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

ISBN 978-1-4064-2811-7

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DEPARTMENT OF HEALTH

HEALTH IN IRELAND

Key Trends 2013

Tús Áite do Shábháilteacht Othar
Patient Safety First

hi Healthy Ireland

Introduction

Health in Ireland, Key Trends 2013 provides summary statistics on health and health care over the past ten years. It also highlights selected trends and topics of growing concern and includes new data which has become available during the course of the year. An important objective is to assess ourselves and our progress in the broader EU context. The booklet is divided into six chapters ranging across population, life expectancy and health status through to health care delivery, staffing and costs. Overall, the picture which emerges is of continuing progress, but at a reduced rate, set in a context of very significant financial constraints. Rapid ageing of the population in conjunction with lifestyle-related health threats present major challenges now and for the future in sustaining and further improving health and health services in Ireland.

Life expectancy in Ireland has increased by a full four years since the year 2000 and is now above the average for the EU. This improvement is largely due to lower mortality and better survival from conditions such as heart disease and cancer affecting older age groups. The contribution of modern health services to this achievement, while difficult to quantify, has been of unquestionable significance.

Age-standardised mortality rates from diseases of the circulatory system, which remain the major cause of death (32.1% of all deaths), continue to decline as does mortality across most principal causes. The infant mortality rate is now more than a third lower than in 2003. Over the 10 year period since 2003 there has been an overall reduction of 22% in mortality rates from all causes. Care, however, needs to be exercised in interpreting single year changes since mortality data for 2012 remain provisional and are based on year of registration.

While there is currently minimal growth in the overall population, 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 is now growing 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.

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. Furthermore, inequalities in health are closely linked with wider social determinants including living and working conditions, issues of service access, and cultural and physical environments. Taken together with an ageing population, adverse trends, if not addressed now, will lead to an unhealthy and costly future. *Healthy Ireland, 2013 to 2025*, was launched earlier this year by the Department of Health to provide a national framework for improved health and wellbeing through improved outcome monitoring and implementation of a range of cross-sectoral actions designed to strengthen positive trends and reverse negative ones.

As set out in this booklet, 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 and on best use of limited resources.

Given the continuing economic constraints facing the country, recent data on employment and expenditure in the health services are characterised by considerable reductions. Figures also show increasing numbers and percentages of the population eligible for a medical card and decreasing numbers purchasing private health insurance. The key challenge, and opportunity, will be to ensure that scarcer resources are carefully targeted to deliver services in the fairest, most efficient and most effective ways possible. This is already happening through improved models of treatment in areas such as cancer and stroke care leading to better outcomes. From a health information perspective, the introduction of a unique health identifier will help to facilitate safe and effective care delivery and will also provide improved information to plan and evaluate ongoing health service reforms.

Several graphs and tables in this report compare Ireland with other European countries. EU-15 refers to Euro area countries (excluding Slovakia and Estonia), EU-27 refers to Member States of the EU excluding Croatia, and EU-28 refers to all current Member States of the EU.

Acknowledgments:

Health Atlas Ireland, HSE for assistance in producing mapped data.

Maps of Ireland reproduced courtesy of the Ordnance Survey of Ireland.

Section 1: Population and Life Expectancy

Section 2: Health of the Population

Section 3: Hospital Care

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 2013 indicate minimal overall growth of just 0.2% on the previous year but an increase of 3.4% in the population over the age of 65 (see Table 1.2).

Since 2004, the most significant demographic developments have been the unprecedented rise in population by more than 13% to a figure of 4.6 million and the acceleration in population ageing (see Table 1.2). This can be seen most clearly in Figure 1.2 which shows trends in population growth and ageing and indicates that Ireland's rate of ageing is now considerably higher than the average for EU countries. Counties along the west coast continue to have the highest proportions of older people (see Figure 1.1).

While numbers of births increased substantially from 2003 to 2009, since 2010 there has been a gradual decrease. This is due in part to a slight reduction in fertility rates but, more significantly, to the fact that the numbers of women in the child-bearing age groups are beginning to decline. This is a demographic feature which is likely to result in a steady reduction in numbers of births over the coming decade even if, as expected, Ireland continues to experience fertility rates which are higher than other EU countries (see Figure 1.4).

