



HEALTH IN IRELAND

Key Trends 2009

Introduction

This is the second edition of Health in Ireland: Key Trends. It follows the same format as the first edition and sets out selected key trends in health over the past 10 years. Updated tables and graphs are presented across the major areas of health and health care, and a number of new tables are included reflecting growing areas of importance particularly in the area of lifestyle-related health. Information is provided on demographics, health status and health care displaying national trends and comparisons with our EU counterparts. What emerges, it is hoped, is a useful overview of where we stand and how we are progressing in health and the health services.

Over the past decade, Ireland has experienced unprecedented gains in health status and this has been paralleled by major investment in the health services. Perhaps the clearest evidence of improvement in health can be seen in Figure 1.3 which shows increases in life expectancy in Ireland outpacing the EU as a whole. For many years Irish life expectancy lagged behind the EU average. Improvements over the last decade mean that overall life expectancy in Ireland stands at over 79 years, and is now almost one year greater than the average for

the EU. It is difficult to measure what proportion of this improvement may be attributable to better health services, but it is at least indicative that much of the gain has been in mortality from conditions particularly amenable to treatment and care such as heart and circulatory system disease.

Ireland is now in the midst of a severe economic downturn, the effects of which are expected to last a number of years. This will bring pressures to bear on both health services and on the health of the population. While it is too early to measure specific health consequences arising from the recession, the objective and the challenge is to consolidate the gains achieved over the past decade with a focus on effectiveness, efficiency and equity. This requires good data in order to ensure that planning and decision-making are based on evidence and performance is evaluated and managed.

The downturn serves to emphasise the essential issues for the health services here and elsewhere. All countries must find effective ways of managing growing demand for services with limited and, in many cases, shrinking resources. The demographic ageing of the population is

a fact of life and will accelerate over the coming years. By 2025, there will be nearly double the number of people over the age of 65 as there are now. Lifestyle risks remain to the fore as major areas of concern with the potential to undo much of the health improvement achieved in recent years. Alcohol consumption, obesity and lack of physical activity pose serious threats. However, these are also areas which to some degree are related to increased prosperity and where a period of economic contraction may provide an opportunity to tackle these health determinants more effectively. Certainly, determined efforts to tackle these lifestyle issues can pay off for the individual's health and longevity while also addressing the overall burden of illness being dealt with by health services.

The goal, as always, is to optimise the health of the whole population by providing each person with the guidance, environment, opportunities and services to allow him/her to enjoy the best possible health. By most measures, Ireland has shown remarkable improvements in the health of its population over the past ten to fifteen years and must continue to judge itself against the best in the EU and internationally.

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1. Population and Life Expectancy

Estimates for 2009 show a continuing rapid increase in the population of Ireland. The last 10 years have witnessed an unprecedented rise of 17.7% up to a figure of more than 4.4 million people (Table 1.2). This growth has not been uniform across the country with Border, Midland, Mid-East and South-East areas showing the greatest increases in recent years (Table 1.1).

It is not yet clear to what extent the economic downturn will slow or even reverse population growth in the short to medium term, and the population projection figures presented in Tables 1.4 and 1.5 should therefore be treated with caution. Nevertheless, the predicted increase in the numbers of elderly will remain relatively unaffected by any reduction in net immigration. The population of those aged over 65 is set to almost triple in the next 30 years with evident implications for health service planning and delivery.

Annual births, at over 75,000, are at their highest level since the foundation of the State. The Total Fertility Rate (TFR), representing the average number of children a woman can expect to deliver, has risen to 2.1, the first year since 1990 that it has reached this level. In 2007 Ireland's fertility rate was the highest in the EU (Table 1.3 and Figure 1.1).

There has been a steep rise in life expectancy in Ireland during the past decade unmatched by any other country in Europe. Ireland has gone from a position of nearly 1 year below average EU life expectancy to 1 year above in the space of 10 years during which time average EU life expectancy has also been increasing (Figure 1.3). Women at birth can now expect to live 81.6 years while the figure for males is 76.8 years (Table 1.6). The greatest percentage gains have been made in life expectancy at ages 65 years and over reflecting decreasing mortality rates from the major diseases, especially circulatory system diseases (see Section 2).

TABLE 1.1

POPULATION ESTIMATES (000s) FOR REGIONAL AREAS FOR 2009

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
2009 Population Estimates:									
Male	251.3	135.7	215.5	593.1	264.0	188.2	248.2	321.6	2,217.7
Female	250.6	134.9	215.9	618.3	261.5	185.7	248.2	326.4	2,241.6
Total	502.0	270.6	431.4	1,211.5	525.5	374.0	496.5	648.0	4,459.3
Age Groups:									
0 - 14	109.3	61.7	88.4	234.9	124.1	78.9	107.5	132.7	937.7
15 - 24	67.3	34.2	56.8	158.0	64.5	50.4	65.7	86.3	583.4
25 - 34	75.7	43.2	70.7	257.5	94.4	58.8	76.7	107.7	784.8
35 - 44	73.4	40.4	60.8	177.6	86.5	54.7	72.7	94.4	660.5
45 - 54	63.0	34.2	55.7	144.1	64.6	47.7	63.6	82.3	555.2
55 - 64	52.4	26.5	45.1	112.5	47.6	39.8	51.0	67.8	442.9
65 - 74	33.3	16.9	29.1	71.6	26.2	24.6	33.8	42.9	278.5
75 - 84	20.1	10.1	17.9	41.9	12.8	14.1	19.1	25.1	161.1
85+	7.5	3.2	6.8	13.1	4.8	4.7	6.5	8.7	55.4
Total 2009 estimates	502.0	270.6	431.4	1,211.5	525.5	374.0	496.5	648.0	4,459.3
2006 Census	468.4	251.7	414.3	1,187.2	475.4	361.0	460.8	621.1	4,239.8
% increase 2006-2009	7.2	7.5	4.1	2.0	10.5	3.6	7.7	4.3	5.2

Source: Central Statistics Office

Note:

The regions refer to the EU NUTS 3 areas:

Border: Cavan, Donegal, Leitrim, Louth, Monaghan, Sligo**Midland:** Laois, Longford, Offaly, Westmeath**West:** Galway, Mayo, Roscommon
Dublin: County Dublin**Mid-East:** Kildare, Meath, Wicklow**Mid-West:** Clare, Limerick, North Tipperary**South-East:** Carlow, Kilkenny, South Tipperary, Waterford, Wexford**South-West:** Cork, Kerry

TABLE 1.2

POPULATION (000s) BY AGE GROUP FOR EACH YEAR, 2000 TO 2009

Age Group	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change	
											2000-2009	2008-2009
0-14	828.0	827.5	827.4	834.7	843.8	853.5	864.4	883.8	912.3	937.5	13.2	2.8
15-64	2537.0	2589.7	2653.8	2703.3	2751.7	2821.4	2907.5	2984.7	3028.3	3026.8	19.3	0.0
65+	424.7	429.8	436.0	441.9	449.7	458.9	467.9	470.6	481.6	495.0	16.6	2.8
All Ages	3789.5	3847.2	3917.2	3979.9	4045.2	4133.8	4239.8	4339.0	4422.2	4459.3	17.7	0.8

Source: Central Statistics Office.

Note: Intercensal population estimates are used except for census years 2002 and 2006. Data for 2007-09 is preliminary.

TABLE 1.3

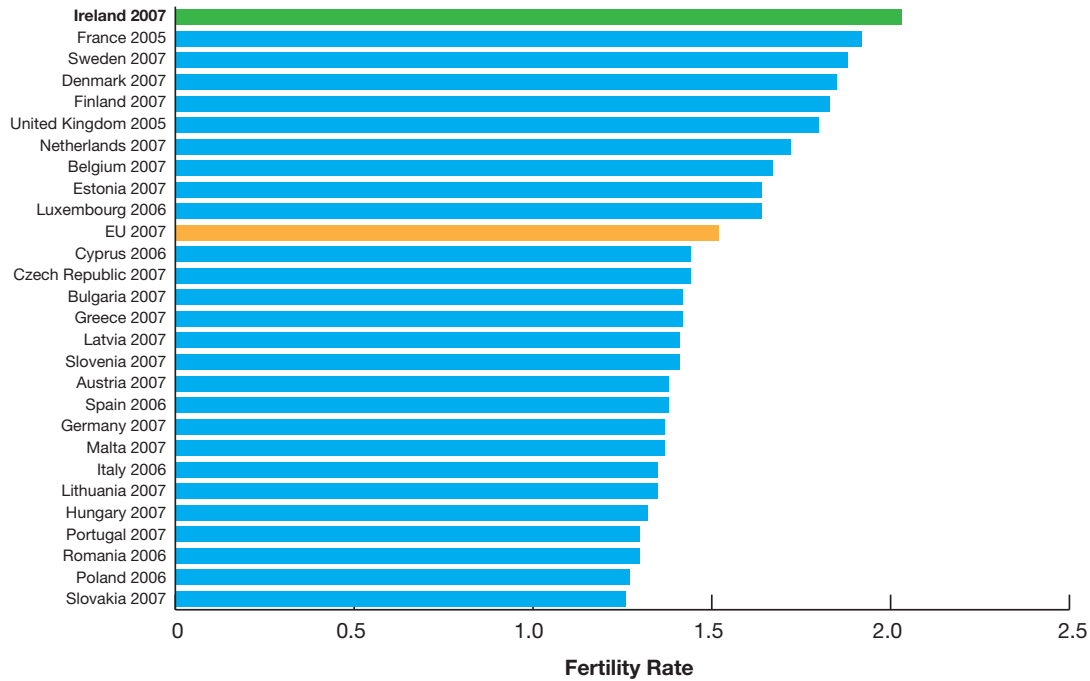
BIRTHS AND FERTILITY, 1999 TO 2008

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change	
											1999-2008	2007-2008
Number of Live Births	53,924	54,789	57,854	60,503	61,529	61,972	61,372	64,237	70,620	75,065	39.2	6.3
Birth Rate (per 1,000 population)	14.4	14.5	15.0	15.4	15.5	15.3	14.8	15.2	16.3	17.0	18.0	4.3
Total Fertility Rate	1.91	1.90	1.96	1.98	1.98	1.95	1.88	1.90	2.03	2.10	9.9	3.4

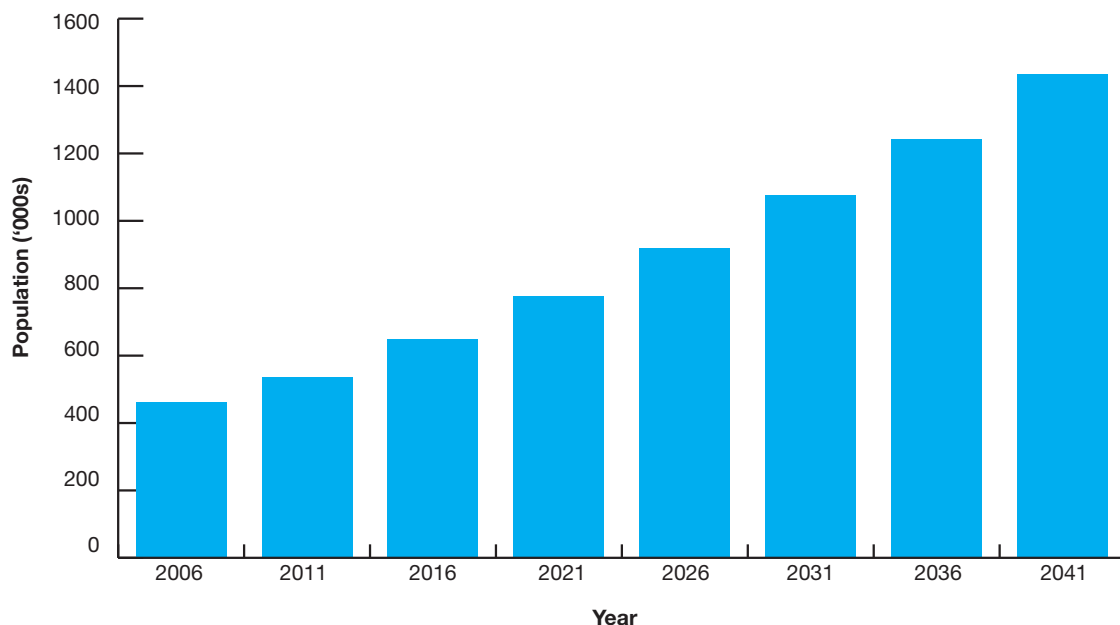
Source: Central Statistics Office.

Note:

- (i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
- (ii) Data for 2006, 2007 and 2008 refer to year of registration and are therefore provisional.

FIGURE 1.1**TOTAL FERTILITY RATES IN EUROPE**

Source: European Health For All Database, WHO Regional Office for Europe, Copenhagen, Denmark.

FIGURE 1.2**PROJECTED POPULATION (000S) AGED 65+ YEARS, 2006 TO 2041**

Source: Central Statistics Office - Population and Labour Force Projections, 2006-41.

TABLE 1.4**POPULATION PROJECTIONS (000s) BY AGE GROUP, IRELAND AND EU27 TOTAL 2009, 2026 AND 2041**

Age Group	2009	2026	2041	% Change 2009 -2041
Ireland				
0-14				
M2F1 assumption	938	1,114	1,000	6.6
M0F1 assumption		889	804	-14.3
15-64				
M2F1 assumption	3,027	3,673	3,850	27.2
M0F1 assumption		3,109	3,005	-0.7
65+				
M2F1 assumption	495	909	1,397	182.1
M0F1 assumption		885	1,313	165.3
Total				
M2F1 assumption	4,459	5,695	6,247	40.1
M0F1 assumption		4,883	5,122	14.9
EU27 Total	495,394	518,369	519,853	4.9

Source: Central Statistics Office - Population and Labour Force Projections 2006-41, Eurostat for EU27 data.

- Note:**
- (i) CSO data for 2009 is preliminary.
 - (ii) CSO Population projections based on:
 - M2F1 assumption - Immigration continuing at moderate levels and fertility rate remaining at 1.9 for lifetime of projections.
 - M0F1 assumption - Zero immigration and fertility rate remaining at 1.9 for lifetime of projections.
 - (iii) Eurostat data is based on EUROPOP2008 convergence.

TABLE 1.5

**DEPENDENCY RATIO, IRELAND AND EU27
2009, 2026 AND 2041**

Age Group		2009	2026	2041	% Change 2009-2041
0-14					
Ireland	M2F1	31.0	30.3	26.0	-16.2
Ireland	M0F1	31.0	28.6	26.8	-13.6
EU27		23.3	23.6	23.7	1.7
65+					
Ireland	M2F1	16.4	24.7	36.3	121.8
Ireland	M0F1	16.4	28.5	43.7	167.3
EU27		25.4	34.9	45.9	80.9
Total					
Ireland	M2F1	47.3	55.0	62.2	31.5
Ireland	M0F1	47.3	57.1	70.5	48.9
EU27		48.7	58.6	69.6	43.0

Source: Central Statistics Office - Population and Labour Force Projections 2006-41, Eurostat for EU27 data.

