



# Mortality: life expectancy at 75

NICE indicator

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[www.nice.org.uk/indicators/ind279](https://www.nice.org.uk/indicators/ind279)

## Indicator

Life expectancy at 75.

## Indicator type

Network / system level indicator. The indicator would be appropriate to understand and report on the performance of networks or systems of providers.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

## Rationale

Life expectancy is a commonly used measure of the overall health of the population and

can be used to measure change over time and variation between areas, with the aim of lowering the numbers to improve health outcomes. This indicator supports services to review how successful they have been at preventing people from dying prematurely, in particular premature deaths that should not occur in most cases in the presence of timely and effective healthcare.

## Source guidance

This indicator is an overarching outcome, supported by a number of NICE guidelines.

## Specification

Numerator: Number of deaths aged 75 and over recorded in a year (or group of years for pooled data).

Denominator: Population of people aged 75 and over.

Calculation: Death rates from a single year (or group of years for pooled data) are applied to estimate life expectancy assuming that those rates apply throughout the remainder of a person's life.

Exclusions: None.

Data source: Office for National Statistics (ONS) mortality data and mid-year population estimates.

Expected population size: ONS (2024)'s Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland, mid-2023 edition, MYE1 show that for England (2023), 9.2% (5,310,222 divided by 57,690,323) of people resident in England are 75 and over: 920 per 10,000 patients served by a network. There is no minimum number of patients required for network level indicators. However, consideration should be given to whether the majority of results would require suppression because of small numbers.

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