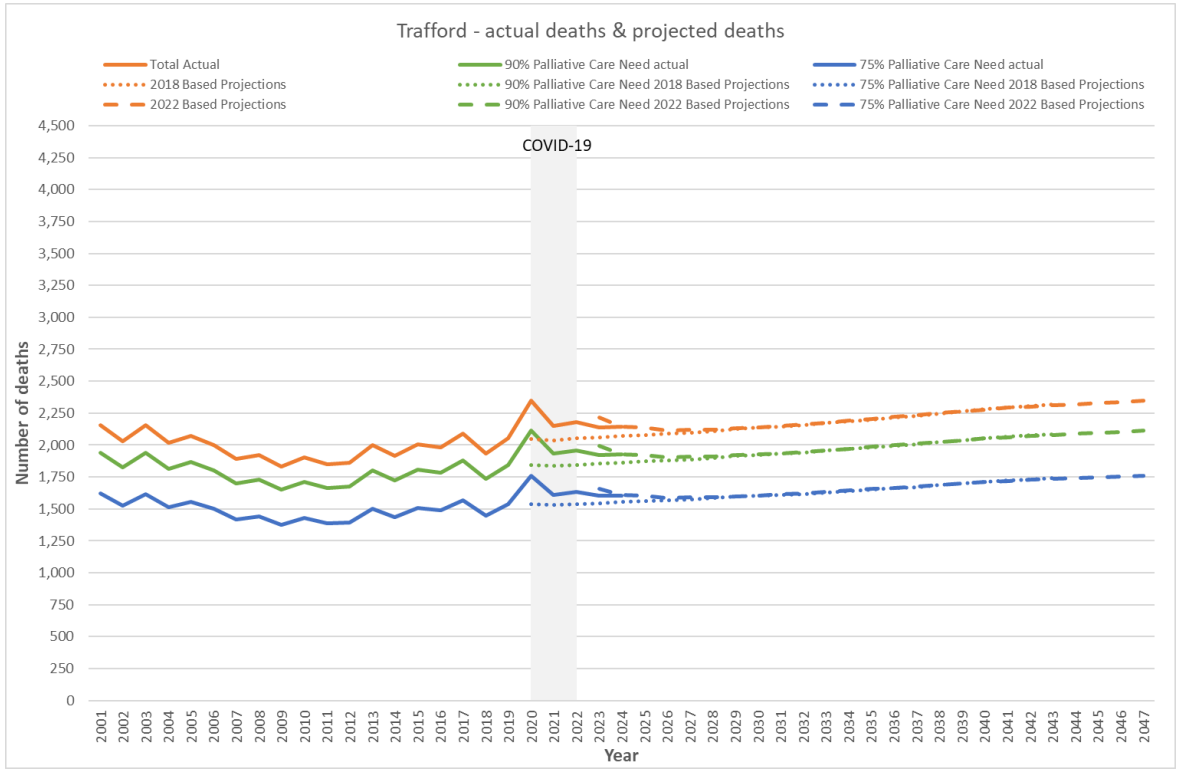



- By 2044 there projected to be 2,780 deaths in Tameside, up from 2,368 actual in 2024 (by 17.4%).
- The actual number of deaths in 2024 was 163 lower (6.9%) than projected.
- By 2043 the current 2022 based projections are 0.2% higher than the previous 2018 based projections.

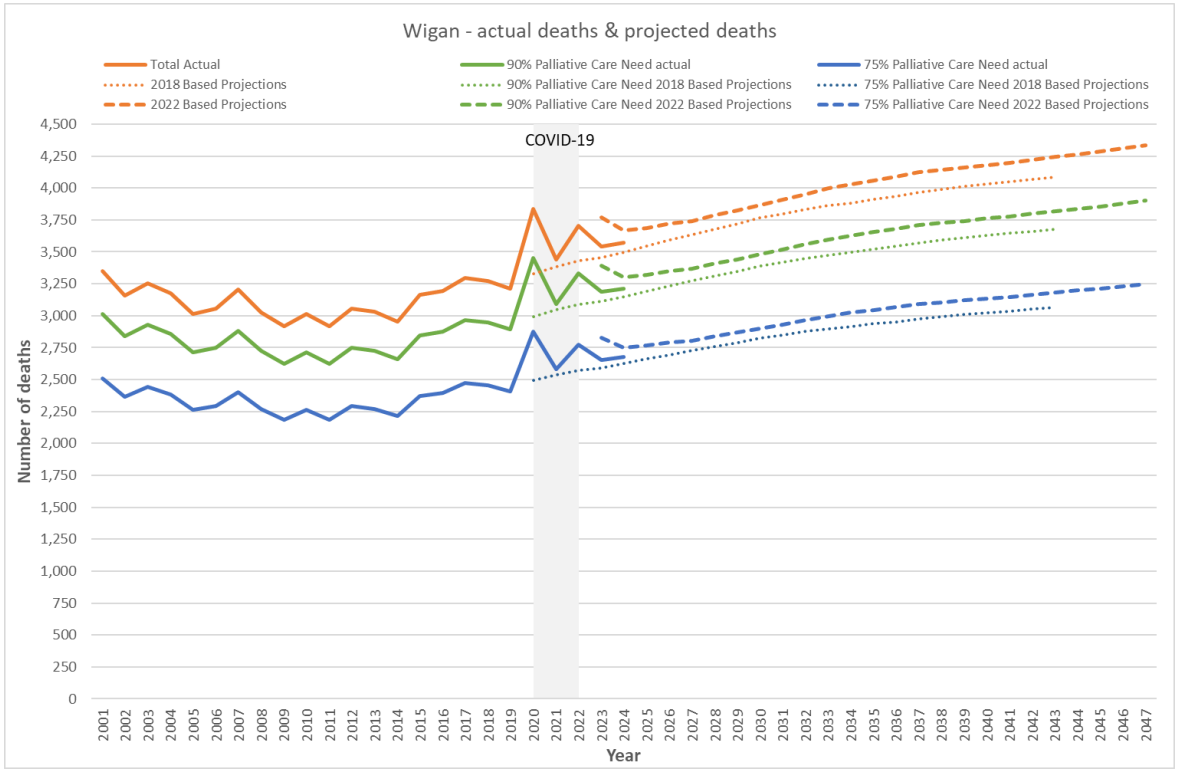


# Mortality Trends – projections Trafford & Wigan

- By 2044 there projected to be 2,319 deaths in Trafford, up from 2,141 actual in 2024 (by 8.3%).
- The actual number of deaths in 2024 was 2 lower (0.1%) than projected.
- By 2043 the current 2022 based projections are 0.3% lower than the previous 2018 based projections.




- By 2044 there projected to be 4,263 deaths in Wigan, up from 3,571 actual in 2024 (by 19.4%).
- The actual number of deaths in 2024 was 95 lower (2.7%) than projected.
- By 2043 the current 2022 based projections are 3.9% higher than the previous 2018 based projections.



# Mortality Trends – projections understanding variation

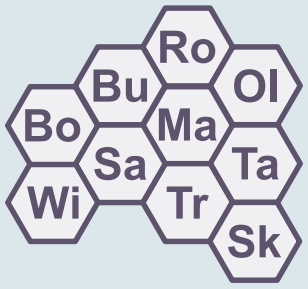
It is hard to understand why the expected number of deaths per year projected in 2022 compared to 2018 varies so much by locality, with the number increasing especially in Manchester. Further analysis of COVID-19 mortality, excess mortality and changes in the expected population show that Manchester had the highest excess mortality during 2020-2023 however changing population trends have led the most recent population projections aged 65+ to be higher in 2022 than in 2018; the only GM locality to experience this trend.

| Locality | 2018 Projected deaths in 2043 | 2022 Projected deaths in 2043 | Difference | 2020-2023 COVID-19 Mortality Rate | 2020-2023 Ratio of excess mortality (all causes) | 2018 v 2022 projected population aged 65+ in 2043 | 2018 v 2022 projected population aged 85+ in 2043 |
|---|---|---|---|---|---|---|---|
| Bolton | 3,049 | 3,237 | 6.2% | 384.2 | 1.153 | 97.1% | 96.7% |
| Bury | 2,184 | 2,184 | 0.0% | 393.2 | 1.142 | 95.2% | 93.0% |
| Manchester | 3,768 | 4,266 | 13.2% | 475.2 | 1.153 | 103.3% | 94.3% |
| Oldham | 2,529 | 2,546 | 0.7% | 471.7 | 1.125 | 91.6% | 87.1% |
| Rochdale | 2,446 | 2,528 | 3.4% | 443.1 | 1.130 | 94.0% | 91.1% |
| Salford | 2,429 | 2,486 | 2.4% | 464.8 | 1.123 | 90.1% | 85.2% |
| Stockport | 3,224 | 3,283 | 1.8% | 296.7 | 1.099 | 96.3% | 101.8% |
| Tameside | 2,765 | 2,771 | 0.2% | 460.8 | 1.086 | 96.1% | 93.5% |
| Trafford | 2,318 | 2,311 | -0.3% | 298.5 | 1.092 | 93.3% | 92.8% |
| Wigan | 4,083 | 4,241 | 3.9% | 406.4 | 1.087 | 97.8% | 103.8% |

# Mortality trends and projections key findings

- In 2023 there were 26,598 deaths registered in Greater Manchester, an age standardised mortality rate of 1,112.7 per 1,000.
- Numbers and rates of mortality have fallen since 1995, however following national trends since 2011 the improvement in mortality slowed and numbers and rates for the 10 years to 2020 were stable.
- The COVID-19 pandemic had a significant impact on mortality numbers and rates in 2020; and although numbers have fallen from the peak levels, they are still higher in 2023 than they were in 2019 (26,598 in 2023 compared to 24,517 in 2019; 1112.7 per 100,000 compared to 1,065.2).
- Rates of mortality vary between localities, mainly driven by differences in age structure and deprivation. GM as a whole has amongst the highest rates of mortality in the country across multiple causes.
- Comparing the GM projected deaths for 2044 to the actual deaths for 2024, the ONS projection suggest there will be 14.1% more deaths in GM in 20 years time (up by 3,709 in total).
- Analysis shows that between 2027 and 2043 there are on average an additional 1,000 deaths projected a year in the 2022 projections in Greater Manchester than there were in the previous 2018 projections.
- **By 2044 there are an estimated 22,500-27,000 (75% - 90%) deaths requiring palliative care in GM, as based on 2022 projection and Marie Curie research.**

# Section 3: Palliative care trends




GM PHIN Greater Manchester Public Health Intelligence Network

Working together for the population health of Greater Manchester

Version 3

Stockport Council Public Health

October 2025

# Palliative Care population health trends

The following data are taken from the **NHS GM Intelligence Sustainability Hub** – using data from the:

- Health Profiles https://curator.gmtableau.nhs.uk/dashboard/health-profiles
- Cost Projections https://curator.gmtableau.nhs.uk/dashboard/locality-segmentation-cost-projections
- Locality & Sustainability Segment Forecasting Tool https://curator.gmtableau.nhs.uk/dashboard/locality-sustainability-segment-forecast

All use data from a range of sources to group the GM population into population health segments, so that we can better understand the demographics and health care use. One of these population health segments is **Palliative Care**.