Note: Dependency Ratio refers to the number of persons aged 0-14 years and 65 years and over as a percentage of those aged 15-64 years.

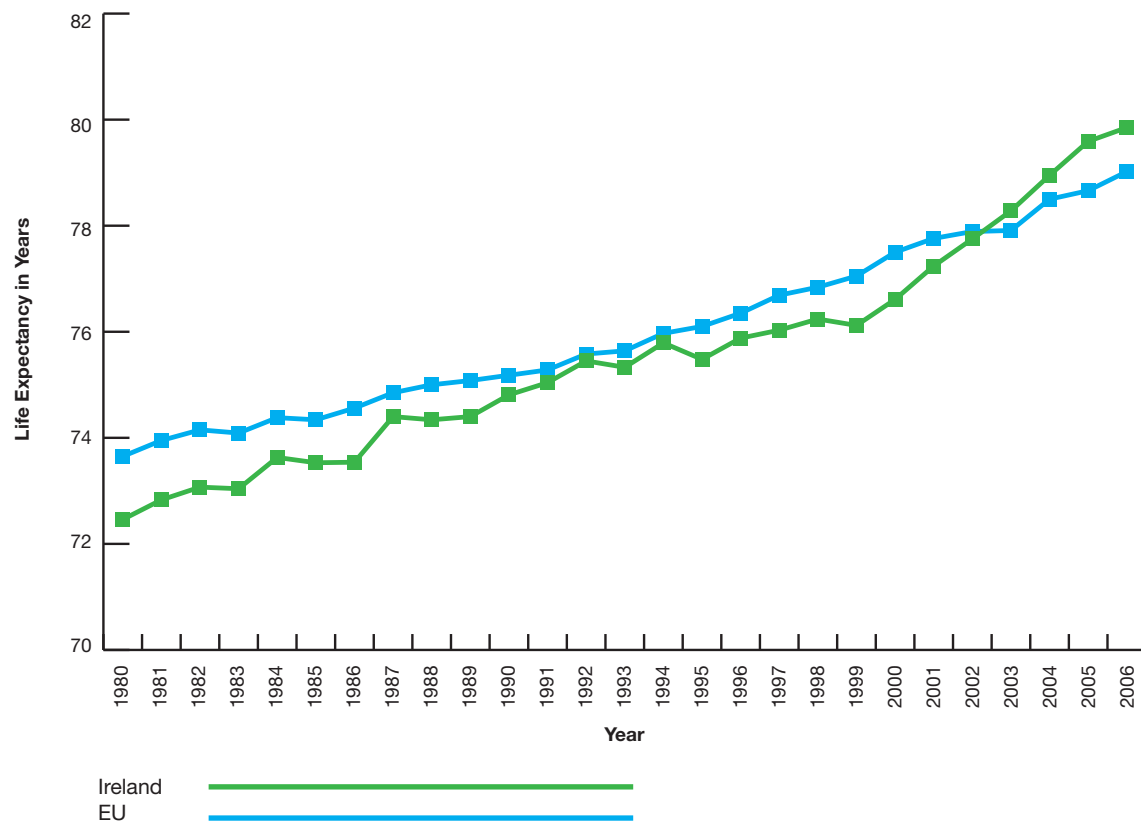
See also notes for Table 1.4

TABLE 1.6

LIFE EXPECTANCY BY AGE AND GENDER, 1950 TO 2007

								% Change	
								1950-52 to 2005-07	2001-03 to 2005-07
								1950-52	2001-03
								1960-62	2005-07
								1970-72	2005-07
								1980-82	2005-07
								1990-92	2005-07
								1995-97	2005-07
								2001-03	2005-07
								2005-07	2005-07
Male									
Life Expectancy at Age									
0								64.5	68.1
1								66.9	69.3
40								31.3	32.4
65								12.1	12.6
75								6.8	7.1
Female									
Life Expectancy at Age									
0								67.1	71.9
1								68.8	72.9
40								33.3	35.3
65								13.3	14.4
75								7.6	8.1

Source: Central Statistics Office.

FIGURE 1.3**LIFE EXPECTANCY AT BIRTH FOR IRELAND AND EU, 1980 TO 2006**

Source: European Health For All Database, WHO Regional Office for Europe, Copenhagen, Denmark.

2. Health of the Population

Significantly increased life expectancy is matched by high levels of self-assessed health by people in Ireland. Ireland records the highest percentages of people reporting 'very good' or 'good' health across EU countries participating in the EU Survey of Income and Living Conditions (EU-SILC) (Figure 2.1). Over 80% of all men and women report their health to be 'very good' or 'good' as do approximately 60% of those aged over 65 years (Table 2.1).

Self-assessed health is by its nature a subjective measure and, whether for cultural or other reasons, Irish people have traditionally reported good health. More objectively, there is evidence of increasing numbers of people living with chronic conditions – perhaps an inevitable consequence of living longer lives. Over 50% of those aged 65 years or over report a chronic illness or condition (Table 2.2) while over 40% report some limitation in their activities due to health problems (Table 2.3).

Figure 2.2 shows a ranked list of the most common doctor diagnosed health conditions based on a health survey carried out by the Central Statistics Office in 2007. The data refers to conditions diagnosed by a doctor at any time in the respondent's past. High blood pressure tops the list, at 10%, followed by chronic back conditions and high cholesterol (both 8%). Diagnosis for asthma is also quite high affecting 6% of those surveyed.

Diseases of the circulatory system and cancer remain the leading causes of mortality in Ireland accounting for almost two thirds of all deaths (Figure 2.3). However, this statistic masks the fact that age-standardised death

rates have fallen by 29.3% since 1999 (Table 2.4) compared with a reduction of just 15% for the EU as a whole. Huge reductions in diseases of the circulatory system death rates account for most of this gain. Since 1999, mortality from circulatory system disease has reduced by 40.6% (Table 2.4) compared with an EU average of 23%. Recent data suggest at least a temporary halt to this trend, but it should be noted that figures for 2008 are preliminary, based on year of registration, and are subject to change. Ireland compares favourably with the EU for principal causes of death with the exception of cancer where the rate for Ireland is just above the EU average (Table 2.5).

Suicide and motor vehicle accident mortality both disproportionately affect the young, and especially young males. In the mid 1990's suicide mortality rates began to exceed those for motor vehicle accidents. This continues to be the case largely due to the welcome continuing decline in fatal motor vehicle accidents. Suicide rates more than tripled between 1970 and 1998, but have remained at approximately 10 deaths per 100,000 population over the past decade (Figure 2.5). The rate of suicide in Ireland is below the EU average and is in fact amongst the lowest of other European countries.

Selected data on major lifestyle-related health indicators (i.e. on obesity, alcohol and tobacco) are presented in Table 2.6 and Figure 2.6. It is now true to say that obesity is endemic in Ireland with major implications for future population health and health service provision. Data on self-reported Body Mass Index (BMI) show an increase in obesity of over 30% for both men and women between 1998 and 2007. 59% of men and 41%

of women are now self-reporting as either overweight or obese (Table 2.6). Alcohol and cigarette consumption per capita for those over 15 years of age are displayed together in Figure 2.6 and show contrasting trends. Alcohol consumption per person in Ireland doubled over the past 25 years putting us close to the top of the EU. It has now declined somewhat from a peak reached in 2001. Per capita cigarette consumption has remained reasonably constant over the past 20 years but has declined significantly over the last 5 years. It is difficult to assess the extent to which this reduction is directly related to the introduction of the ban on smoking in public places which took effect in 2004, but it is encouraging that reduced levels are being maintained.

TABLE 2.1**PERCEIVED HEALTH STATUS IN IRELAND, 2007**

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	64.4	64.0	31.0	32.3	4.6	3.7
25-44	56.0	55.2	36.7	36.5	7.3	8.3
45-64	39.0	38.6	37.8	40.2	23.3	21.2
65+	18.1	18.6	42.6	42.7	39.4	38.7
Total	47.4	46.1	36.5	37.8	16.1	16.1

Source: Central Statistics Office - EU Survey on Income and Living Conditions, 2007.

TABLE 2.3**LIMITATION IN ACTIVITIES DUE TO HEALTH PROBLEMS IN IRELAND, 2007**

Age Group	Yes, Strongly Limited		Yes, Limited		Not Limited	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	1.6	1.6	6.3	5.8	92.1	92.6
25-44	3.2	4.0	7.6	7.7	89.2	88.4
45-64	7.4	7.0	15.7	16.0	76.8	77.0
65+	14.1	15.7	28.0	29.5	58.0	54.8
Total	5.6	6.2	12.6	13.3	81.8	80.5

Source: Central Statistics Office - EU Survey on Income and Living Conditions, 2007.

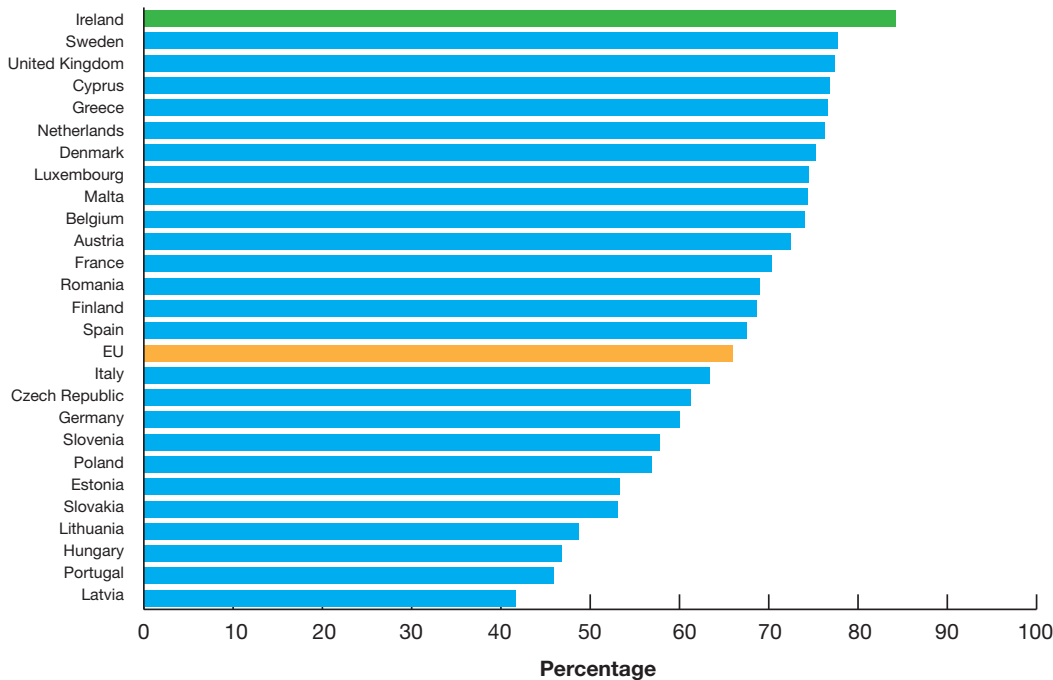
TABLE 2.2**% CHRONIC ILLNESS OR CONDITIONS REPORTED IN IRELAND, 2007**

Age Group	Yes		No	
	%Male	%Female	%Male	%Female
16-24	9.0	11.7	91.0	88.3
25-44	14.6	14.0	85.4	86.0
45-64	32.2	32.3	67.8	67.7
65+	54.6	58.9	45.4	41.1
Total	24.3	26.2	75.7	73.8

Source: Central Statistics Office - EU Survey on Income and Living Conditions, 2007.

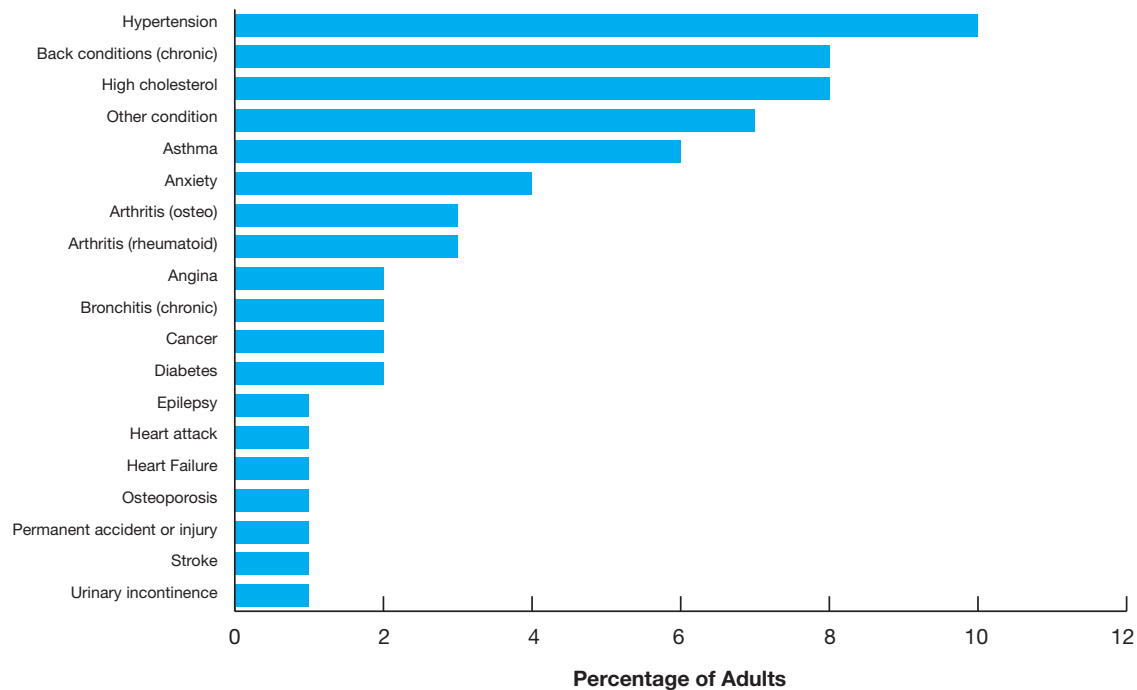
Note: Refers to the percentage of people who reported suffering from a long-standing illness or condition.

FIGURE 2.1
**PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN
SELECTED EU COUNTRIES, 2007**



Source: Eurostat - EU Survey on Income and Living Conditions 2007

Note: Data not available for Bulgaria.

FIGURE 2.2**DOCTOR DIAGNOSED HEALTH CONDITIONS OF PERSONS AGED 18 YEARS OR MORE.**

Source: Central Statistics Office - Quarterly National Household Survey Health Module Q3 2007.

Note: This data refers to a health condition that the respondent has ever had diagnosed by a doctor.

