

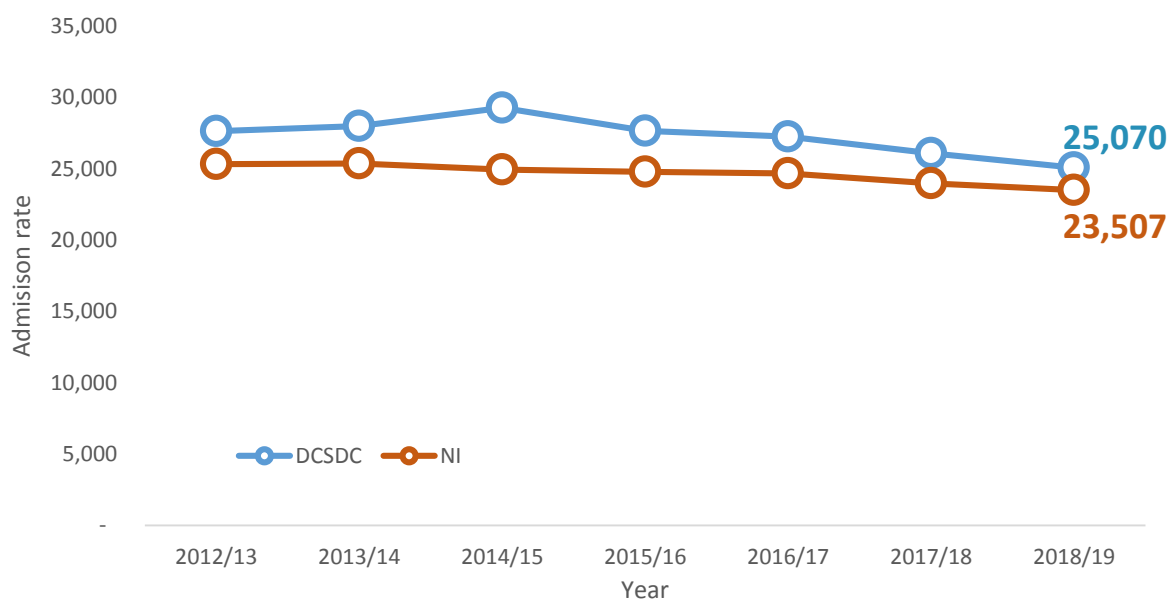
Admission rates

Table 1: Standardised admission rates (all admissions) per 100,000 population for DCSDC and NI

| Period | DCSDC | NI |
|---------|--------|--------|
| 2013/14 | 28,003 | 25,372 |
| 2014/15 | 29,285 | 24,940 |
| 2015/16 | 27,664 | 24,794 |
| 2016/17 | 27,246 | 24,673 |
| 2017/18 | 26,085 | 23,981 |
| 2018/19 | 25,070 | 23,507 |

Source: Public Health Information and Research Branch, DoH

Figure 1: Standardised admission rates (all admissions) per 100,000 population for DCSDC and NI