Recent population projections produced by the CSO indicate that the most dramatic change in the structure of the population in the coming decades will be the increase in numbers of older people (see Table 1.4). This is already occurring with an increase of around 20,000 per year in the number of people over the age of 65. As a result, within 30 years the age distribution of the Irish population will look very different (see Figure 1.6). Further, the greatest proportional increases will be in the 85+ age groups (see Figure 1.5).

Population ageing clearly has major implications for the planning and provision of health services. It is also a measure of success in improving health and extending life expectancy. Life expectancy in Ireland has increased by a full four years since the year 2000 and is now above the average for the EU (see Figures 1.7 and 1.8). 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 1.9 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 2013

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
2013 Population Estimates:									
Male	255.4	144.3	219.0	614.7	266.9	189.3	251.8	332.5	2,273.8
Female	254.3	144.4	218.9	647.8	273.9	188.7	253.3	338.1	2,319.3
Total	**509.7**	**288.7**	**437.9**	**1,262.5**	**540.8**	**378.0**	**505.1**	**670.6**	**4,593.1**
Age Groups:									
0 - 14	117.6	69.1	95.7	254.5	134.9	82.0	111.4	142.5	1007.7
15 - 24	57.7	35.4	50.6	139.7	63.6	44.8	61.7	79.9	533.3
25 - 34	68.1	40.6	59.2	242.8	75.9	53.2	69.3	98.3	707.5
35 - 44	75.0	43.8	64.2	201.4	90.2	56.0	74.8	101.3	706.6
45 - 54	67.2	37.1	58.3	155.2	71.2	49.9	67.4	88.7	595.2
55 - 64	55.4	28.8	49.9	120.9	51.7	42.2	54.0	72.0	474.7
65 - 74	39.3	19.3	33.7	83.8	33.0	29.3	38.7	50.4	327.6
75 - 84	21.4	10.7	18.9	48.2	14.9	15.5	20.8	28.0	178.4
85+	8.1	3.7	7.4	16.0	5.3	5.1	6.9	9.5	62.1
2011 Census	**515.5**	**283.8**	**440.8**	**1,261.5**	**533.8**	**377.8**	**499.3**	**662.3**	**4,574.9**
% Change 2011-2013	**-1.1**	**1.7**	**-0.7**	**0.1**	**1.3**	**0.1**	**1.2**	**1.3**	**0.4**

Source: Central Statistics Office.

Notes:
(i) Data for 2013 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.

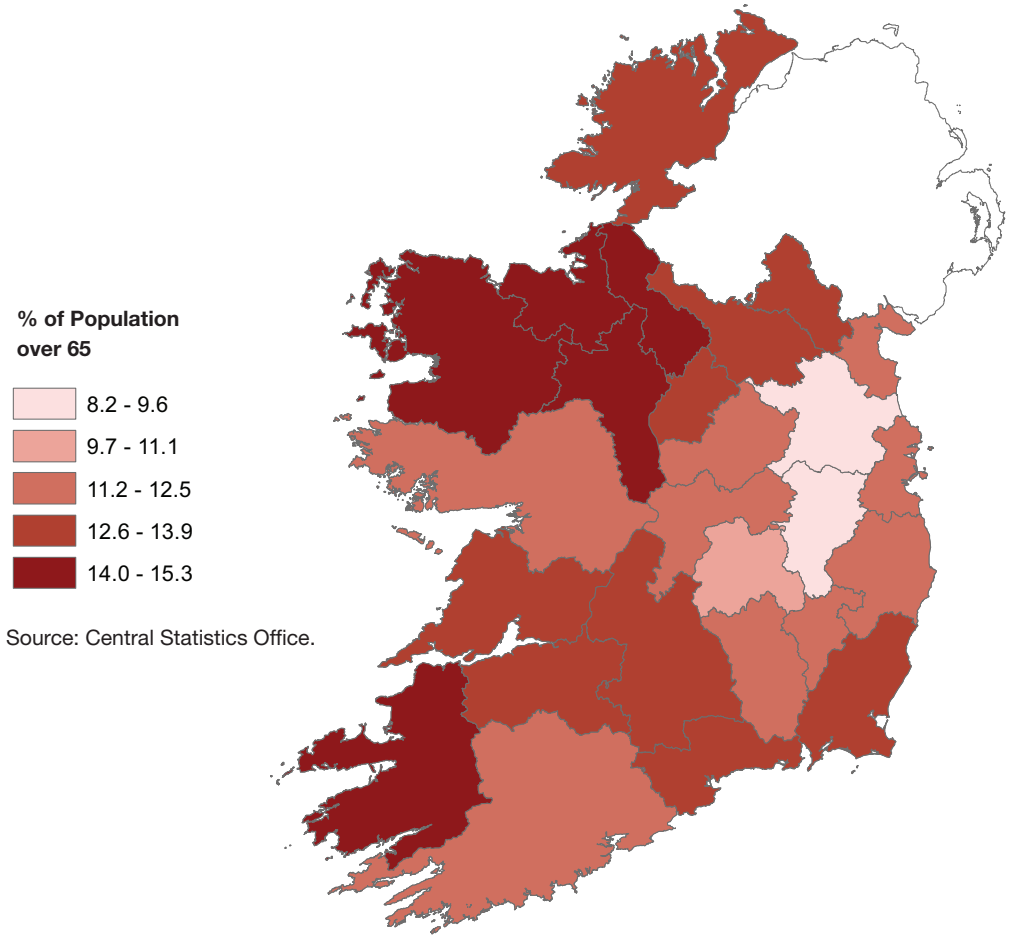
TABLE 1.2
POPULATION ('000s) BY AGE GROUP FOR EACH YEAR, 2004 TO 2013