The segments have been created using primary care data and will exclude data for those people who have opted out of data sharing.

The definition of Palliative Care within these tools is anyone who:

has had **Admission to hospital in last 12 months for an ICD-10 diagnosis code of dataset (Encounter for palliative care) across any episode, or a Treatment Function of 315 (Palliative Medicine Service) or 240 (Paediatric Palliative Medicine Service), or a Specialty of 315 or 240.**

Or

is on **Palliative Care recorded on QOF register.**

There are some methodological issues that need to be borne in mind when using this data, which are set out the on the next page.

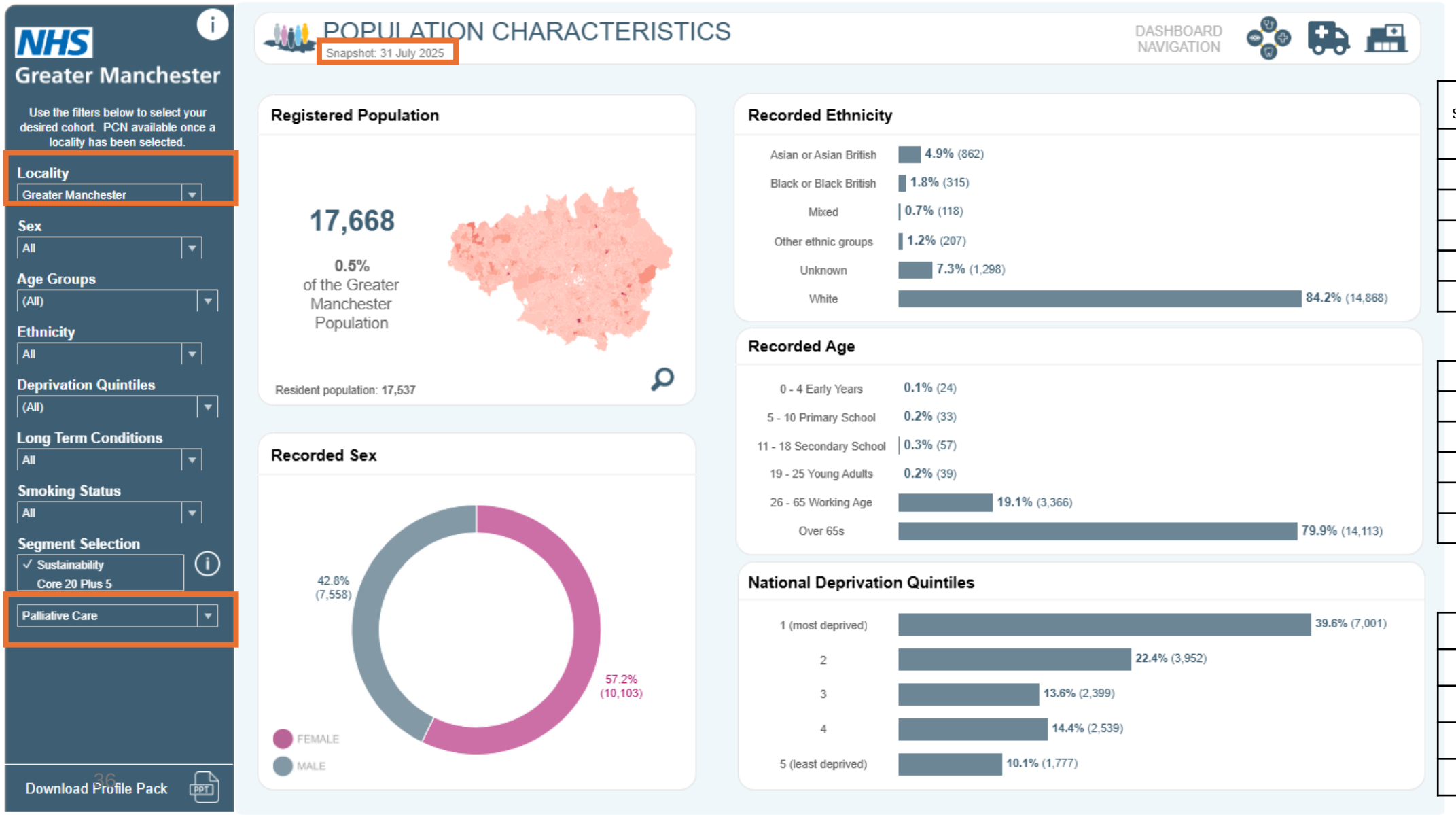
# Population segmentation – method & caveats

- The products have been developed using the longitudinal dataset and the original population segmentation methodology used by Carnall Farrar.
- The original Carnall Farrar work was developed for financial modelling and assumes **that a person can only ever be in one segment at any one time**. They can however move segments as their health needs change.
- The process is to assign each person in the population to a segment via a priority order, from most vulnerable/poorest health (cohort 9) to good health (cohort 1). At each stage the people who meet the criteria for the cohort are assigned to this cohort and then removed from subsequent analysis for cohorts further down the priority order (the waterfall method).
- Segmenting the population using the waterfall methodology has its limitations.
  - As the model assumes person can only be in one segment at any one time it it's not a true representation of all people within a segment.
  - It assumes that a person only meets the criteria of one segment when person could meet the criteria of several.
  - For cohorts at the lower priority this will mean their population is an undercount; this will be less of an issue for palliative care.
- A waterfall methodology is good as an accounting and finance tool however is can be misleading when looking at population health.

Priority Running order

| | |
|---|---|
| **Cohort 9** | Palliative Care |
| **Cohort 8** | Frailty |
| **Cohort 7** | Cancer |
| **Cohort 6** | Homelessness and Substance Misuse |
| **Cohort 5** | Mental Illness |
| **Cohort 4** | Multiple Long-Term Conditions |
| **Cohort 3** | Single Long-Term Condition |
| **Cohort 2** | Maternity |
| **Cohort 1** | Good Health |

The analysis shows that as of July 2025 there are 17,668 people in the Palliative Care segment, which is 0.5% of the GM population. Around 57% of these people are females, and 80% are aged 65+. The deprivation profile is similar to the overall GM population with 40% of people in the palliative care segment living in the most deprived areas. The palliative care population is less ethnically diverse than average, reflecting the older age profile of this population. This cohort compares to an average number of deaths a year pre COVID-19 of 24,600 across Greater Manchester.




| All Segments |
|---|
| 14.4% |
| 4.9% |
| 2.7% |
| 3.5% |
| 11.3% |
| 63.2% |
| 4.6% |
| 7.1% |
| 10.1% |
| 9.3% |
| 52.3% |
| 15.1% |
| 42.5% |
| 21.3% |
| 12.9% |
| 12.9% |
| 10.5% |

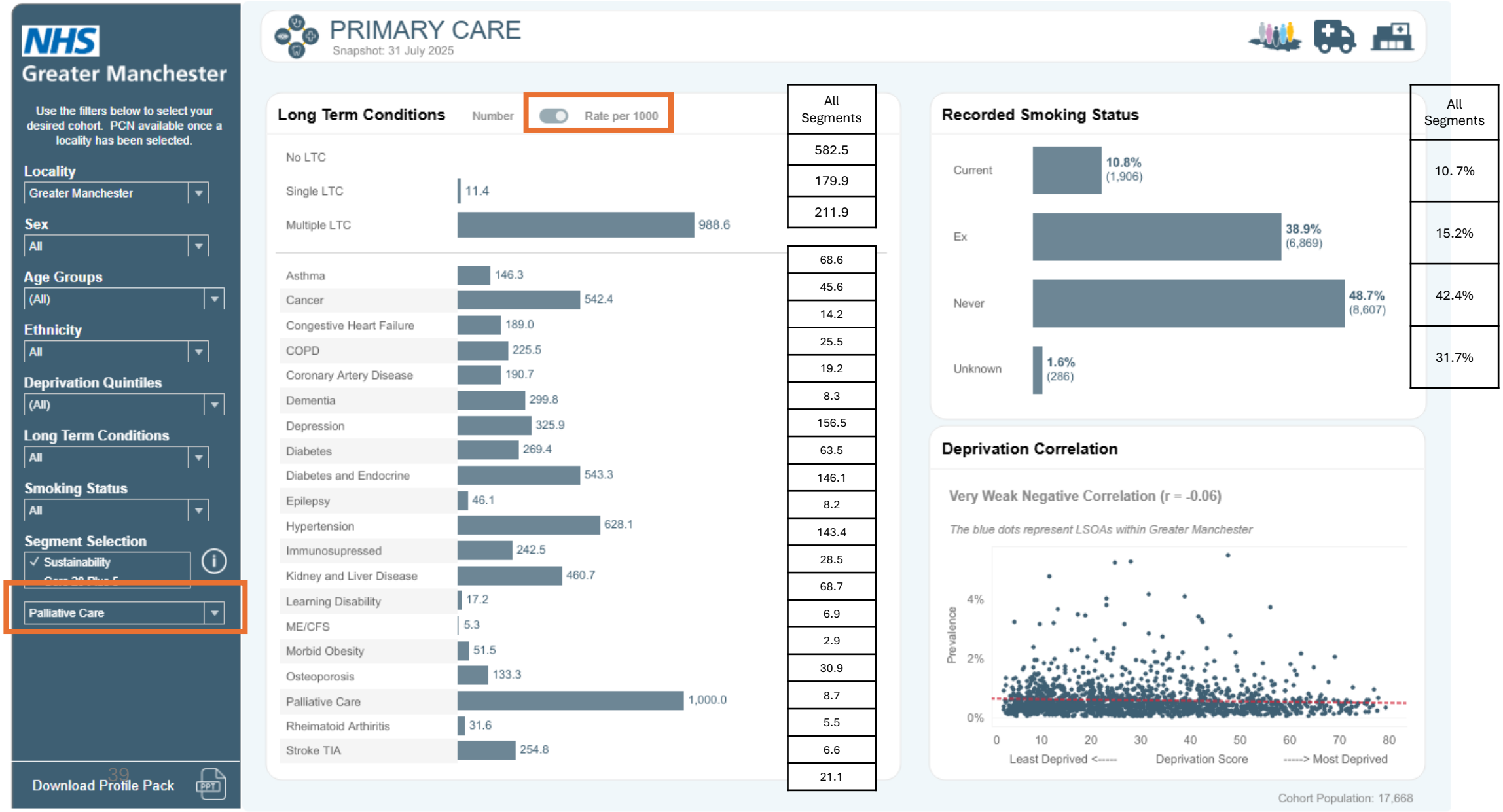
Looking at ICB sub-locality data, numbers vary within the palliative care segment from 949 to 3,042 and crude rates from 3.78 per 1,000 (Manchester) to 8.68 per 1,000 (Tameside), rates are especially high in Hyde within Tameside, Leigh within Wigan, Sharston within Manchester and Castleton within Rochdale. The reasons for this are not understood, and this could be a true trend or a data anomaly.

