



HEALTH IN IRELAND

Key Trends 2012

Tús Áite do
Shábháilteacht **1** Othar
Patient Safety **1** First

Introduction

Health in Ireland, Key Trends 2012 provides summary statistics on health and health care over the past decade. It also aims to highlight selected trends and topics of growing concern and to include new data where it becomes available. An important objective is to assess ourselves and our progress in the broader EU context. The booklet is divided into six chapters ranging from population, life expectancy and health status through to health care delivery, staffing and costs.

Results from the Census of Population, 2011, show continued population growth in Ireland but at a significantly slower rate than previously. For the health services, a key demographic feature is population ageing. While growth in the overall population may be modest, the numbers as well as the proportion of the population in the older age groups is increasing rapidly. Each year the total number of people over the age of 65 grows by around 20,000 persons. The population over 65 will more than double over the next 30 years with evident implications for health service planning and delivery. These numbers reflect both the underlying age structure of the population but also Ireland's remarkable achievements in reducing mortality and increasing life expectancy over the course of the past decade and more. In earlier times, a high proportion of longevity gains could be attributed to reductions in infant mortality or in deaths from infectious diseases.

The more recent improvements are largely due to lower mortality and better survival from conditions affecting older age groups such as heart disease and cancer. While difficult to quantify, the contribution of modern health services to this achievement has been of unquestionable significance.

Reporting on health at the national level can serve to mask less favourable health conditions pertaining to specific subgroups of the population whether based on social class, ethnicity, gender, age or area of residence. This year results from the Census of Population, 2011

are presented. The Census included a question on self-perceived health, and the overall results classified by disability status (see Figure 2.1) and by social class (see Figure 2.2) show marked disparities in the percentages reporting good or very good health. Overall, however, Ireland continues to have the highest levels of self-reported good health in the EU (see Figure 2.3). Other selected data relevant to issues of access and equity include a measure of breast-feeding rates by social class (see Figure 2.9), and unmet need for medical examination by income (see Figure 4.1).

Given the continuing severe economic constraints facing the country, recent data on employment and expenditure (see Sections 5 and 6) are characterised by reductions. Figures also show increasing numbers and percentages of the population eligible for a medical card (see Table 4.1) and decreasing numbers opting for private health insurance (see Figure 4.3). The key challenge will be to ensure that scarcer resources are carefully targeted to deliver more efficient and effective ways of providing services. An example of changing practice which is both more beneficial for the patient and more cost-effective can be seen in the acute hospital sector where a gradual decline in inpatient admissions is being more than offset by a rapid rise in daycase treatments (see Figure 3.1). Further, improved treatment models are leading to better outcomes, as evidenced by continuing improvements in cancer survival (see Figure 2.7).

Age-standardised mortality rates from diseases of the circulatory system, which remain the major cause of death (32.9% of all deaths), continue to decline as does mortality from traffic accidents. For other principal causes such as cancer and suicides, data for the most recent year, 2011, is less positive. Care, however, needs to be exercised in interpreting single year changes since data for 2011 remain provisional and are based on year of registration. Over the 10 year period since 2002 there has been an overall reduction of 22.5% in mortality rates from all causes.

In the area of health determinants, lifestyle factors such as smoking, drinking, and obesity continue to be issues which have the potential to jeopardise many of the health gains achieved in recent years. Recent data from the international Health Behaviour in School-aged Children (HBSC) survey is displayed in Figure 2.10. The figure shows smoking, alcohol consumption and levels of physical activity in 15 year olds. While providing cause for concern, Ireland performs somewhat better than the average of other countries on all three indicators.

The tables setting out the types and the volume of services delivered by the Health Service Executive across hospital, primary care and community settings and through a variety of demand led schemes and preventative services illustrate the range and complexity of health care needs and the systems required to meet those needs. The demands for high quality, accessible health care will not diminish in the years to come. Effective management will mean decision-making and planning based on the best possible evidence at all levels of the health system.

Section 1: Population and Life Expectancy

page 4

Table 1.1	Population Estimates ('000s) for Regional Authority Areas for 2012
Table 1.2	Population ('000s) by Age Group for Each Year, 2003 to 2012
Table 1.3	Births and Fertility, Ireland and EU, 2002 to 2011
Figure 1.1	Total Fertility Rate in EU Countries
Figure 1.2	Older Age Groups: Population 2012 and Projected Population 2015-2045, Ireland
Table 1.4	Population Projections ('000s) by Age Group Ireland and EU27 total 2011, 2030 and 2045
Table 1.5	Dependency Ratio, Ireland and EU27 2011, 2030 and 2045
Table 1.6	Life Expectancy by Age and Gender, Ireland 1950 to 2007
Figure 1.3	Life Expectancy at Birth for Ireland and EU-27, 1991 to 2010
Figure 1.4	Life Expectancy at Birth for EU-27 Countries, 2010 Or Latest Available Year
Figure 1.5	Life Expectancy and Healthy Life Years at Age 65, Male and Female, Ireland 2010 and EU-27 2009

Section 2: Health of the Population

page 13

Table 2.1	Perceived Health Status in Ireland and EU-27, 2010
Table 2.2	% Chronic Illness Or Conditions Reported in Ireland and EU-27, 2010
Table 2.3	Self-perceived Limitations in Daily Activities Due to Health Problems in Ireland and EU-27, 2010
Figure 2.1	Self-perceived General Health in Ireland by Disability Status, 2011
Figure 2.2	Self-perceived General Health in Ireland by Social Class, 2011
Figure 2.3	Percentage of The Population Reporting Good Or Very Good Health in EU-27 Countries, 2010
Table 2.4	Principal Causes of Death: Numbers and Age-Standardised Death Rates per 100,000 Population, 2002 to 2011
Figure 2.4	Deaths by Principal Causes, percentage Distribution, 2011
Table 2.5	Ireland and EU: Age-Standardised Death Rates per 100,000 Population by Principal Causes of Death, 2010
Figure 2.5	Age-Standardised Death Rates for Selected Causes in Ireland, 1992-2011
Figure 2.6	Age-Standardised Death Rates for Selected External Causes, Ireland and EU, 5-Year Moving Average 1991-2010

Figure 2.7	Five-Year Relative Survival Rates From Selected Cancers, 1997-2002 and 2004-2009, Ireland and Selected EU Countries
Figure 2.8	Alcohol and Cigarette Consumption per Annum, per Capita Aged 15 Years and Over, 1992-2011
Figure 2.9	Percentage of Mothers Breastfeeding by Mother's Occupation, 2010
Figure 2.10	Young People's Health: Smoking, Alcohol and Exercise, percentage of 15 Year Olds Ireland and international Average 2009/2010

Section 3: Hospital Care

page 25

Table 3.1	Acute Hospital Summary Statistics, 2002 – 2011
Figure 3.1	Number of inpatients and Day Cases in Acute Hospitals per 1,000 Population, 2002 – 2011
Figure 3.2	Total Number of in-Patient and Day Case Discharges by Age Group in Acute Hospitals per 1,000 Population, 2002 and 2011
Figure 3.3	Numbers of Adults waiting for an elective procedure longer than 9 months by month, December 2011 - November 2012
Figure 3.4	National 30-Day Moving Average of Admitted Patients Waiting On Trolleys in Emergency Departments in Public Acute Hospitals, 2011 and 2012 by Week Number
Figure 3.5	Health Services attended by Adults in 12 Months Prior to interview by Age Group, Ireland 2010

Figure 3.6 Caesarean Sections As A % of total Live Births Selected EU Countries, 2001-2010

Table 3.2 Psychiatric Hospitals and Units Summary Statistics, 2002 to 2011

Figure 3.7 Psychiatric Hospitals and Units: Admission Rate per 100,000 Population by Age Group, 2002-2011

Section 4: Primary Care and Community Services

page 33

Figure 4.1 People With Unmet Needs for Medical Examination by income Quintile, Ireland and EU-27 2010

Table 4.1 Primary Care Reimbursement Service: Medical Cards, Drug Payments, Long-Term Illness, Gp Visit Card: Number of persons and percentage of Population Dental and Community Ophthalmic Schemes: Number of Treatments and Numbers of persons Treated 2002-2011

Figure 4.2 Prescription Items Dispensed Under The General Medical Services (Gms) Scheme: % Change From Previous Year in Number of Items Dispensed and Average Cost per Item Paid to Pharmacies, 2002-2011

Figure 4.3 Number of persons Covered by Private Health insurance in Ireland, December 2002-2011

Table 4.2 Children in Care: Summary Statistics, 2001 – 2010

Table 4.3 Long Stay Care: Summary Statistics, 2002 to 2011

Figure 4.4 Long-Stay Care: percentage of Residents Aged 65+ by Age Group, 2002 to 2011

Figure 4.5 The numbers of carers per 1,000 population who provide regular unpaid personal help for a friend or family member with a long-term illness health problem or disability, by age group, 2006 and 2011

Table 4.4 Immunisation Rates at 24 Months: percentage Uptake, 2002 to 2011

Table 4.5 Number of People in Ireland Registered With The Physical and Sensory Disability Database, 2004 – 2011

Table 4.6 Intellectual Disability Services: Number of persons Availing of Day Services by Degree of Disability and Residential Status, 2002 to 2011

Table 4.7 Food Safety: total Number of Food Establishments inspected and percentage of Establishments Where infringements Were Found, 2002 to 2011

Section 5: Health Service Employment

page 45

Table 5.1 Employment in The Public Health Service by Grade Category, 2003 to 2012

Figure 5.1 Numbers Employed in The Public Health Service, 2003 to 2012

Figure 5.2 Proportion of Staff Employed in The Public Health Service in Each Grade Category, October 2012

Figure 5.3 Numbers Employed in The Public Health Service in A Selection of Grades Within The Health and Social Care Professionals Category, 2003 to 2012

Table 5.2 Consultant and Non-Consultant Hospital Doctors Employed in The Public Health Service, 2003 to 2012

Figure 5.4 Consultant and Non-Consultant Hospital Doctors Employed in The Public Health Service, 2003 to 2012

Table 5.3 Number of Agreements Between The HSE and General Practitioners for The Provision of Services Under The Primary Care Reimbursement Service 2002 to 2011

Section 6: Health Service Expenditure

page 51

Table 6.1 Public Health Expenditure, 2003 to 2012

Table 6.2 HSE Non-Capital Voted Expenditure, 2008 to 2011

Table 6.3 Capital Public Health Expenditure by Programme 2002 to 2011

Figure 6.1 Total Public Health Expenditure, 2003 to 2012

Figure 6.2 Percentage Gross Non-Capital Voted Expenditure by Programme, HSE 2011

Table 6.4 Total Health Expenditure per Capita and As % of GDP & GNI for Selected OECD Countries, 2010

Figure 6.3 Total Health Expenditure per Capita in Ireland in Real Terms, 2001-2010

Figure 6.4 Total Health Expenditure in Ireland As A percentage of GDP and GNI, 2001 to 2010

1. Population and Life Expectancy

Demographic data on the population sets the context for health and for the planning and delivery of health services. Data from Census 2011 show an overall increase of nearly 8% since the last Census in 2006 but a significant slow down in growth over the period. Population estimates for 2012 indicate minimal overall growth of just 0.2% on the previous year but an increase of 3.3% in the population over the age of 65 (see Table 1.2). Since 2003, the most significant demographic development has been the unprecedented rise in population by more than 15% to a figure of 4.6 million, and the acceleration in population ageing (see Table 1.2).

Registered births showed a further slight decline in 2011, but there are still 14,000 more births per year than a decade ago (see Table 1.3). Ireland continues to experience fertility rates significantly higher than any other country in the European Union (see Figure 1.1).

A key statistic from a health perspective is the number of people over the age of 65 which is projected to be close to two and a half times higher within 30 years. The greatest proportional increases will be in the 85+ age group (see Table 1.4 and Figure 1.2). Ireland's 65+ dependency ratio is also likely to double by the end of this period (Table 1.5).

The rise in life expectancy in Ireland over the past 10 to 15 years has been remarkable. Life expectancy is now around a year above the EU average having come from a position one year below the EU average at the beginning of the century (see Figures 1.3 and 1.4). The greatest gains have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (see Table 1.6 and Section 2). Life expectancy can also be expressed as years lived in good health, and Figure 1.5 shows that for men and women over the age of 65, while overall life expectancy is close to the EU average, Ireland exceeds the EU average on the healthy life years measure.

TABLE 1.1
POPULATION ESTIMATES ('000s) FOR REGIONAL AUTHORITY AREAS FOR 2012

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
2012 Population Estimates:									
Male	256.2	143.2	218.0	613.3	268.0	190.3	249.8	330.8	2,269.6
Female	254.7	143.8	219.4	649.6	272.1	189.8	251.0	335.5	2,315.8
Total	510.9	287.0	437.4	1,262.9	540.1	380.1	500.8	666.3	4,585.4
<i>Age Groups:</i>									
0 - 14	116.5	68.4	93.5	251.5	132.4	81.5	110.5	140.4	994.8
15 - 24	61.2	34.3	52.2	152.4	63.0	47.8	61.4	81.2	553.4
25 - 34	70.1	43.3	63.2	247.1	82.7	55.0	71.2	100.9	733.5
35 - 44	75.4	44.0	64.1	195.9	90.0	55.9	73.9	100.5	700.0
45 - 54	66.3	36.0	57.4	153.1	70.2	49.4	66.5	87.5	586.3
55 - 64	54.7	28.3	48.9	119.6	51.1	41.6	53.0	70.7	468.0
65 - 74	37.6	18.6	32.3	80.9	31.2	28.3	37.1	48.4	314.2
75 - 84	21.1	10.5	18.8	47.0	14.4	15.2	20.3	27.3	174.6
85+	8.0	3.7	7.2	15.3	5.1	5.2	6.8	9.2	60.5
2011 Census	515.5	283.8	440.8	1,261.5	533.8	377.8	499.3	662.3	4,574.9
% increase 2011-2012	-0.9	1.1	-0.8	0.1	1.2	0.6	0.3	0.6	0.2

Source: Central Statistics Office.

Notes:

- (i) Data for 2012 is preliminary.
- (ii) 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, 2003 TO 2012

Age Group	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change	
											2003-2012	2011-2012
0-14	834.7	843.8	853.4	864.4	884.2	913.3	936.4	957.7	976.6	994.8	19.2	1.9
15-64	2703.5	2751.7	2821.5	2907.5	3020.6	3088.1	3098.1	3081.9	3066.6	3041.2	12.5	-0.8
65+	441.9	449.7	458.9	467.9	471.1	483.8	498.9	515.0	531.6	549.3	24.3	3.3
All Ages	3,979.9	4,045.2	4,133.8	4,239.8	4,375.8	4,485.1	4,533.4	4,554.8	4,574.9	4,585.4	15.2	0.2

Source: Central Statistics Office.

- Notes:**
- (i) Data for 2012 is preliminary.
 - (ii) Intercensal population estimates are used except for census years 2006 and 2011.
 - (iii) Data from 2007 are based on the usual residence concept. For other years the defacto concept was used.

TABLE 1.3
BIRTHS AND FERTILITY, IRELAND AND EU, 2002 TO 2011

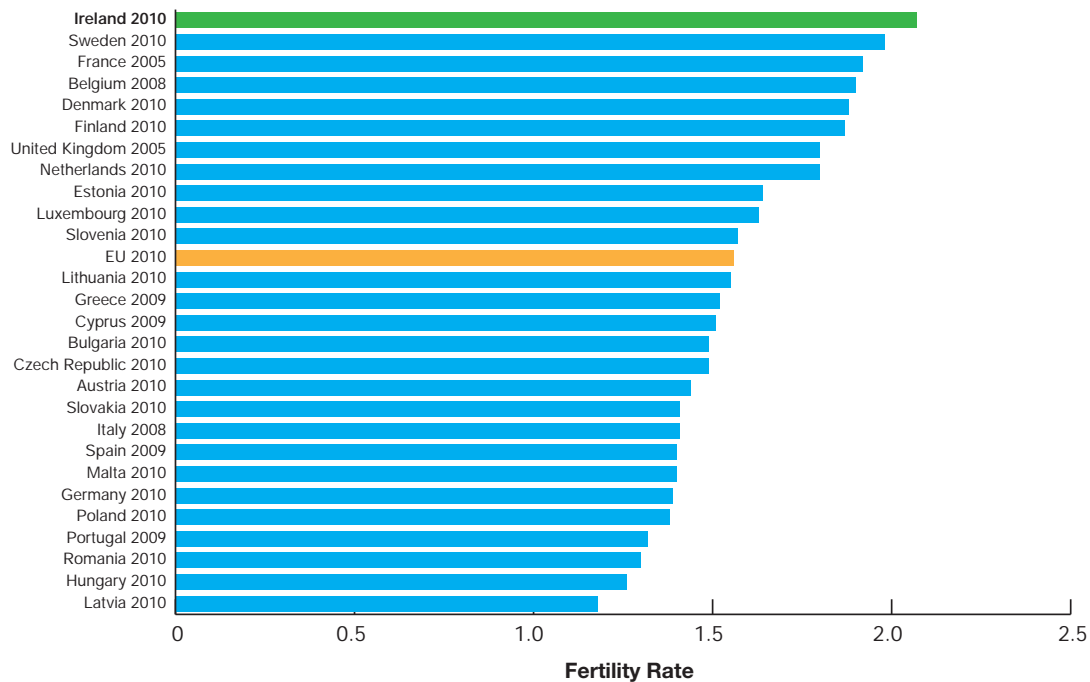
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change	
											2002-2011	2010-2011
Number of Live Births	60,503	61,529	61,972	61,372	65,425	71,389	75,173	75,554	75,174	74,650	23.4	-0.7
Birth Rate (per 1,000 population)	15.4	15.5	15.3	14.8	15.4	16.3	16.8	16.7	16.5	16.3	5.8	-1.2
Ireland Total Fertility Rate	1.98	1.98	1.95	1.88	1.94	2.03	2.07	2.06	2.06	2.04	3.0	-1.0
EU-27 Total Fertility Rate	1.45	1.47	1.49	1.50	1.52	1.53	1.56	1.56	1.56	n/a	7.6	0.0

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

- Notes:**
- (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 2011 refer to year of registration and are therefore provisional.
 - (iii) % change for EU relates to 2002-2010 and 2009-2010.
 - (iv) Birth rates and the Ireland total fertility rate have been revised for years from 2007 based on Census of population usual residence estimated population figures.
 - (v) Data for 2008 have been revised by the CSO.