Source: Public Health Information and Research Branch, DoH

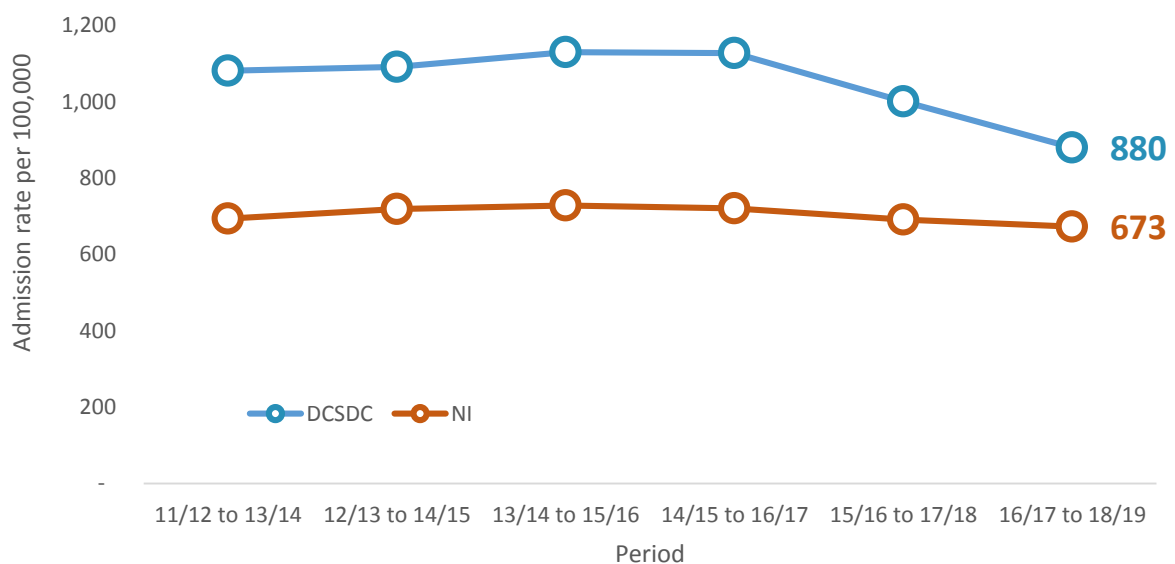
- In 2018/19, there were 25,070 admissions per 100,000 people compared with a lower rate of 23,507 for NI.

Table 2: Standardised admission rates due to alcohol related causes, per 100,000 population, DCSDC and NI

| Period | DCSDC | NI |
|--------------------|-------|-----|
| 2011/12 to 2013/14 | 1,081 | 694 |
| 2012/13 to 2014/15 | 1,091 | 719 |
| 2013/14 to 2015/16 | 1,130 | 728 |
| 2014/15 to 2016/17 | 1,127 | 721 |
| 2015/16 to 2017/18 | 1,001 | 691 |
| 2016/17 to 2018/19 | 880 | 673 |

Source: Public Health Information and Research Branch, DoH

Figure 2: Standardised admission rates, due to alcohol related causes, per 100,000 population, DCSDC and NI



Source: Public Health Information and Research Branch, DoH

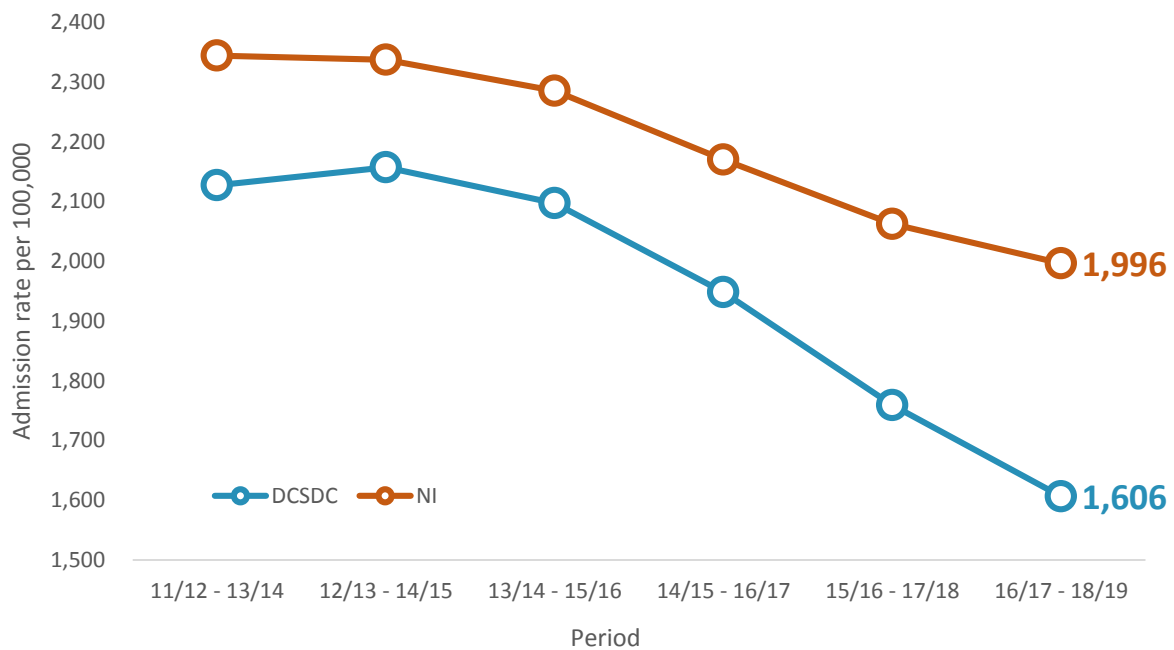
- The standardised admission rate due to alcohol related causes, has decreased between 2014/15 to 2016/17 and 2016/17 to 2018/19. Figures for NI have also recorded a slight decrease.