| | Palliative Care Segment | | | | Rate per 1,000 | | | |
|---|---|---|---|---|---|---|---|---|
| **GP of registration ICB sub-locality** | **Total** | **Aged Under 26** | **Aged 26-65** | **Aged Over 65** | **Total** | **Aged Under 26** | **Aged 26-65** | **Aged Over 65** |
| Bolton | **1,558** | 11 | 284 | 1,263 | **4.64** | 0.10 | 1.68 | 22.97 |
| Bury | **980** | 5 | 154 | 819 | **4.60** | 0.08 | 1.41 | 21.19 |
| Manchester | **2,845** | 38 | 800 | 2,002 | **3.78** | 0.15 | 1.96 | 29.12 |
| Oldham | **1,399** | 21 | 294 | 1,084 | **5.19** | 0.23 | 2.18 | 25.86 |
| Rochdale | **1,677** | 22 | 378 | 1,270 | **6.60** | 0.27 | 2.92 | 31.07 |
| Salford | **1,455** | 17 | 325 | 1,111 | **4.48** | 0.17 | 1.83 | 27.71 |
| Stockport | **1,790** | 5 | 235 | 1,546 | **5.40** | 0.05 | 1.37 | 23.91 |
| Tameside | **1,973** | 12 | 341 | 1,617 | **8.68** | 0.18 | 2.87 | 41.35 |
| Trafford | **949** | 7 | 157 | 782 | **3.79** | 0.09 | 1.21 | 17.63 |
| Wigan | **3,042** | 15 | 398 | 2619 | **8.60** | 0.15 | 2.16 | 38.67 |
| **Greater Manchester** | **17,668** | **153** | **3,366** | **14,113** | **5.33** | **0.15** | **1.94** | **28.16** |

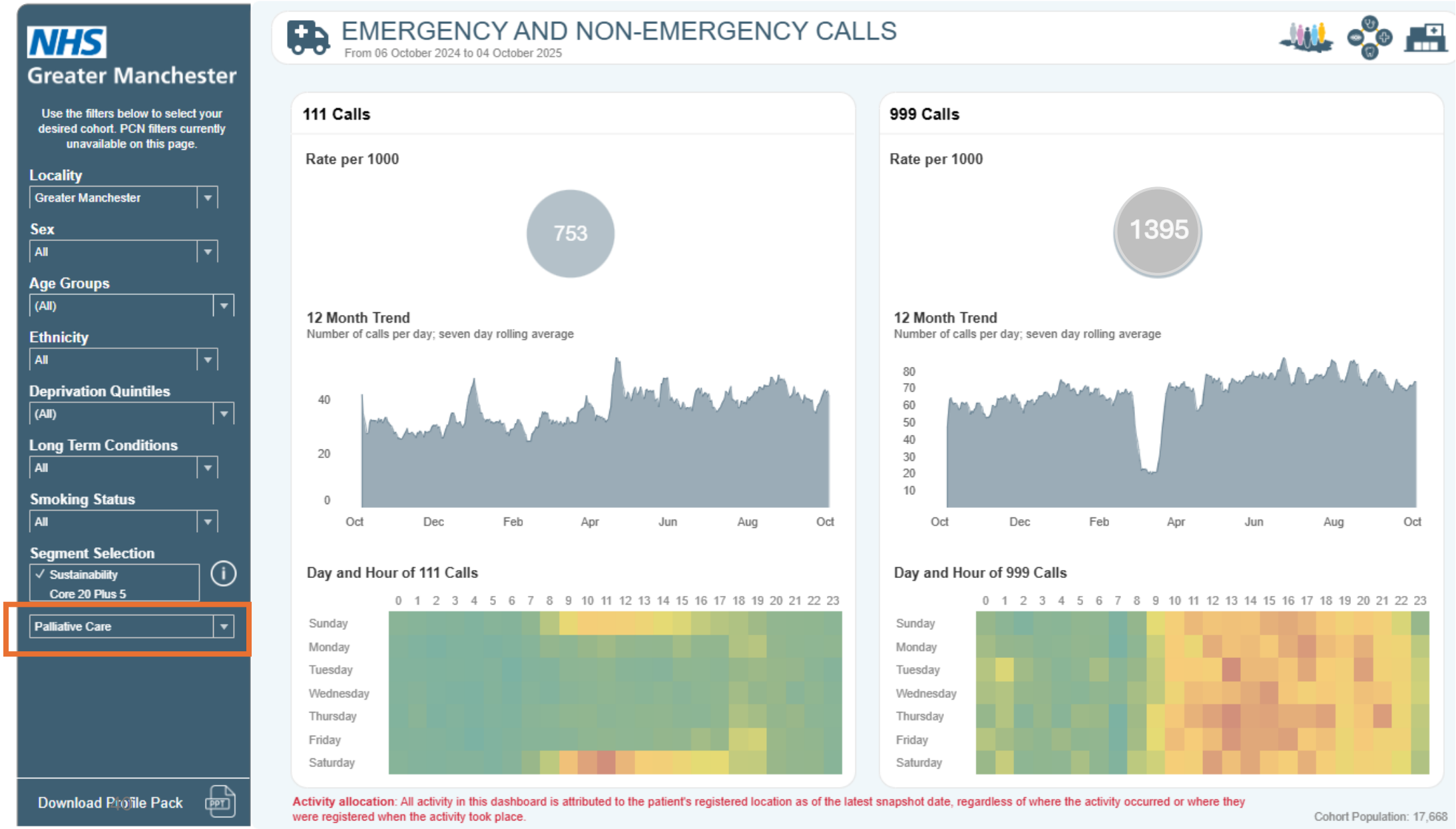
As the GM population segmentation approach is new it is worth comparing this data to other sources of palliative care population data, the tables below compare the GM Palliative Care Segment to the most recent published QoF data (2023/24). The two sources of data are broadly comparable and vary by less than 0.1 per 1,000 between the two across GM as a whole. By locality, the GM segmentation dashboard is significantly higher than QoF in Wigan and Rochdale and lower in Tameside.

| | 2023/24 QoF Palliative Care | | | GM Segmentation Dashboard July 25 | | | Difference | | |
|---|---|---|---|---|---|---|---|---|---|
| | Registered Pop | Palliative Care Register | Rate per 1,000 | Registered Pop | Palliative Care Segment | Rate per 1,000 | Registered Pop | Palliative Care Register | Rate per 1,000 |
| **Bolton** | 329,990 | 1,724 | 5.22 | 335,540 | 1,558 | 4.64 | 5,550 | -166 | -0.58 |
| **Bury** | 211,597 | 1,001 | 4.73 | 213,271 | 980 | 4.60 | 1,674 | -21 | -0.14 |
| **Manchester** | 738,263 | 2,816 | 3.81 | 752,721 | 2,845 | 3.78 | 14,458 | 29 | -0.03 |
| **Oldham** | 268,121 | 1,549 | 5.78 | 269,414 | 1,399 | 5.19 | 1,293 | -150 | -0.58 |
| **Rochdale** | 249,631 | 1,418 | 5.68 | 254,061 | 1,677 | 6.60 | 4,430 | 259 | 0.92 |
| **Salford** | 316,868 | 1,382 | 4.36 | 324,428 | 1,455 | 4.48 | 7,560 | 73 | 0.12 |
| **Stockport** | 326,911 | 1,808 | 5.53 | 331,492 | 1,790 | 5.40 | 4,581 | -18 | -0.13 |
| **Tameside** | 225,651 | 2,502 | 11.09 | 227,177 | 1,973 | 8.68 | 1,526 | -529 | -2.40 |
| **Trafford** | 248,678 | 1,001 | 4.03 | 250,547 | 949 | 3.79 | 1,869 | -52 | -0.24 |
| **Wigan** | 348,197 | 1,890 | 5.43 | 353,779 | 3,042 | 8.60 | 5,582 | 1,152 | 3.17 |
| **Greater Manchester** | **3,263,907** | **17,091** | **5.24** | **3,312,430** | **17,668** | 5.33 | **48,523** | **577** | **0.10** |

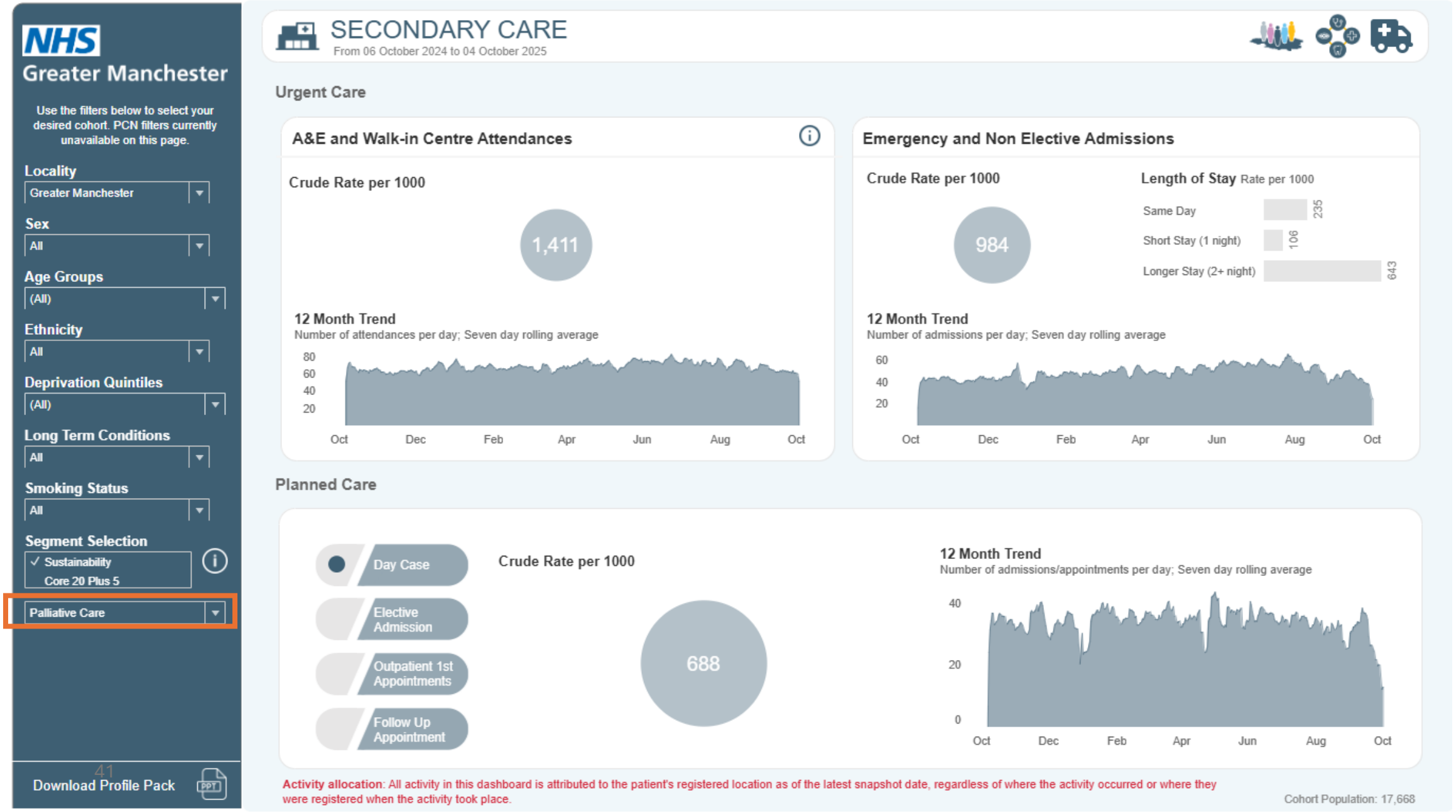
People in the palliative care segment are most likely to have multiple long-term conditions (99%) followed by a single long-term condition (1%) with none having no long-term conditions. The most common LTCs are hypertension (63%), cancer (54%), diabetes (54%) and kidney / liver disease (46%). There is seemingly no correlation between palliative care and deprivation.