TABLE 2.4

PRINCIPAL CAUSES OF DEATH: NUMBERS AND RATES, 1999 TO 2008

						% Change	
						1999-2008	2007-2008
ALL CAUSES							
	Number	32,608	29,074	28,050	28,192	-13.5	0.5
	Rate	837.7	694.2	605.5	592.6	-29.3	-2.1
DISEASES OF THE CIRCULATORY SYSTEM							
All Circulatory System Diseases:							
	Number	13,380	11,038	9,931	9,883	-26.1	-0.5
	Rate	337.9	257.7	208.8	200.7	-40.6	-3.9
Ischaemic Heart Disease:							
	Number	7,059	5,583	5,368	5,188	-26.5	-3.4
	Rate	180.6	131.7	114.6	107.0	-40.8	-6.6
Stroke:							
	Number	2,807	2,276	2,034	2,116	-24.6	4.0
	Rate	69.5	51.9	41.4	42.1	-39.4	1.7
CANCER							
All Malignant Neoplasms:							
	Number	7,541	7,603	7,844	8,203	8.8	4.6
	Rate	203.9	190.9	179.1	183.1	-10.2	2.2
Cancer of the Trachea, Bronchus and Lung:							
	Number	1,449	1,574	1,666	1,664	14.8	-0.1
	Rate	39.4	40.1	39.0	37.8	-4.1	-3.1
Cancer of the Female Breast:							
	Number	645	646	624	731	13.3	17.1
	Rate	34.8	31.8	27.6	31.7	-8.9	14.9
EXTERNAL CAUSES OF INJURY AND POISONING							
All Deaths from External Causes:							
	Number	1,818	1,601	1,676	1,663	-8.5	-0.8
	Rate	47.9	38.9	37.2	36.5	-23.8	-1.9
Transport Accidents:							
	Number	452	323	299	290	-35.8	-3.0
	Rate	11.8	7.8	6.6	6.4	-45.9	-3.0
Suicide:							
	Number	455	497	460	424	-6.8	-7.8
	Rate	12.2	12.3	10.4	9.4	-23.0	-9.6
INFANT DEATHS							
	Number	317	326	221	290	-8.5	31.2
Infant Mortality Rate (per 1,000 live births)		5.9	5.3	3.1	3.9	-34.3	24.6

Note:

- (i) The figures for 1999 and 2003 are year of occurrence and are final. The figures for 2007 and 2008 should be treated with caution as they refer to deaths registered in those years and may be incomplete.
- (ii) Since 2007, all deaths registered in the year have been included in the statistics, in some cases with a provisional cause of death. Previously the practice was not to include deaths in the annual summary statistics until the cause of death had been definitely established. Also since 2007, underlying Cause of Death is classified according to International Classification of Diseases, Version 10 (ICD10) instead of the International Classification of Diseases, Version 9 (ICD9). Because of these changes, caution should be taken in directly comparing these mortality statistics with those of the years prior to 2007.
- (iii) The rates provided in the table are Age-Standardised Mortality Rates per 100,000 population except for Infant Mortality Rates which are expressed as deaths per 1,000 live births. Age-standardised mortality rates, which are based on a standard European population, allow for comparison between years or regions by taking account of different proportions of people in the various age categories.

Source: Central Statistics Office.

FIGURE 2.3
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2008

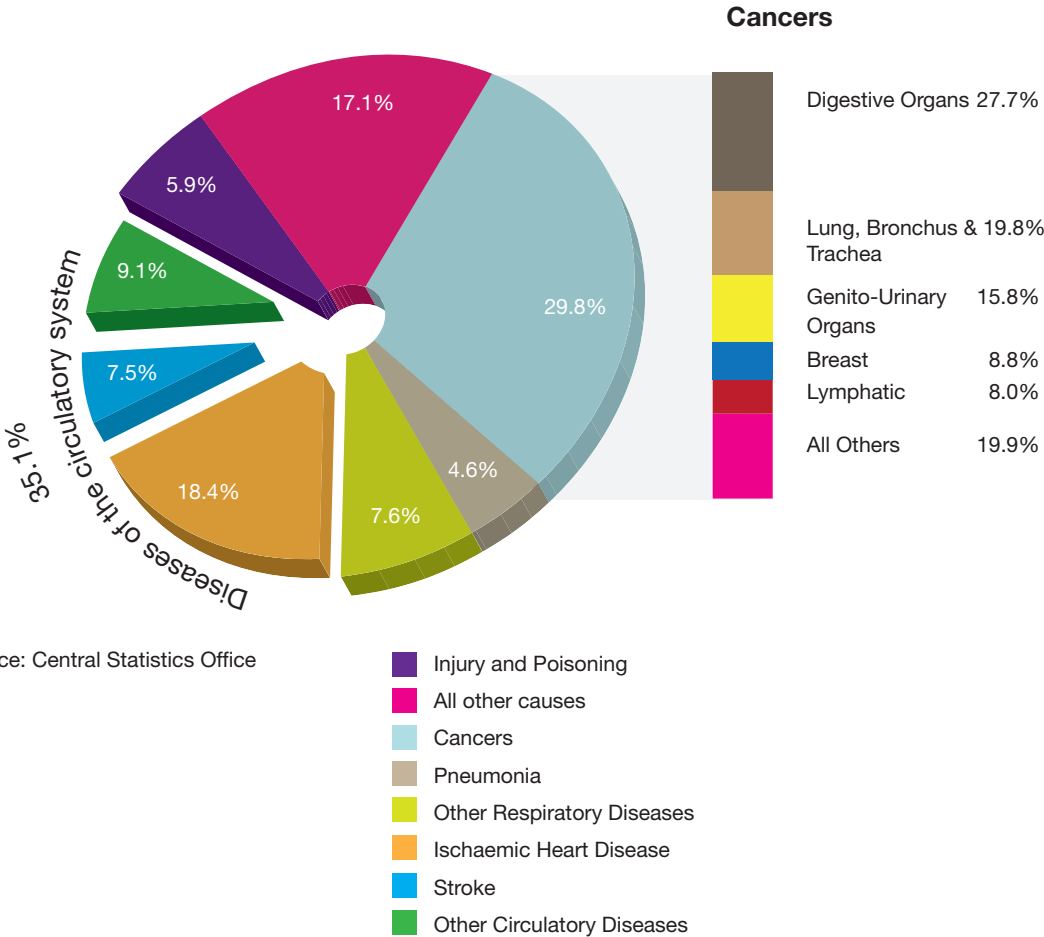


TABLE 2.5
IRELAND AND EU: AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION BY PRINCIPAL CAUSE OF DEATH, 2007

Cause	Ireland 2007	EU 2007	% difference Ireland-EU
All Causes	605.5	645.9	-6.3
Circulatory System Diseases	208.8	250.4	-16.6
All Cancers	179.1	175.2	2.2
External Causes of Injury and Poisoning	37.2	40.0	-7.0
Selected Smoking Related Causes	237.9	223.4	6.5
Selected Alcohol Related Causes	56.1	64.0	-12.4

Note:

(i) The figures for Ireland were derived from the Central Statistics mortality data for 2007, see notes under Table 2.4.

(ii) The figures for the EU do not contain all EU countries, at the time of publishing 13 of the 27 EU countries were included in the Standardised Death Rate for the EU.

Source: European Health For All Database, WHO Regional Office for Europe, Copenhagen, Denmark.
Central Statistics Office.

FIGURE 2.4
AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES, 1970 TO 2008

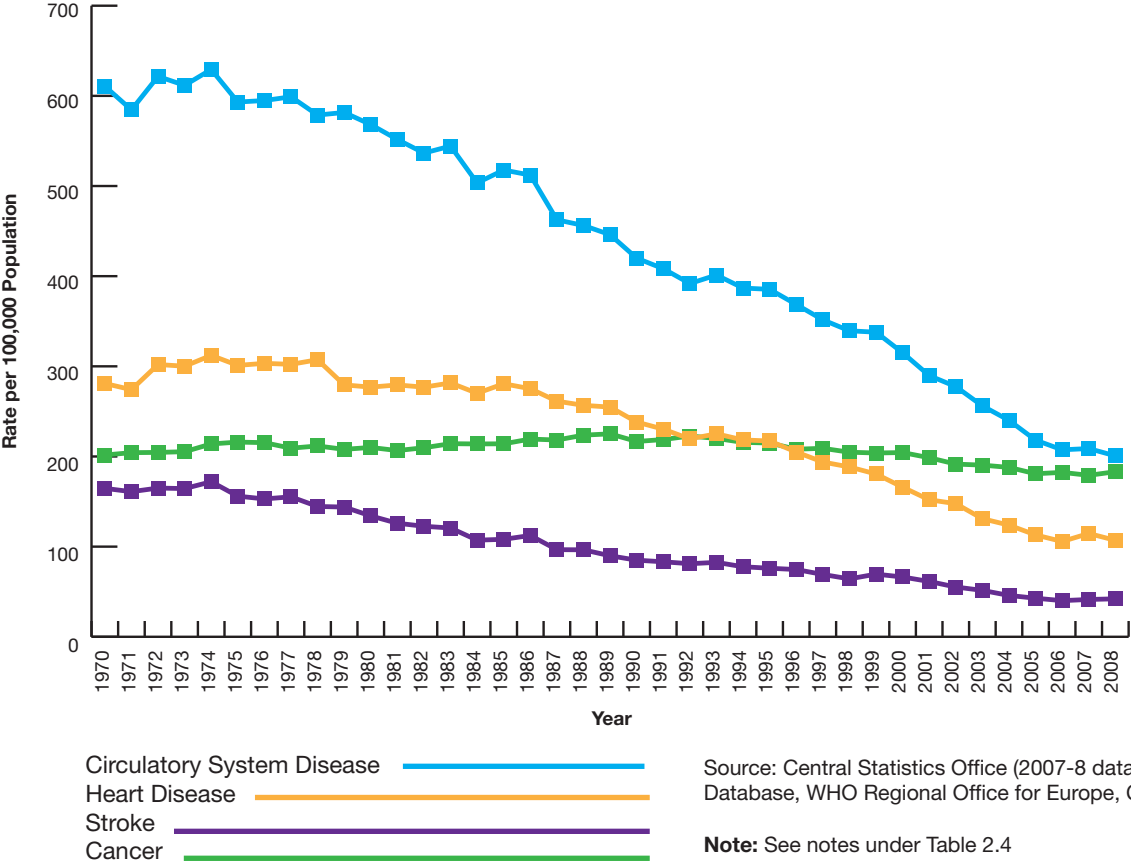
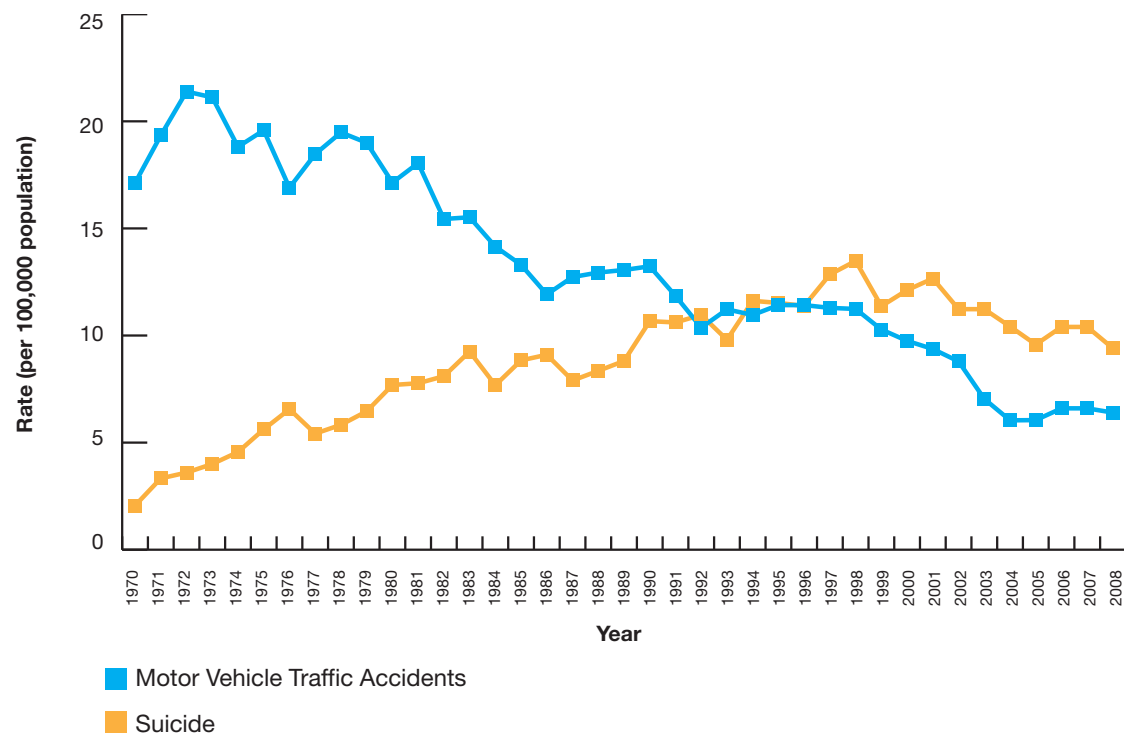


FIGURE 2.5**AGE-STANDARDISED DEATH RATES FOR SELECTED EXTERNAL CAUSES, 1970 TO 2008**

Source: Central Statistics Office (2007-8 data). European Health For All Database, WHO Regional Office for Europe, Copenhagen, Denmark.

Note: Up to 2007, graph shows rates for motor vehicle traffic accidents only. From 2007 all transport accidents are included.

TABLE 2.6
DISTRIBUTION OF SELF-REPORTED BMI LEVELS, BY YEAR AND GENDER

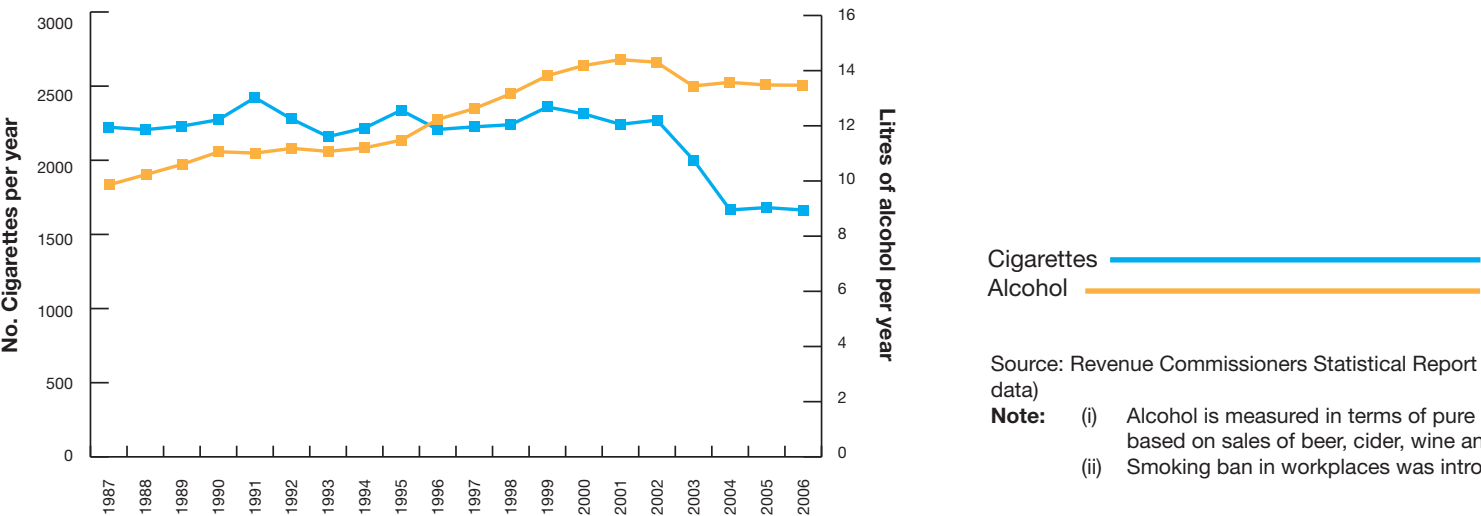
	1998		2002		2007		% change 1998-2007	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
Healthy	48	60	46	55	40	56	-16.7	-6.7
Overweight	39	25	38	28	43	28	10.3	12.0
Obese	12	10	15	14	16	13	33.3	30.0

Source: Survey of Lifestyle, Attitudes and Nutrition (SLÁN), 1998-2007

Note:

- (i) Percentage may not add up to 100 since the underweight category has been excluded.
- (ii) Body mass index (BMI) is used to estimate the prevalence and associated risks of overweight and obesity within a population.