FIGURE 1.1

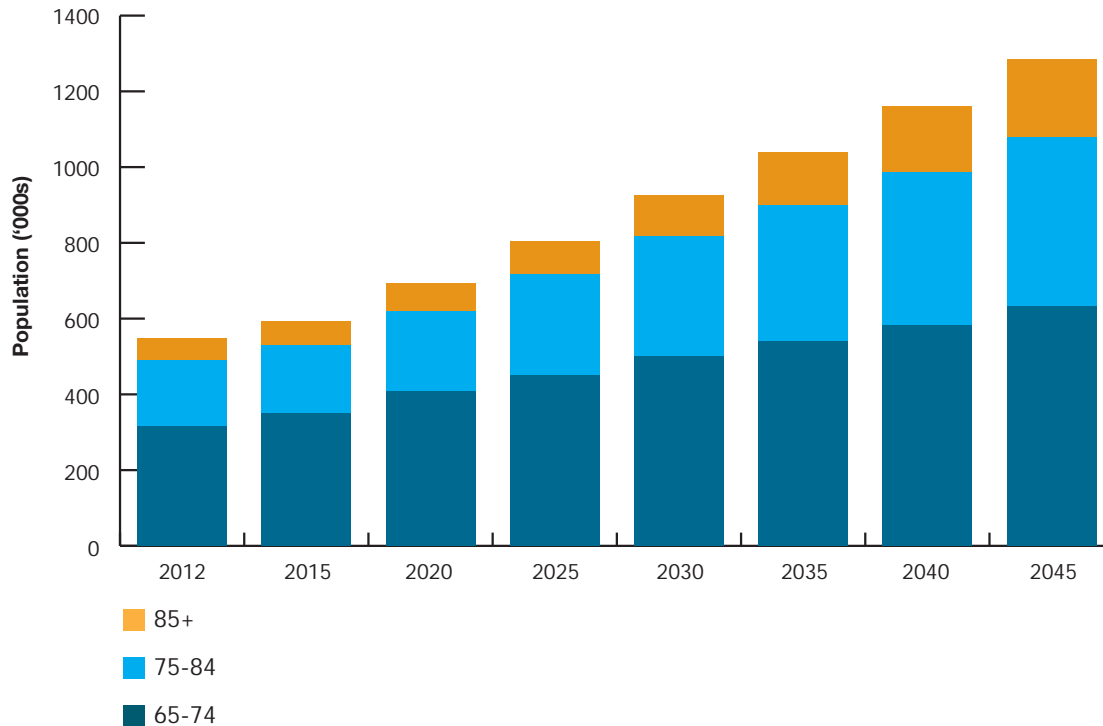
TOTAL FERTILITY RATE IN EU COUNTRIES



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

Note: Data is for latest year available.

FIGURE 1.2
OLDER AGE GROUPS: POPULATION 2012 AND PROJECTED POPULATION
2015-2045, IRELAND



Source: Eurostat (see notes under Table 1.4).

TABLE 1.4
POPULATION PROJECTIONS ('000s) BY
AGE GROUP IRELAND AND EU27 TOTAL
2011, 2030 AND 2045

Age Group	2011	2030	2045	% Change	
				2011	-2045
0-14					
Ireland	977	992	1,166	19.3	
EU - 27	78,446	76,591	74,898	-4.5	
15-64					
Ireland	3,067	3,357	3,543	15.5	
EU - 27	335,886	322,231	304,539	-9.3	
65+					
Ireland	532	926	1,286	141.8	
EU - 27	88,074	123,520	146,187	66.0	
Total					
Ireland	4,576	5,276	5,995	31.0	
EU - 27	502,407	522,342	525,625	4.6	

Source: Central Statistics Office (2011 population only), Eurostat - EUROPOP 2010 Convergence Scenario

Notes:

- (i) EU data for 2011 is preliminary.
- (ii) Population projections are based on the most recent EU wide population projections (2010) and may not fully represent more recent national trends in mortality, fertility and migration.

TABLE 1.5
DEPENDENCY RATIO, IRELAND AND EU27
2011, 2030 AND 2045

Age Group	2011	2030	2045	% Change
				2011-2045
0-14				
Ireland	31.9	29.6	32.9	3.1
EU - 27	23.4	23.8	24.6	5.1
65+				
Ireland	17.3	27.6	36.3	109.8
EU - 27	26.2	38.3	48.0	83.2
Total				
Ireland	49.2	57.2	69.2	40.7
EU - 27	49.6	62.1	72.6	46.4

Source: Central Statistics Office (2011 population only), Eurostat - EUROPOP 2010 Convergence Scenario.

Notes:

- (i) EU data for 2011 is preliminary.
- (ii) Population projections are based on the most recent EU wide population projections (2010) and may not fully represent more recent national trends in mortality, fertility and migration.
- (iii) 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.

TABLE 1.6
LIFE EXPECTANCY BY AGE AND GENDER, IRELAND 1950 TO 2007

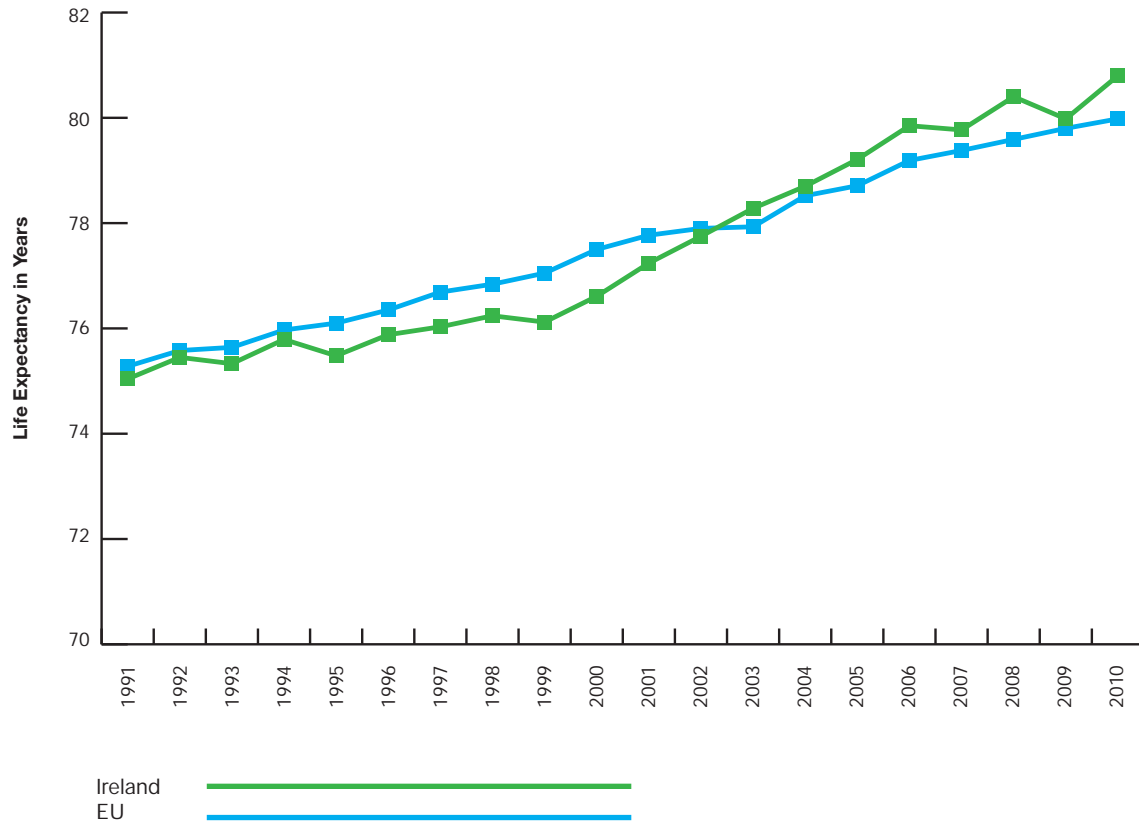
	1950-52	1960-62	1970-72	1980-82	1990-92	1995-97	2001-03	2005-07	% Change		
									1950-52 to 2005-07	2001-03 to 2005-07	
Male											
Life Expectancy at Age											
0	64.5	68.1	68.8	70.1	72.3	73.0	75.1	76.8	19.1	2.3	
1	66.9	69.3	69.2	69.9	71.9	72.5	74.6	76.1	13.8	2.0	
40	31.3	32.4	32.1	32.6	34.4	35.1	37.0	38.5	23.0	4.1	
65	12.1	12.6	12.4	12.6	13.4	13.8	15.4	16.6	37.2	7.8	
75	6.8	7.1	7.3	7.3	7.8	8.0	8.9	9.8	44.1	10.1	
Female											
Life Expectancy at Age											
0	67.1	71.9	73.5	75.6	77.9	78.5	80.3	81.6	21.6	1.6	
1	68.8	72.9	73.8	75.4	77.4	78.0	79.7	80.9	17.6	1.5	
40	33.3	35.3	36.0	37.3	39.2	39.8	41.4	42.5	27.6	2.7	
65	13.3	14.4	15.0	15.7	17.1	17.4	18.7	19.8	48.9	5.9	
75	7.6	8.1	8.5	9.1	10.2	10.4	11.2	12.1	59.2	8.0	

Source: Central Statistics Office.

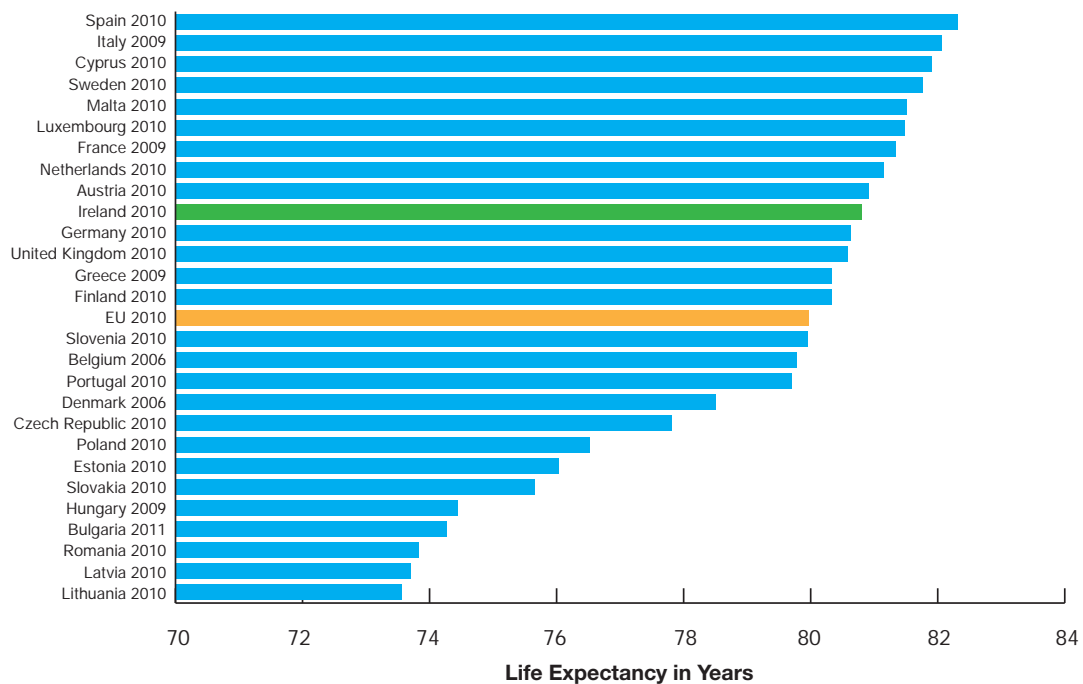
Note:

Table above is based on period life expectancy.

FIGURE 1.3
LIFE EXPECTANCY AT BIRTH FOR IRELAND AND EU-27, 1991 TO 2010

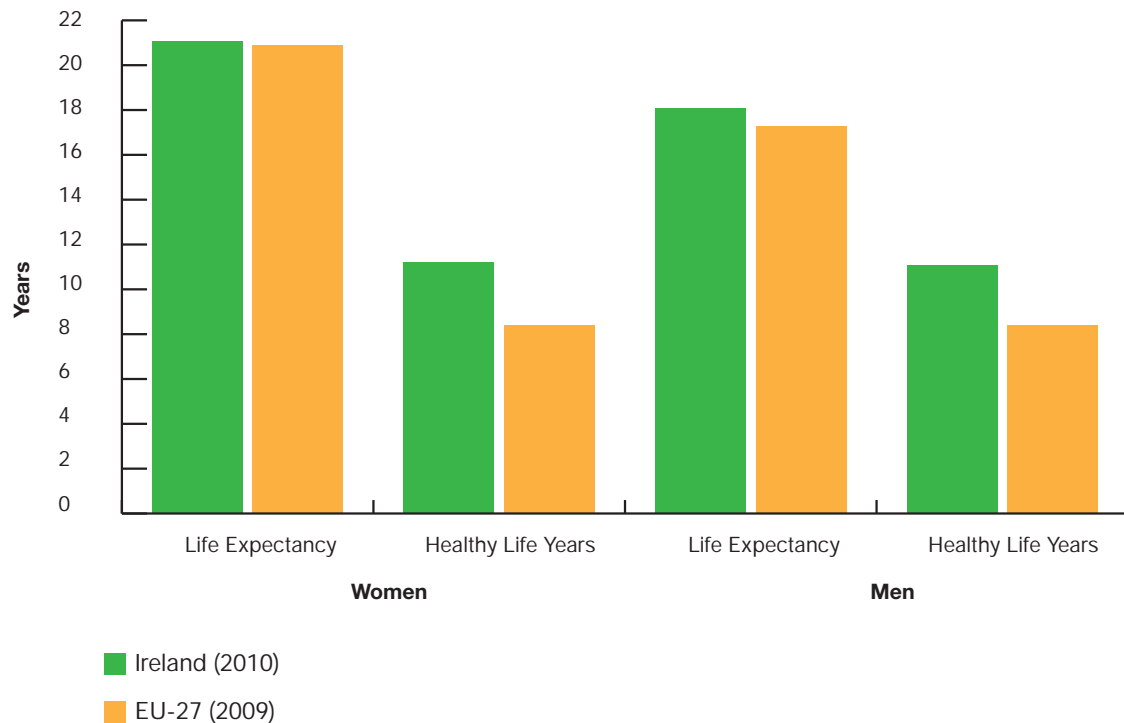


Source: European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

FIGURE 1.4**LIFE EXPECTANCY AT BIRTH FOR EU-27 COUNTRIES, 2010 OR LATEST AVAILABLE YEAR**

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

FIGURE 1.5
LIFE EXPECTANCY AND HEALTHY LIFE YEARS AT AGE 65, MALE AND FEMALE,
IRELAND 2010 AND EU-27 2009



Source: Eurostat.

2. Health of the Population

The European Union Statistics of Income and Living Conditions (EU-SILC) provides a basis for comparing self-evaluated health across Europe and for relating these assessments to socio-economic measures. In the areas of self-reported chronic illness and limitations in activities, Ireland compares favourably with the EU average, but this does not take account of Ireland's relatively young population, and it is clear that the gradient for chronic conditions rises very steeply with age (see Tables 2.2 and 2.3). In general terms, Ireland continues to have the highest percentage of its population reporting either good or very good health (see Table 2.1 and Figure 2.3).

The Census of Population 2011 included a question on self-perceived general health for the first time which shows the same generally high rating as EU-SILC but also allows cross-tabulation by factors related to health status. Dividing the population into those with and without a reported disability shows a very different pattern of self-reported health between these two groups (see Figure 2.1). There is also a marked correlation between social class and self-reported health with over 70% of people in the two highest social classes indicating very good health compared with less than 50% in the lowest social class (see Figure 2.2). A graphic (see Figure 2.9) is also included which shows the relationship between rates of breast feeding and occupational class. In the higher professional group more than 60% of mothers breast feed their babies; in the unemployed group this drops to just over 30%.

In overall population health terms, the past decade presents a clear picture of rapid decreases in mortality rates accompanied by a rapid rise in life expectancy. Mortality from circulatory system diseases fell by almost

36% between 2002 and 2011 and cancer death rates reduced by 8%. Mortality from circulatory system diseases is now virtually the same as that for cancer whereas it was 50% higher ten years ago and almost 100% higher 20 years ago (see Table 2.4 and Figure 2.5). Between them, these two causes accounted for 63% of all deaths registered in 2011 (see Figure 2.4). Transport accident mortality has fallen by nearly 60% in the past decade and infant mortality by 30%. The most recent single year changes in mortality figures should be interpreted with caution since the data are provisional and based on year of registration.

Figure 2.6 presents a graph of mortality from suicide and from road traffic accidents compared with the EU and calculated as a 5-year moving average. This shows the downward trend since 1991 and illustrates that suicide rates in Ireland remain close to the EU average, while motor vehicle death rates continue to decline and to be significantly below the EU average.

Table 2.5 provides a summary comparison of Irish death rates by principal cause with the EU average. In 2010, for diseases of the circulatory system, mortality in Ireland was 12% below the EU average. For cancers, Ireland remained 2.2% above average EU mortality and also was nearly 9% higher for mortality from smoking-related diseases, many of which will, of course, be cancers. Survival rates for breast, colorectal and cervical cancers are graphed in Figure 2.7 and show Ireland with below average survival for all three. However, significant improvement in survival is also evident particularly for breast and cervical cancers where the gap with the best performers continues to narrow.

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle health determinants such as smoking, alcohol consumption, exercise and obesity. Although the figures need to be treated with caution (due to cross-border or illicit sales), data from the Revenue Commissioners indicates that both alcohol and cigarette consumption per capita are at lower levels than they were ten years ago (see Figure 2.8).

The international Health Behaviour in School-aged Children (HBSC) survey for 2009 to 2010 provides data on smoking, drinking and physical activity in 15 year olds. These data are presented in Figure 2.10 and shows Ireland comparing favourably with the international average across all categories. It is notable that both alcohol use and physical activity are higher in boys while smoking is somewhat higher in girls.

TABLE 2.1
PERCEIVED HEALTH STATUS IN IRELAND AND EU-27, 2010

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	71.3	68.3	25.6	25.7	3.1	6.0
25-44	56.9	53.6	34.1	35.8	9.0	10.6
45-64	30.6	35.6	46.8	43.4	22.7	21.0
65+	20.9	19.1	43.9	46.1	35.2	34.8
Total	45.8	44.3	38.1	38.5	16.1	17.2
EU-27	24.5	21.1	46.6	44.7	29.0	34.3

Source: Central Statistics Office - EU SILC, Eurostat.

TABLE 2.2
% CHRONIC ILLNESS OR CONDITIONS REPORTED IN IRELAND AND EU-27, 2010

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	11.4	12.1	88.6	87.9
25-44	15.2	19.2	84.8	80.8
45-64	34.6	33.8	65.4	66.2
65+	53.4	57.6	46.6	42.4
Total	26.2	29.2	73.8	70.8
EU-27	29.2	33.4	70.8	66.6

Source: Central Statistics Office - EU SILC, Eurostat.

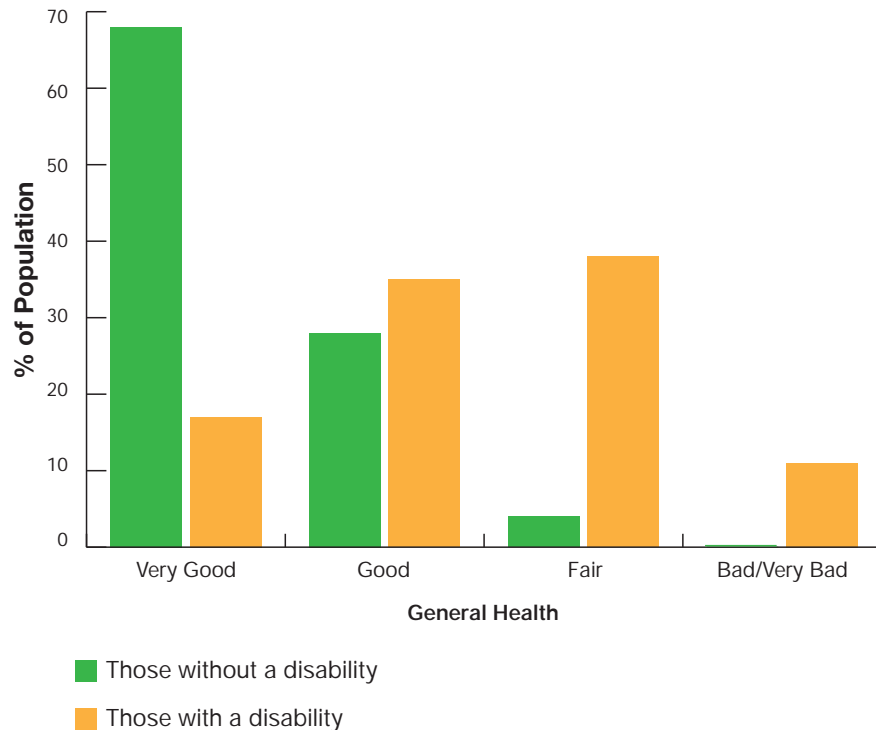
TABLE 2.3
SELF-PERCEIVED LIMITATIONS IN DAILY ACTIVITIES DUE TO HEALTH PROBLEMS IN IRELAND AND EU-27, 2010

Age Group	Some		Severe	
	%Male	%Female	%Male	%Female
25-34	4.7	6.8	2.8	2.1
45-54	12.7	12.9	3.8	3.4
65-74	22.5	23.5	9.0	10.9
85+	27.8	32.3	22.9	32.4
Total	11.4	13.8	5.7	4.7
EU-27	15.0	18.5	7.4	8.7

Source: EU SILC, Eurostat.