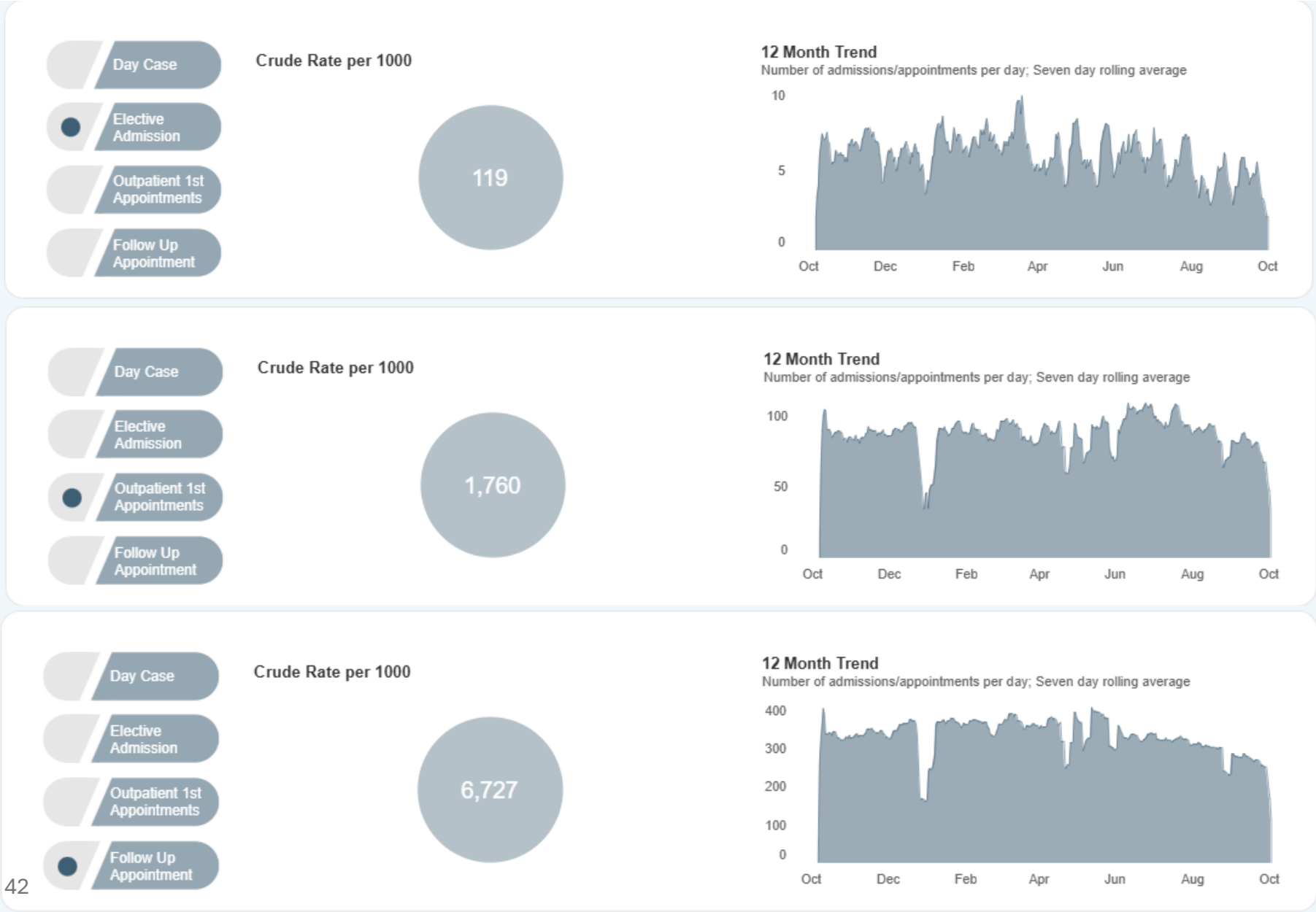
People in the palliative care segment are more likely make calls to 111 and 999 than the GM average. For 111 the rate of 753 per 1,000 compares to 192 per 1,000 for the all-segment average. For 999 calls the rate of 1,395 per 1,000 compares to 92 per 1,000 for the all-segment average.



People in the palliative care segment are also more likely to use secondary care than the GM average. For A&E the rate of 1,411 per 1,000 compares to 402 per 1,000 for the all-segment average. For emergency admissions the rate of 984 per 1,000 compares to 118 per 1,000 for the all-segment average. For planned day cases the rate of 688 per 1,000 compares to 119 per 1,000 for the all-segment average...



...For elective admissions the rate of 119 per 1,000 compares to 20 per 1,000 for the all-segment average. For outpatient 1st appointments the rate of 1,760 per 1,000 compares to 573 per 1,000 for the all-segment average. For outpatient follow-up appointments the rate of 6,727 per 1,000 compares to 1,284 per 1,000 for the all-segment average.



Across GM the palliative care segment had the highest cost per patient of any segment in 23/24 at an average of £7,044. This is 80% higher than the next highest segment (frailty). 50% of identified spend for palliative care is for non elective admissions, 19% for dispensing, 18% for elective admissions.

# Annual cost per patient (23/24 prices)

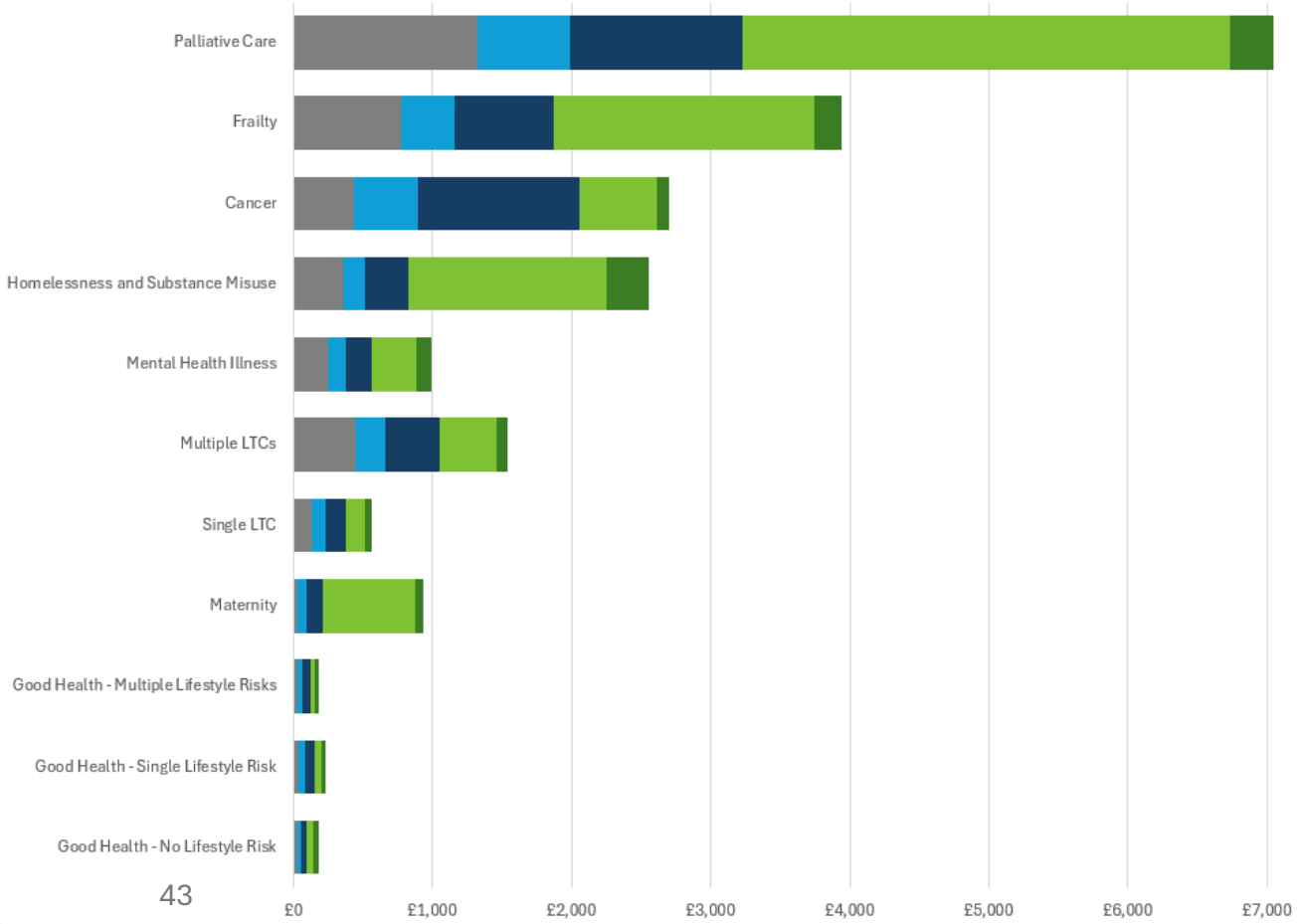
NHS Greater Manchester

Cohort: (All)

Selected activity: (All)

Activity Type: Dispensing, Outpatients, Elective Admissions, Nonelective Admissions, A&E/UTC

## Cost per segment per patient – GM average




| | A&E | NEL | EL | OP | Disp | Grand Total |
|---|---|---|---|---|---|---|
| Palliative Care | £314 | £3,505 | £1,234 | £662 | £1,329 | £7,044 |
| Frailty | £196 | £1,880 | £707 | £383 | £777 | £3,943 |
| Cancer | £86 | £559 | £1,156 | £464 | £433 | £2,697 |
| Homelessness and Substance Misuse | £307 | £1,421 | £315 | £157 | £356 | £2,557 |
| Mental Health Illness | £108 | £330 | £176 | £127 | £254 | £995 |
| Multiple LTCs | £78 | £403 | £394 | £214 | £446 | £1,535 |
| Single LTC | £48 | £145 | £138 | £97 | £137 | £566 |
| Maternity | £64 | £661 | £114 | £74 | £23 | £935 |
| Good Health - Multiple Lifestyle Risks | £27 | £31 | £64 | £33 | £28 | £183 |
| Good Health - Single Lifestyle Risk | £30 | £50 | £65 | £51 | £33 | £230 |
| Good Health - No Lifestyle Risk | £33 | £51 | £37 | £35 | £22 | £179 |

Across GM the palliative care segment spend per head is highest in Bury at £9,392 and lowest in Oldham at £5,542.