Table 3: Standardised admission rates due to circulatory disease, per 100,000 population, DCSDC and NI

| Period | DCSDC | NI |
|--------------------|-------|-------|
| 2011/12 to 2013/14 | 2,127 | 2,344 |
| 2012/13 to 2014/15 | 2,157 | 2,337 |
| 2013/14 to 2015/16 | 2,097 | 2,285 |
| 2014/15 to 2016/17 | 1,948 | 2,170 |
| 2015/16 to 2017/18 | 1,759 | 2,062 |
| 2016/17 to 2018/19 | 1,606 | 1,996 |

Source: Public Health Information and Research Branch, DoH

Figure 3: Standardised admission rates due to circulatory disease per 100,000 population for DCSDC and NI



Source: Public Health Information and Research Branch, DoH

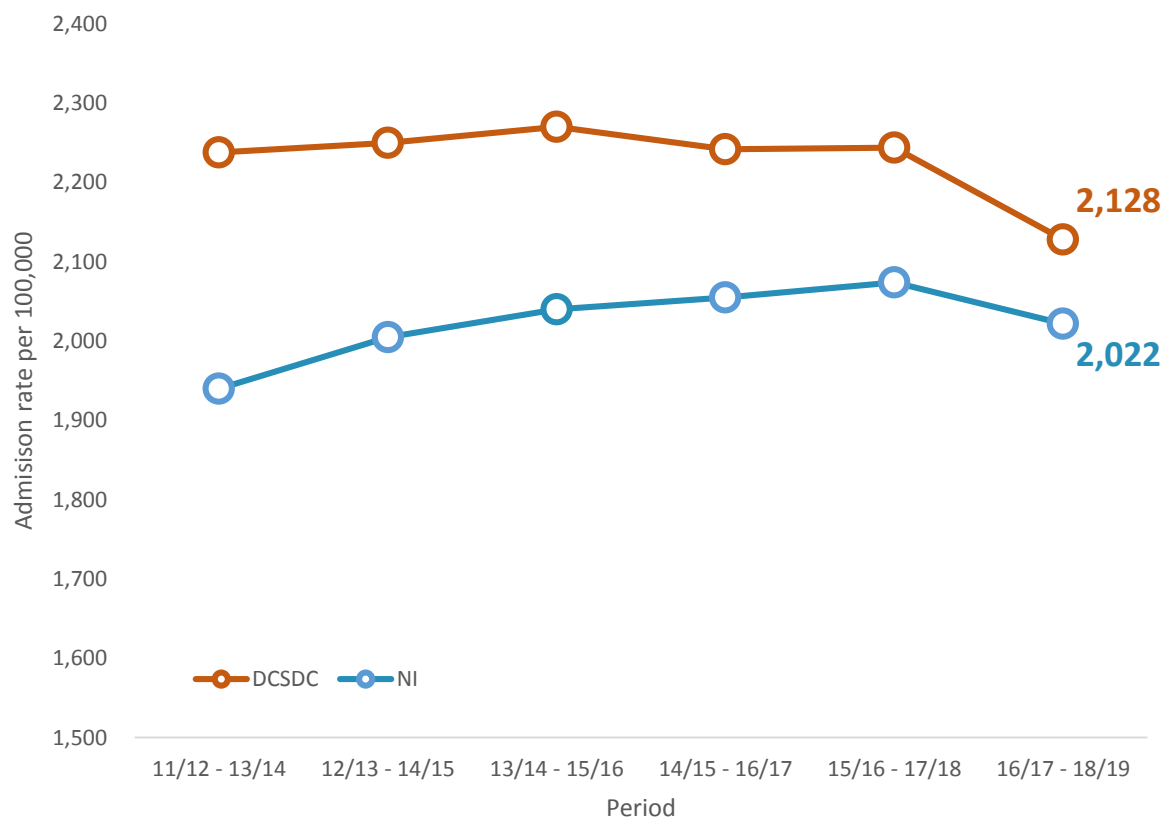
- The DCSDC admission rates for circulatory disease have decreased from the period beginning in 2012 (2,157). Now the rate is 1,606 per 100,000 during the period 2016/17 to 2018/19.