FIGURE 2.1

SELF-PERCEIVED GENERAL HEALTH IN IRELAND BY DISABILITY STATUS, 2011

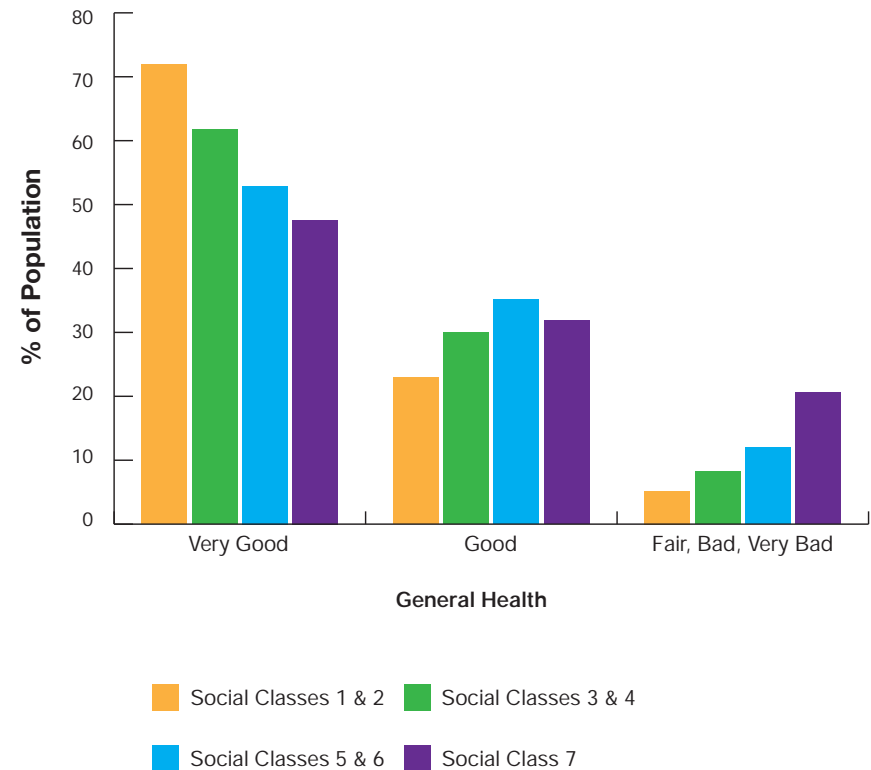


Source: Central Statistics Office Census of Population 2011.

Note: Graph excludes not stated.

FIGURE 2.2

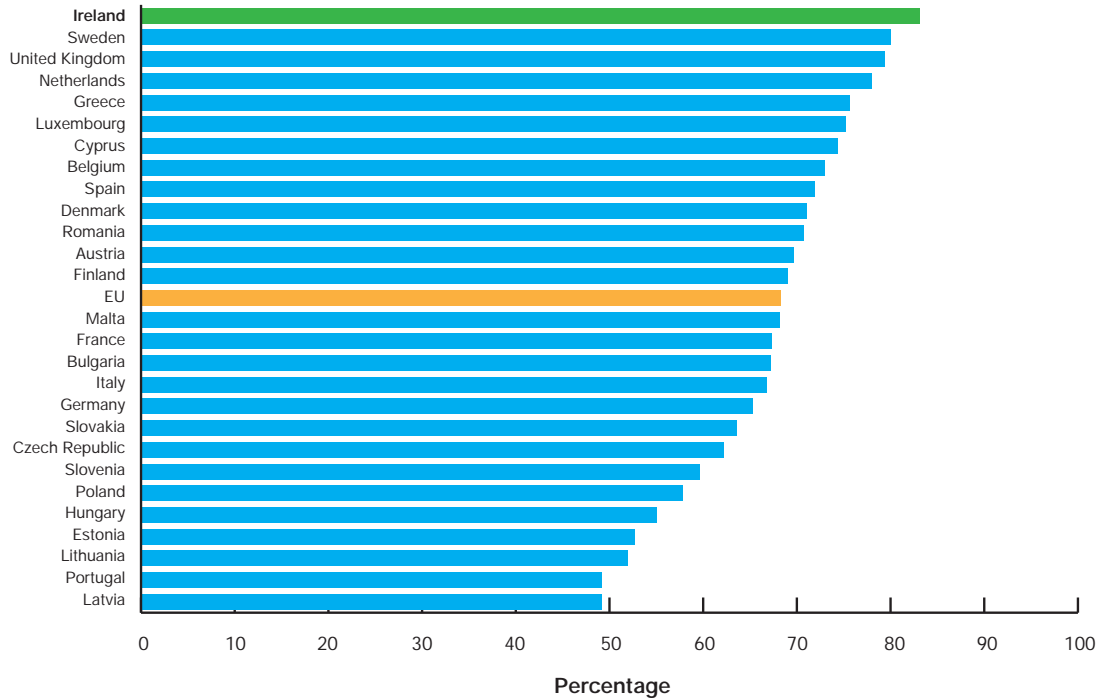
SELF-PERCEIVED GENERAL HEALTH IN IRELAND BY SOCIAL CLASS, 2011



Source: Central Statistics Office Census of Population 2011.

Note: Graph excludes not stated.

FIGURE 2.3

PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-27 COUNTRIES, 2010

Source: EU SILC, Eurostat.

TABLE 2.4

PRINCIPAL CAUSES OF DEATH: NUMBERS AND AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION, 2002 TO 2011

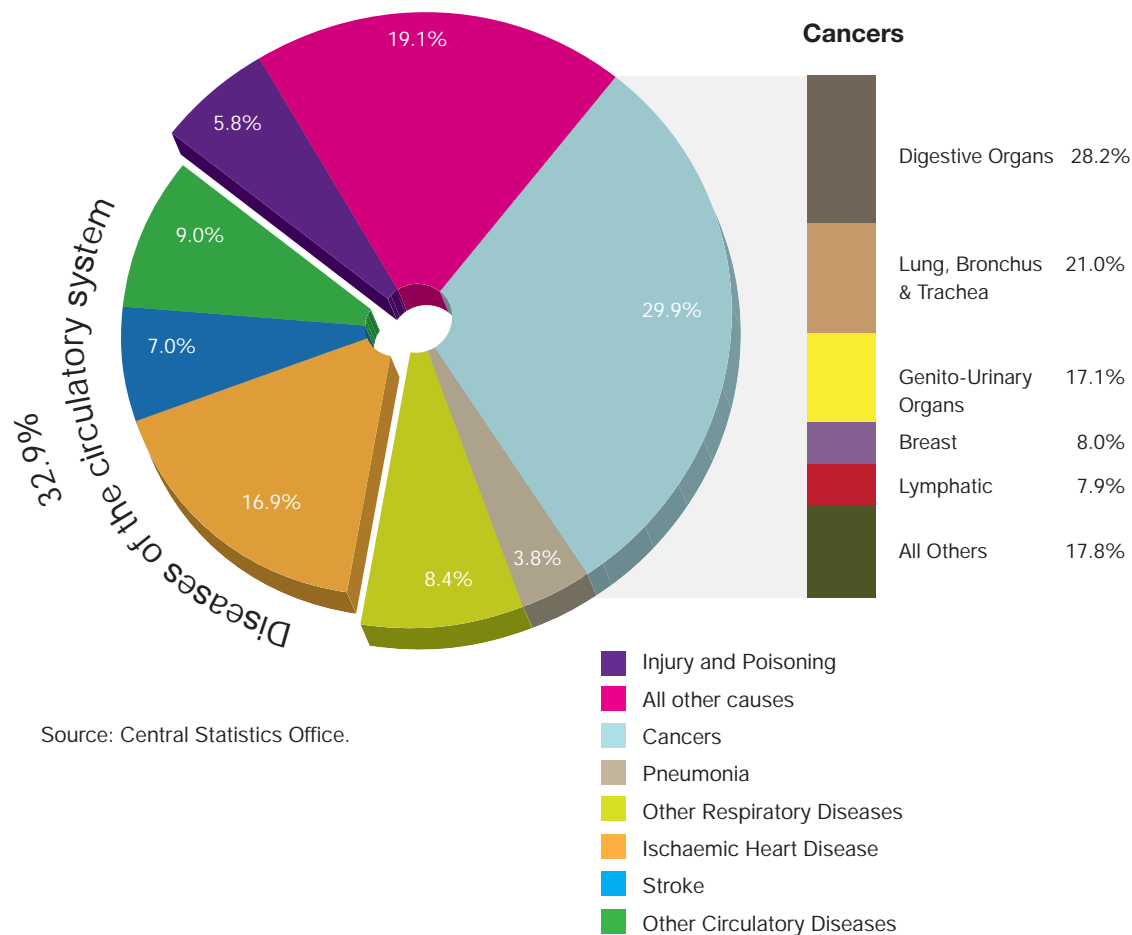
		2002	2006	2010	2011	% Change	
						2002-2011	2010-2011
ALL CAUSES							
	Number	29,683	28,488	27,961	28,995	-2.3	3.7
	Rate	721.1	626.8	555.6	559.0	-22.5	0.6
DISEASES OF THE CIRCULATORY SYSTEM							
All Circulatory System Diseases:	Number	11,652	9,980	9,594	9,551	-18.0	-0.4
	Rate	277.5	214.1	184.7	178.1	-35.8	-3.6
Ischaemic Heart Disease:	Number	6,107	5,017	4,871	4,904	-19.7	0.7
	Rate	147.7	108.8	95.2	92.8	-37.2	-2.4
Stroke:	Number	2,394	1,947	2,097	2,035	-15.0	-3.0
	Rate	55.2	41.0	39.4	37.0	-32.9	-5.9
CANCER							
All Malignant Neoplasms:	Number	7,503	8,066	8,135	8,684	15.7	6.7
	Rate	191.6	187.1	170.5	176.2	-8.0	3.4
Cancer of the Trachea, Bronchus and Lung:	Number	1,469	1,623	1,695	1,825	24.2	7.7
	Rate	38.4	38.5	36.3	37.8	-1.6	4.1
Cancer of the Female Breast:	Number	604	678	649	691	14.4	6.5
	Rate	29.8	30.4	26.4	26.7	-10.6	0.9
EXTERNAL CAUSES OF INJURY AND POISONING							
All Deaths from External Causes:	Number	1,768	1,664	1,660	1,695	-4.1	2.1
	Rate	43.7	37.6	35.6	35.9	-17.8	0.8
Transport Accidents:	Number	389	307	188	180	-53.7	-4.3
	Rate	9.6	6.9	4.1	3.9	-59.0	-3.7
Suicide:	Number	478	460	495	525	9.8	6.1
	Rate	12.0	10.7	10.8	11.5	-4.0	6.1
INFANT DEATHS							
Infant Mortality Rate (per 1,000 live births)	Number	305	255	271	258	-15.4	-4.8
	Rate	5.0	3.9	3.6	3.5	-30.0	-2.8

Notes:

- (i) The figures for 2002, 2006 and 2010 are year of occurrence and are final. The figures for 2011 should be treated with caution as they refer to deaths registered in that year 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 to International Classification of Diseases, Version 9 (ICD9).
- (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.

FIGURE 2.4

DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2011



Source: Central Statistics Office.

TABLE 2.5

IRELAND AND EU: AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION BY PRINCIPAL CAUSES OF DEATH, 2010

Cause	Ireland (2010)	EU (2010)*	% difference Ireland -EU
All Causes	555.6	587.7	-5.5
Circulatory System Diseases	184.7	209.9	-12.0
All Cancers	170.5	166.9	2.2
External Causes of Injury and Poisoning	35.6	36.0	-1.1
Selected Smoking Related Causes	207.3	190.6	8.8

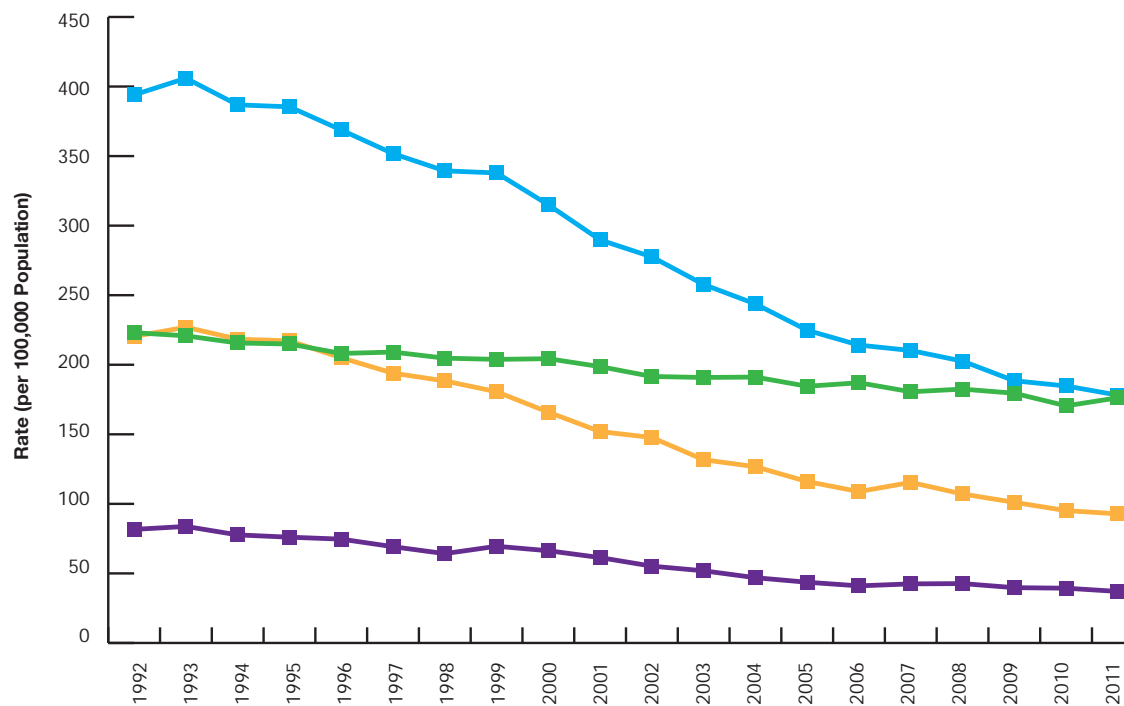
Source: Central Statistics Office, Public Health Information System (PHIS) - Department of Health. Eurostat.

Notes:

- (i) The figures for Ireland were derived from the Central Statistics Office mortality data for 2010, see notes under Table 2.4.
- (ii) * Provisional data.

FIGURE 2.5

AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES IN IRELAND, 1992-2011



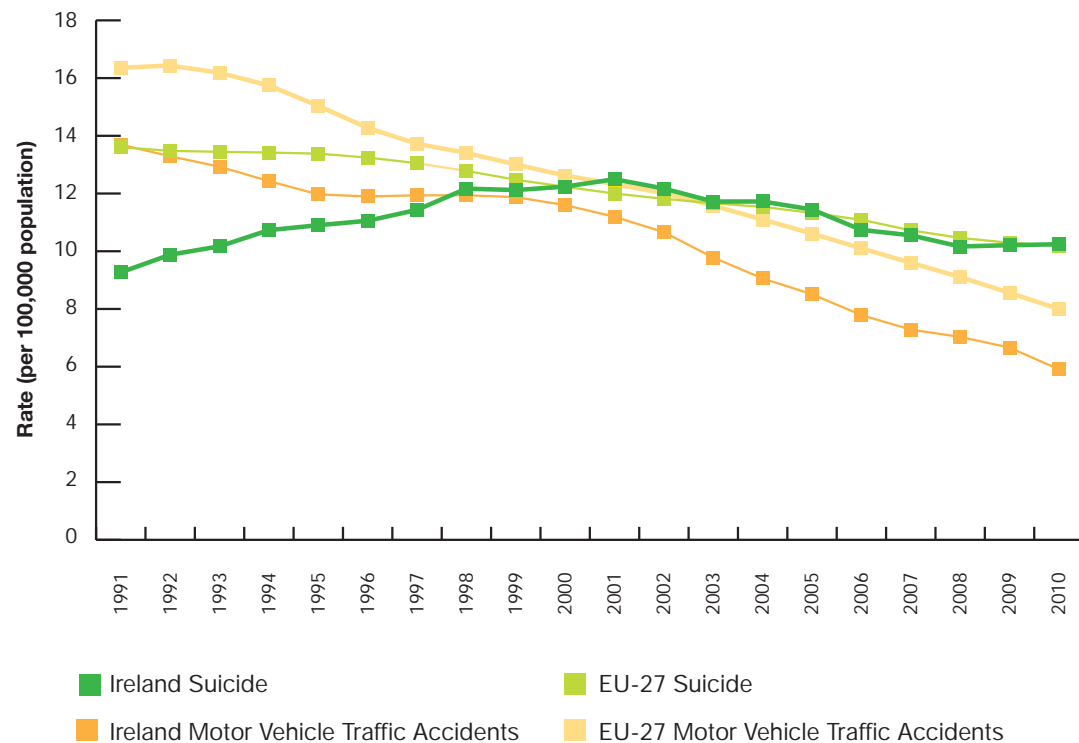
Circulatory System Disease —
 Heart Disease —
 Stroke —
 Cancer —

Source: Public Health Information System (PHIS) - Department of Health.

Note: See notes at Table 2.4.

FIGURE 2.6

AGE-STANDARDISED DEATH RATES FOR SELECTED EXTERNAL CAUSES, IRELAND AND EU, 5-YEAR MOVING AVERAGE 1991-2010

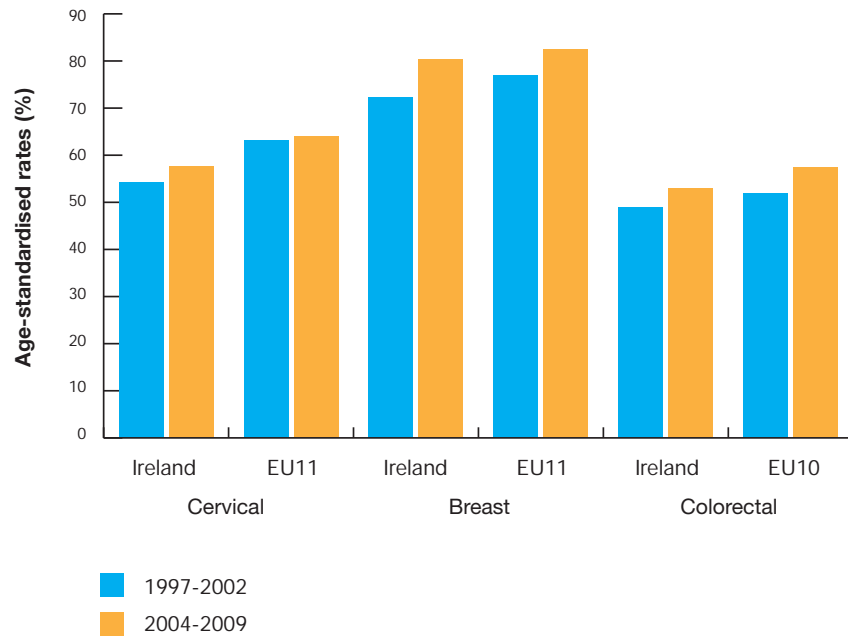


Source: WHO Health For All Database, WHO Regional Office, Copenhagen, Denmark.