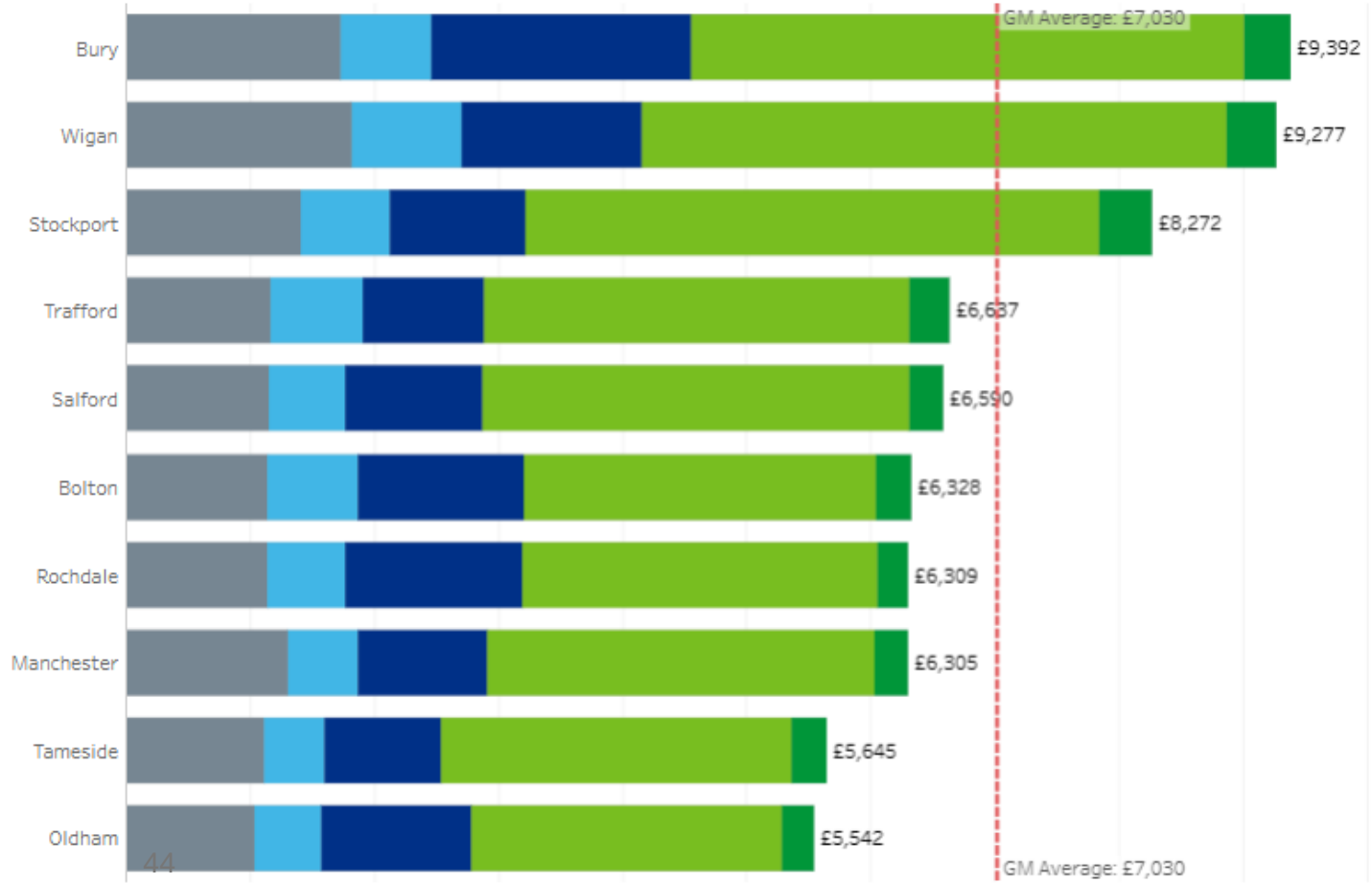
# Annual cost per patient (23/24 prices)

NHS Greater Manchester

Cohort: Palliative Care

Selected activity: (All)

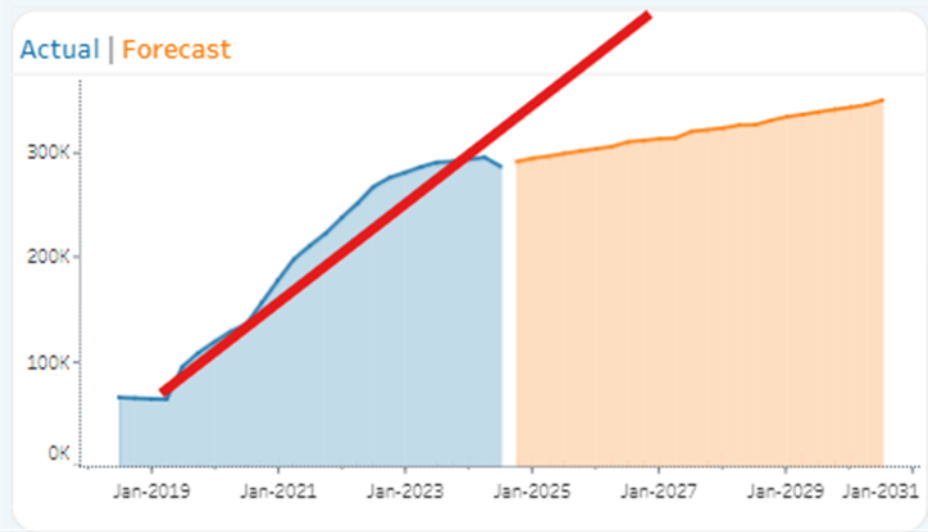
Activity Type: Dispensing, Outpatients, Elective Admissions, Nonelective Admissions, A&E/UTC




| | A&E | NEL | EL | OP | Disp | Grand Total |
|---|---|---|---|---|---|---|
| Bury | 381 | 4,458 | 2,089 | 729 | 1,735 | 9,392 |
| Wigan | 410 | 4,703 | 1,453 | 887 | 1,824 | 9,277 |
| Stockport | 424 | 4,623 | 1,095 | 712 | 1,418 | 8,272 |
| Trafford | 317 | 3,432 | 977 | 745 | 1,166 | 6,637 |
| Salford | 276 | 3,444 | 1,101 | 612 | 1,157 | 6,590 |
| Bolton | 275 | 2,849 | 1,334 | 725 | 1,144 | 6,328 |
| Rochdale | 251 | 2,857 | 1,425 | 637 | 1,138 | 6,309 |
| Manchester | 272 | 3,119 | 1,041 | 558 | 1,316 | 6,305 |
| Tameside | 275 | 2,832 | 930 | 491 | 1,117 | 5,645 |
| Oldham | 249 | 2,509 | 1,208 | 534 | 1,041 | 5,542 |

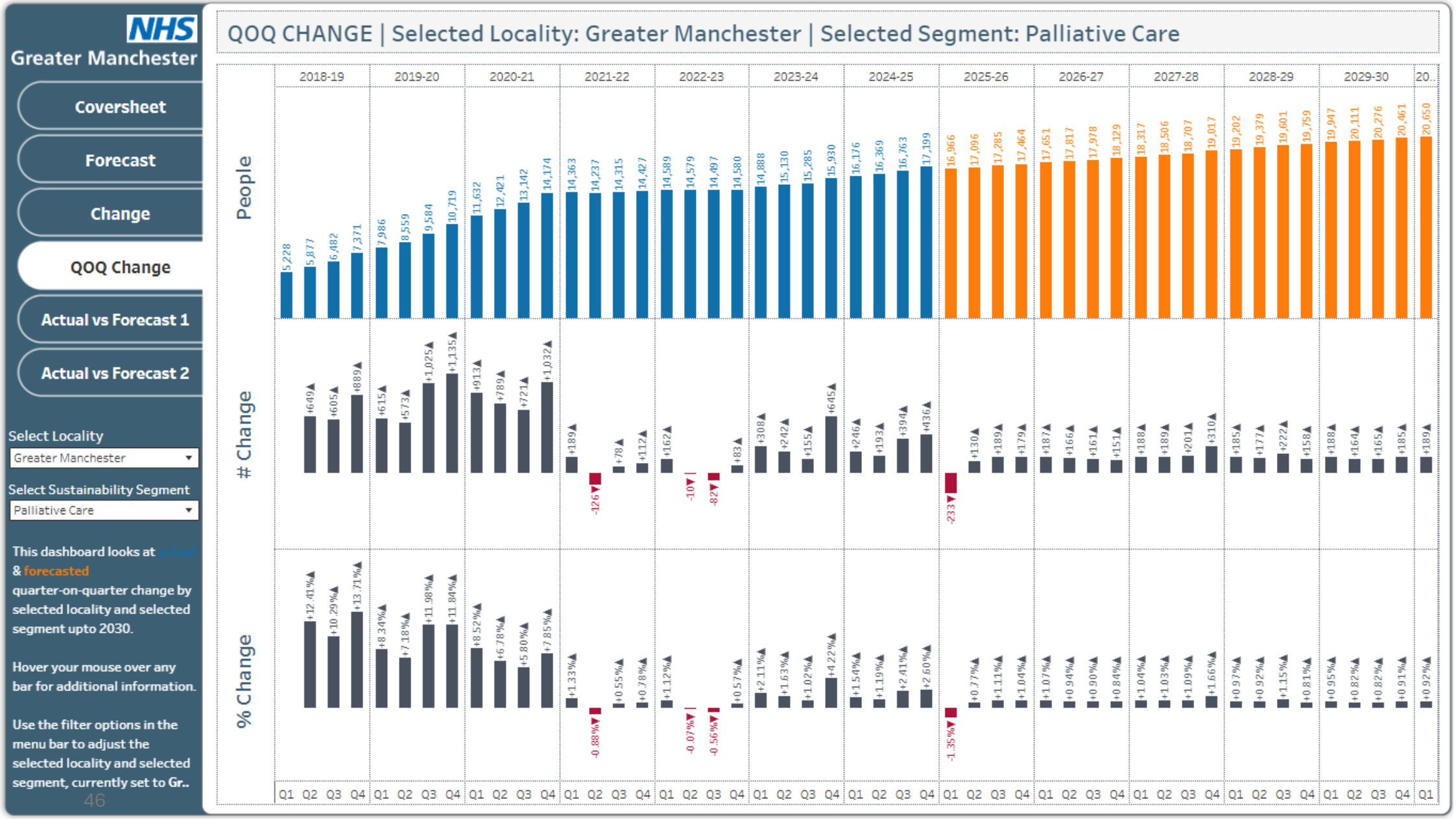
# Forecasting – method & caveats

In the final of the three population health tools the Gradient Boosting Machine (GBM) method has been used to project the segmentation trends forward.