Table 4: Standardised admission rates due to respiratory disease per 100,000 population for DCSDC and NI

| Period | DCSDC | NI |
|--------------------|-------|-------|
| 2011/12 to 2013/14 | 2,238 | 1,940 |
| 2012/13 to 2014/15 | 2,250 | 2,005 |
| 2013/14 to 2015/16 | 2,270 | 2,040 |
| 2014/15 to 2016/17 | 2,242 | 2,055 |
| 2015/16 to 2017/18 | 2,244 | 2,074 |
| 2016/17 to 2018/19 | 2,128 | 2,022 |

Source: Public Health Information and Research Branch, DoH

Figure 4: Standardised admission rates due to respiratory disease per 100,000 population for DCSDC and NI



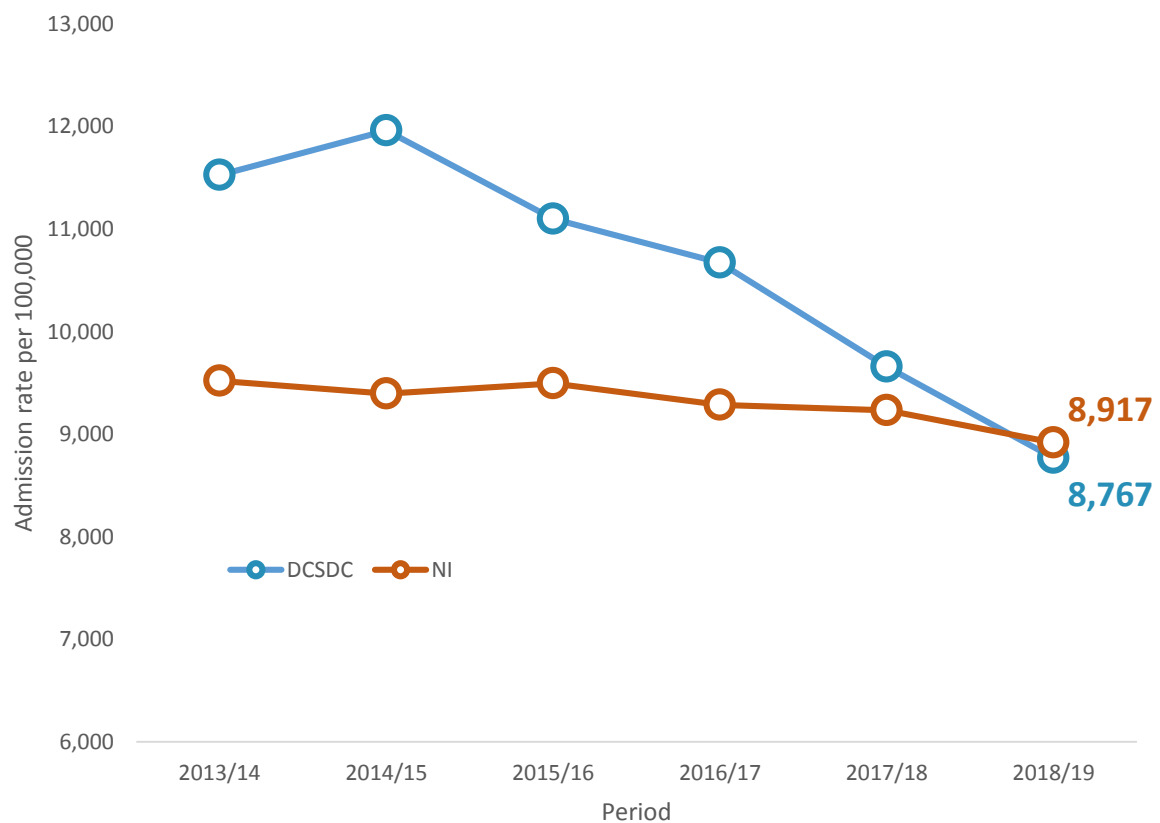
Source: Public Health Information and Research Branch, DoH