Notes: (i) Up to 2007, graph shows rates for motor vehicle traffic accidents only. From 2007, all transport accidents are included.
(ii) 5-year moving average is the average of the previous 5 years data.

FIGURE 2.7

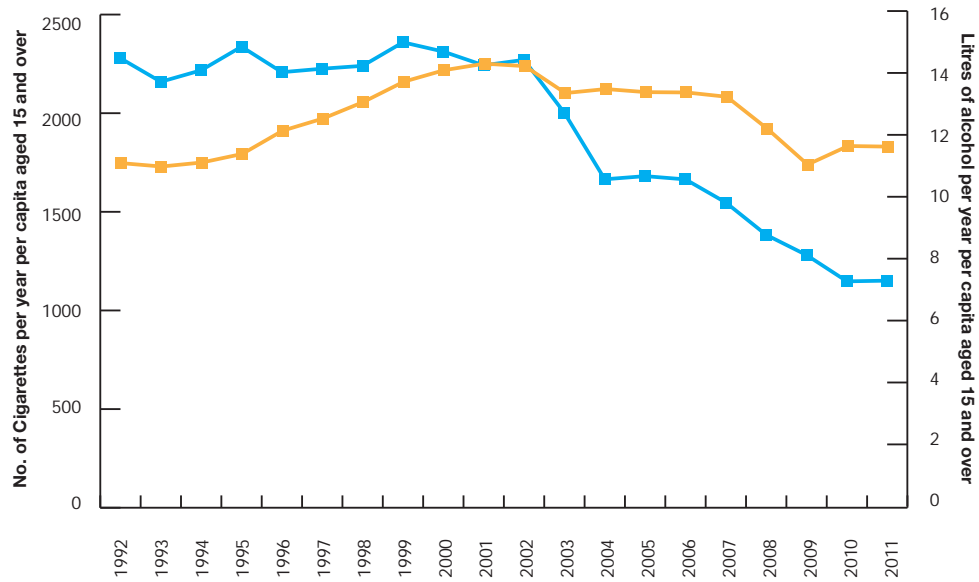
FIVE-YEAR RELATIVE SURVIVAL RATES FROM SELECTED CANCERS, 1997-2002 AND 2004-2009, IRELAND AND SELECTED EU COUNTRIES



Source: OECD.

FIGURE 2.8

ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA AGED 15 YEARS AND OVER, 1992-2011

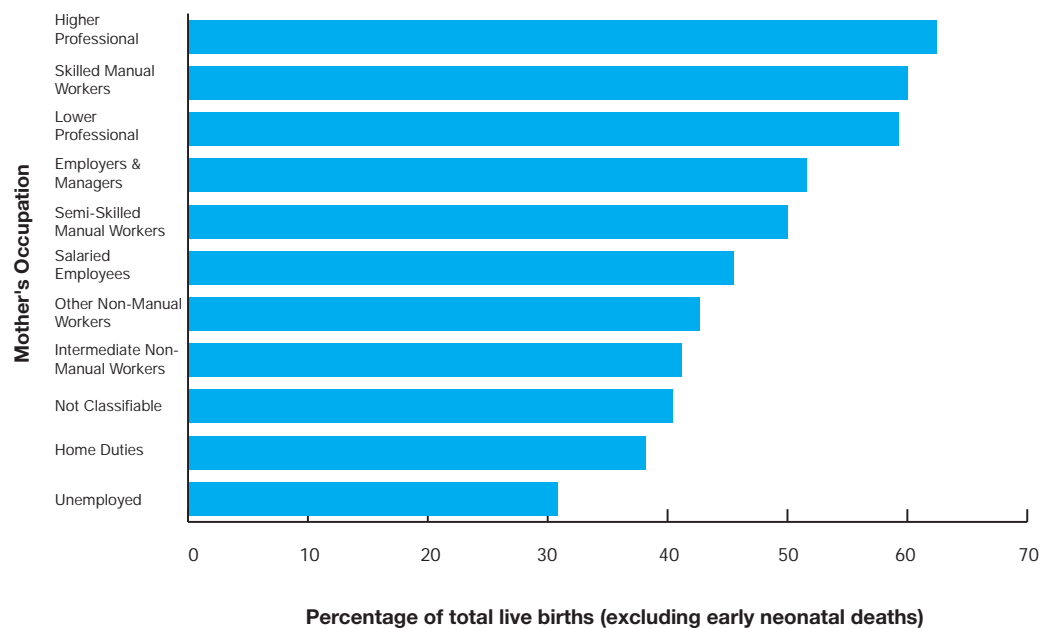


Cigarettes —

Alcohol —

Source: Revenue Commissioners Statistical Reports, CSO (population data).

Note: Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits.

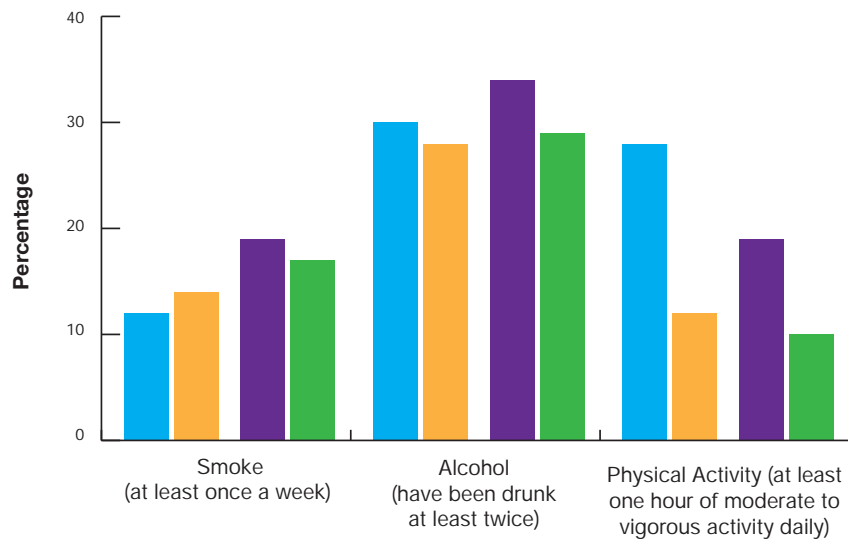
FIGURE 2.9**PERCENTAGE OF MOTHERS BREASTFEEDING BY MOTHER'S OCCUPATION, 2010**

Source: National Perinatal Reporting System (NPRS), Health and Research Information Division, ESRI.

Notes:

- (i) Occupation classes with fewer than 100 births are not included in this figure.
- (ii) 'Not Stated' values for Infant's feeding are not included.
- (iii) Based on Maternities on discharge.

FIGURE 2.10

YOUNG PEOPLE'S HEALTH: SMOKING, ALCOHOL AND EXERCISE, PERCENTAGE OF 15 YEAR OLDS IRELAND AND INTERNATIONAL AVERAGE 2009/2010

Source: Health Behaviour in School-aged Children survey (HBSC), 2009/2010.

3. Hospital Care

This section presents statistics on the publicly-funded acute and psychiatric hospital sectors. Within the acute sector, there is a range of specialist and general hospitals. The data presented in this section largely relate to the type and amount of activity taking place across the sector.

Volume of activity is itself a measure of the growing capacity of the acute hospital system, and the rapid increase in daycase care in recent years provides an indication of safer and more efficient delivery of care. Excluding dialysis, as recently as 2005, there were 100,000 more inpatients treated than daycases. 55% of all hospital admissions are now for daycase treatment (see Table 3.1 and Figure 3.1). Despite the rise in daycases, the average length of stay for the remaining inpatients has shown a gradual decline to 5.7 days in 2011 which represents a decline of almost 10% since 2005 (see Table 3.1).

The requirement for acute inpatient care both in terms of admissions and average length of stay increases steeply with age. Persons over the age of 65 account for almost 50% of all bed usage although they represent just 12% of the population. Total inpatient and daycase discharges per 1,000 population by age group are displayed in Figure 3.2. A peak of over 821 discharges per 1,000 population is seen in the 75-84 age category in 2011. There has been an increase in the rate of total discharges in almost every age category since 2002, with the largest increases seen in the older age categories.

As discussed in Section 1, the population of Ireland is now ageing at a significant rate. An additional 18,000 people over the age of 65 are now added to the population each year with evident implications for service planning and provision – for all sectors of the health services. Figure 3.5 shows the relationship between service utilisation and age for a range of hospital services.

Despite increasing demand, progress continues to be made in lowering waiting times for treatment and in reducing the numbers of patients waiting on trolleys in emergency departments. Figure 3.3 shows the very significant reductions towards the target of having nobody waiting longer than nine months for elective treatment. Figure 3.4 illustrates the progress achieved during the course of 2012 in reducing the numbers of admitted patients waiting on trolleys.

Maternity hospitals have been delivering increasing numbers of babies over the decade, and this has been achieved with low levels of maternal mortality and reductions in perinatal and infant mortality. Caesarean section rates have continued to rise in line with trends across the EU and caesarean deliveries now account for 27% of all live births (see Figure 3.6).

Psychiatric hospital admissions have gradually declined over the decade, and are nearly 20% lower than in 2002 (see Table 3.2). Figure 3.7 displays the decline in admission rates by age group. The rates for those under 25 have remained relatively stable which is likely to be an indication of the acute nature of admissions in this age group. The other age groups have shown significant declines, and, unlike acute and general hospitals, the highest admission rates for psychiatric hospitals are in the 45-64 year old age group.

TABLE 3.1
ACUTE HOSPITAL SUMMARY STATISTICS, 2002 - 2011

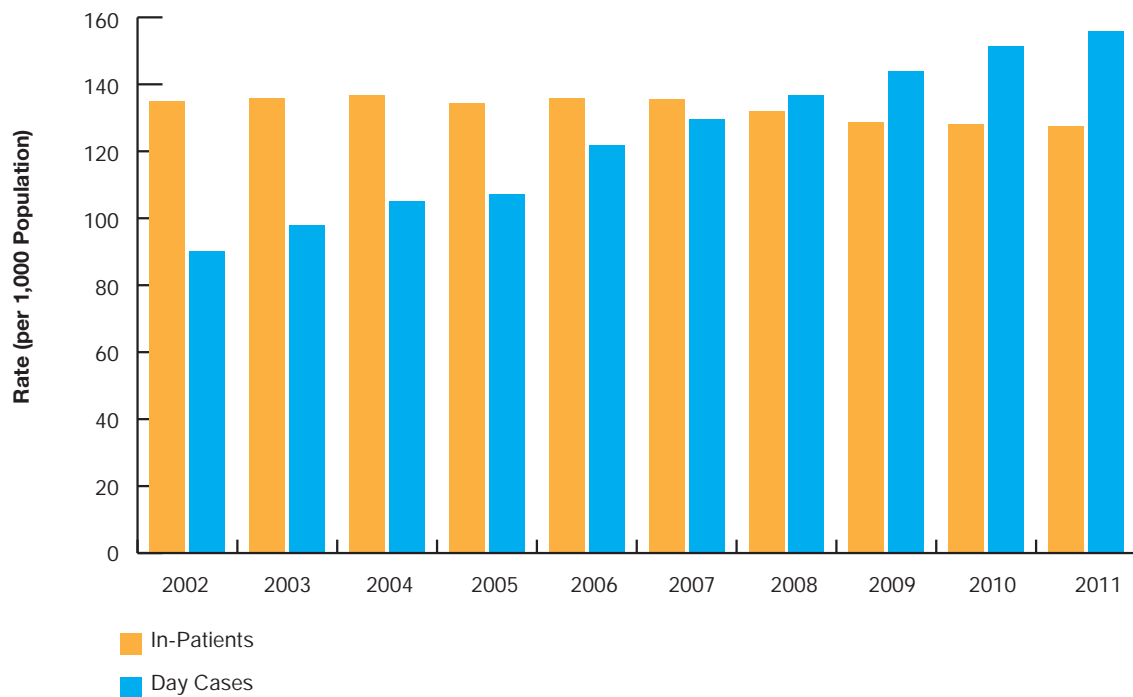
	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change		
											2002-2011	2010-2011	
IN-PATIENTS													
Beds	11,686	11,806	11,887	12,094	12,110	12,123	11,847	11,538	11,159	10,849		-7.2	-2.8
In-Patients Discharges	528,882	540,032	553,102	555,726	574,348	593,315	592,133	583,488	583,017	582,441		10.1	-0.1
Bed Days Used	3,256,311	3,339,833	3,462,452	3,517,986	3,550,850	3,601,349	3,572,676	3,479,835	3,441,538	3,327,766		2.2	-3.3
% Bed Days Used													
by Patients Aged 65+	46.2	47.0	47.9	48.7	48.2	47.3	47.6	48.3	49.4	49.3		6.7	-0.2
Average Length of Stay in Days	6.16	6.18	6.26	6.33	6.18	6.07	6.03	5.96	5.90	5.71		-7.2	-3.2
Surgical In-Patients	131,456	133,228	136,386	138,665	141,393	145,756	143,431	140,694	139,269	134,513		2.3	-3.4
DAY CASES													
Beds	812	909	1,132	1,253	1,418	1,545	1,737	1,772	1,857	1,936		138.4	4.3
Day Cases	353,179	389,244	425,205	442,692	661,589	718,238	770,617	819,255	857,654	881,937		149.7 (101.7)	2.8
% Day Cases Aged 65+	25.4	26.7	26.8	28.0	33.7	33.4	33.8	35.3	36.3	36.1		41.8 (23.4)	-0.6
Surgical Day Cases	76,148	78,034	82,001	84,219	86,931	92,208	98,841	107,466	115,846	127,380		67.3	10.0
TOTAL DISCHARGES													
In-Patients and Day Cases	882,061	929,276	978,307	998,418	1,235,937	1,311,553	1,362,750	1,402,743	1,440,671	1,464,378		66.0 (46.8)	1.6
Daycases as a % of	40.0	41.9	43.5	44.3	53.5	54.8	56.5	58.4	59.5	60.2		50.3 (37.4)	1.2
Total Discharges													
Emergency Department Attendances	1,211,499	1,210,150	1,242,692	1,249,659	1,245,001	1,296,091	1,150,674	1,253,178	1,232,908	1,226,820		1.3	-0.5
Out-patient Attendances	2,185,028	2,255,998	2,363,821	2,453,000	2,796,331	3,087,448	3,288,917	3,419,705	3,583,290	n/a		64.0	4.8

Sources: In-patient & Day Case Activity data: Hospital In-Patient Enquiry (HIPE).

Beds, Emergency Department, Out-patient data: Integrated Management Returns 2002 - 2005, Health Service Executive 2006 - 2011.

- Notes:** (i) 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 currently amount to approximately 170,000 per year. The percentage change figures from 2002 - 2011 excluding the dialysis day cases are shown in parentheses.
- (ii) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
- (iii) Prior to 2009, St. Joseph's Raheny did not report discharge data to the HIPE system. However this only accounts for a small number of cases.
- (iv) Bantry hospital in-patient and daycase activity data has been excluded from the above as only data for 2009 has been fully reported at present.
- (v) The above table excludes inpatient and day case activity data for a small number of hospitals who report data to HIPE which are not HSE network acute hospitals.
- (vi) HIPE data for 2008-2010 was subject to minor revisions in 2012.
- (vii) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments only.
- (viii) Outpatient data for 2011 is not available due to the development of a reformed set of OPD data. % changes therefore relate to 2002-2010 and 2009-2010.

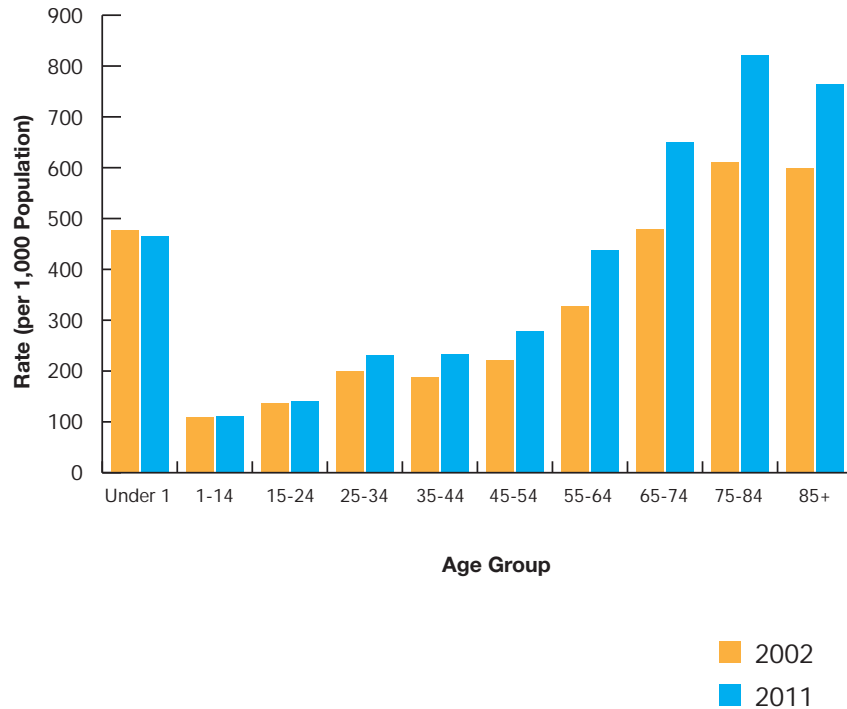
FIGURE 3.1
NUMBER OF INPATIENTS AND DAY CASES IN ACUTE HOSPITALS PER 1,000 POPULATION, 2002 - 2011



Sources: Hospital In-Patient Enquiry (HIPE). Central Statistics Office for Population Data.

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.

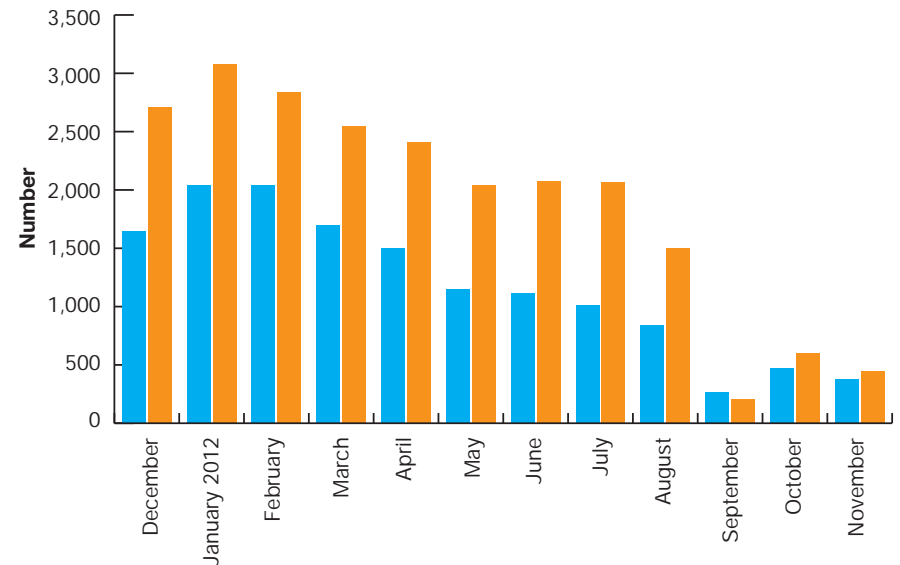
FIGURE 3.2
TOTAL NUMBER OF IN-PATIENT AND DAY CASE DISCHARGES BY AGE GROUP IN ACUTE HOSPITALS PER 1,000 POPULATION, 2002 AND 2011



Sources: Hospital In-Patient Enquiry (HIPE), Central Statistics Office for Population Data.