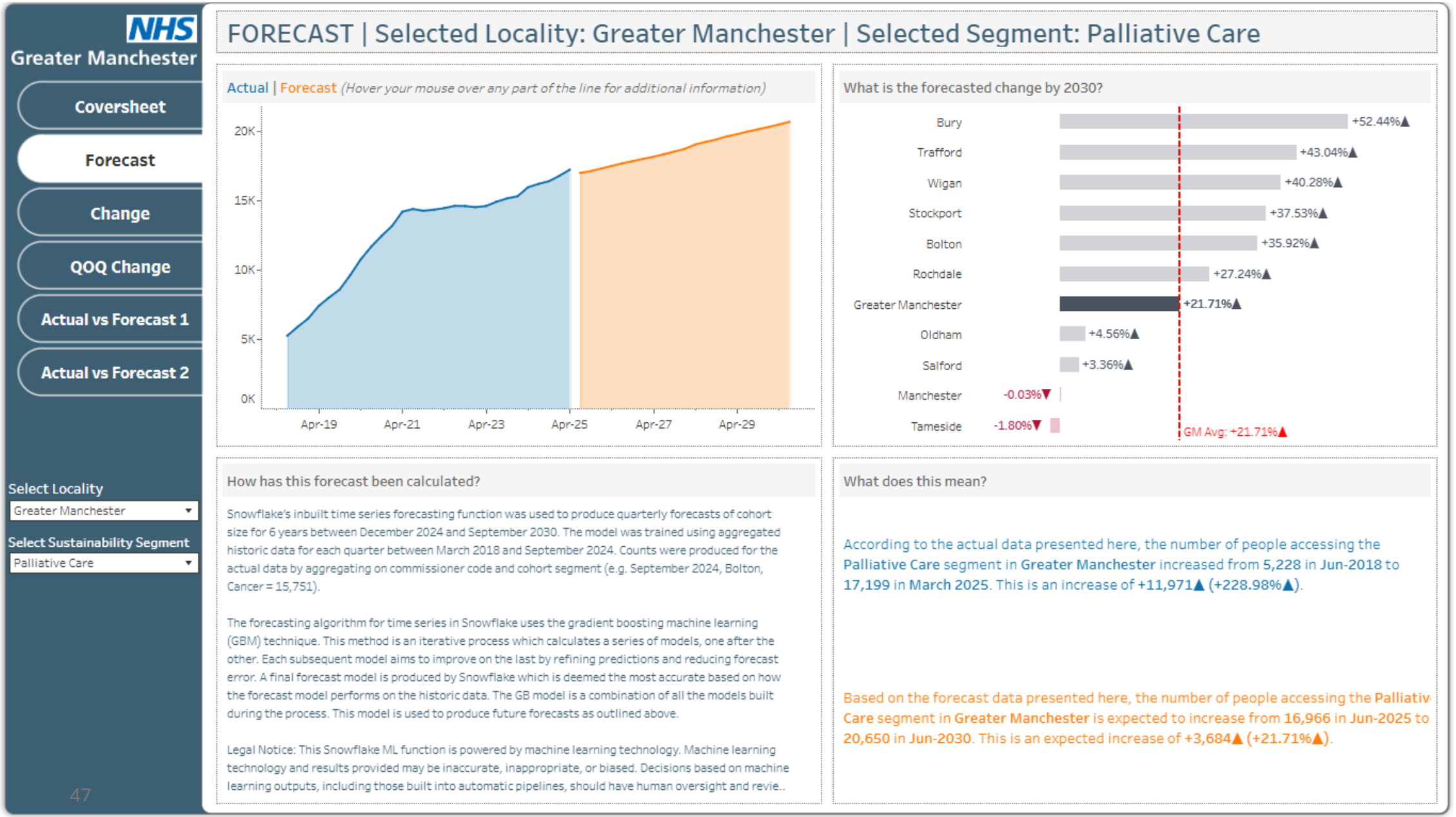



- GBM is a way of building a strong, accurate prediction model by learning from and correcting its own mistakes over multiple steps. It starts with a simple model that makes predictions. This usually won't be perfect and will have errors. GBM then creates new models that try to fix the errors of the previous models. Each new model focuses on the mistakes made by the earlier ones. Finally, GBM combines all these models together to make a stronger, more accurate prediction.
- This is different from the traditional approach which would be to do a linear regression which would give a line of best fit (red line in example to the left).
- The levelling out of the trend is due to the fact that there are two phases in the data - an initial phase of rapid growth between 2018 and late 2022 and a second phase between 2023 and 2024 when the rate of growth was lower. The model gives more weight to the most recent period, when the rate of growth was lower, and hence predicts a lower forecast rate of future growth. This is based on the assumption that the most recent trend is likely to better reflect the future trend.

The GM forecasts anticipate that the palliative care segment will grow, by 2030 an increase of 20% is expected so that the palliative care segment is expected to reach over 20,500 people, from the current level of 17,200.



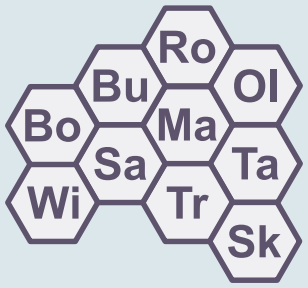
The GM forecast anticipates that the palliative care segment will grow in all areas expect Tameside (where rates are already higher than average) and Manchester. Rates are expected to rise most steeply in Bury and Trafford.



# Palliative Care population health segmentation key findings

- 17,668 people across Greater Manchester are in the Palliative Care population Health segment; this population as expected is older than average, although around 3,500 (20%) are aged under 65 years.
- This number is below the 24,600 deaths a year across Greater Manchester pre COVID-19.
- Rates are highest in Tameside and Wigan, although the reason for this isn't understood
- People within the palliative care segment are likely to have multiple long-term conditions have an average NHS cost of £7,000 per annum, 80% more than the next highest cost per segment (frailty at £3,950), non-elective admissions account for 50% of this cost.
- Current models suggest that the number of people in the palliative care segment will grow in all areas apart from Tameside. There are expected to be around 20,500 people in need of palliative care across Greater Manchester by April 2030.
- At an average cost of £7,000 per annum this rise of around 3,000 people by April 2030 crudely leads to a potential spend increase of around £21 million.

# Section 4: Service Use Trends

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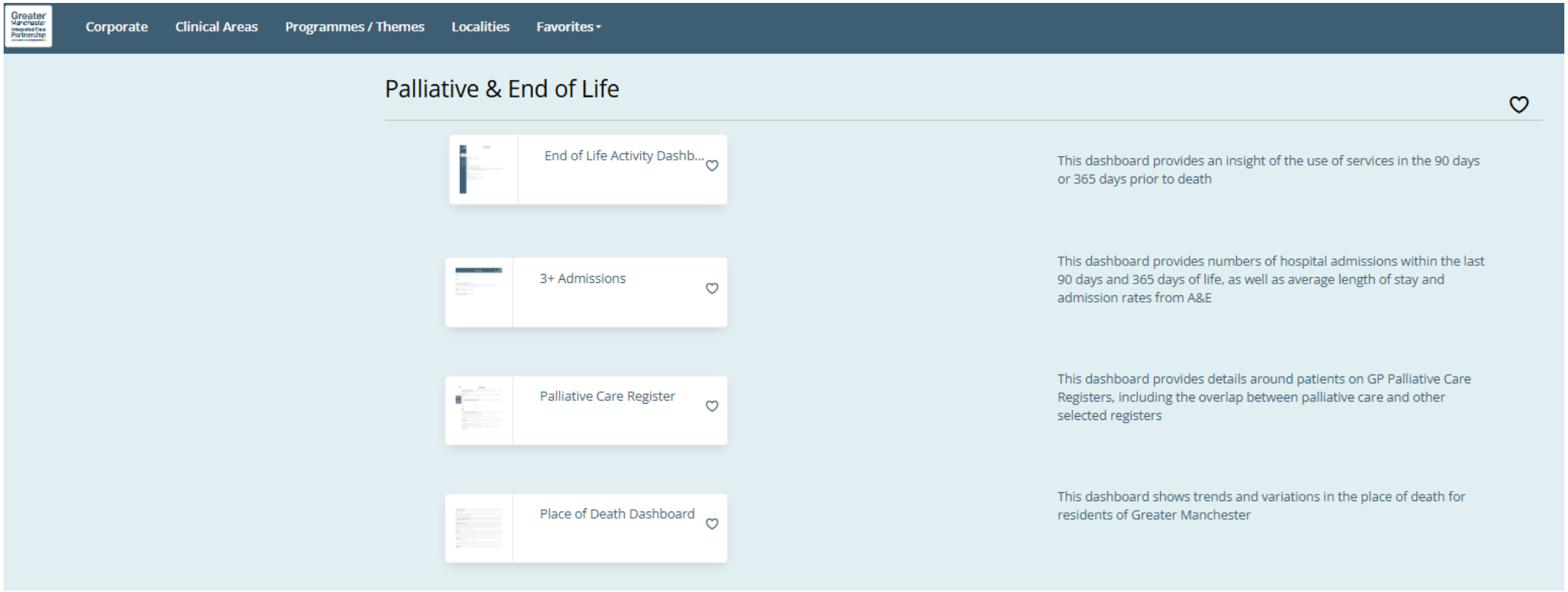
# Palliative Care service use trends

The following data are taken from the **NHS GM Intelligence** Palliative Care & End of Life dashboard dashboards: https://curator.gmtableau.nhs.uk/L2Menu_palliativeendoflife