FIGURE 2.6
ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA
OVER 15 YEARS OLD, 1987-2006.



Source: Revenue Commissioners Statistical Report 2007, CSO (population data)

Note:

- (i) Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits.
- (ii) Smoking ban in workplaces was introduced in March 2004

3. Hospital Care

Hospitals provide a wide variety of patient services including inpatient, day case, outpatient and emergency treatment across a range of specialist and general publicly-funded hospitals. The whole sector deals with around 5.8 million episodes of care per year which includes approximately 1.4 million inpatients and day cases, 3 million outpatient visits and 1.3 million accident and emergency attendances. A survey carried out by the CSO in 2007 on health service utilisation shows that on average 25% of those aged 18-55 years accessed hospital services in the previous 12 month period with the figure rising to over 40% for those aged over 70 years (Figure 3.3). This section provides summary statistics covering the past decade for this major area of health care and includes data on acute, non-acute, and psychiatric hospitals.

For the acute hospitals, the evidence points to significantly increased service provision and to a continuing marked trend toward day case treatment. Overall inpatient numbers have increased by 16% over the period 1999 to 2008 while numbers of day cases have risen by 148% (Table 3.1). In 1999, the number of inpatients was more than double the number of day cases; in 2008, the numbers for both were nearly equal at approximately 600,000 (Figure 3.1). Average lengths of stay (ALOS) for inpatients have also seen a gradual decline over the period despite the trend toward day case treatment (Table 3.1). These trends towards more efficient and patient friendly treatment are in line with international best practice.

As expected, much longer lengths of stay are experienced in the community and district hospitals which generally treat elderly and chronically ill patients who would be inappropriate or too sick for nursing home care (Table 3.2). A similar trend towards a more community based and less institutional model of care is evident in the decreasing numbers of inpatient admissions to and residents of psychiatric hospitals although there was a slight increase in admissions (2.4%) between 2006 and 2007 (Table 3.3). An interesting, though unexplained, trend has been the reversal of the proportions of males and females admitted for psychiatric care with females now outnumbering males for the first time in the past ten years (Table 3.3).

TABLE 3.1

ACUTE HOSPITAL SUMMARY STATISTICS, 1999 - 2008

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change		
											1999-2008	2007-2008	
IN-PATIENTS													
Beds	11,058	11,190	11,373	11,686	11,806	11,887	12,094	12,110	12,123	N/A		9.6	0.1
In-Patients Discharged	511,630	525,335	542,290	539,234	548,269	561,637	564,844	582,800	598,776	594,824		16.3	-0.7
Bed Days Used	3,306,717	3,372,496	3,479,182	3,466,271	3,485,813	3,619,509	3,659,652	3,688,790	3,732,451	3,673,973		11.1	-1.6
% Bed Days Used by Patients													
Aged 65+	45.1	46.0	46.4	47.4	47.4	48.2	48.7	48.3	47.6	48.0		6.5	0.8
Average Length of Stay in Days	6.5	6.4	6.4	6.4	6.4	6.4	6.5	6.3	6.2	6.2		-4.4	-0.9
Surgical In-Patients	125,670	130,599	132,889	131,992	133,743	136,887	139,282	141,902	145,853	143,389		14.1	-1.7
DAY CASES													
Beds	673	721	771	812	909	1,132	1,253	1,418	1,545	N/A		129.6	9.0
Day Cases	247,466	273,285	314,980	353,400	389,637	425,978	443,654	662,092	718,851	770,265		211.3 (147.9)	7.2
% Day Cases Aged 65+	22.7	23.7	24.5	25.4	26.7	26.8	28.0	33.7	33.4	33.8		49.1 (31.4)	1.3
Surgical Day Cases	62,983	67,853	73,801	76,168	78,110	82,107	84,390	87,098	92,250	98,704		56.7	7.0
TOTAL DISCHARGES													
In-Patients and Day Cases	759,096	798,620	857,270	892,634	937,906	987,615	1,008,498	1,244,892	1,317,627	1,365,089		79.8 (59.2)	3.6
Daycases as a % of Total Discharges	32.6	34.2	36.7	39.6	41.5	43.1	44.0	53.2	54.6	56.4		73.1 (55.7)	3.4
A&E Attendances	1,226,672	1,211,279	1,225,735	1,211,499	1,210,150	1,242,692	1,249,659	1,245,001	1,296,091	N/A		5.7	4.1
Out-patient Attendances	1,911,720	1,996,474	2,057,989	2,185,028	2,255,998	2,363,821	2,453,000	2,796,331	3,087,448	N/A		61.5	10.4

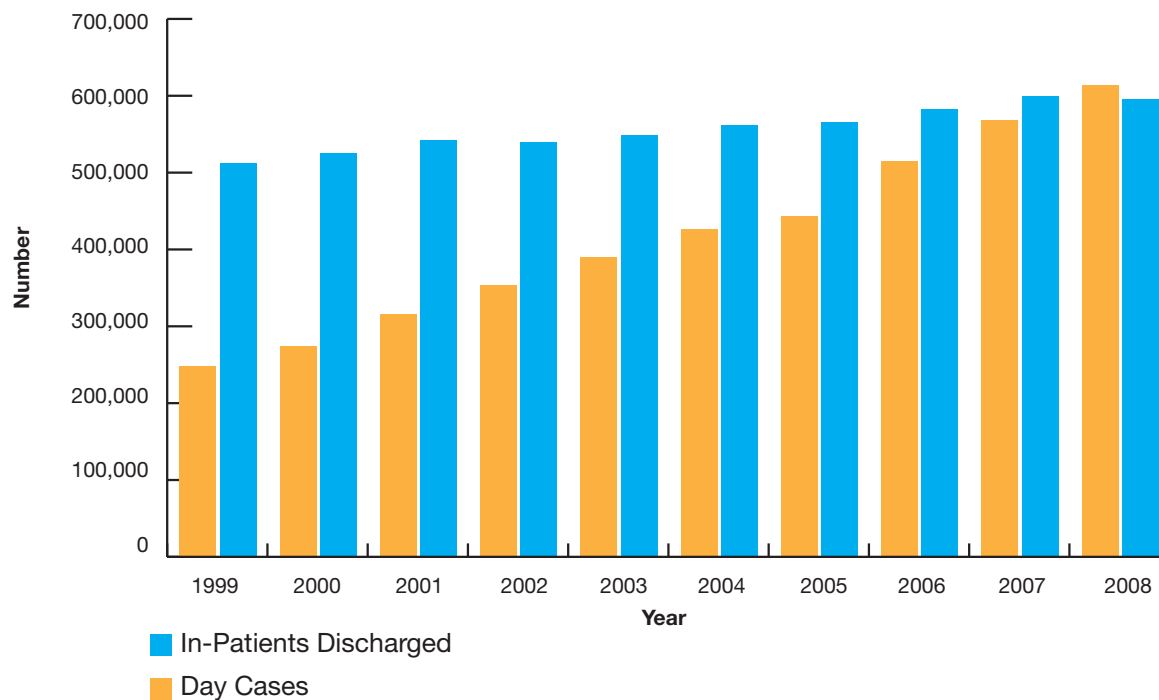
Source:

In-patient & Day Case Activity Data: Hospital In-Patient Enquiry (HIPE)

Beds, A&E, Out-patient Data: Integrated Management Returns, Department of Health and Children 1999 - 2005, Health Service Executive 2006 - 2008

Note:

From 2006 the HIPE system includes data on day case patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. Dialysis cases amount to approximately 150,000 per year. The percentage change figures from 1999 - 2008 excluding the dialysis day cases are shown in parentheses. Data on bed numbers, A&E attendances and out-patient attendances for 2008 were not available at the time of publication. The percentage change figures therefore refers to the change from 1999 to 2007 and from 2006 to 2007. Prior to 2009, Bantry Hospital did not report to the HIPE system, however this only accounts for a small proportion of cases.

FIGURE 3.1**NUMBER OF IN-PATIENTS AND DAY CASES, 1999 TO 2008**

Source: Table 3.1

Note: Dialysis activity has been included in HIPE since 2006. These cases have been excluded from this graph in order to provide a comparable trend.

TABLE 3.2
DISTRICT/COMMUNITY AND NON-ACUTE HOSPITAL
SUMMARY STATISTICS, 1998 TO 2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	% Change	
											1998-2007	2006-2007
In-Patient Beds Available	2,384	2,394	2,375	2,343	2,252	2,172	2,175	2,165	2,128	2,103	-11.8	-1.2
In-Patients Discharged	20,332	20,085	20,202	17,654	16,085	15,233	14,466	14,176	13,543	13,109	-35.5	-3.2
Bed Days Used	707,815	709,164	719,321	706,977	703,383	700,881	687,927	679,639	656,955	650,203	-8.1	-1.0
Average Length of Stay in Days	34.9	35.3	35.6	40.0	43.7	46.0	47.6	47.9	48.5	49.6	42.1	2.3
% Occupancy	81.6	81.1	82.8	82.7	85.6	88.4	86.6	86.0	85.5	85.9	5.3	0.5
Out-Patient Attendances	45,728	45,990	46,093	41,371	40,860	44,037	37,443	32,005	34,719	36,019	-21.2	3.7

Source: Department of Health and Children 1998-2005. Health Service Executive 2006-2007.

- Note:**
- (i) Included in the above table are District/Community hospitals and also Incorporated Orthopaedic, NRH, Peamount, Baldoyle, Manorhamilton and St. Finbarr's which are no longer classified as acute hospitals.
 - (ii) St Mary's, Baldoyle belongs to St Michaels house since 2006 and is not included in figures for 2006 and 2007.

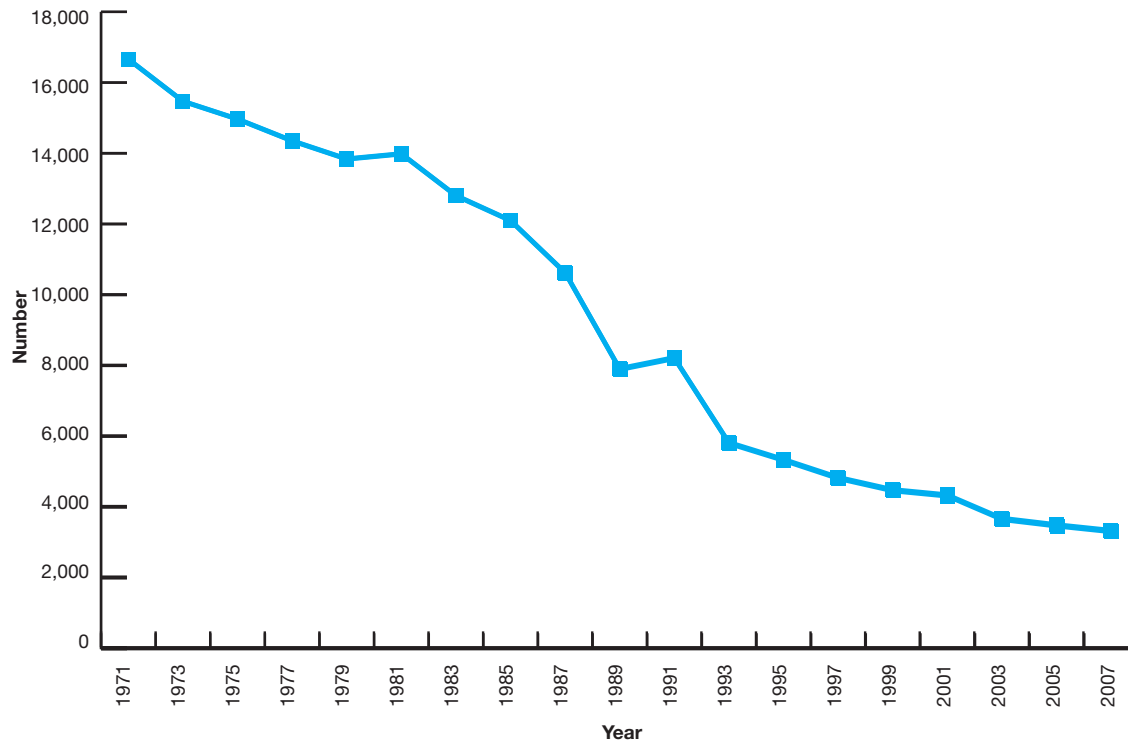
TABLE 3.3

PSYCHIATRIC HOSPITAL SUMMARY STATISTICS, 1998 TO 2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	% Change	
											1998-2007	2006-2007
Number of In-Patient Admissions	25,238	25,062	24,282	24,446	23,677	23,031	22,279	21,253	20,288	20,769	-17.7	2.4
% Male	54.3	54.9	53.4	52.9	51.6	50.8	51.0	50.9	50.6	49.9	-8.1	-1.3
% Female	45.7	45.1	46.6	47.1	48.4	49.2	49.0	49.1	49.4	50.1	9.7	1.4
Admission Rate per 100,000 Population by Age Group												
< 25 years	192.9	203.7	199.8	188.6	182.9	186.8	174.7	168.7	159.6	162.6	-15.7	1.9
25-44	997.3	977.0	930.7	908.3	841.4	797.7	745.1	690.3	637.1	635.4	-36.3	-0.3
45-64	1,081.3	1,042.2	985.7	983.9	951.2	908.8	859.0	795.3	723.3	717.5	-33.6	-0.8
65+	857.0	830.5	760.1	761.7	716.1	642.0	647.8	584.2	571.5	548.2	-36.0	-4.1
Total	677.1	669.4	639.6	633.7	603.8	578.1	550.5	514.0	479.2	478.6	-29.3	-0.1
Total In-Patients at end-year	4,820	4,469	4,230	4,256	3,891	3,658	3,556	3,475	3,332	3,314	-31.2	-0.5

Source: Health Research Board and Mental Health Commission.