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.

FIGURE 3.3
NUMBERS OF ADULTS WAITING FOR AN ELECTIVE PROCEDURE LONGER THAN 9 MONTHS BY MONTH, DECEMBER 2011 - NOVEMBER 2012

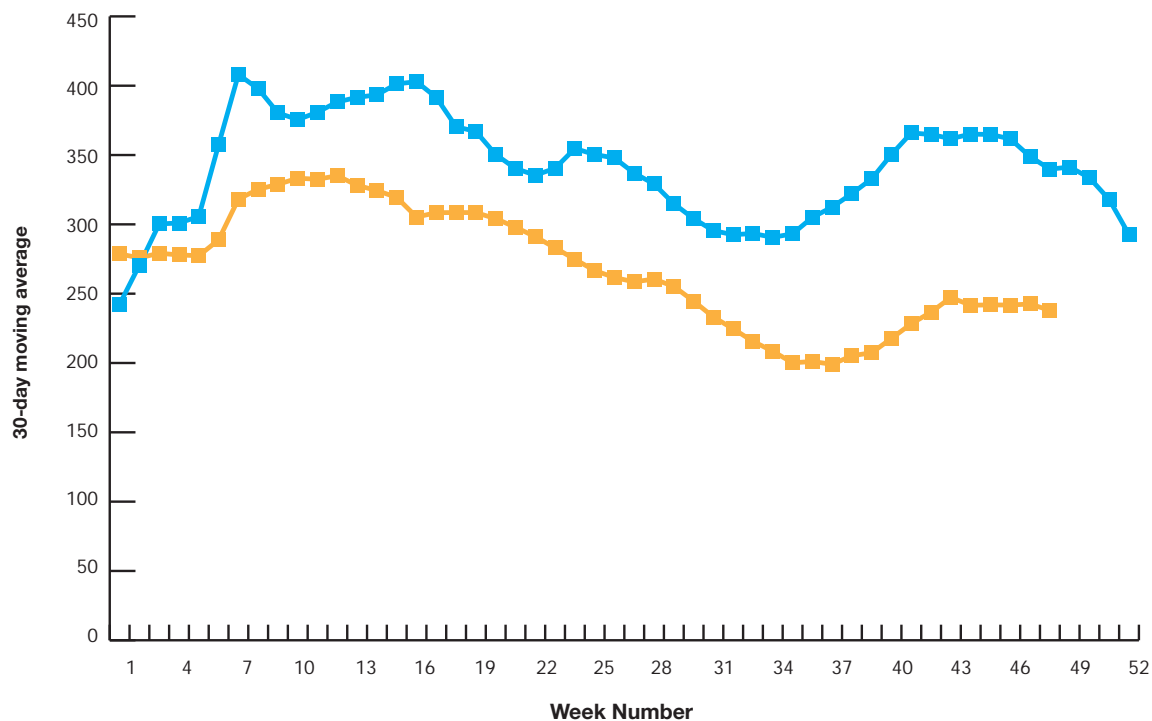


Source: National Treatment Purchase Fund.

■ In-Patients
 ■ Day Cases

FIGURE 3.4

NATIONAL 30-DAY MOVING AVERAGE OF ADMITTED PATIENTS WAITING ON TROLLEYS IN EMERGENCY DEPARTMENTS IN PUBLIC ACUTE HOSPITALS, 2011 AND 2012 BY WEEK NUMBER.



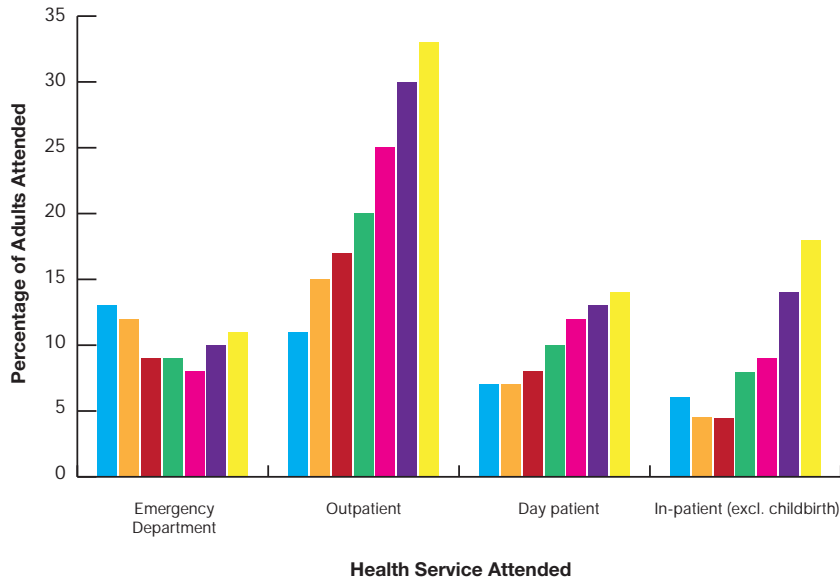
Source: Irish Nurses and Midwives Organisation.

Note: Data refers to Monday-Friday only excluding bank holidays.

■ 2011

■ 2012

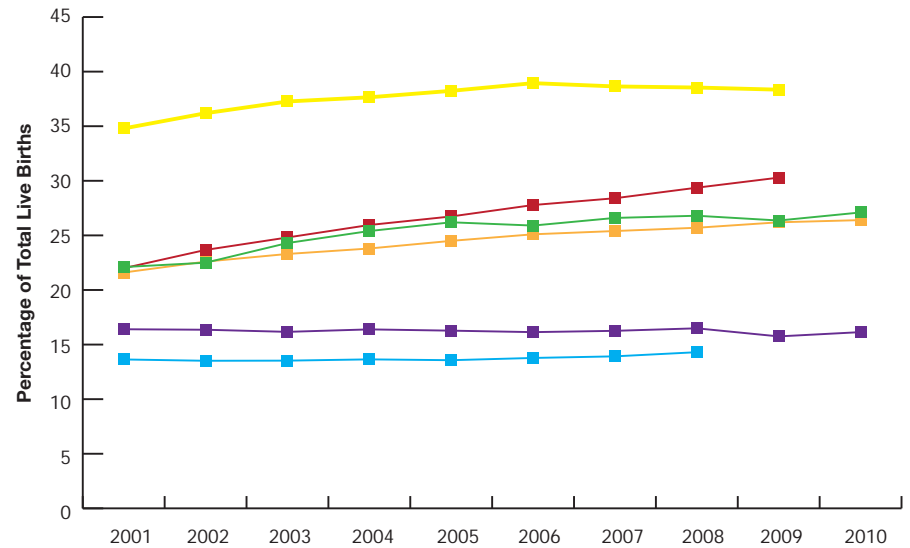
FIGURE 3.5
HEALTH SERVICES ATTENDED BY ADULTS IN 12 MONTHS PRIOR TO INTERVIEW BY AGE GROUP, IRELAND 2010



Source: Central Statistics Office, Quarterly National Household Survey, 2010 Health Module.

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-69
- 70+

FIGURE 3.6
CAESAREAN SECTIONS AS A % OF TOTAL LIVE BIRTHS, SELECTED EU COUNTRIES, 2001-2010



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

- Italy
- Germany
- Ireland
- EU
- Finland
- Netherlands

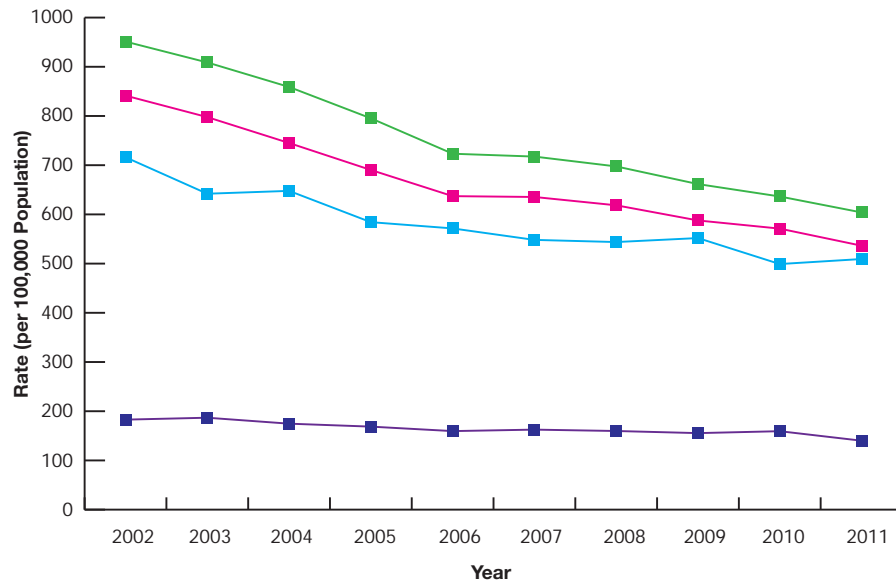
TABLE 3.2
PSYCHIATRIC HOSPITALS AND UNITS SUMMARY STATISTICS, 2002 TO 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change	
											2002-2011	2010-2011
Number of In-Patient Admissions	23,677	23,031	22,279	21,253	20,288	20,769	20,752	20,195	19,619	18,992	-19.8	-3.2
% Male	51.6	50.8	51.0	50.9	50.6	49.9	49.7	50.1	50.2	50.5	-2.1	0.6
% Female	48.4	49.2	49.0	49.1	49.4	50.1	50.3	49.9	49.8	49.5	2.3	-0.6
Admission Rate per 100,000 Population by Age Group												
<25 years	182.9	186.8	174.7	168.7	159.6	162.6	159.8	155.5	159.4	140.1	-23.4	-12.1
25-44	841.4	797.7	745.1	690.3	637.1	635.4	618.5	587.7	571.1	536.4	-36.2	-6.1
45-64	951.2	908.8	859.0	795.3	723.3	717.5	697.5	661.6	636.4	604.0	-36.5	-5.1
65+	716.1	642.0	647.8	584.2	571.5	548.2	543.8	551.9	499.1	509.3	-28.9	2.0
Total	603.8	578.1	550.5	514.0	479.2	478.6	469.1	452.9	438.8	413.9	-31.5	-5.7
Total of In-Patient Census	3,891	3,658	3,556	3,475	3,332	3,314	-	-	2,812	-	-27.7	-15.1*

Sources: Health Research Board and Mental Health Commission.

- Notes:**
- (i) Populations used to compute admission rates for 2002, 2006 and 2011 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.
 - (iii) *A census of the total number of in-patients is now carried out every 3 years. Therefore, there is no data for 2008, 2009 or 2011. The 2002-2011 % change figures relate to 2002-2010 and 2010-2011 relates to 2007-2010.

FIGURE 3.7
PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER
100,000 POPULATION BY AGE GROUP, 2002-2011



Source: Table 3.2.

- <25 years
- 25-44
- 45-64
- 65+

4. Primary Care and Community Services

The statistics presented in this section represent a selective view of a very diverse range of services. The primary care sector 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 and food-safety inspections, and reimbursement services such as the drug payment and long term illness schemes.

The section begins by presenting a high level assessment of access to treatment for health problems. This is derived from the harmonised EU Statistics on Income and Living Conditions (EU-SILC) and displays the percentages of respondents reporting an unmet need for a medical examination/health treatment classified by income quintile. In this histogram, Ireland is compared with the EU average across 5 income categories (Figure 4.1). The picture which emerges is of significantly lower unmet need in Ireland compared with the EU as a whole. For Ireland, the fact that the middle income quintile has the highest level of unmet need may be a reflection of the means-tested system for medical card eligibility.

Data on the numbers of people covered by medical cards demonstrates both volume and population-based rate increases for the most recent years (see Table 4.1). This is in contrast with the earlier years of the decade which witnessed a declining proportion of the population eligible for a medical card. It is also in contrast with the numbers of people covered by private health insurance which was steadily rising up until 2008 but has since been falling (see Figure 4.3).

Numbers availing of the drug payments scheme have shown a marginal decrease in contrast with the long

term illness scheme which had a nearly 6% increase in numbers of recipients between 2010 and 2011. Dental services show a significant recent decline both in numbers of treatments and numbers of people treated.

Increasing numbers of people eligible for a medical card has contributed to substantial annual increases in the numbers of prescription items dispensed under the scheme. However, the average cost per prescription item shows significant reductions in each of the last two years (see Figure 4.2).

Table 4.2 reports on children in care. A notable feature has been the positive trend toward higher rates of foster care provision which have increased from 66% in 2001 to 90% in 2010.

Table 4.3 summarises the results of the Long Stay Survey which covers all public, voluntary and private long stay accommodation. The most striking feature of this data, in terms of long term trends, is that the age profile of residents continues to shift toward the older age groups. 48% of all residents are now over the age of 85 years compared with 40% in 2002 (see Figure 4.4). This is the continuation of a longer term trend over recent decades and reflects both significant increases in life expectancy as well as improved provision of home care supports. An additional graph is included in this report, based on 2006 and 2011 Census of Population data, which shows numbers of people per 1,000 population by age who provide regular unpaid personal help for a friend or family member with a long term illness, health problem or disability (see Figure 4.5). These rates have increased since 2006 in the older age groups but have declined in the younger age groups.

Immunisation rates are set out in Table 4.4 and show very substantial improvements in uptake rates across most categories over the period since 2002.

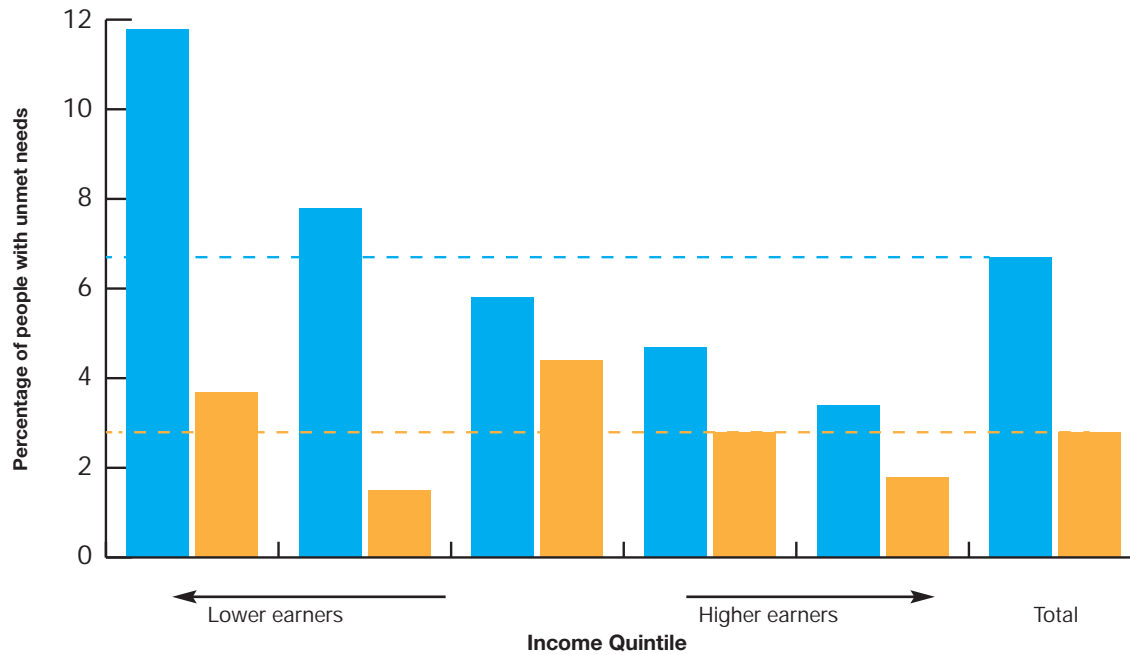
Data on people with a physical and/or sensory disability is set out in Table 4.5. This is based on the numbers of people registered with the National Physical and Sensory Disability Database (NPSDD) and shows little change in numbers between 2010 and 2011. The registration target for the NPSDD remains at 45,000. The data show that of the 25,170 persons registered in 2011, 55% had a physical disability only; 22% had a single form of sensory disability (i.e. either hearing, visual, or primary speech and language); the remaining 23% had multiple disabilities.

People in receipt of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD) (see Table 4.6). Since 2002, the numbers of persons availing of day services who are day attendees has increased by 25% and the numbers who are full time residents has increased by 8%. 82% of full-time residents are assessed as having moderate, severe, or profound disability. Data are also displayed by level of disability for day attendees, but the figures are difficult to interpret given the relatively high proportion of cases where the level of disability has not been verified.

This section concludes with Table 4.7 on food safety. The inspection of food establishments is an important activity of the Food Safety Authority of Ireland and contributes to public health by raising national food safety standards. Data show a very marked improvement in food safety since 2002. The percentage of inspected premises found to have food safety infringements decreased from 45% in 2002 to 16% in 2011.

FIGURE 4.1

PEOPLE WITH UNMET NEEDS FOR MEDICAL EXAMINATION BY INCOME QUINTILE, IRELAND AND EU-27 2010



■ EU
■ Ireland

Note: Unmet need is defined as: "really needing a medical examination or treatment for a health problem but did not receive it."

Source: EU-SILC, Eurostat.