Table 5: Standardised admission rate for emergency admissions per 100,000 population for DCSDC and NI

| Period | DCSDC | NI |
|---------|--------|-------|
| 2013/14 | 11,527 | 9,520 |
| 2014/15 | 11,961 | 9,394 |
| 2015/16 | 11,100 | 9,495 |
| 2016/17 | 10,671 | 9,285 |
| 2017/18 | 9,657 | 9,234 |
| 2018/19 | 8,767 | 8,917 |

Source: Public Health Information and Research Branch, DoH

Figure 5: Standardised admission rate for emergency admissions per 100,000 population for DCSDC and NI



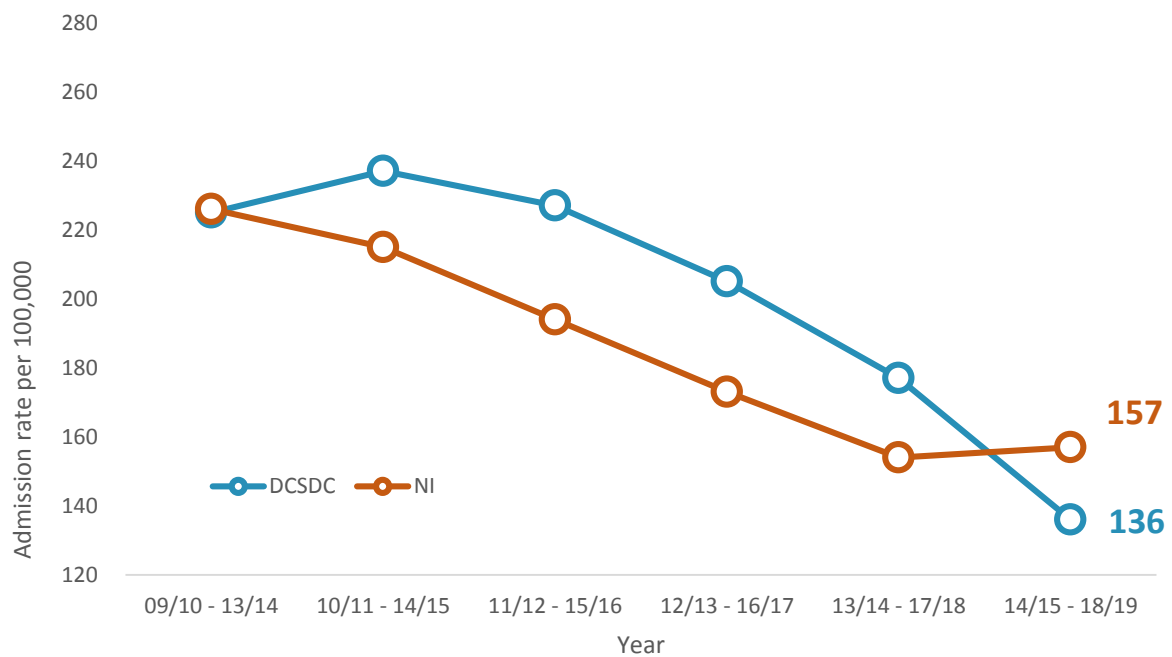
Source: Public Health Information and Research Branch, DoH

Table 6: Standardised admission rate for self-harm per 100,000 population for DCSDC and NI

| Period | DCSDC | NI |
|--------------------|-------|-----|
| 2009/10 to 2013/14 | 225 | 226 |
| 2010/11 to 2014/15 | 237 | 215 |
| 2011/12 to 2015/16 | 227 | 194 |
| 2012/13 to 2016/17 | 205 | 173 |
| 2013/14 to 2017/18 | 177 | 154 |
| 2014/15 to 2018/19 | 136 | 157 |

Source: Public Health Information and Research Branch, DoH

Figure 6: Standardised admission rate for self-harm per 100,000 population for DCSDC and NI



Source: Public Health Information and Research Branch, DoH