Age Group	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	% Change 2004-2013	% Change 2012-2013
0-14	843.8	853.4	864.4	884.2	913.3	936.4	957.7	976.6	994.8	1007.7	19.4	1.3
15-64	2751.7	2821.5	2907.5	3020.6	3088.1	3098.1	3081.9	3066.6	3041.2	3017.3	9.7	-0.8
65+	449.7	458.9	467.9	471.1	483.8	498.9	515.0	531.6	549.3	568.1	26.3	3.4
All Ages	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	4,593.1	13.5	0.2

Source: Central Statistics Office.

Notes:
(i) Data for 2012 and 2013 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.

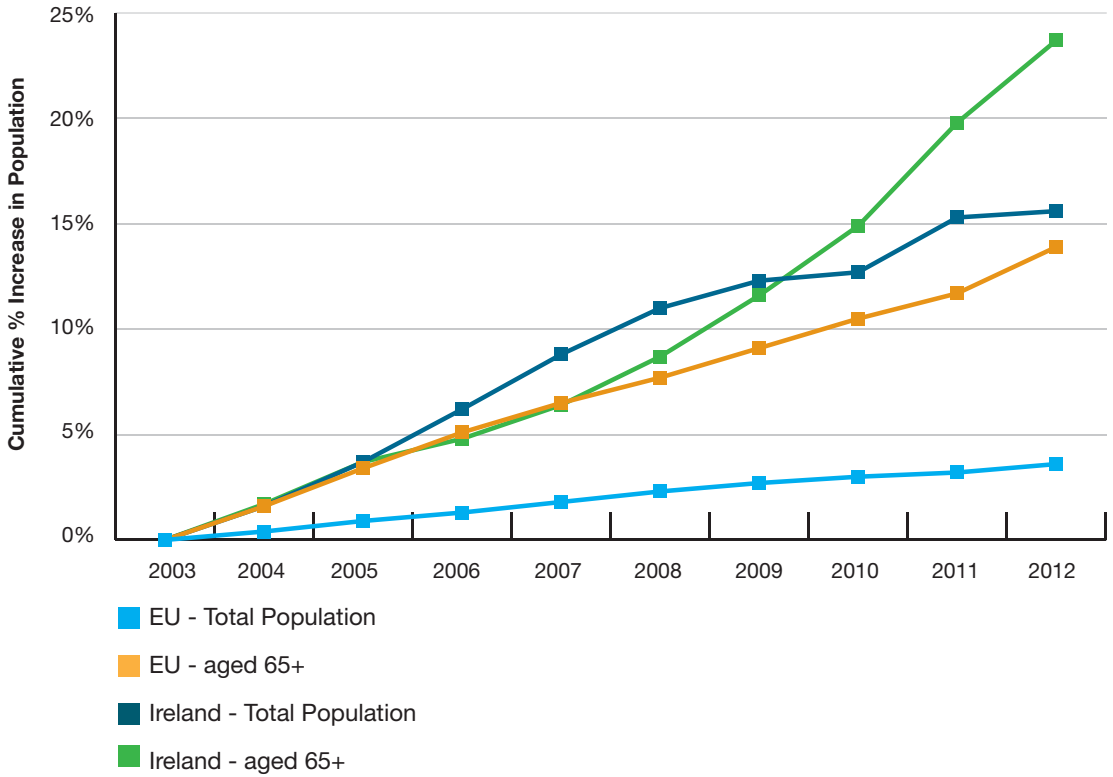
FIGURE 1.1
PERCENTAGE OF POPULATION AGED 65 AND OVER BY COUNTY, IRELAND, 2012



Source: Central Statistics Office.

FIGURE 1.2