TABLE 4.1

**PRIMARY CARE REIMBURSEMENT SERVICE: MEDICAL CARDS, DRUG PAYMENTS, LONG-TERM ILLNESS,
GP VISIT CARD: NUMBER OF PERSONS AND PERCENTAGE OF POPULATION
DENTAL AND COMMUNITY OPHTHALMIC SCHEMES: NUMBER OF TREATMENTS AND NUMBERS OF PERSONS TREATED 2002-2011**

Scheme		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change		
												From 2002 to 2011	From 2010 to 2011	
Medical Card														
	Number	1,168,745	1,158,143	1,148,914	1,155,727	1,221,695	1,276,178	1,352,120	1,478,560	1,615,809	1,694,063		44.9	4.8
	%	29.8	29.1	28.4	28.0	28.8	29.2	30.1	32.6	35.5	37.0		24.0	4.2
	of which 0-15 years	n/a	n/a	n/a	241,223	262,829	278,419	299,666	335,297	370,354	388,098		60.9	4.8
	% of 0-15 years	n/a	n/a	n/a	26.5	28.5	29.6	30.9	33.8	36.5	37.6		41.9	3.0
Drugs Payment Scheme														
	Number	1,319,395	1,396,813	1,469,251	1,478,650	1,525,657	1,583,738	1,624,413	1,587,448	1,557,048	1,518,241		15.1	-2.5
	%	33.7	35.1	36.3	35.8	36.0	36.2	36.2	35.0	34.2	33.2		-1.4	-2.9
Long Term Illness Scheme														
	Number	92,745	97,184	93,504	99,280	106,307	112,580	120,407	127,636	134,926	142,585		53.7	5.7
	%	2.4	2.4	2.3	2.4	2.5	2.6	2.7	2.8	3.0	3.1		30.9	3.3
GP Visit Card														
	Number	---	---	---	5,079	51,760	75,589	85,546	98,325	117,423	125,657		142.8	7.0
	%	---	---	---	0.1	1.2	1.7	1.9	2.2	2.6	2.7		125.0	3.8
Dental														
	Number of treatments	1,002,783	1,069,461	1,073,515	1,069,402	1,095,919	1,078,878	1,195,945	1,584,598	1,408,686	1,030,032		2.7	-26.9
	Number of persons treated	210,106	229,812	237,828	242,865	256,263	258,167	271,731	343,067	382,404	347,773		65.5	-9.1
Ophthalmic														
	Number of treatments	397,578	373,473	414,184	417,533	464,623	493,504	530,282	564,606	637,850	675,841		70.0	6.0
	Number of persons treated	154,132	160,658	173,155	175,093	192,619	210,079	222,567	238,844	269,076	279,505		81.3	3.9

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

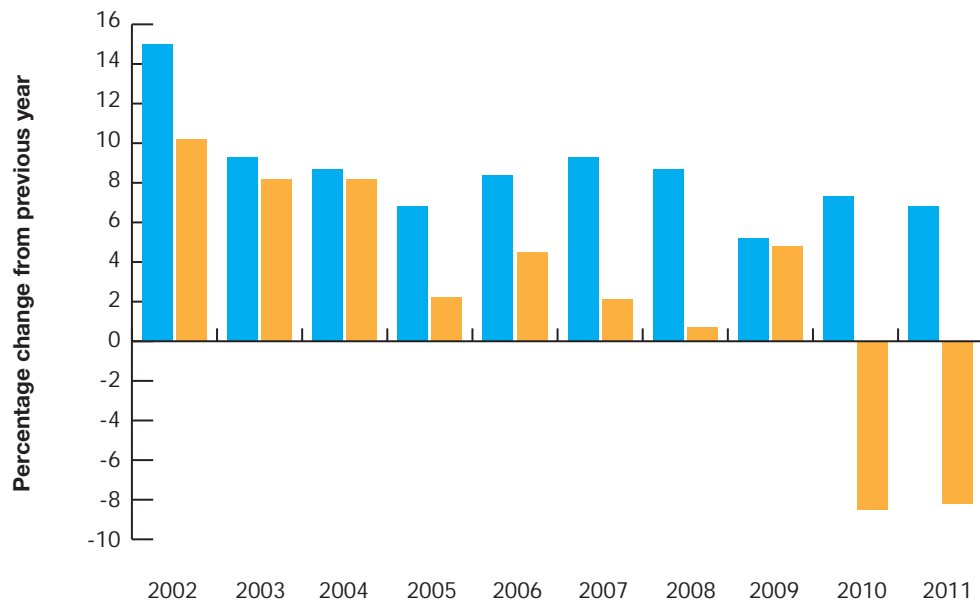
Notes:

- (i) The GP Visit Card Scheme was first implemented mid-2005. The % change therefore refers to 2006-2011.
(ii) n/a = not available.

- (iii) Data as at 31st December each year.
(iv) % change Medical Card 0-15 yrs relates to 2005-11.
(v) % of population data for 2007-2010 have been revised based on the latest available CSO population estimates.

FIGURE 4.2

PRESCRIPTION ITEMS DISPENSED UNDER THE GENERAL MEDICAL SERVICES (GMS) SCHEME: % CHANGE FROM PREVIOUS YEAR IN NUMBER OF ITEMS DISPENSED AND AVERAGE COST PER ITEM PAID TO PHARMACIES, 2002-2011

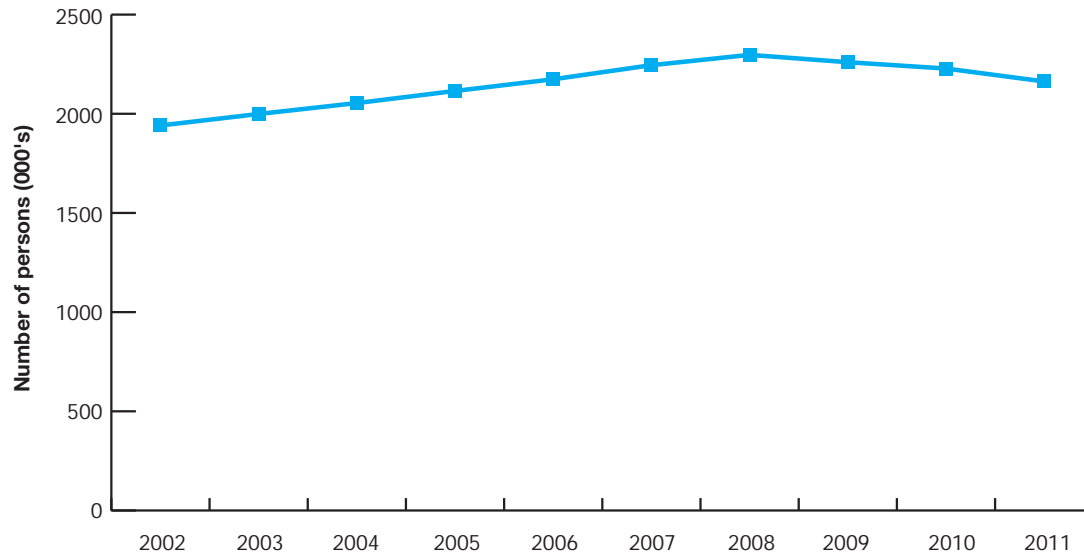


Source: General Medical Services (Payments) Board/Primary Care Reimbursement Service, HSE.

- Number of items
- Average cost per item

FIGURE 4.3

**NUMBER OF PERSONS COVERED BY PRIVATE HEALTH INSURANCE IN IRELAND,
DECEMBER 2002-2011**



Source: Health Insurance Authority Annual Report.

TABLE 4.2

CHILDREN IN CARE: SUMMARY STATISTICS, 2001 - 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change	
											2001 -2010	2009 -2010
Total Children in Care	5,517	4,921	4,984	5,060	5,220	5,247	5,307	5,357	5,675	5,799	5.1	2.2
% Male	54.3	52.3	51.2	51.6	51.1	51.1	50.8	50.7	51.3	51.9	-4.4	1.2
% Female	45.7	47.7	48.8	48.4	48.9	48.9	49.2	49.3	48.7	48.1	5.2	-1.2
% Foster Care	66.3	78.3	80.0	83.9	85.0	87.6	89.0	88.5	89.0	90.0	35.8	1.1
% Current Care Order	39.1	43.0	43.8	43.1	49.0	49.4	49.0	48.9	52.0	44.3	13.3	-14.8
% in Care for up to 1 Year at year end	28.6	33.2	23.2	18.7	21.9	26.9	19.1	23.1	23.2	25.3	-11.6	9.1
% in Care for 1-5 Years at year end	43.3	38.5	44.2	45.6	41.9	39.4	37.6	40.7	38.9	39.0	-9.9	0.3
% in Care for more than 5 Years at year end	28.1	28.3	32.6	35.7	36.2	33.6	43.3	36.2	38.0	35.7	27.1	-6.1

Source: HSE.

Notes: 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 4.3
LONG STAY CARE: SUMMARY STATISTICS, 2002 TO 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change	
											2002-2011	2010-2011
Number of Beds	23,059	23,825	23,772	21,478	24,253	24,029	25,209	20,891	22,998	22,906	-	-
Number of Patients Resident at 31/12	20,959	21,169	21,404	19,320	21,455	21,595	22,613	18,654	21,048	20,770	-	-
% of Beds Occupied	90.9	88.9	90.0	90.0	88.5	89.9	89.7	89.3	91.5	90.7	-0.2	-0.9
Age Distribution (as % of total)												
Under 40	0.6	0.7	0.7	0.6	1.5	1.7	1.7	1.1	0.8	0.7	16.7	-12.5
40-64	4.5	4.5	5.4	5.0	6.2	6.1	5.7	5.5	5.4	5.2	15.6	-3.7
65-69	4.2	4.1	4.1	4.4	4.5	3.9	3.6	3.8	3.7	4.0	-4.8	8.1
70-74	8.6	8.3	8.6	8.6	8.1	8.1	7.7	7.5	7.6	7.2	-16.3	-5.3
75-79	16.5	16.0	15.1	15.5	14.6	14.0	14.0	13.9	13.4	13.5	-18.2	0.7
80-84	25.6	25.5	25.2	24.2	23.0	22.4	22.4	22.2	22.0	21.6	-15.6	-1.8
85+	40.0	40.9	40.9	41.5	42.0	43.9	44.9	46.2	47.2	47.8	19.5	1.3
Level of Dependency (as % of total)												
Low	9.6	9.2	9.2	9.4	9.1	9.4	10.2	12.7	13.0	12.8	33.3	-1.5
Medium	19.9	19.0	18.8	18.6	20.1	22.1	23.2	24.3	22.9	22.3	12.1	-2.6
High	30.1	30.6	29.7	31.1	31.1	32.0	30.7	31.4	29.6	28.2	-6.3	-4.7
Maximum	40.3	41.2	42.3	40.8	39.6	36.5	35.9	31.6	34.5	36.7	-8.9	6.4
Response Rate (%)	87.3	87.3	85.4	80.0	80.1	78.2	81.6	71.6	80.0	81.6	-6.5	2.0

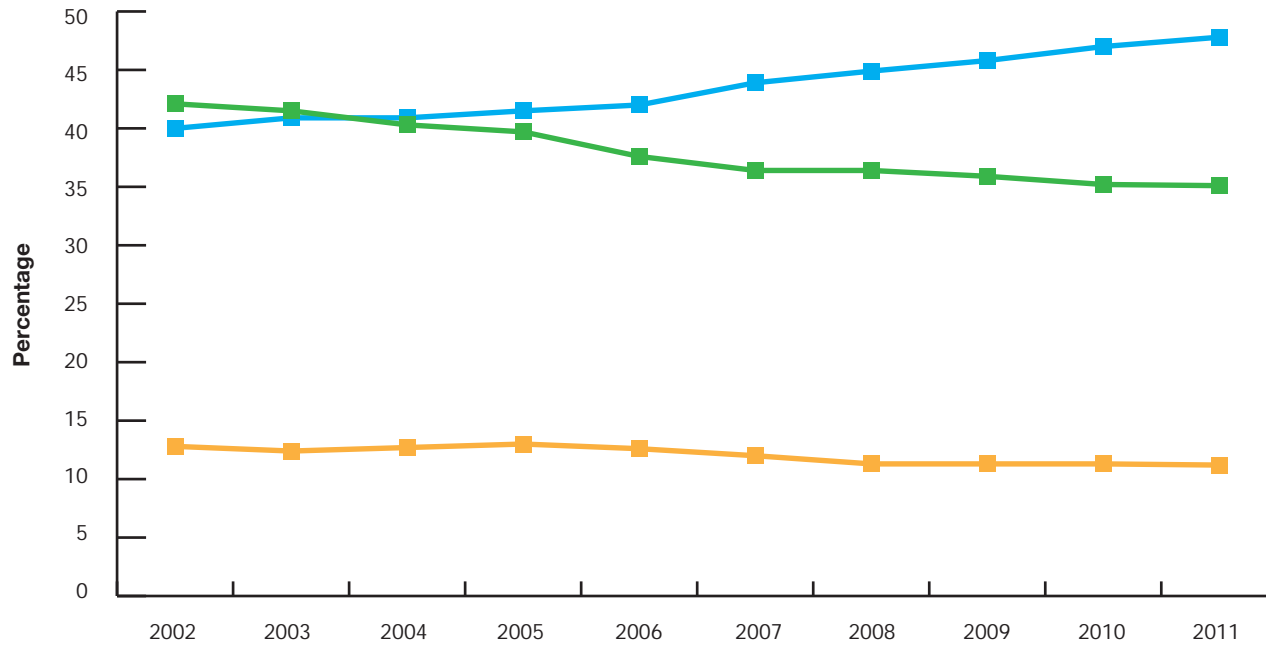
Source: Annual Survey of Long Stay Units, Department of Health.

Note:

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. Percentage change is not calculated for number of beds and patients as these figures are directly affected by the survey response rates.

FIGURE 4.4

LONG-STAY CARE: PERCENTAGE OF RESIDENTS AGED 65+ BY AGE GROUP, 2002 TO 2011



Source: Table 4.3.

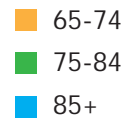
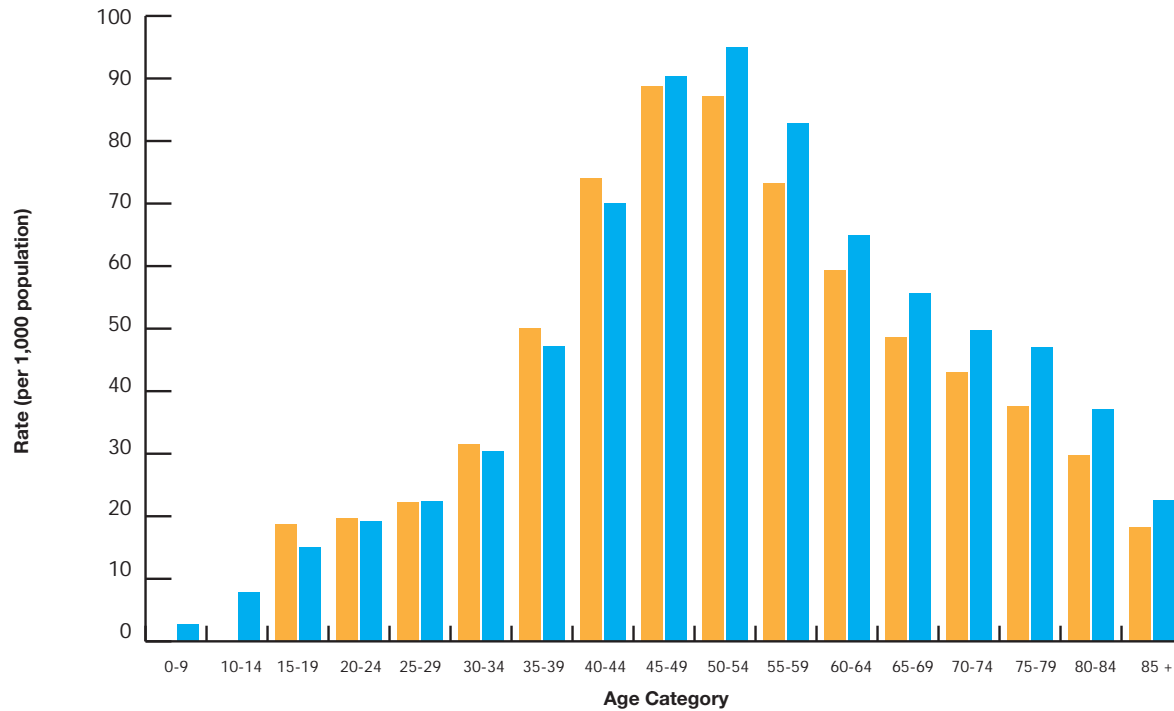


FIGURE 4.5

THE NUMBERS OF CARERS PER 1,000 POPULATION WHO PROVIDE REGULAR UNPAID PERSONAL HELP FOR A FRIEND OR FAMILY MEMBER WITH A LONG-TERM ILLNESS HEALTH PROBLEM OR DISABILITY, BY AGE GROUP, 2006 AND 2011



2006

Source: Central Statistics Office, Census of Population.

2011

Note: The question on unpaid care was first asked of children aged under 15 in 2011.

TABLE 4.4
IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 2002 TO 2011

	2002	2003	2004	2005	2006	2007	2008	2009 ^E	2010 ^E	2011	% Change	
											2002-2011	2010-2011
Diphtheria	83	86	89	90	91	92	93	94	94	95	14.5	1.1
Pertussis	82	85	89	90	91	92	93	94	94	95	15.9	1.1
Tetanus	83	86	89	90	91	92	93	94	94	95	14.5	1.1
Haemophilus Influenzae Type B	83	86	89	90	91	92	93	93	94	95	14.5	1.1
Polio	83	86	89	90	91	92	93	94	94	95	14.5	1.1
Meningococcal	75 ^A	84	88	89	90	91	92 ^D	93	86	84	12.0	-2.3
Measles, Mumps & Rubella	73	78	81	84 ^B	86 ^C	87	89	90	90	92	26.0	2.2
Hepatitis B ^F	-	-	-	-	-	-	-	-	94	95	-	1.1
Pneumococcal Conjugate ^F	-	-	-	-	-	-	-	-	88	90	-	2.3

Source: Health Protection Surveillance Centre (HPSC).

Notes:

- A: The 2002 Meningococcal figure is incomplete, it is based on uptake rates for Quarter 3 and Quarter 4 2002 only.
- B: 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.
- C: 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.
- D: Data for Q3 2008 were not available for 2 regions.
- E: The data for 2009 and 2010 are incomplete as data for some regions were incomplete.
- F: Hepatitis B and Pneumococcal Conjugate vaccines were introduced during 2008. Therefore, the uptake data presented for 2010 are only for those born between 01/07/2008 and 31/12/2008.

TABLE 4.5**NUMBER OF PEOPLE IN IRELAND REGISTERED WITH THE PHYSICAL AND SENSORY DISABILITY DATABASE, 2004 - 2011**

	2004	2005	2006	2007	2008	2009	2010	2011	% Change	
									2004-2011	2010-2011
Physical Disability Only	16,246	17,723	19,686	20,030	16,537	15,442	14,445	13,915	-14.3	-3.7
Hearing Loss/Deafness Only	1,347	1,494	1,591	1,634	1,618	1,575	1,448	1,376	2.2	-5.0
Visual Disability Only	1,193	1,250	1,391	1,378	1,381	1,355	1,339	1,292	8.3	-3.5
Primary Speech and Language only	-	313	555	1,152	2,736	2,565	2,527	2,714	767.1 ^A	7.4
Multiple Disability	890	1,648	2,468	2,990	5,030	5,231	5,431	5,873	559.9	8.1
Total	19,676	22,428	25,691	27,184	27,302	26,168	25,190	25,170	27.9	-0.1
Total (under 18)	6,412	7,039	7,807	8,373	8,546	8,043	7,627	8,034	25.3	5.3

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

Notes:

- (i) The NPSDD formed in 2002 and collection began in 2004.
- (ii) Primary Speech and Language only became a category in 2005.
- (iii) The NPSDD have a disability registration target of circa 45,000 based on a rate observed in one LHO during a census in 2001. The target figure is to be reviewed in the light of more recent census figures. Due to the voluntary nature of the database people eligible for inclusion may choose not to participate. When opt-out figures are taken into account, the database reached 73% of the registration target by end 2011.
- (iv) ^A % Change from 2005 to 2011.

TABLE 4.6

INTELLECTUAL DISABILITY SERVICES: NUMBER OF PERSONS AVAILING OF DAY SERVICES BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 2002 TO 2011

		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change		
												2002-2011	2010-2011	
Mild														
	Day Attendees	6,731	6,776	6,893	6,873	6,970	6,781	6,972	7,069	7,212	7,446		10.6	3.2
	Full-Time Residents	1,231	1,285	1,263	1,249	1,263	1,285	1,345	1,374	1,382	1,428		16.0	3.3
Moderate, Severe, Profound														
	Day Attendees	7,017	7,226	7,361	7,462	7,547	7,610	8,102	8,343	8,571	8,930		27.3	4.2
	Full-Time Residents	6,261	6,320	6,531	6,539	6,617	6,668	6,787	6,758	6,721	6,673		6.6	-0.7
Not Verified														
	Day Attendees	1,153	1,333	1,455	1,641	1,825	2,213	2,046	1,872	1,922	2,215		92.1	15.2
	Full-Time Residents	50	71	142	150	164	172	67	56	49	52		4.0	6.1
Total (all ages)														
	Day Attendees	14,901	15,335	15,709	15,976	16,342	16,604	17,120	17,284	17,705	18,591		24.8	5.0
	Full-Time Residents	7,542	7,676	7,936	7,938	8,044	8,125	8,199	8,188	8,152	8,153		8.1	0.0
Total (under 18)														
		7,817	7,749	7,902	7,884	7,332	7,635	8,041	7,988	8,171	8,820		12.8	7.9

Source: National Intellectual Disability Database, Health Research Board.