# Palliative Care Registers

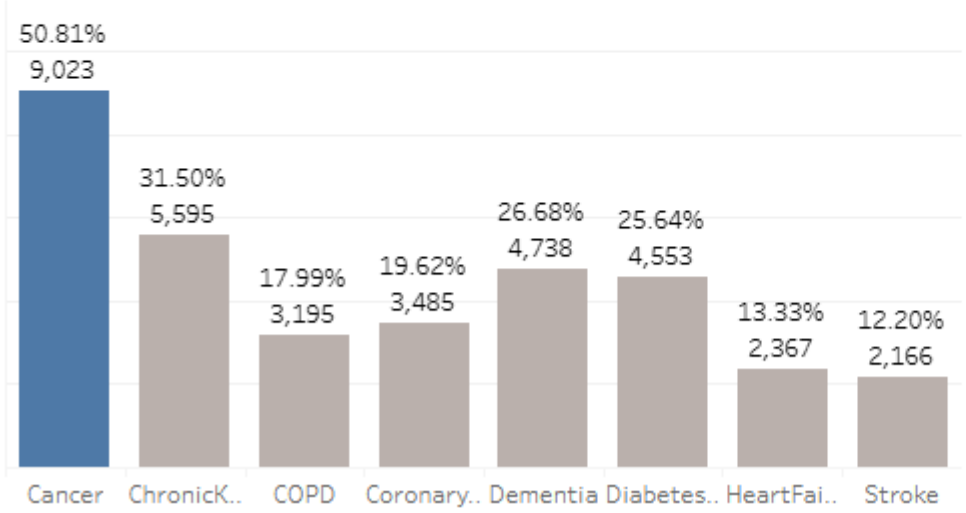
Overlap between Palliative Care Registers and other different Primary Care QOF Registers

Represented via an UpSET Chart. Please look at the next tab for guidance on how to interpret an UpSET Chart

**Percentage of those on Palliative Care Registers, who are also on an additional Primary Care Register** Select an additional Register to highlight charts below:

Snapshot as of:

October 2025




Palliative Care Register

17,760

GP Population

3,310,194

GP practices across GM hold registers for people who have been identified as being at end of life.

At October 2025 17,760 people across GM are on this register, this chart shows the other conditions experienced by these patients:

- 50.8% having a diagnosis of cancer
- 31.5% chronic kidney disease
- 26.7% dementia
- 25.6% diabetes.

# Palliative Care Registers

| ICB sub-locality | Number of patients on palliative care register | % of all patients on palliative care register | 2023 Deaths | 2023 Deaths as % of 2025 palliative care register |
|---|---|---|---|---|
| Bolton | 1,568 | 0,47% | 2,874 | 54.6% |
| Bury | 999 | 0.47% | 1944 | 51.4% |
| Manchester | 2,741 | 0.36% | 3,748 | 73.1% |
| Oldham | 1,414 | 0.53% | 2,236 | 63.2% |
| Heywood, Middleton & Rochdale | 1,678 | 0.66% | 2,174 | 77.2% |
| Salford | 1,464 | 0.45% | 2,287 | 64.0% |
| Stockport | 1,866 | 0.56% | 3,085 | 60.5% |
| Tameside | 1,999 | 0.87% | 2,468 | 81.0% |
| Trafford | 888 | 0.36% | 2129 | 41.7% |
| Wigan | 3,143 | 0.89% | 3,520 | 89.3% |
| **Greater Manchester** | **17,760** | **0.54%** | **26,465** | **67.1%** |

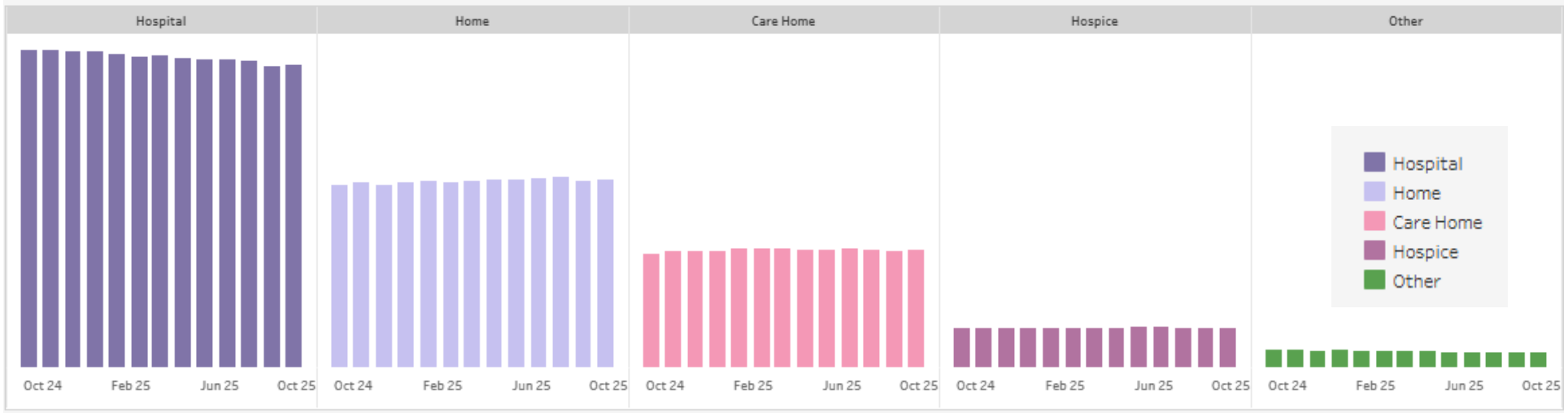
GP practices across GM hold registers for people who have been identified as being at end of life.

At October 2025 17,760 (0.56%) of people across GM are on this register, the table shows the numbers by locality.

Crude rates are highest in Wigan and Tameside, and lowest in Manchester and Trafford, following the patterns discussed in section 3 (page 37 and 38); comparing the register to the total number of deaths also shows similar patterns

The reasons for this difference in practice are not understood and further investigation may be needed.

# Place of death

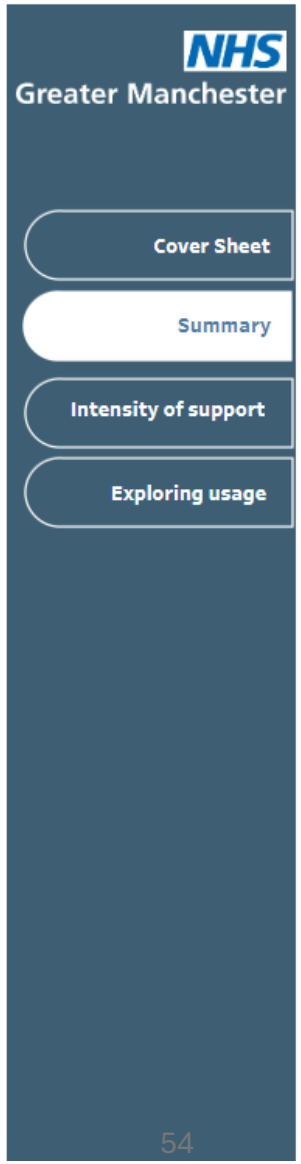



| | Oct 24 | Nov 24 | Dec 24 | Jan 25 | Feb 25 | Mar 25 | Apr 25 | May 25 | Jun 25 | Jul 25 | Aug 25 | Sept 25 | Oct 25 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Care Home | 4,488 (17.1%) | 4,497 (17.3%) | 4,520 (17.3%) | 4,599 (17.6%) | 4,597 (17.7%) | 4,623 (17.7%) | 4,581 (17.6%) | 4,576 (17.6%) | 4,597 (17.7%) | 4,561 (17.6%) | 4,523 (17.7%) | 4,559 (17.7%) | 4,495 (17.9%) |
| Home | 7,166 (27.4%) | 7,081 (27.2%) | 7,170 (27.4%) | 7,221 (27.6%) | 7,207 (27.7%) | 7,252 (27.8%) | 7,301 (28.0%) | 7,311 (28.1%) | 7,323 (28.1%) | 7,373 (28.4%) | 7,260 (28.4%) | 7,307 (28.4%) | 7,104 (28.3%) |
| Hospice | 1,519 (5.8%) | 1,529 (5.9%) | 1,534 (5.9%) | 1,538 (5.9%) | 1,512 (5.8%) | 1,532 (5.9%) | 1,533 (5.9%) | 1,547 (5.9%) | 1,569 (6.0%) | 1,536 (5.9%) | 1,510 (5.9%) | 1,517 (5.9%) | 1,515 (6.0%) |
| Hospital | 12,333 (47.1%) | 12,268 (47.1%) | 12,261 (46.9%) | 12,165 (46.5%) | 12,037 (46.3%) | 12,093 (46.3%) | 12,015 (46.1%) | 11,967 (46.0%) | 11,948 (45.9%) | 11,898 (45.8%) | 11,700 (45.8%) | 11,739 (45.7%) | 11,427 (45.5%) |
| Other | 669 (2.6%) | 649 (2.5%) | 656 (2.5%) | 646 (2.5%) | 635 (2.4%) | 629 (2.4%) | 618 (2.4%) | 601 (2.3%) | 600 (2.3%) | 592 (2.3%) | 572 (2.2%) | 593 (2.3%) | 577 (2.3%) |

For deaths that occurred in Greater Manchester in the 12 months to October 2025 – 46% occurred in hospital, 28% at home, 18% in a care home and 6% in a hospice.

Work to increase the proportion of death occurring at home has led to an increase from 27% in Oct 24 and from 23% in January 2019.