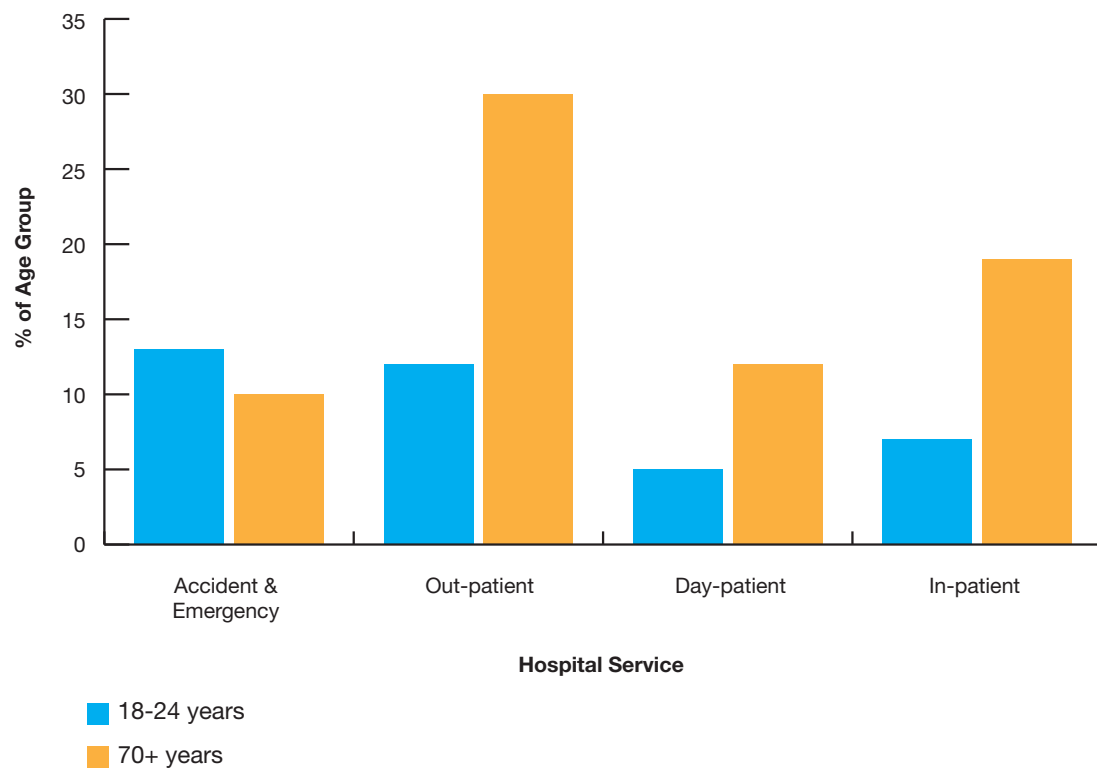
- Note:**
- (i) Populations used to compute admission rates for 2002 and 2006 are taken from the Census of Population, Central Statistics Office (CSO) and for all other years are based on the CSO's intercensal population estimates.
 - (ii) Cases with an unspecified age were excluded from the age analysis.

FIGURE 3.2**PSYCHIATRIC HOSPITALS AND UNITS: NUMBER OF IN-PATIENTS AT 31 DECEMBER, 1971 TO 2007**

Source: Mental Health Commission Annual Reports 2006 and 2007.

FIGURE 3.3

ATTENDANCE AT MAIN HOSPITAL SERVICES OF YOUNGER AND OLDER PERSONS IN 12 MONTHS PRIOR TO INTERVIEW.



Source: Central Statistics Office - Quarterly National Household Survey Health Module, Q3 2007.

4. Primary Care and Community Services

Primary, community and continuing care covers a multitude of services representing the extensive range of health care provided outside the hospital setting. It includes General Practitioner (GP) care, long stay care, community mental health and disability services, dental treatment, public health nursing, children in care, preventative services such as immunisation, fluoridation and food safety inspections, and reimbursement services such as the drug repayment and long term illness schemes. This list is by no means complete, and it is only possible to provide a selective view of this diverse sector in this section.

A survey undertaken by the CSO in 2007 looked at use of health services and found that 75% of adult respondents had at least one consultation with either their GP, pharmacist, community nurse or other community health professional during the previous 12 months. 69% of those surveyed had visited their GP on at least one occasion during the year. The rates varied between men and women and across age groups as shown in Table 4.1. Visiting rates are lower with age and also significantly lower for men compared with women. In total, there were an average of 2.8 visits per year for people over the age of 18 which equates with approximately 9 million GP visits per year by adults in Ireland.

Table 4.2 shows trends in the numbers and percentages of people covered by the Primary Care Reimbursement Service (PCRS) including the General Medical Services (medical card), the Drug Payments Scheme (DP) the GP Visit Card (GPVC) and the Long Term Illness (LTI) scheme. The number of people covered by medical cards has increased by 16% in the period 1999 to 2008 with nearly half of this increase occurring between 2007 and 2008. However, the percentage of the population

covered by medical cards has dropped by 2% over the same period as a combined consequence of a rapidly growing population and rising incomes. Prescription items dispensed under the medical card scheme continue to increase at a much greater rate than the population covered and more than doubled over the decade to nearly 45 million per year in 2007 (Figure 4.1). Numbers of claimants under the DP scheme have also more than doubled over the period and there have also been significant increases in uptake of the LTI scheme.

Table 4.3 refers to children in care and records an increase of 27% over the period. It is notable that the proportion of children placed in foster care has continued to increase and now represents almost 90% of all children in care with much reduced numbers now accommodated in residential care.

There has been an increase in the reported numbers of people accommodated in long term care despite some reduction in survey response rates in recent years (Table 4.4). There is also evidence of a gradual change in the age distribution of residents of nursing homes with an older age profile and generally higher dependency levels (Figure 4.2). This reflects both the significant improvements in health and life expectancy and the improved availability of home care supports.

Immunisation rates have shown consistent improvement over the period and, in 2008, were over 90% for all vaccines with the exception of the MMR (Measles, Mumps and Rubella) at just under 90% (Table 4.5).

Over 27,000 people were registered with the National Physical and Sensory Disability Database in 2008. Of these, over 60% had a physical disability while about 11% had either hearing loss or a visual disability. While

all categories of physical and sensory disability showed significantly increased registrations since the beginning of data collection in 2004, particularly striking are the increases in the primary speech and language and in the multiple disability categories (Table 4.6). These increases reflect the development of the database rather than growing prevalence and it is expected that the database will have around 45,000 people on it when it is fully populated.

The numbers of persons with intellectual disability in receipt of day services has shown gradual growth over the decade to 2008. A notable feature of the data is the increased numbers of clients where the degree of disability has not been verified.(Table 4.7).

Table 4.8 shows details of food safety inspections since 1999 and indicates a continuing increase in numbers of establishments inspected and a continuing decrease in the percentage of those establishments where infringements were found.

TABLE 4.1
HEALTH CONSULTATIONS: TYPE OF HEALTH CONSULTATION IN THE 12 MONTHS PRIOR TO INTERVIEW, BY PERSONS AGED 18 YEARS AND OVER BY SEX AND AGE

	Any health consultation		General Practitioner (GP)		Pharmacist		Community Nurse		Other health consultation	
	None	1 or more	None	1 or more	None	1 or more	None	1 or more	None	1 or more
Total	25	75	31	69	67	33	95	5	79	21
Sex										
Male	34	66	41	59	73	27	97	3	82	18
Female	17	83	22	78	60	40	93	7	76	24
Age										
18-24	37	63	44	56	70	30	97	3	87	13
25-34	32	68	39	61	66	34	96	4	82	18
35-44	28	72	35	65	65	35	97	3	80	20
45-54	25	75	31	69	67	33	98	2	79	21
55-64	18	82	23	77	67	33	96	4	74	26
65-69	12	88	14	86	68	32	93	7	72	28
70+	5	95	7	93	65	36	81	19	70	30

Source: Central Statistics Office - Quarterly National Household Survey Health Module, Q3 2007.

TABLE 4.2

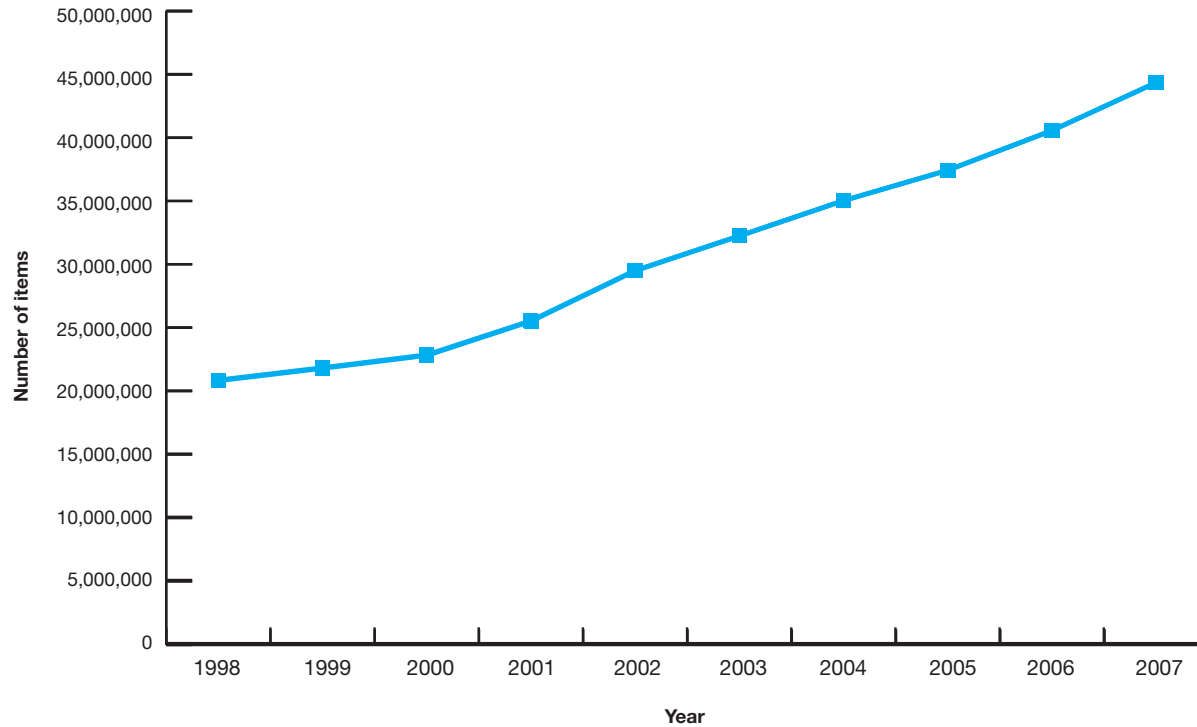
**UPTAKE OF GENERAL MEDICAL SERVICES, DRUG PAYMENTS, GP VISIT CARD AND LONG-TERM ILLNESS SCHEMES:
NUMBER OF PERSONS AND PERCENTAGE OF POPULATION 1999 TO 2008**

Scheme	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change		
											from Earliest Year to Latest Year	Most Recent Two Years	
GMS													
Number	1,164,187	1,148,055	1,199,454	1,168,745	1,158,143	1,148,914	1,155,727	1,221,695	1,276,178	1,352,120		16.1	6.0
%	31.1	30.3	31.2	29.8	29.1	28.4	28.0	28.8	29.4	30.6		-1.7	4.0
DP													
Number	699,867	942,193	1,156,836	1,319,395	1,396,813	1,469,251	1,478,650	1,525,657	1,583,738	n/a		126.3	3.8
%	18.7	24.9	30.1	33.7	35.1	36.3	35.8	36.0	36.5	n/a		95.1	1.4
LTI													
Number	76,848	82,619	87,988	92,745	97,184	93,504	99,280	106,307	112,580	n/a		46.5	5.9
%	2.1	2.2	2.3	2.4	2.4	2.3	2.4	2.5	2.6	n/a		26.3	3.5
GPVC													
Number	---	---	---	---	---	---	5,079	51,760	75,589	85,546		1,584.3	13.2
%	---	---	---	---	---	---	0.1	1.2	1.7	1.9		1,473.3	11.0

Source: General Medical Services (Payments) Board/ National Shared Services Primary Care Reimbursement Service.

Note:

- (i) GMS = General Medical Services Scheme, DP = Drugs Payments Scheme, LTI = Long Term Illness Scheme, GPVC = General Practitioner Visit Card.
- (ii) The GP Visit Card Scheme was first implemented mid-2005.

FIGURE 4.1**NUMBER OF PRESCRIPTION ITEMS DISPENSED UNDER GMS, 1998 TO 2007**

Source: General Medical Services (Payments) Board/ National Shared Services Primary Care Reimbursement Service.

TABLE 4.3**CHILDREN IN CARE: SUMMARY STATISTICS, 1999 - 2008**

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	% Change	
											1999-2008	2007-2008
Total Children in Care	4,216	4,424	5,517	4,921	4,984	5,060	5,220	5,247	5,307	5,357	27.1	0.9
% Male	50.6	51.5	54.3	52.3	51.2	51.6	51.1	51.1	50.8	50.7	0.2	-0.2
% Female	49.4	48.5	45.7	47.7	48.8	48.4	48.9	48.9	49.2	49.3	-0.2	0.2
% Foster Care	77.0	76.5	66.3	78.3	80.0	83.9	85.0	87.6	89.0	88.5	14.9	-0.6
% Current Care Order	49.3	46.4	39.1	43.0	43.8	43.1	49.0	49.4	49.0	48.9	-0.8	-0.2
% in Care for up to 1 Year at year end	22.8	22.9	28.6	33.2	23.2	18.7	21.9	26.9	19.1	23.1	1.4	20.9
% in Care for 1-5 Years at year end	42.1	44.1	43.3	38.5	44.2	45.6	41.9	39.4	37.6	40.7	-3.3	8.2
% in Care for more than 5 Years at year end	35.1	33.1	28.1	28.3	32.6	35.7	36.2	33.6	43.3	36.2	3.1	-16.4

Source: Office of the Minister for Children.

Note: Children in Care can be placed either voluntarily or under a Current Care Order. Length of time in care refers to total time in care.