TABLE 4.7

FOOD SAFETY: TOTAL NUMBER OF FOOD ESTABLISHMENTS INSPECTED AND PERCENTAGE OF ESTABLISHMENTS WHERE INFRINGEMENTS WERE FOUND, 2002 TO 2011

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change		
											2002-2011	2010-2011	
Number of Establishments Inspected	26,176	27,213	25,997	27,857	27,478	28,028	27,337	28,793	27,904	27,055		3.4	-3.0
Percentage where Infringements Found	45.2	42.1	36.9	33.6	32.2	29.0	27.9	25.5	20.3	16.4		-63.7	-19.2

Source: Food Safety Authority of Ireland.

5. Health Service Employment

The total numbers of whole time equivalent (WTE) staff employed in the public health services during the past decade is displayed by grade category in Table 5.1. Figures since 2007 show a decline in WTE's of approximately 9%. It should be noted that data for 2012 refer to end of October, whereas all other years refer to end of December. At over 34,000, the nursing profession remains the single largest grade category. The distribution by grade category is displayed in Figures 5.1 and 5.2. A further breakdown of the health and social care professional category, which has shown a 24% increase in numbers during the past decade, is displayed in Figure 5.3.

The total numbers of consultant and non-consultant hospital doctors has increased by over 27% since 2003 with the largest increase, 42%, in consultant posts. Non-consultant hospital doctors have increased by nearly 21% during the same period (see Table 5.2 and Figure 5.4).

The number of agreements between the HSE and GPs for the provision of services under the Primary Care Reimbursement Service (PCRS) has increased by over 29% in the period 2002-2011.

TABLE 5.1

EMPLOYMENT IN THE PUBLIC HEALTH SERVICE BY GRADE CATEGORY, 2003 to 2012

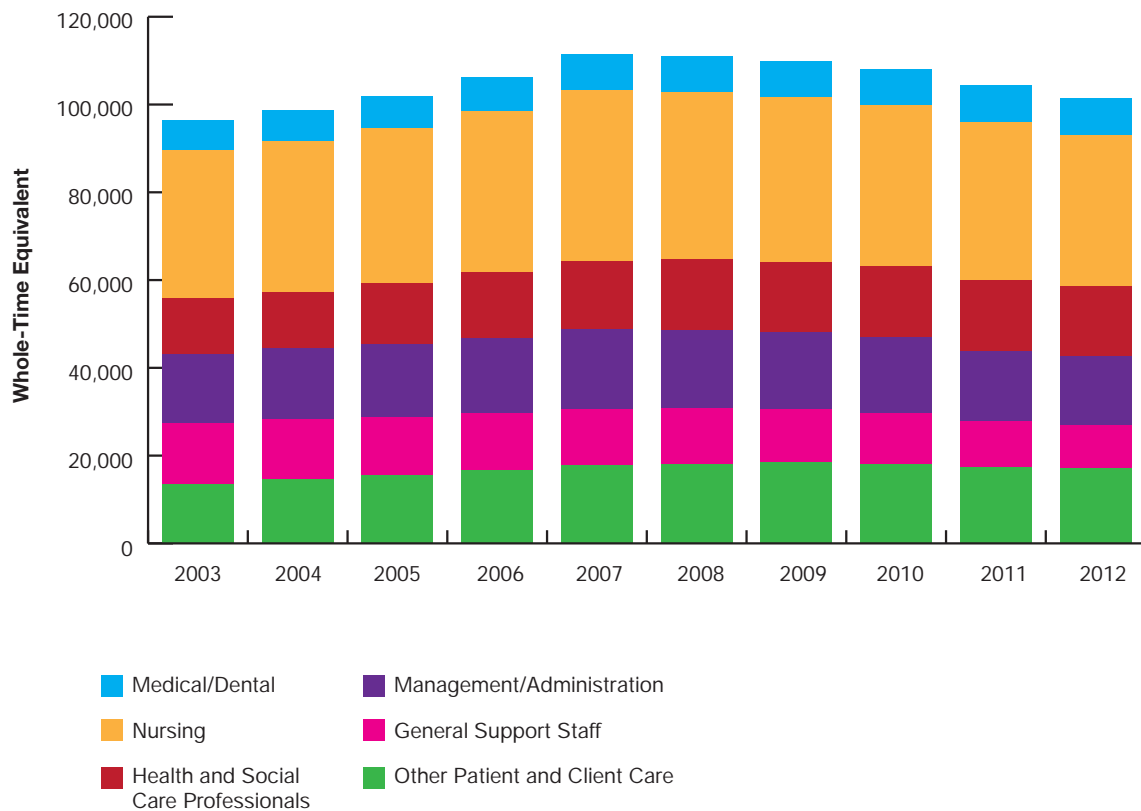
Grade Category	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*	%Change	
											2003-2012	2011-2012
Medical/Dental	6,792	7,013	7,266	7,712	8,005	8,109	8,083	8,096	8,331	8,351	23.0	0.2
Nursing	33,766	34,313	35,248	36,737	39,006	38,108	37,466	36,503	35,902	34,583	2.4	-3.7
Health and Social Care Professionals	12,692	12,830	13,952	14,913	15,705	15,980	15,973	16,355	16,217	15,728	23.9	-3.0
Management/Administration	15,766	16,157	16,699	17,262	18,043	17,967	17,611	17,301	15,983	15,735	-0.2	-1.6
General Support Staff	13,838	13,771	13,227	12,910	12,900	12,631	11,906	11,421	10,450	9,996	-27.8	-4.3
Other Patient and Client Care	13,647	14,640	15,586	16,739	17,846	18,230	18,714	18,295	17,508	17,110	25.4	-2.3
Total	96,501	98,723	101,978	106,273	111,505	111,025	109,753	107,972	104,392	101,503	5.2	-2.8

Source: Health Service Personnel Census, HSE at 31st December (except for 2012 - see note (v) below).

Notes:

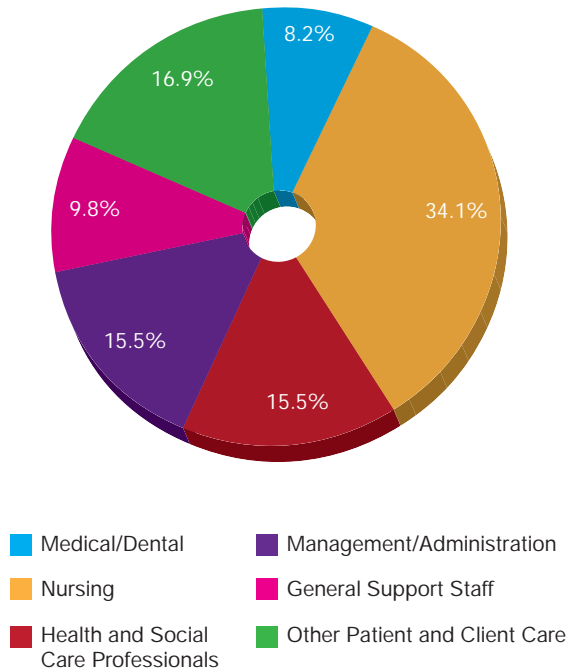
- (i) Figures refer to whole-time equivalents excluding staff on career break. Data also exclude Home Helps.
- (ii) Caution should be exercised in making grade category comparisons due to changes in category composition over time. In particular, reclassification has occurred between the grade categories of Other Patient and Client Care and General Support Staff in the data in the above table.
- (iii) "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.
- (iv) Student nurses are included in the 2007 and 2008 employment figures on the basis of 3.5 students equating to 1 whole-time equivalent. The employment levels adjusted for student nurses on the above basis are 110,664 WTE (Dec 07) and 111,001 WTE (Dec 08). Student nurses are included in the 2009-12 figures on the basis of 2 students equating to 1 whole-time equivalent-the figures above are already adjusted.
- (v) * The 2012 data refers to October 2012 employment figures. 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 SERVICE, 2003 TO 2012



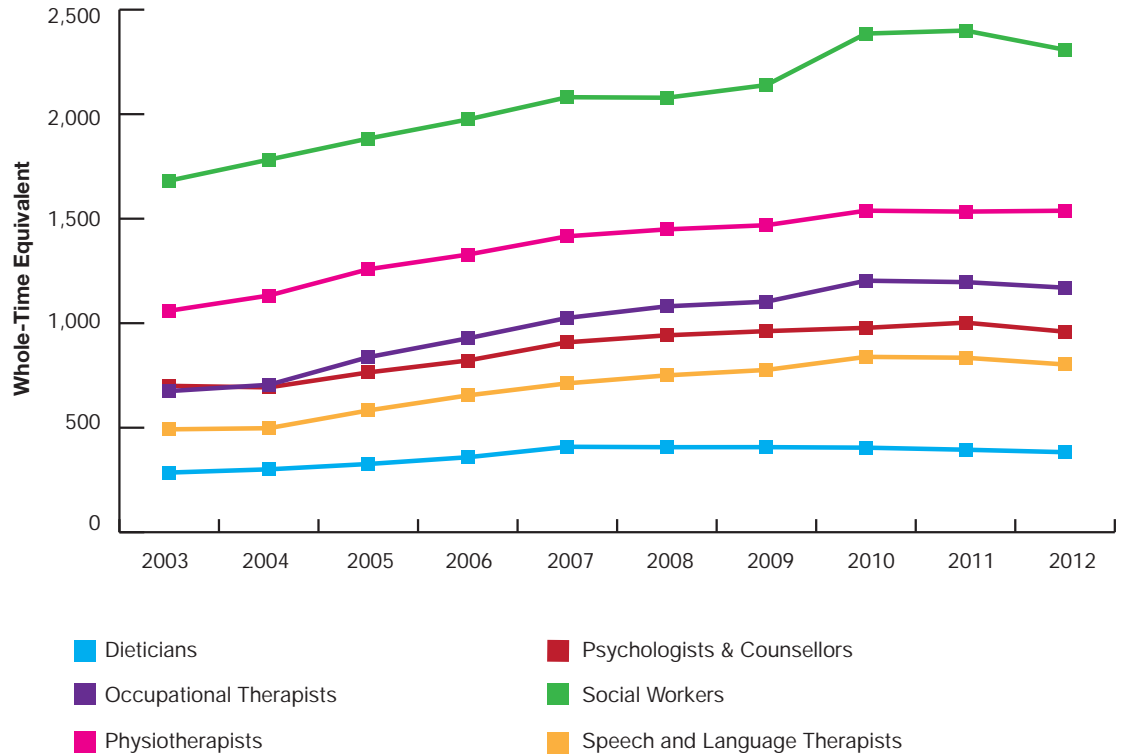
Source: Table 5.1.

FIGURE 5.2
PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICE IN EACH GRADE CATEGORY, OCTOBER 2012



Source: Table 5.1.

FIGURE 5.3
NUMBERS EMPLOYED IN THE PUBLIC HEALTH SERVICE IN A SELECTION OF GRADES WITHIN THE HEALTH AND SOCIAL CARE PROFESSIONALS CATEGORY, 2003 TO 2012



Source: Health Service Personnel Census, HSE

Note: 2012 data refers to October. All other years refer to December.

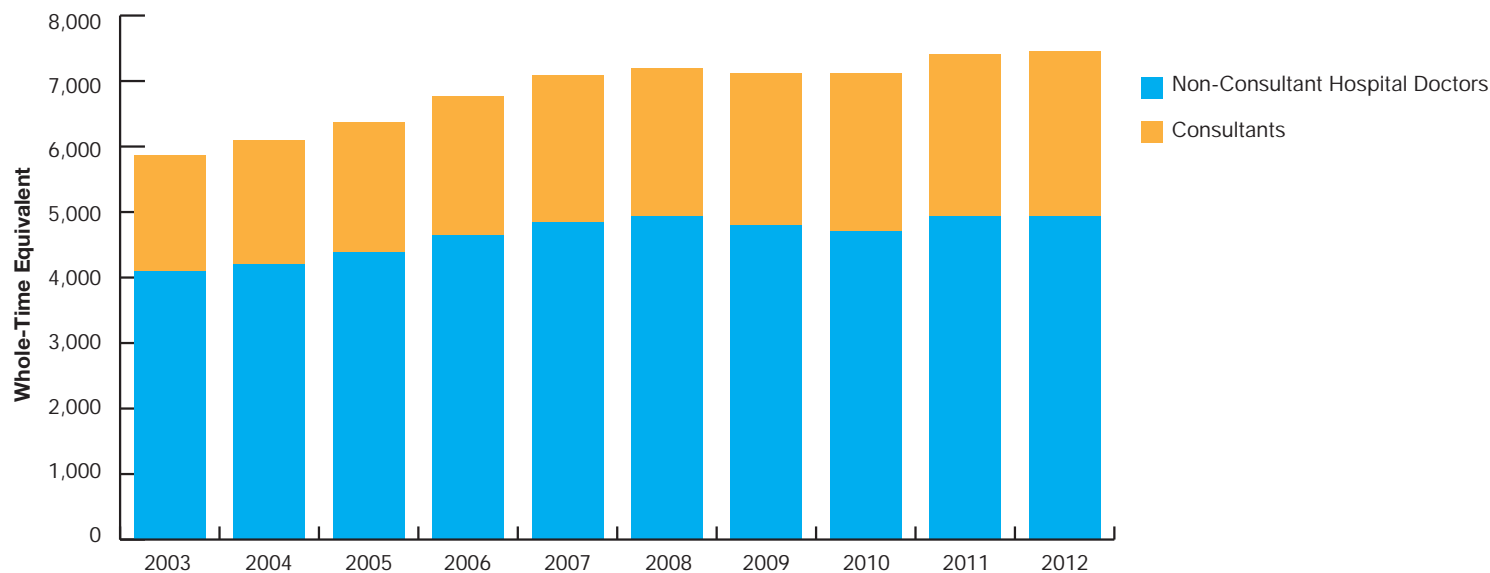
TABLE 5.2
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED
IN THE PUBLIC HEALTH SERVICE, 2003 TO 2012

Grade Category	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012*	%Change	
											2003-2012	2011-2012
Consultants	1,771	1,888	1,983	2,111	2,234	2,261	2,317	2,412	2,474	2,514	42.0	1.6
Non-Consultant Hospital Doctors:												
House Officer/ House Officer Senior	1,708	1,764	1,802	1,910	1,918	1,876	1,825	1,709	1,812	1,828	7.1	0.9
Intern	471	485	486	502	512	505	502	532	597	563	19.6	-5.7
Registrar	1,241	1,250	1,387	1,508	1,606	1,699	1,592	1,590	1,620	1,651	33.0	1.9
Senior Registrar/Specialist	674	705	709	729	818	856	884	882	908	902	33.9	-0.7
Sub-Total - Non-Consultant Hospital Doctors	4,093	4,205	4,384	4,648	4,854	4,937	4,803	4,714	4,938	4,944	20.8	0.1
Total	5,864	6,093	6,367	6,759	7,088	7,197	7,120	7,126	7,412	7,458	27.2	0.6

Source: Health Service Personnel Census, HSE.

Notes:

- (i) Figures refer to whole-time equivalents excluding staff on career break.
- (ii) Consultants includes Masters of Maternity Hospitals.
- (iii) * The 2012 data refers to October 2012 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.4**CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2003 TO 2012**

Source: Table 5.2

TABLE 5.3**NUMBER OF AGREEMENTS BETWEEN THE HSE AND GENERAL PRACTITIONERS FOR THE PROVISION OF SERVICES UNDER THE PRIMARY CARE REIMBURSEMENT SERVICE 2002 TO 2011**

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	%Change	
											2002-2011	2010-2011
Number	2,134	2,181	2,210	2,257	2,315	2,347	2,599	2,663	2,740	2,758	29.2	0.7

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

Note: Includes GPs who do not hold GMS agreements and who were registered as providing services under the Primary Childhood Immunisation Scheme, the Health (Amendment) Act 1996, Heartwatch and the Methadone Treatment Scheme.

6. Health Service Expenditure

This section summarises data and trends in spending on health services during the past decade. It also sets this spending in the context of overall economic development and compares Ireland, in this respect, with its counterpart countries in the Organisation for Economic Cooperation and Development (OECD).

Table 6.1 shows that total public expenditure on health increased by close to 50% between 2003 and the estimates for 2012. The non-capital side represents about 97% of total expenditure. Without taking inflation into account, capital expenditure is now nearly 25% lower than in 2003. Provisional figures for 2012 show an estimated decrease of 10.5% in total public expenditure on health since the peak in 2009. The trend is graphed in Figure 6.1.

Table 6.2 provides a more detailed breakdown on non-capital expenditure for the years 2008 to 2011. From 2010-2011 the total overall reduction in the gross non-capital vote was 4.2%. The percentage breakdown of the vote by area of care is shown in Figure 6.2.

Turning to international comparisons, data are available up to 2010 and show Ireland ranking 13th highest out of 34 OECD countries in terms of total public and private health expenditure per capita (see Table 6.4). The recent OECD Report, "Health at a Glance, Europe 2012" records a fall of 8% in per capita health expenditure between 2009 and 2010 which was the largest reduction of any European country (see Figure 6.3).

When looked at from the perspective of proportion of national production spent on health, the picture which appears depends on whether Gross Domestic Product (GDP) or Gross National Income (GNI) is used as the denominator. Unlike most other countries, a significant proportion of Ireland's GDP refers to profit exports which are not available for national consumption. For this reason, GNI is a more meaningful measure. When total health expenditure (public and private) is expressed as a percentage of GNI, Ireland records a figure of 10.9% which ranks 9th highest among 27 OECD countries for which data were available for 2010. This is a drop of three places since the previous year (2009) (see Table 6.4 and Figure 6.4). By contrast, data for 2008 and 2009 showed significant increases in health expenditure as a percentage of GNI due to the rapid slowdown in economic development outpacing reductions in health expenditure.

TABLE 6.1
PUBLIC HEALTH EXPENDITURE, 2003 TO 2012

	2003	2004	2005*	2006	2007	2008	2009	2010	2011	2012	% Change	
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	2003 -2012	2011 -2012
#Total Public Non-Capital Expenditure on Health	8,853	9,653	11,160	12,248	13,736	14,588	15,073	14,452	13,728	13,501	52.5	-1.7
<i>Public Non-Capital Expenditure on Health (excludes treatment benefits)</i>	8,783	9,561	11,088	12,144	13,636	14,481	14,963	14,396	13,703	13,477	53.4	-1.6
Total Public Capital Expenditure on Health	514	509	516	461	585	598	447	366	347	390	-24.1	12.4
Total Public Expenditure	9,367	10,162	11,676	12,709	14,321	15,186	15,520	14,818	14,075	13,891	48.3	-1.3

Sources: Non-capital expenditure - "Estimated Non-Capital Expenditure 1999-2004" www.doh.ie

From 2005, Revised Estimates for Public Services.