# Service use trends




## End of life summary

A look at how many people have died and their service usage

### Deaths in All

*Use the filter button to select time period and age band*

27,326

Between January 2024 and December 2024

### # Unique individuals receiving services

*click type to drill down*

| | | Last Year prior | Last 90 days prior |
|---|---|---|---|
| A&E | Total | 22,654 (or 83%) | 19,054 (or 70%) |
| Inpatient - Emergency | Total | 21,192 (or 78%) | 18,289 (or 67%) |
| Community | Total | 18,905 (or 70%) | 16,365 (or 60%) |
| Outpatient | Total | 21,548 (or 79%) | 16,195 (or 60%) |
| NWAS - 111 | Total | 9,026 (or 33%) | 5,811 (or 21%) |
| NWAS - 999 | Total | 21,710 (or 80%) | 19,167 (or 71%) |
| Inpatient - Elective | Total | 7;721 (or 28%) | 3,512 (or 13%) |

### Individuals' locality of registration (ICB)

*Click locality name to apply locality filter to 'individuals receiving services' data*

| | | |
|---|---|---|
| Manchester | 3,599 | 14.03% |
| Wigan | 3,539 | 13.79% |
| Stockport | 2,878 | 11.22% |
| Oldham | 2,261 | 8.81% |
| Salford | 2,251 | 8.77% |
| Bolton | 2,962 | 11.54% |
| Tameside | 2,160 | 8.42% |
| Rochdale | 2,058 | 8.02% |
| Trafford | 2,035 | 7.93% |
| Bury | 1,918 | 7.47% |

Source: |**Author:** fatamahshah@nhs.net **Data Engineer:** daniel.young1@nhs.net

For the 27,326 deaths that occurred in Greater Manchester in 2024 – in the 90 days prior to their death:

- 70% of people visited A&E and 71% called 999
- 67% had an emergency inpatient admission
- 60% received an NHS Community service
- 60% had an outpatient appointment
- 13% had an elective inpatient admission

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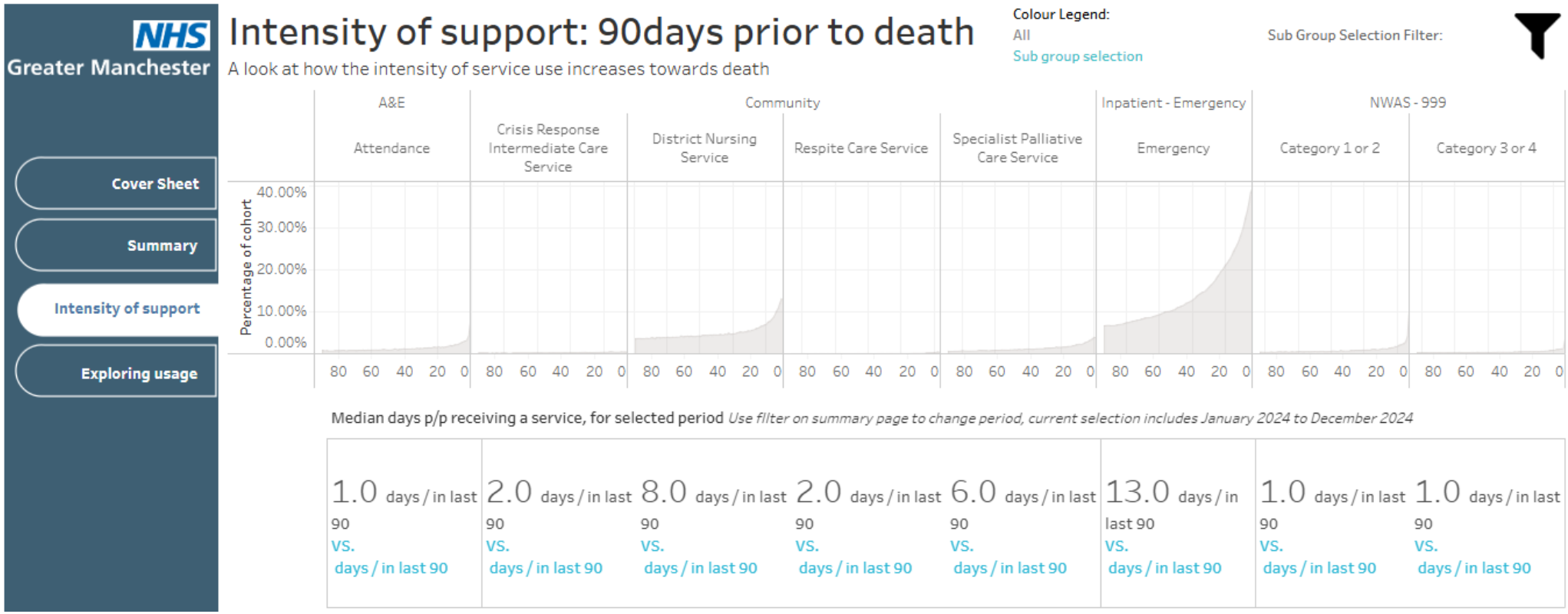
# Service use trends - intensity




Emergency inpatient admission are the most intensely used service type in the 90 days prior to death, with an average of 13 days used, use increases throughout the 90-day period so that on the day of death 39% of people are in hospital following an emergency admission. For other services:

- 7% of people had an A&E attendance on the day of death, with an average 1 attendance in the last 90 days
- 13% of people received a district nursing service on the day of death, with an average 8 sessions in the last 90 days
- 4% of people received specialist palliative care services on the day of death, with an average 6 sessions in the last 90 days



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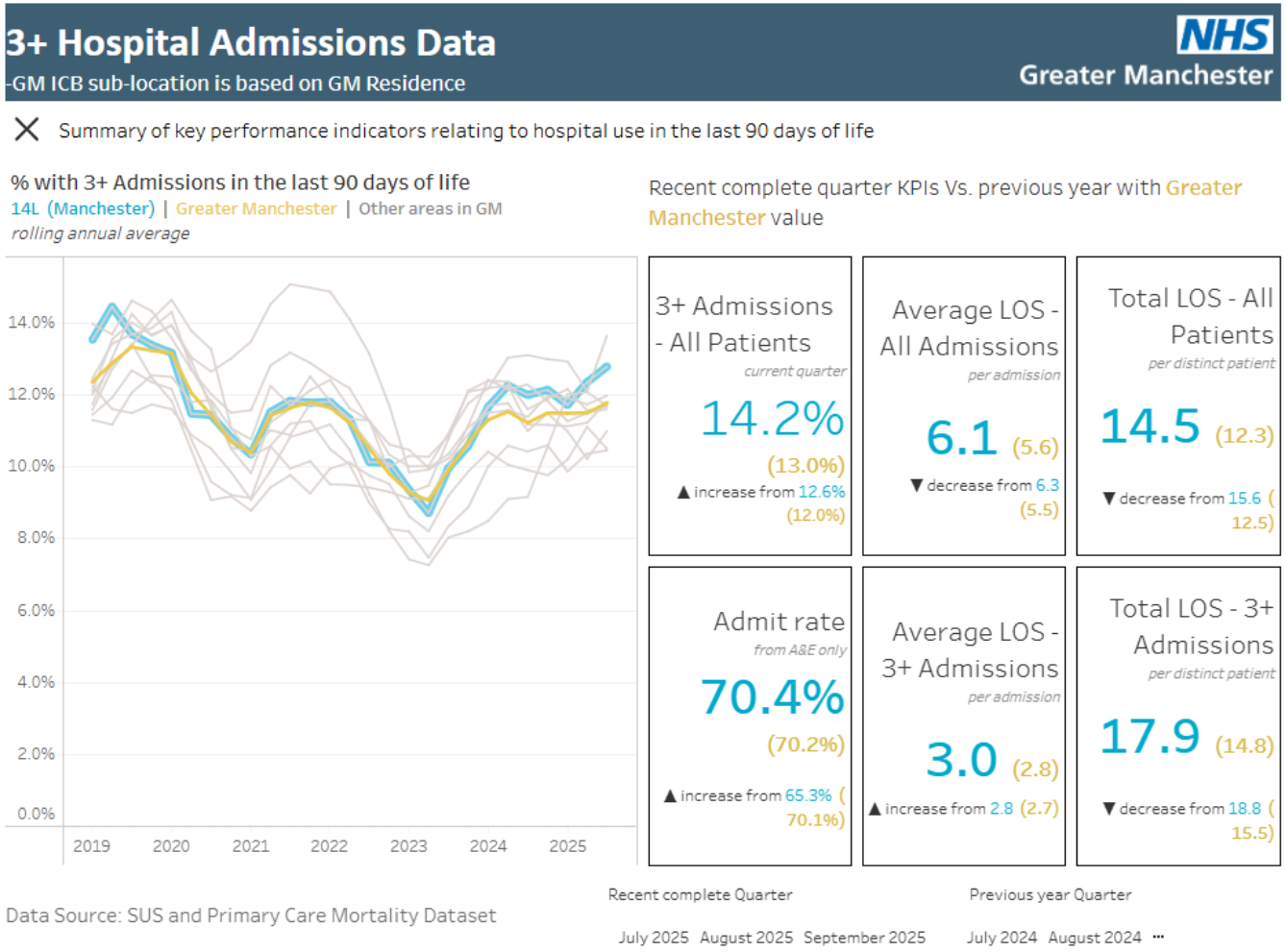
# Service use trends




When using this dashboard, please be aware that:
- There's an average lag with the dashboard data of approximately 30 days due to the time from the date of death to the date of death registration.
- There can be under-reporting of the deaths data within the dashboards by up to 1%

KPIs have been established to look at multiple hospital admissions within the last 90 days of life, and work is ongoing to reduce this admission rate.

This extract shows the data for Manchester locality in blue, and Greater Manchester in yellow, and the grey lines show the other localities; data for the key indicator for all localities is in the table:

| Locality | % of patients with 3+ admits in last 90 days of life Jul – Sep 25 |
|---|---|
| Bolton | 10.5% |
| Bury | 10.3% |
| Manchester | 14.2% |
| Oldham | 14.2% |
| Heywood, Middleton & Rochdale | 18.0% |
| Salford | 11.0% |
| Stockport | 13.1% |
| Tameside | 12.4% |
| Trafford | 13.1% |
| Wigan | 13.6% |
| **Greater Manchester** | **13.0%** |

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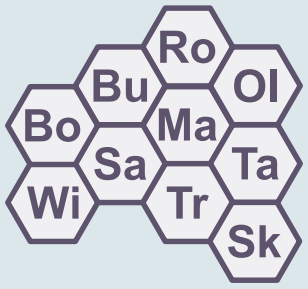
# Service use trends key findings

- There are an estimated 17,760 people receiving palliative care support from GP practices, many of these people have significant comorbidities including cancer, kidney disease and dementia.
- The levels of identification of palliative care need vary by sub-ICB and the reasons are not well understood.
- Hospital is still the most common place of death (46%) although the proportions dying in their own home are increasing (from 23% in 2019 to 28% in 2025).
- Service data shows that the levels of NHS service use in the last 90 days is significant, particularly for urgent admissions. On average over the last 90 days 13 days are spent in hospital with the intensity being especially high in the last three weeks and more than 13% of people are admitted as an emergency three or more times within the last 90 days.
- If the trends of projected increasing mortality numbers described in previous sections occur then we can also expect increase levels of service use for this cohort:
    - by 2044 ONS projections suggest there will be around 3,700 more deaths each year in Greater Manchester, if 13% of these people are admitted three or more times – that would equate to around 480 people and at least an additional 1,440 admissions.

# Section 5: Future work

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# Palliative Care intelligence future work

Work is underway to improve intelligence about end of life and palliative care in Greater Manchester and will be added to this analysis when complete.

Planned projects include

- Hospice activity data collection
- Intelligence about the complexity of care

GMPHIN suggest that further improvements could be made to this analysis by considering the following:

- What we know about the views of patients, carers and families (i.e. lived experience).
- An assessments of the assets and strengths in our communities which support end of life care
- A summary of the services that currently exist to support people and their families and carers (including those provided by the VCFSE sector)
- More detailed analysis of inequalities in health at the end of life
- A summary what the evidence says by way of optimum standards of care and best practice (e.g. NICE)