TABLE 4.4

LONG STAY CARE: SUMMARY STATISTICS, 1998 TO 2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	% Change	
											1998-2007	2006-2007
Number of Beds	19,670	11,224	18,309	21,949	23,059	23,825	23,772	21,478	24,253	24,029	-	-
Number of Patients Resident at 31/12	17,820	10,167	16,603	19,886	20,959	21,169	21,404	19,320	21,455	21,595	-	-
% of Beds Occupied	90.6	90.6	90.7	90.6	90.9	88.9	90.0	90.0	88.5	89.9	-0.8	1.6
Age Distribution (as % of total)												
Under 40	0.8	0.9	0.8	0.9	0.6	0.7	0.7	0.6	1.5	1.7	112.5	13.3
40-64	4.5	4.4	4.6	4.9	4.5	4.5	5.4	5.0	6.2	6.1	35.6	-1.6
65-69	4.9	4.7	4.7	4.3	4.2	4.1	4.1	4.4	4.5	3.9	-20.4	-13.3
70-74	9.0	10.5	9.6	8.6	8.6	8.3	8.6	8.6	8.1	8.1	-10.0	0.0
75-79	17.4	18.1	17.5	16.9	16.5	16.0	15.1	15.5	14.6	14.0	-19.5	-4.1
80-84	26.0	25.4	24.9	25.4	25.6	25.5	25.2	24.2	23.0	22.4	-13.8	-2.6
85+	37.4	36.0	38.0	38.9	40.0	40.9	40.9	41.5	42.0	43.9	17.4	4.5
Level of Dependency (as % of total)												
Low	11.8	11.3	11.0	9.4	9.6	9.2	9.2	9.4	9.1	9.4	-20.3	3.3
Medium	20.9	19.5	20.5	20.0	19.9	19.0	18.8	18.6	20.1	22.1	5.7	10.0
High	29.0	29.8	29.8	29.3	30.1	30.6	29.7	31.1	31.1	32.0	10.3	2.9
Maximum	38.3	39.5	38.6	41.2	40.3	41.2	42.3	40.8	39.6	36.5	-4.7	-7.8
Response Rate (%)	77.0	46.9	68.3	84.9	87.3	87.3	85.4	80.0	80.1	78.2	1.6	-2.4

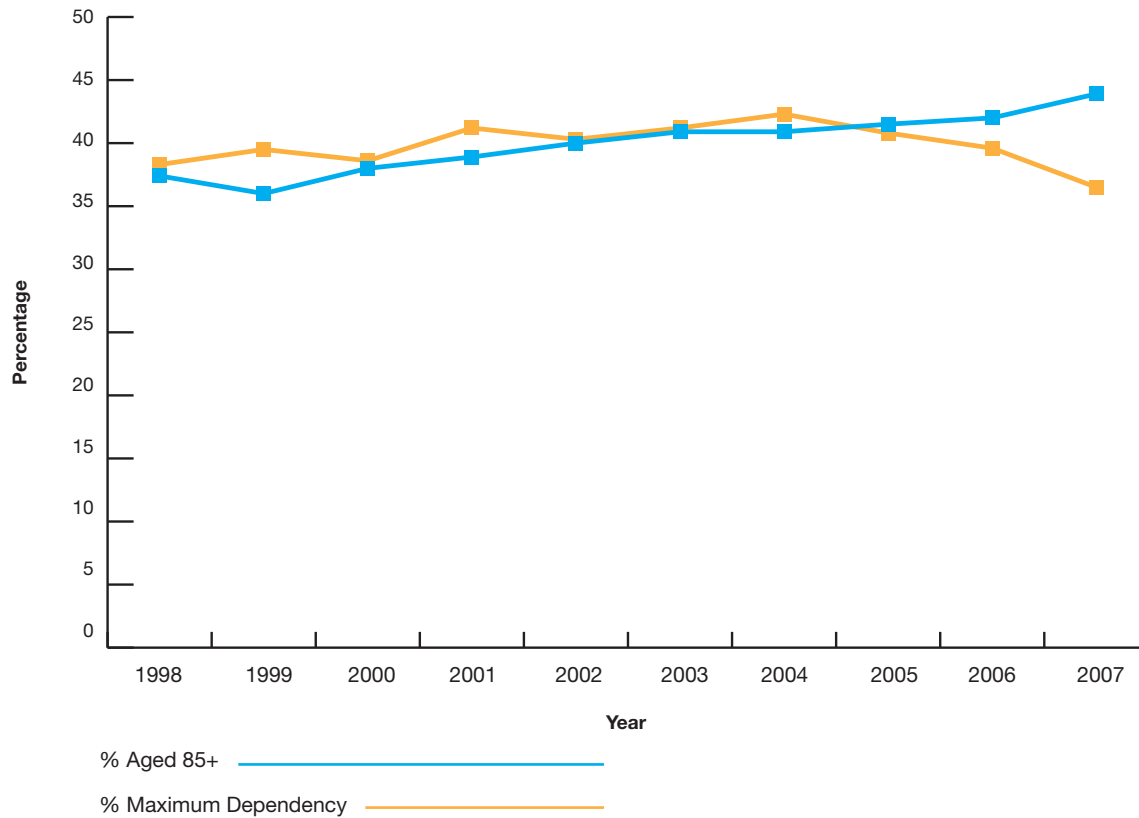
Source: Annual Survey of Long Stay Units 1998 to 2007.

Note:

- (i) The survey covers all public, voluntary and private long stay accommodation; data should be interpreted in the context of the response rates (see last row of table) which vary from year to year. % change is not calculated for number of beds and patients as these figures are directly affected by the survey response rates.
- (ii) The low response rate in 1999 was due to the absence of response from the Eastern Region Health Authority (ERHA).

FIGURE 4.2

**LONG-STAY CARE: PERCENTAGE OF RESIDENTS AGED 85+
AND PERCENTAGE OF RESIDENTS WITH MAXIMUM DEPENDENCY LEVELS, 1998 TO 2007**



Source: Table 4.4

TABLE 4.5

IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 1999 TO 2008

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008 ^F	% Change	
											1999-2008	2007-2008
Diphtheria	86	86	84	83	86	89	90	91	92	93	8.2	1.1
Pertussis	82 ^A	82 ^A	81 ^A	82	85	89	90	91	92	93	13.4	1.1
Tetanus	86	86	84	83	86	89	90	91	92	93	8.2	1.1
Haemophilus Influenzae Type B	86	85	84	83	86	89	90	91	92	93	7.9	0.8
Polio	86	86	84	83	86	89	90	91	92	93	8.2	1.1
Meningococcal	-	-	-	75 ^B	84	88	89	90	91	93	24.0 ^E	2.2
Measles, Mumps & Rubella	77	79	73	73	78	81	84 ^C	86 ^D	87	89	15.6	2.3

Source: Health Protection Surveillance Centre (HPSC).

Note:

A: Pertussis uptake could not be calculated accurately for the HSE-North Eastern Area during 1999-2001 and the HSE-North Western Area in 2000 and 2001, as DTaP/DT uptake was reported as a combined value.

B: The 2002 Meningococcal figure is incomplete, it is based on uptake rates for Quarter 3 and Quarter 4 2002 only.

C: The 2005 national MMR figure is incomplete, as Quarter 4 2005 MMR data were not available for the HSE-Eastern area due to technical problems with extraction of MMR data from the HSE-Eastern Area database.

D: The 2006 national MMR figure includes the Quarter 1 2006 HSE-Eastern data, which is an estimate only. This is due to technical problems with extraction of MMR data from the HSE-Eastern Area database.

E: Percentage change between 2002 and 2008

F: The 2008 data is estimated from the published quarterly data, in Q3-2008 only six out of eight HSE areas were in a position to provide MenC3 data.

TABLE 4.6**NUMBER OF PEOPLE IN IRELAND REGISTERED WITH THE PHYSICAL AND SENSORY DISABILITY DATABASE, 2004 - 2008**

	2004	2005	2006	2007	2008	% Change	
						2004-2008	2007-2008
Physical Disability Only	16,246	17,723	19,686	20,030	16,537	1.8	-17.4
Hearing Loss/Deafness Only	1,347	1,494	1,591	1,634	1,618	20.1	-1.0
Visual Disability Only	1,193	1,250	1,391	1,378	1,381	15.8	0.2
Primary Speech and Language only	-	313	555	1,152	2,736	774.1 ^A	137.5
Multiple Disability	890	1,648	2,468	2,990	5,030	465.2	68.2
Total	19,676	22,428	25,691	27,184	27,302	38.8	0.4

Source: The National Physical and Sensory Disability Database, Health Research Board.

Note: The NPSDD formed in 2002 and collection began in 2004. "Primary Speech and Language only" became a category in 2005. The data refer to registration only, which explains the rapid increase in numbers. The NPSDD have a disability registration target of circa 45,000 based on a rate observed in one LHO during a census.

^A % Change from 2005 to 2008.

TABLE 4.7

**INTELLECTUAL DISABILITY SERVICES: NUMBER OF PERSONS AVAILING OF DAY SERVICES
BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 1999 TO 2008**

											% Change	
											1999-2008	2007-2008
Mild												
Day Attendees	7,930	7,718	7,394	6,731	6,776	6,893	6,873	6,970	6,781	6,972	-12.1	2.8
Full-Time Residents	1,359	1,351	1,446	1,331	1,345	1,306	1,249	1,263	1,285	1,345	-1.0	4.7
Moderate, Severe, Profound												
Day Attendees	7,239	7,246	6,955	7,017	7,226	7,361	7,462	7,547	7,610	8,102	11.9	6.5
Full-Time Residents	6,399	6,495	6,794	6,711	6,674	6,642	6,539	6,617	6,668	6,787	6.1	1.8
Not Verified												
Day Attendees	872	897	1,037	1,153	1,333	1,455	1,641	1,825	2,213	2,046	134.6	-7.5
Full-Time Residents	52	62	56	60	73	145	150	164	172	67	28.8	-61.0
Total												
Day Attendees	16,041	15,861	15,386	14,901	15,335	15,709	15,976	16,342	16,604	17,120	6.7	3.1
Full-Time Residents	7,810	7,908	8,296	8,102	8,092	8,093	7,938	8,044	8,125	8,199	5.0	0.9

Source: The National Intellectual Disability Database, Health Research Board.

TABLE 4.8**FOOD SAFETY: TOTAL NUMBER OF FOOD ESTABLISHMENTS INSPECTED AND PERCENTAGE OF ESTABLISHMENTS WHERE INFRINGEMENTS WERE FOUND, 1999 TO 2007**

	1999	2000	2001	2002	2003	2004	2005	2006	2007	% Change	
										1999-2007	2006-2007
Number of Establishments Inspected	24,286	23,962	25,336	26,176	27,213	25,997	27,857	27,478	28,028	15.4	2.0
Percentage where Infringements Found	52.2	62.6	55.2	45.2	42.1	36.9	33.6	32.2	29.0	-44.4	-9.9

Source: Food Safety Authority of Ireland.

Note: Data for some health boards were incomplete in 1999 and 2001.

5. Health Service Employment

The Health Service Executive (HSE) is the largest employer in the state. Employment in the public health sector covers a very wide range of service areas and roles (Figures 5.1 and 5.2). Numbers of whole time equivalent (WTE) staff rose consistently between 2000 and 2007, by a total of 39%, but showed a slight decrease for 2008 (Table 5.1).

Nursing is the single largest staff category with just over 38,000 WTEs and accounting for over a third of all HSE employees.

Other tables in this section provide figures on trends in the numbers of consultant and non-consultant hospital doctors (NCHDs) and on the numbers of general practitioners (GPs) participating in the Choice of Doctor Scheme. Numbers of consultants and NCHDs have both increased at rates higher than the average for HSE employment as a whole (i.e. almost 50% increases from

2000 to 2009). Consultants account for 32% of hospital doctors (Table 5.2 and Figure 5.3).

The number of GPs participating in the Choice of Doctor Scheme has gone up by over 44% between 1998 and 2007 (Table 5.3).

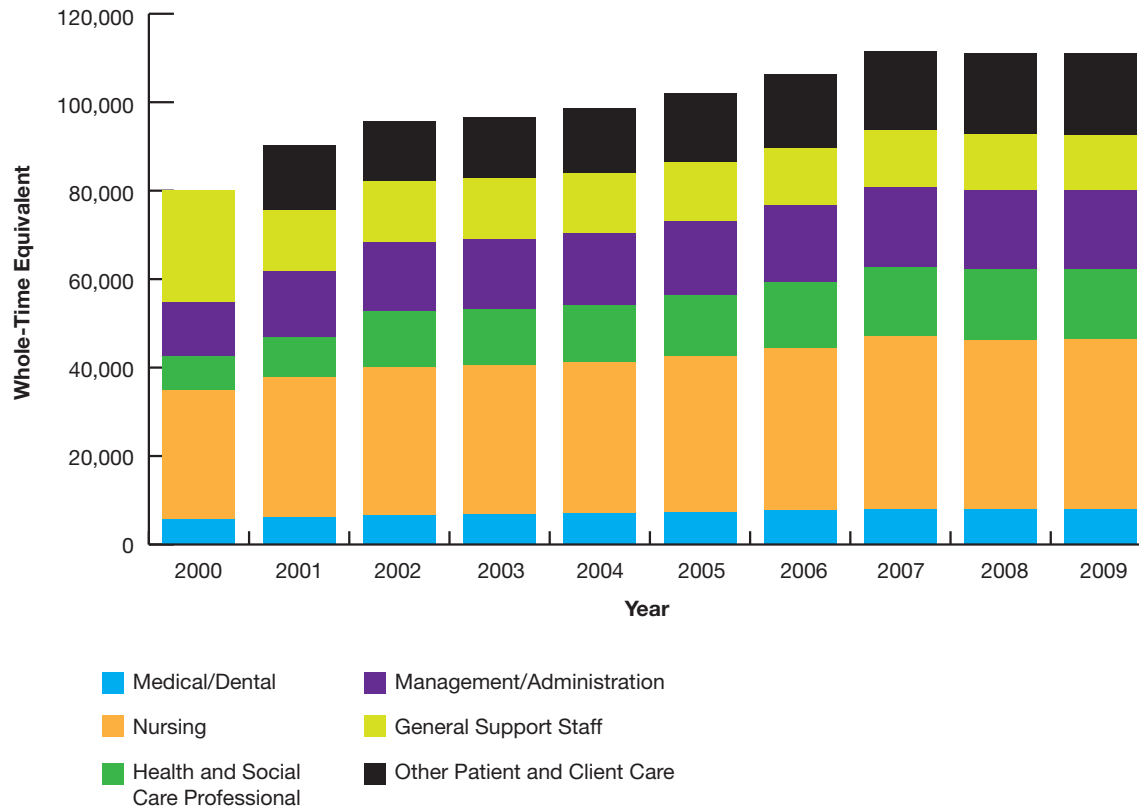
TABLE 5.1**EMPLOYMENT IN THE PUBLIC HEALTH SERVICES BY CATEGORY, 2000 to 2009**

Grade Category	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009*	%Change	
											2000-2009	2008-2009
Medical/Dental	5,698	6,285	6,775	6,792	7,013	7,266	7,712	8,005	8,109	8,070	41.6	-0.5
Nursing	29,177	31,429	33,395	33,766	34,313	35,248	36,737	39,006	38,108	38,282	31.2	0.5
Health and Social Care Professionals	7,613	9,228	12,577	12,692	12,830	13,952	14,913	15,705	15,980	15,957	109.6	-0.1
Management/ Administration	12,366	14,714	15,690	15,766	16,157	16,699	17,262	18,043	17,967	17,777	43.8	-1.1
General Support Staff	25,216	13,803	13,729	13,838	13,771	13,227	12,910	12,900	12,631	12,428	22.8	-1.6
Other Patient and Client Care	-	14,842	13,513	13,647	14,640	15,586	16,739	17,846	18,230	18,548	-	1.7
Total	80,070	90,302	95,679	96,501	98,723	101,978	106,273	111,505	111,025	111,062	38.7	0.0

Source: Health Service Personnel Census at 31st December.