Capital Expenditure - Revised Estimates for Public Services and HSE Reports on Capital Programme.

Notes:

- (i) # Total Public Non-Capital Expenditure includes Treatment Benefits (funded from the Vote of Department of Social Protection).
- (ii) Public Non-Capital Expenditure provided by the Department of Health's Vote and HSE Vote from 2005, in the Revised Estimates for Public Services: excludes items not considered health expenditure such as expenditure under Vote 41 Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (2009-11).
- (iii) 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 (2009-11).
- (iv) Figures for 2012 are estimates.
- (v) * 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'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

HSE NON-CAPITAL VOTED EXPENDITURE, 2008 to 2011

	2008 (€'000s)	2009 (€'000s)	2010 (€'000s)	2011 (€'000s)	% Change	
					2008-2011	2010-2011
Primary, Community and Continuing Care						
Care of Older People	1,739,128	1,738,659	1,683,637	1,433,000	-	-
Children and Families	653,477	641,951	633,064	547,000	-	-
Care for Persons with Disabilities	1,548,718	1,520,003	1,454,537	1,576,000	-	-
Mental Health	1,043,816	1,006,682	963,324	712,000	-	-
Primary Care & Community Health*	3,758,772	4,126,705	3,811,438	2,835,000	-	-
Multi Care Group Services^	-	-	-	486,000	-	-
Palliative Care & Chronic Illness^	-	-	-	81,000	-	-
Social Inclusion^	-	-	-	119,000	-	-
Other^	-	-	-	79,000	-	-
Primary, Community and Continuing Care Total	8,743,911	9,034,000	8,546,000	7,868,000	-10.0	-7.9
National Hospitals Office	5,272,179	5,475,000	5,428,000	4,207,000	-	-
Long Term Charges Repayment Scheme	236,000	80,000	20,000	10,500	-	-
Corporate#	-	-	-	429,000	-	-
Statutory Pensions#	-	-	-	606,000	-	-
Other	100,552	109,354	171,470	448,493	-	-
HSE Gross Non-Capital Vote Total	14,352,642	14,698,354	14,165,470	13,568,993	-5.5	-4.2
Total Appropriations-in-Aid	2,250,688	3,236,270	3,544,140	1,439,848	-36.0	-59.4
HSE Net Non-Capital Vote Total	12,101,954	11,462,084	10,621,330	12,129,145	0.2	14.2

Source: Revised Estimates for Public Services.

Notes:

(i) * Includes Medical Card Services Schemes.

(ii) ^ Costs formerly apportioned across other programmes within Primary, Community and Continuing Care.

(iii) # Most of the % change figures have been omitted from the table as there are significant variances shown in the above table for 2011 compared to previous years. This is due to the fact that it was agreed that the 2012 Revised Estimates should be aligned with the detail as provided in the HSE's National Service Plan. In previous years, central costs were apportioned across the care programmes whereas now these costs have been kept in a corporate heading. A significant issue in this regard relates to pension costs and to assign these costs to the programmes can result in a misleading picture as this funding is not available for the relevant services. For this reason, it was agreed between the Departments of Health and Public Expenditure and Reform that restating the Revised Estimates in line with the National Service Plan was an appropriate approach.

(iv) The reduction in Appropriations-in-Aid in 2011 was due to the abolition of the health contribution announced in the December 2010 Budget.

TABLE 6.3

CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME 2002 TO 2011

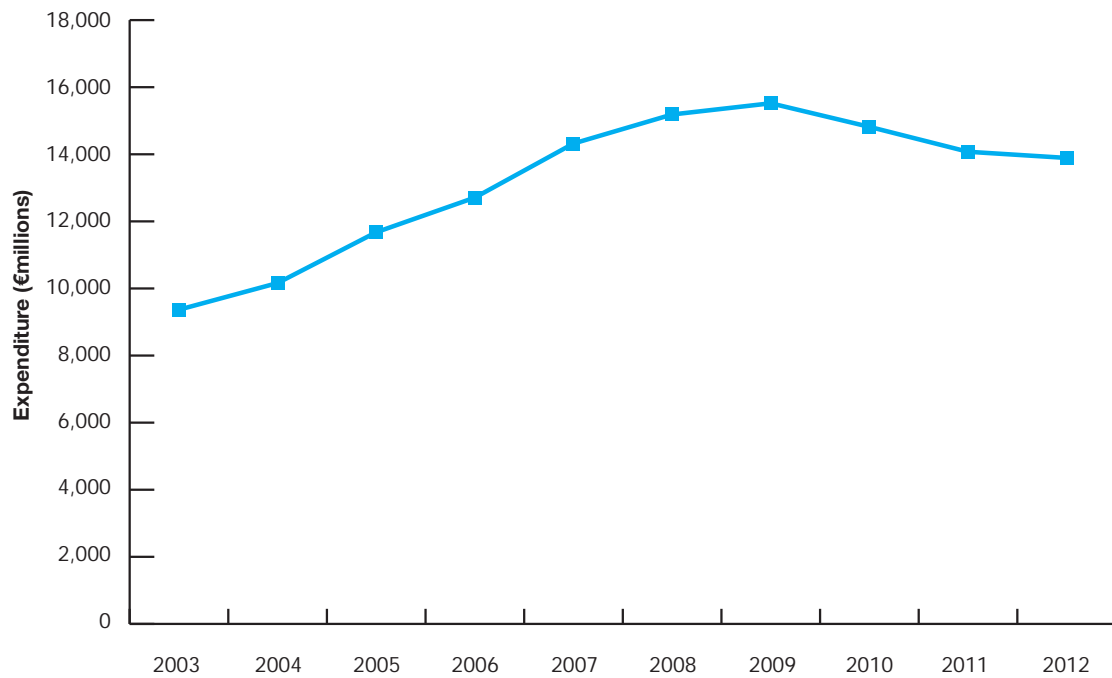
Programme	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% Change	
	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	2002-2011	2010-2011
Acute Hospitals	327,190	396,032	390,603	277,964	244,670	311,672	272,996	209,145	219,713	202,024	-38.3	-8.1
Community Health	74,033	25,754	24,018	115,671	111,863	137,587	177,630	160,974	97,434	70,911	-4.2	-27.2
Mental Health	33,975	8,258	2,702	25,759	20,452	33,837	39,701	25,071	27,000	39,236	15.5	45.3
Disability Services	38,613	40,257	19,728	32,335	42,283	45,196	69,228	27,399	5,000	11,276	-70.8	125.5
ICT	28,669	40,074	67,431	58,400	24,938	30,215	20,455	12,682	6,619	15,960	-44.3	141.1
Miscellaneous	4,633	3,811	3,997	5,781	16,689	26,208	17,889	12,113	10,195	7,748	67.2	-24.0
Total Public Capital Expenditure	507,113	514,186	508,479	515,910	460,895	584,715	597,899	447,384	365,961	347,155	-31.5	-5.1

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

Note:

Excludes capital expenditure by the Office of the Minister for Children & Youth Affairs (2006 - 2011).

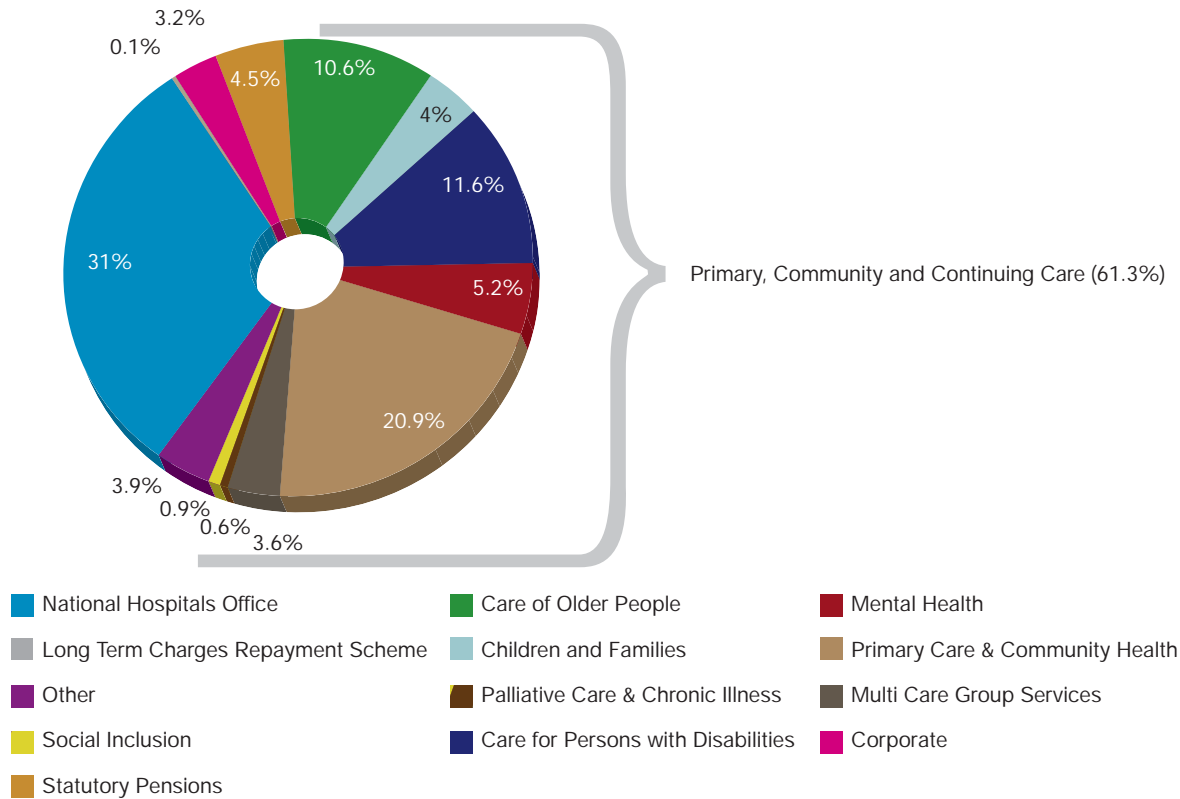
FIGURE 6.1
TOTAL PUBLIC HEALTH EXPENDITURE, 2003 TO 2012



Source: Table 6.1.

FIGURE 6.2

PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2011



Source: Table 6.2.

TABLE 6.4

TOTAL HEALTH EXPENDITURE PER CAPITA AND AS % OF GDP & GNI FOR SELECTED OECD COUNTRIES, 2010

Country	Per Capita			% GDP			% GNI
	Public	Private	Total	Public	Private	Total	Total
Australia*	2,515	1,156	3,670	6.2	2.9	9.1	n/a
Austria	3,349	1,046	4,395	8.4	2.6	11.0	11.0
Belgium (d)	3,000	969	3,969	8.0	2.6	10.5	10.3
Canada	3,158	1,287	4,445	8.1	3.3	11.4	n/a
Chile(e)	579	623	1,202	3.8	4.1	8.0	n/a
Czech Republic	1,578	306	1,884	6.3	1.2	7.5	8.0
Denmark (d)	3,800	664	4,464	9.5	1.7	11.1	10.8
Estonia ^	1,020	274	1,294	5.0	1.3	6.3	6.7
Finland	2,422	829	3,251	6.6	2.3	8.9	8.8
France	3,061	913	3,974	9.0	2.7	11.6	11.4
Germany	3,331	1,007	4,338	8.9	2.7	11.6	11.3
Greece	1,731	1,183	2,914	6.1	4.2	10.2	10.8
Hungary	1,037	564	1,601	5.0	2.7	7.8	8.2
Iceland	2,662	648	3,309	7.5	1.8	9.3	11.3
Ireland	2,585	1,133	3,718	6.4	2.8	9.2	10.9
Israel * (e) ^	1,254	817	2,071	4.6	3.0	7.5	n/a
Italy	2,359	605	2,964	7.4	1.9	9.3	9.3
Japan*	2,443	591	3,035	7.6	1.8	9.5	9.2
Korea	1,185	850	2,035	4.1	3.0	7.1	n/a
Luxembourg *	4,021	765	4,786	6.6	1.3	7.9	12.4
Mexico (d,e)	433	482	916	2.9	3.3	6.2	n/a
Netherlands	n/a	n/a	5,056	n/a	n/a	12.0	12.2
New Zealand (d)	2,515	507	3,022	8.4	1.7	10.1	n/a
Norway	4,607	780	5,388	8.1	1.4	9.4	9.3
Poland ^	995	394	1,389	5.0	1.9	7.0	7.2
Portugal	1,795	933	2,728	7.1	3.7	10.7	11.1
Slovak Republic	1,351	744	2,095	5.8	3.2	9.0	9.1
Slovenia	1,768	660	2,428	6.6	2.5	9.0	9.1
Spain	2,267	789	3,056	7.7	1.8	9.6	9.7
Sweden	3,046	712	3,758	7.7	1.8	9.6	9.3
Switzerland	3,437	1,833	5,270	7.4	3.9	11.4	10.3
Turkey #	667	246	913	4.4	1.6	6.1	8.1
United Kingdom	2,857	576	3,433	8.0	1.6	9.6	9.5
United States	3,967	4,266	8,233	8.5	9.1	17.6	17.8

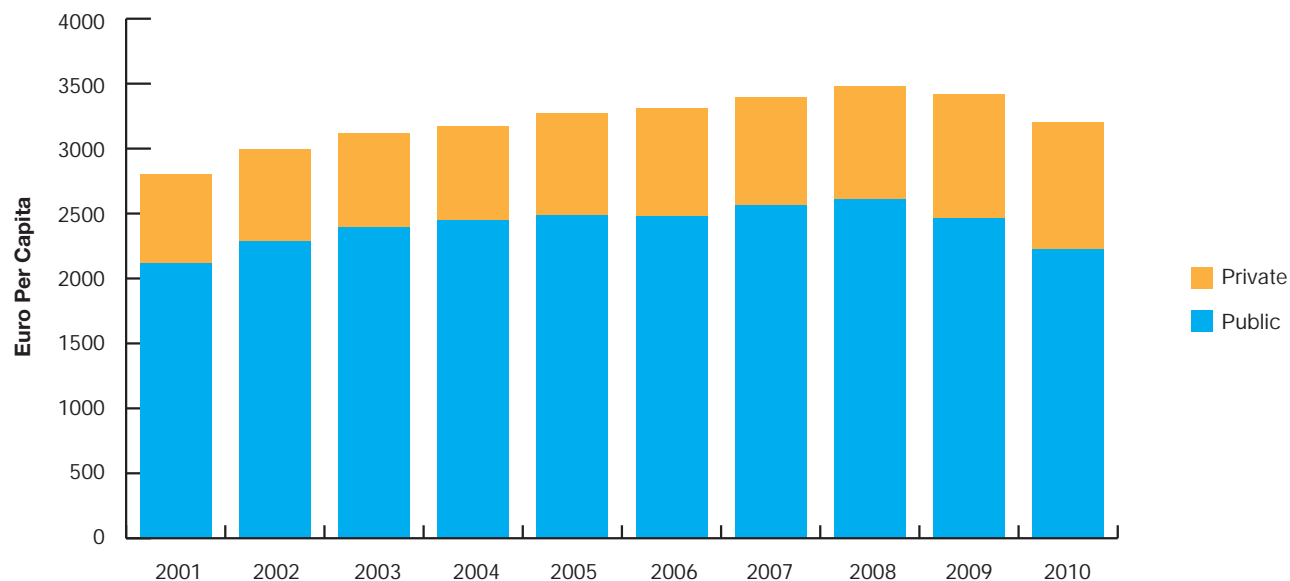
Notes:

- (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 2009.
- (vi) # indicates data for 2008.
- (vii) e indicates estimated.
- (viii) d indicates difference in methodology.
- (ix) ^ includes health expenditure financed from abroad.
- (x) As PPPs are statistical constructs rather than precise measures, minor differences between countries should be interpreted with caution.

Sources: OECD, Eurostat.

FIGURE 6.3

TOTAL HEALTH EXPENDITURE PER CAPITA IN IRELAND IN REAL TERMS, 2001-2010



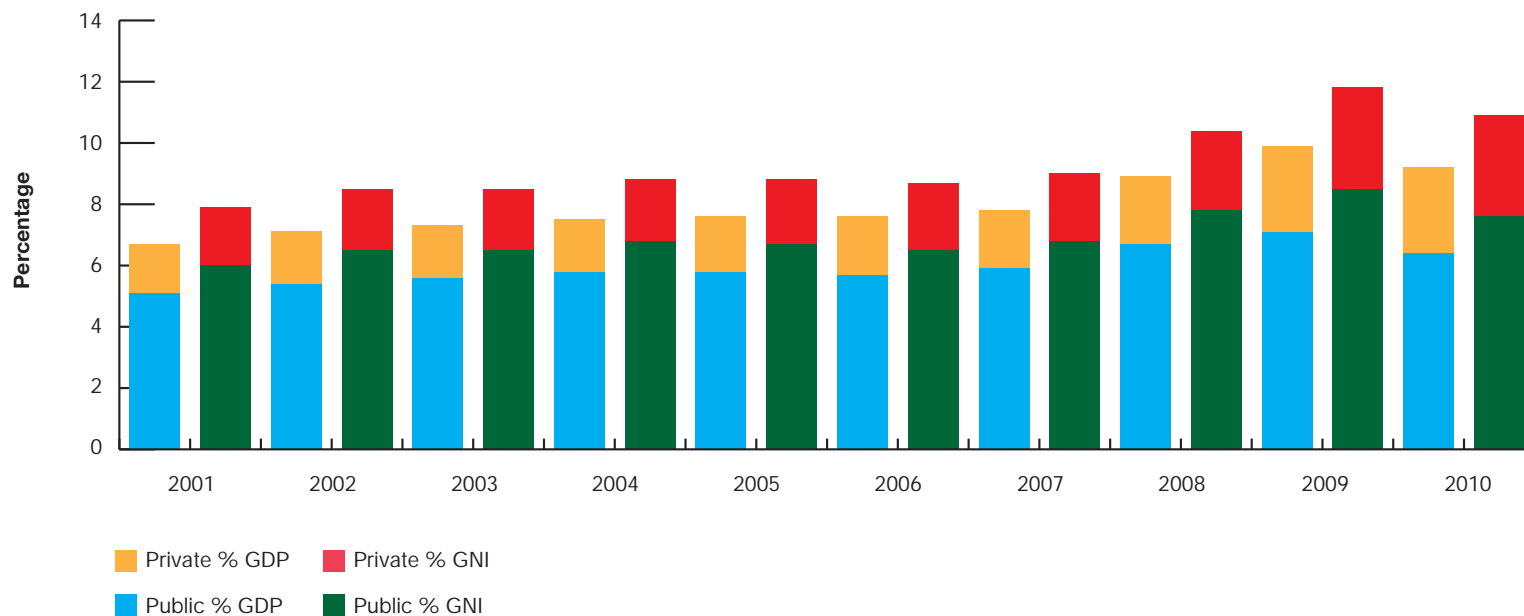
Sources: OECD, CSO.

Note:

Total Health Expenditure is measured in Euro and has been deflated to real prices by using the CSO National Accounts series for net expenditure by central and local government on current goods and services at base year 2010.

FIGURE 6.4

TOTAL HEALTH EXPENDITURE IN IRELAND AS A PERCENTAGE OF GDP AND GNI, 2001 TO 2010



Sources: OECD, Eurostat.



Department of Health,
Information Unit,
Hawkins Street, Dublin 2, Ireland.

Ph: +353 1 6354000
Fax: + 353 1 635 4378

This document is available for download at www.doh.ie

ISBN 978-1-4064-2742-4



9 781406 427424

€5.00 | © Government of Ireland 2012.