Note:

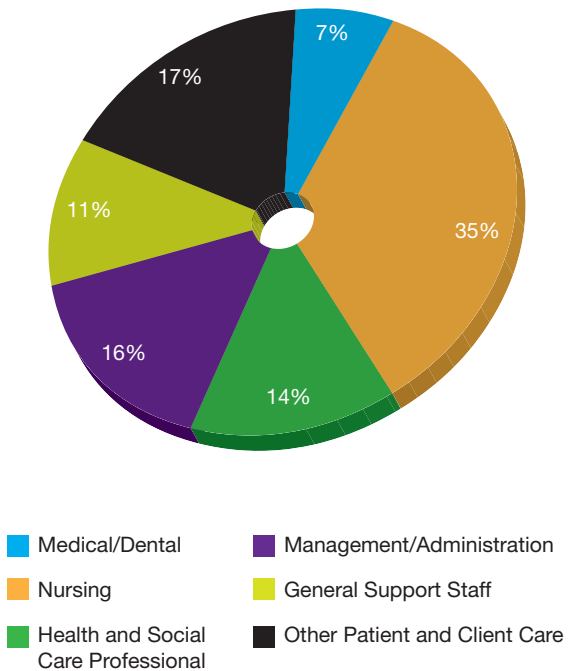
- (i) Figures refer to whole-time equivalents excluding staff on career break and excludes Home Helps.
- (ii) Caution should be exercised in making grade category comparisons due to changes in category composition over time. In particular:
 - (a) "General Support Staff" comprises the former grade categories "Support" and "Maintenance/Technical" which existed up to the 2000 census.
 - (b) "Health and Social Care Professionals" was known as "Paramedical" up to 2000.
 - (c) "Other Patient and Client Care" was first used in the 2001 Personnel Census and comprised grades in other categories which were considered to relate to patient care.
 - (d) "Management/ Administration" includes staff who are of direct service to the public and include Consultant's Secretaries, Out-Patient Departmental Personnel, Medical Records Personnel, Telephonists and other staff who are engaged in front-line duties.
 - (e) Student nurses are included in the 2007 and 2008 employment figures on the basis of 3.5 students equating to 1 wholetime equivalent. The employment levels adjusted for student nurses on the above basis are 110,664 WTE (Dec 07) and 111,001 WTE (Dec 08).
- (iii) * The 2009 data refers to June 2009 employment figures and may be subject to some seasonality, caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.1**NUMBERS EMPLOYED IN THE PUBLIC HEALTH SERVICES, 2000 TO 2009**

Source: Table 5.1

FIGURE 5.2

PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICES IN EACH GRADE CATEGORY, 2009



Source: Table 5.1

TABLE 5.2

CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED WITHIN THE PUBLIC HEALTH SERVICES, 2000 TO 2009

Grade Category	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009*	%Change	
											2000-2009	2008-2009
Consultants	1,433	1,572	1,691	1,754	1,871	1,966	2,094	2,218	2,245	2,268	58.3	1.0
Non-Consultant Hospital Doctors:												
House Officer/	1,480	1,615	1,727	1,708	1,764	1,802	1,910	1,918	1,876	1,866	26.1	-0.6
House Officer Senior												
Intern	414	440	466	471	485	486	502	512	505	504	21.7	-0.2
Registrar	1,167	1,240	1,308	1,241	1,250	1,387	1,508	1,606	1,699	1,641	40.7	-3.4
Senior Registrar	287	431	593	668	699	701	729	818	856	828	188.7	-3.2
/Specialist												
Sub-Total Non-Consultant Hospital Doctors	3,348	3,727	4,093	4,087	4,199	4,376	4,649	4,854	4,937	4,839	44.5	-2.0
Total	4,781	5,299	5,784	5,841	6,070	6,342	6,745	7,072	7,182	7,107	48.7	-1.0

Source: Personnel Census, Department of Health and Children.

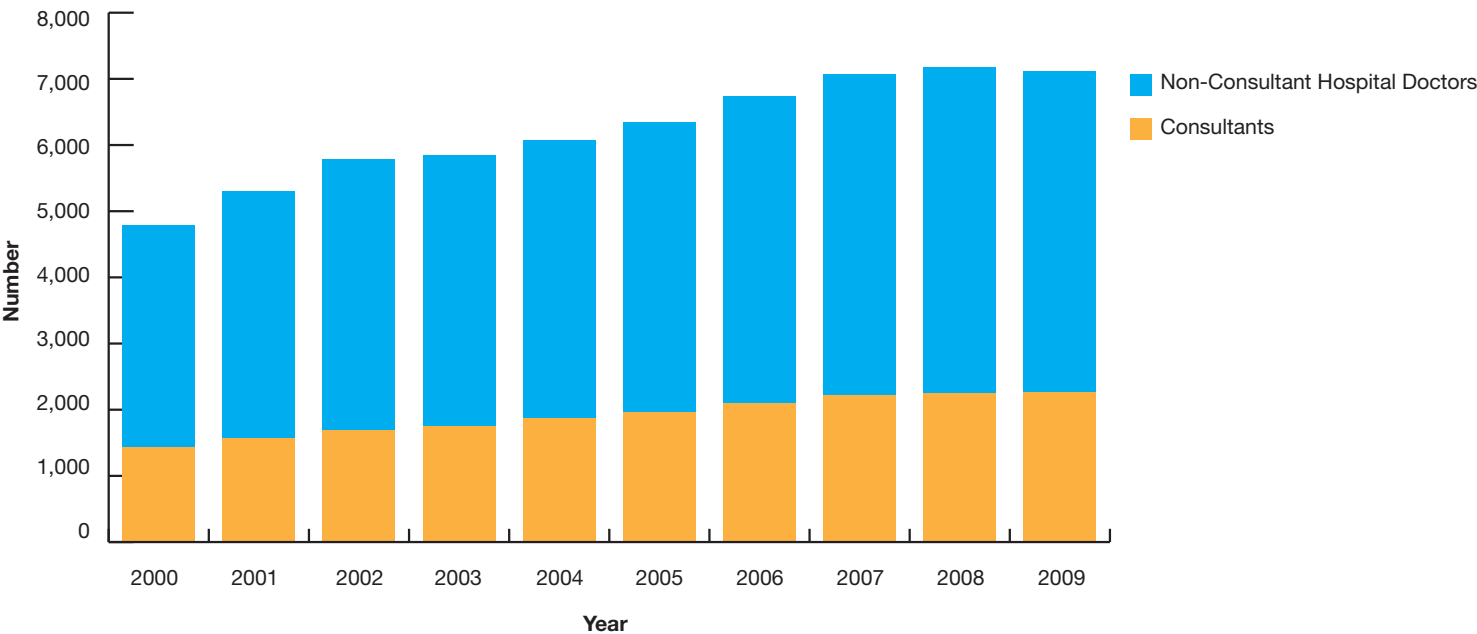
Note:

(i) Figures refer to whole-time equivalents excluding staff on career break.

(ii) "Consultants" includes Masters of Maternity Hospitals.

(iii) * The 2009 data refers to June 2009 employment figures and may be subject to some seasonality, caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.3
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED WITHIN THE PUBLIC HEALTH SERVICES, 2000 TO 2009



Source: Table 5.2

TABLE 5.3
NUMBER OF GENERAL PRACTITIONERS PARTICIPATING IN THE GMS CHOICE OF DOCTOR SCHEME, 1998 TO 2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	%Change	
											1998-2007	2006-2007
Number	1,629	1,679	1,798	1,863	2,134	2,181	2,210	2,257	2,315	2,347	44.1	1.4

Source: General Medical Services (Payments) Board/ National Shared Services, Primary Care Reimbursement Service, HSE.

6. Health Service Expenditure

Public spending on health services in Ireland has increased significantly over the past decade. Capital and non-capital expenditure for 2000-2009 are detailed in Table 6.1.

Health spending per capita has also increased between 1998 and 2007. Based on the Organisation for Economic Cooperation and Development (OECD) figures, and adjusted for general inflation, Figure 6.3 shows per capita public health expenditure approximately doubling during the period 1998-2007. Compared with other OECD countries, Ireland's health spending per capita ranks in the top half but when expressed as a percentage of GDP (7.6% in 2007) ranks at the lower end of the OECD spectrum (Table 6.4). It is however difficult to compare like with like since all countries do not classify health expenditure in the same manner. More significantly, unlike most other OECD countries, a sizeable proportion of Ireland's GDP refers to profit exports which are not available for national consumption. When Ireland's total health expenditure is calculated as a percentage of Gross National Income (GNI), which does not include exported profits, the figure rises to 8.9% which puts Ireland close to the OECD average.

TABLE 6.1

PUBLIC HEALTH EXPENDITURE, 2000 TO 2009

	2000 €m	2001 €m	2002 €m	2003 €m	2004 €m	2005* €m	2006 €m	2007 €m	2008 €m	2009 €m	% Change	
											2000 -2009	2008 -2009
Total Public Non-Capital Expenditure on Health	5,423	6,802	7,933	8,853	9,653	11,160	12,248	13,736	14,588	15,021	177.0	3.0
<i>Net Public Non-Capital Expenditure on Health</i>	<i>5,359</i>	<i>6,739</i>	<i>7,867</i>	<i>8,783</i>	<i>9,561</i>	<i>11,088</i>	<i>12,144</i>	<i>13,636</i>	<i>14,481</i>	<i>14,919</i>	178.4	3.0
Total Public Capital Expenditure on Health	294	374	507	514	509	516	461	585	584	419	42.5	-28.3
Total Public Expenditure	5,717	7,176	8,440	9,367	10,162	11,676	12,709	14,321	15,172	15,440	170.1	1.8

Sources: Non-capital expenditure - "Estimated Non-Capital Expenditure 1999-2004" www.dohc.ie. From 2005, Revised Estimates for Public Services.
Capital Expenditure - Revised Estimates for Public Services and HSE Reports on Capital Programme.

Note:

- (i) Net Public Non-Capital Expenditure provided by the Department of Health and Children's Vote, and HSE Vote from 2005, in the Revised Estimates for Public Services: excludes treatment benefits - funded from the Vote of Department of Social & Family Affairs - and items not considered health expenditure such as expenditure under Vote 41 Office of the Minister for Children (2006 - 2009).
- (ii) Total public capital expenditure excludes capital expenditure by the Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (2009). Capital expenditure for 2008 is provisional.
- (iii) Figures for 2009 are estimates.

* Establishment of the Health Service Executive with its own Vote gave rise to changes in the reporting of health expenditure in the Revised Estimates for Public Services from 2005 onwards. Figures from 2005 are therefore not directly comparable with data from earlier years. Income that was previously collected and retained by the then Health Boards and did not form part of the Department of Health and Children's Vote and which accrues direct to the HSE is now part of the Appropriations-in-Aid and is included in the figures.

TABLE 6.2

NON-CAPITAL VOTED EXPENDITURE HSE, 2005 to 2008

	2005 (€000's)	2006 (€000's)	2007 (€000's)	2008 (€000's)	% Change	
					2005-2008	2007-2008
Primary, Community and Continuing Care						
Care of Older People	1,080,561	1,054,748	1,574,791	1,739,128	60.9	10.4
Children and Families	490,423	605,627	635,692	653,477	33.2	2.8
Care for Persons with Disabilities	1,142,858	1,198,410	1,505,627	1,548,718	35.5	2.9
Mental Health	774,685	984,494	1,042,357	1,043,816	34.7	0.1
Primary Care & Community Health*	2,884,229	2,720,550	3,444,962	3,758,772	30.3	9.1
Multi Care Group Services †	-	627,707	-	-	-	-
Palliative Care & Chronic Illness †	-	74,670	-	-	-	-
Primary, Community and Continuing Care Total	6,372,756	7,266,206	8,203,429	8,743,911	37.2	6.6
National Hospitals Office	4,439,673	4,540,711	5,003,530	5,272,179	18.8	5.4
Long Term Charges Repayment Scheme	-	16,487	131,700	236,000	-	79.2
Other	216,074	64,991	93,426	100,552	-53.5	7.6
HSE Gross Non-Capital Vote Total	11,028,503	11,888,395	13,432,085	14,352,642	30.1	6.9
Total Appropriations-in-Aid	2,200,106	2,307,451	2,495,971	2,250,688	2.3	-9.8
HSE Net Non-Capital Vote Total	8,828,397	9,580,944	10,936,114	12,101,954	37.1	10.7

Source: Revised Estimates for Public Services

† These have now been absorbed into other subheads

* Includes Medical Card Services Schemes

Note:

- (i) Establishment of the Health Service Executive with its own Vote gave rise to changes in the reporting of health expenditure in the Revised Estimates for Public Services from 2005 onwards. Figures from 2005 are therefore not directly comparable with data from earlier years. Income that was previously collected and retained by the then Health Boards and did not form part of the Department of Health and Children's Vote and which accrues direct to the HSE is now part of the Appropriations-in-Aid and is included in the figures.
- (ii) In 2005, "Other" includes technical adjustments arising from transition to new HSE Vote of €173.6 million.

TABLE 6.3

CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME, 1998 TO 2007

Programme	1998 (€000's)	1999 (€000's)	2000 (€000's)	2001 (€000's)	2002 (€000's)	2003 (€000's)	2004 (€000's)	2005 (€000's)	2006 (€000's)	2007 (€000's)	% Change	
											1998-2007	2006-2007
Acute Hospitals	130,500	127,800	165,372	208,038	327,190	396,032	390,603	277,964	244,670	311,672	138.8	27.4
Community Health	21,787	36,125	39,531	55,371	74,033	25,754	24,018	115,671	111,863	137,587	531.5	23.0
Mental Health	3,639	4,150	15,916	17,891	33,975	8,258	2,702	25,759	20,452	33,837	829.8	65.4
Disability Services	21,045	22,439	47,069	57,658	38,613	40,257	19,728	32,335	42,283	45,196	114.8	6.9
ICT	18,512	26,427	18,195	26,436	28,669	40,074	67,431	58,400	24,938	30,215	63.2	21.2
Miscellaneous	5,083	13,752	7,861	8,227	4,633	3,811	3,997	5,781	16,689	26,208	415.6	57.0
Total Public Capital Expenditure	200,566	230,693	293,944	373,620	507,115	514,186	508,479	515,910	460,895	584,715	191.5	26.9

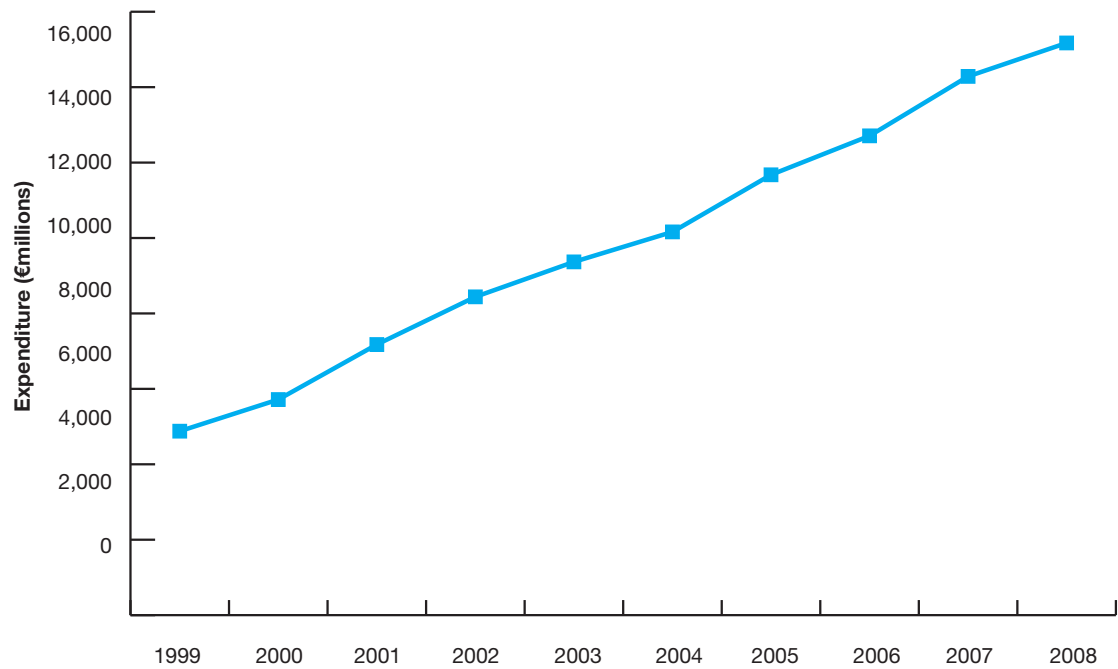
Source: Revised Estimates for Public Services and HSE Reports on Capital Programme.

Note:

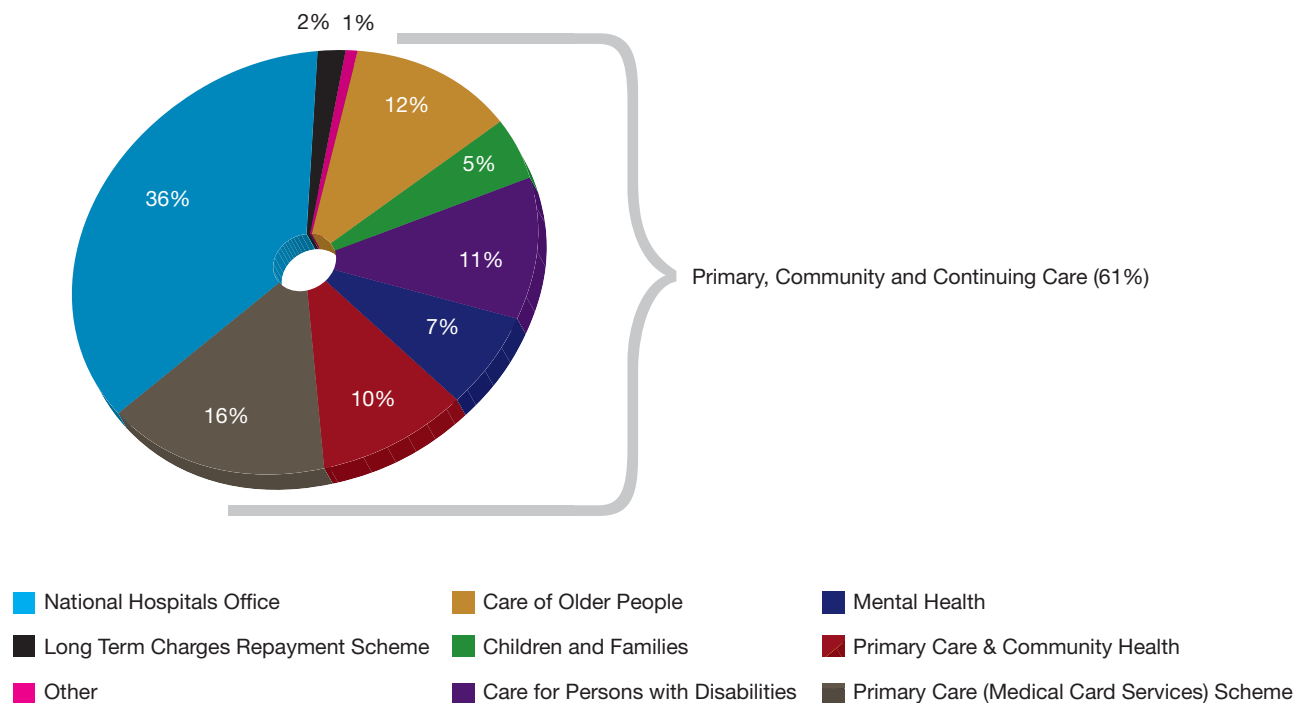
(I) Total Capital Expenditure includes Hospital Trust Fund Initiative of EUR13.599m which was outside the Exchequer provision in 1998.

(II) Excludes capital expenditure by the Office of the Minister for Children (2006, 2007).

FIGURE 6.1
TOTAL PUBLIC HEALTH EXPENDITURE, 1999 TO 2008



Source: Table 6.1

FIGURE 6.2**PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2008**

Source: Table 6.2

TABLE 6.4

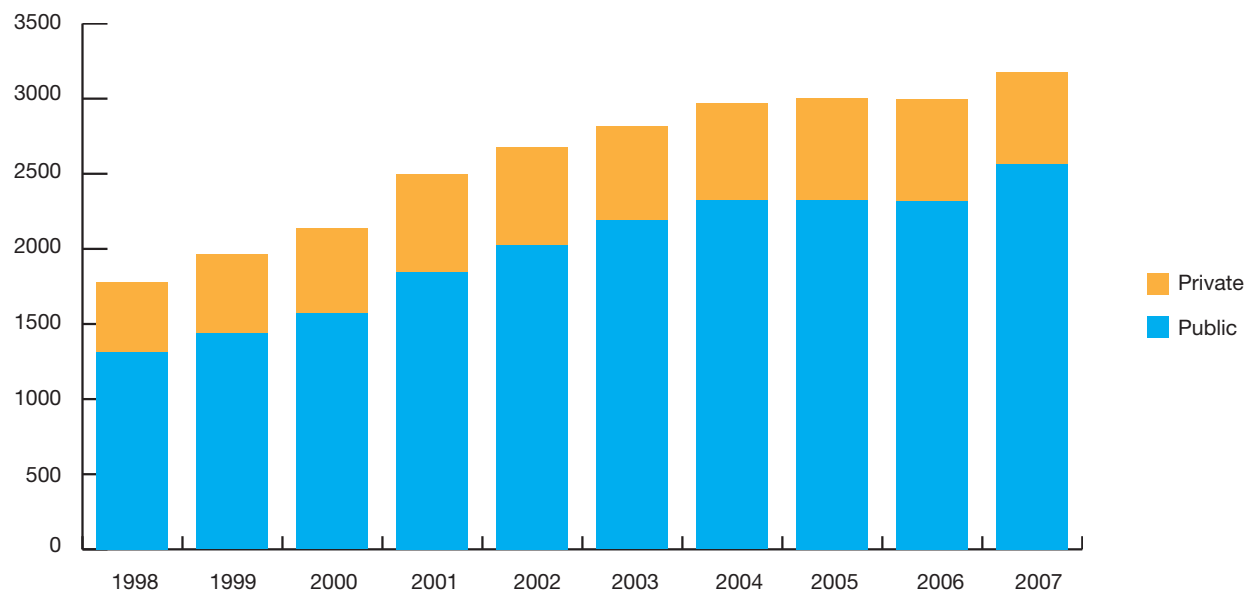
TOTAL HEALTH EXPENDITURE PER CAPITA AND AS % OF GDP & GNI FOR SELECTED OECD COUNTRIES, 2007

Country	Per Capita			% GDP			% GNI
	Public	Private	Total	Public	Private	Total	Total
Australia*	2,124	1,012	3,137	5.9	2.8	8.7	n/a
Austria	2,875	888	3,763	7.7	2.4	10.1	10.3
Belgium(e)	n/a	n/a	3,595	n/a	n/a	10.2	10.1
Canada	2,726	1,169	3,895	7.1	3	10.1	n/a
Czech Republic	1,385	241	1,626	5.8	1	6.8	7.3
Denmark	2,968	545	3,512	8.2	1.5	9.8	9.7
Finland	2,120	720	2,840	6.1	2.1	8.2	8.2
France	2,844	756	3,601	8.7	2.3	11	10.9
Germany	2,758	830	3,588	8	2.4	10.4	10.2
Greece	1,646	1,081	2,727	5.8	3.8	9.6	9.9
Hungary	980	408	1,388	5.2	2.2	7.4	7.9
Iceland	2,739	580	3,319	7.7	1.6	9.3	9.6
Ireland	2,762	661	3,424	6.1	1.5	7.6	8.9
Italy	2,056	630	2,686	6.7	2	8.7	8.8
Japan*	2,097	484	2,581	6.6	1.5	8.1	7.8
Korea	927	761	1,688	3.7	3.1	6.8	n/a
Luxembourg*(e)	3,782	380	4,162	6.6	0.7	7.3	9.5
Mexico	372	451	823	2.7	3.2	5.9	n/a
Netherlands(e)	n/a	n/a	3,837	n/a	n/a	9.8	9.5
New Zealand	1,898	536*	2,510	7.3	2.1	9.2	n/a
Norway	4,005	758	4,763	7.5	1.4	8.9	8.8
Poland	733	302	1,035	4.6	1.9	6.4	6.7
Portugal*	1,538	612	2,150	7.1	2.8	9.9	10.3
Slovak Republic	1,040	516	1,555	5.2	2.6	7.7	8.0
Spain	1,917	753	2,671	6.1	2.4	8.5	8.7
Sweden	2,716	607	3,323	7.4	1.7	9.1	8.9
Switzerland(e)	2,618	1,799	4,417	6.4	4.4	10.8	10.5
Turkey#	441	177	618	4.1	1.6	5.7	7.6
United Kingdom	2,446	547	2,992	6.9	1.5	8.4	8.3
United States	3,307	3,982	7,290	7.3	8.7	16	15.8

Note:

- (i) Per Capita Expenditure is expressed in Purchasing Power Parities (US\$PPPs).
- (ii) GDP: Gross Domestic Product.
- (iii) GNI: Gross National Income.
- (iv) n/a: indicates 'Not available'.
- (v) * indicates data for 2006.
- (vi) # indicates data for 2005.
- (vii) e indicates estimated.

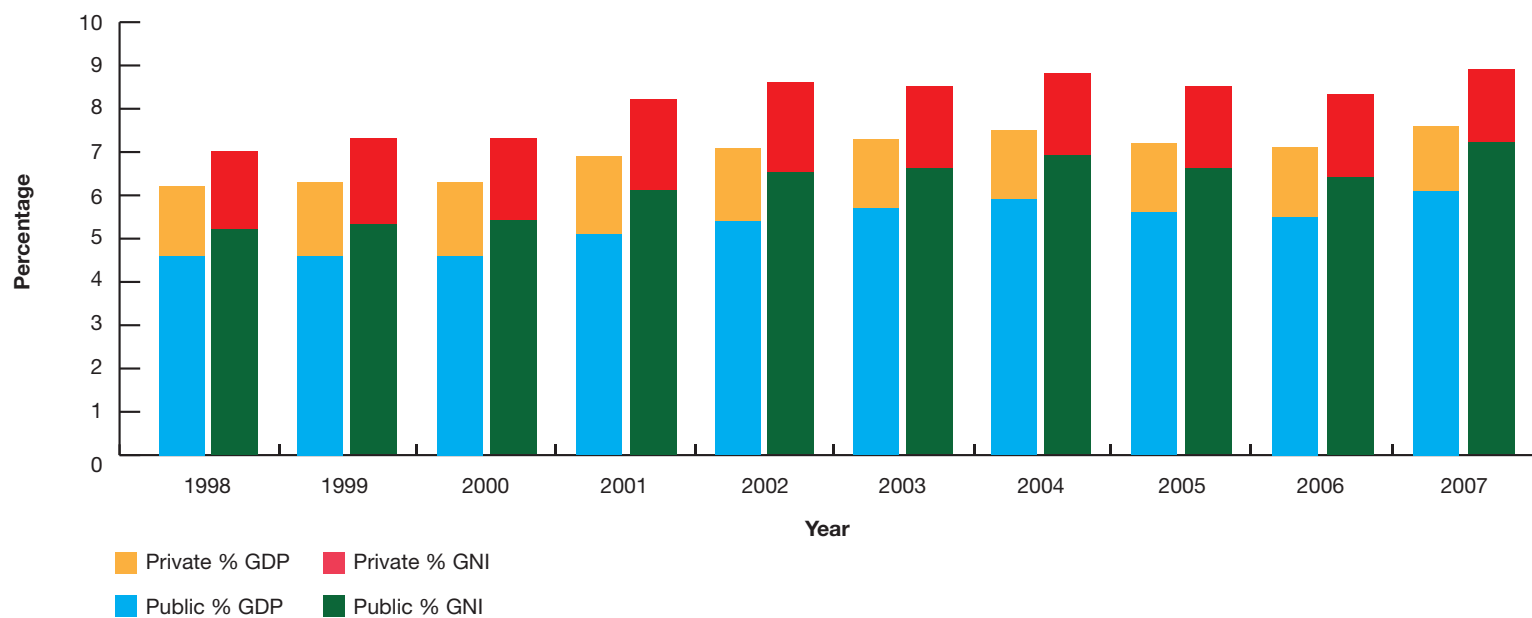
Source: OECD, Eurostat.

FIGURE 6.3**TOTAL HEALTH EXPENDITURE PER CAPITA IN IRELAND, 1998-2007**

Source: OECD.

Note:

Total Health Expenditure measured in National Currency Units at 2006 prices based on the Consumer Price Index (CSO).

FIGURE 6.4**TOTAL HEALTH EXPENDITURE IN IRELAND AS A PERCENTAGE OF GDP AND GNI, 1998 TO 2007**

Source: OECD, Eurostat.



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