CUMULATIVE PERCENTAGE INCREASE IN POPULATION, ALL AGES AND AGED 65+, IRELAND AND EU, 2003 TO 2012



Source: Eurostat.

TABLE 1.3
BIRTHS AND FERTILITY, IRELAND AND EU, 2003 TO 2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change 2003-2012	% Change 2011-2012
Number of Live Births	61,529	61,972	61,372	65,425	71,389	75,173	75,554	75,174	74,033	72,225	17.4	-2.4
Birth Rate (per 1,000 population)	15.5	15.3	14.8	15.4	16.3	16.8	16.7	16.5	16.2	15.8	1.9	-2.5
Ireland Total Fertility Rate	1.98	1.95	1.88	1.94	2.03	2.07	2.06	2.06	2.02	2.01	1.5	-0.5
EU-27 Total Fertility Rate	1.47	1.50	1.51	1.54	1.56	1.60	1.59	1.60	1.57	n/a	6.8	-1.9

Source: Central Statistics Office, Eurostat.

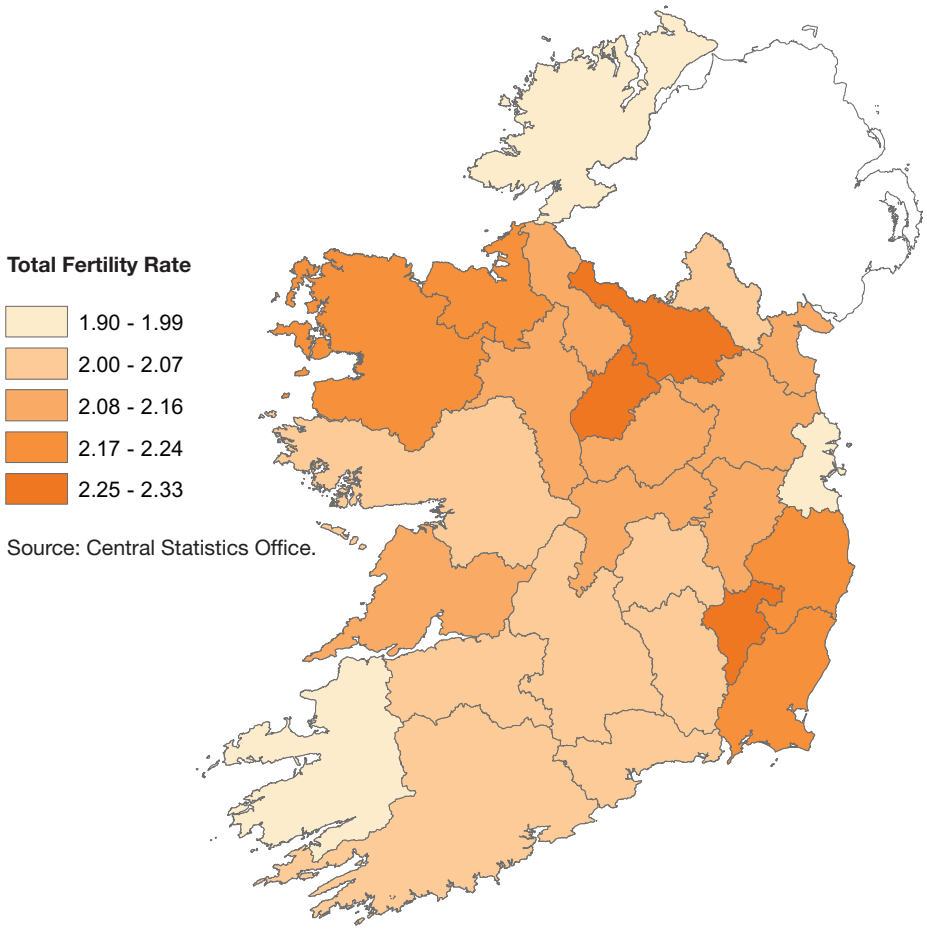
Notes:

(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 2012 refer to year of registration and are therefore provisional. EU data for 2011 is provisional.

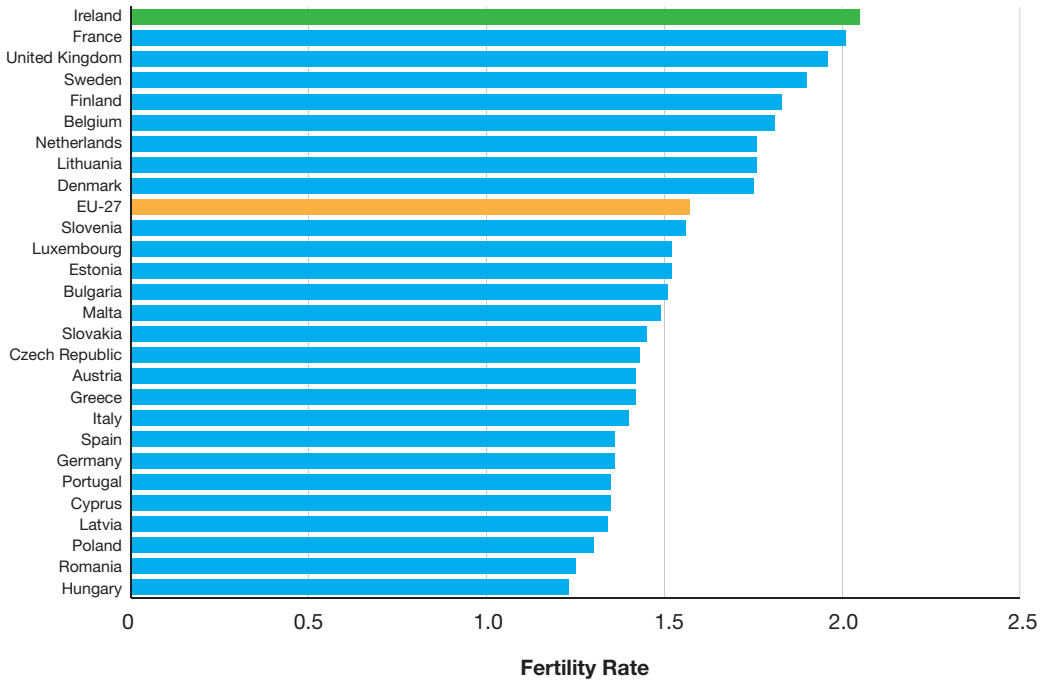
(iii) % change for EU relates to 2003-2011 and 2010-2011.

FIGURE 1.3
TOTAL FERTILITY RATE BY COUNTY, IRELAND, 2012



Source: Central Statistics Office.

FIGURE 1.4
TOTAL FERTILITY RATES IN EUROPE, 2011



Source: Eurostat.
Note: EU average is provisional.

TABLE 1.4
POPULATION PROJECTIONS ('000s) BY AGE GROUP, IRELAND 2012, 2026 AND 2046

Age Group	2012	2026	2046	% Change 2012 -2046
0-14	995	980	970	-2.5
15-64	3,041	3,208	3,246	6.7
65+	549	855	1,419	158.5
Total	4,585	5,042	5,635	22.9

Source: Central Statistics Office Population and Labour Force Projections 2016-2046.

Note: Projection data is based on the M2F2 assumption of moderate growth in net migration and a decrease in the total fertility rate to 1.8 by 2026.

TABLE 1.5
DEPENDENCY RATIO, IRELAND 2012, 2026 AND 2046

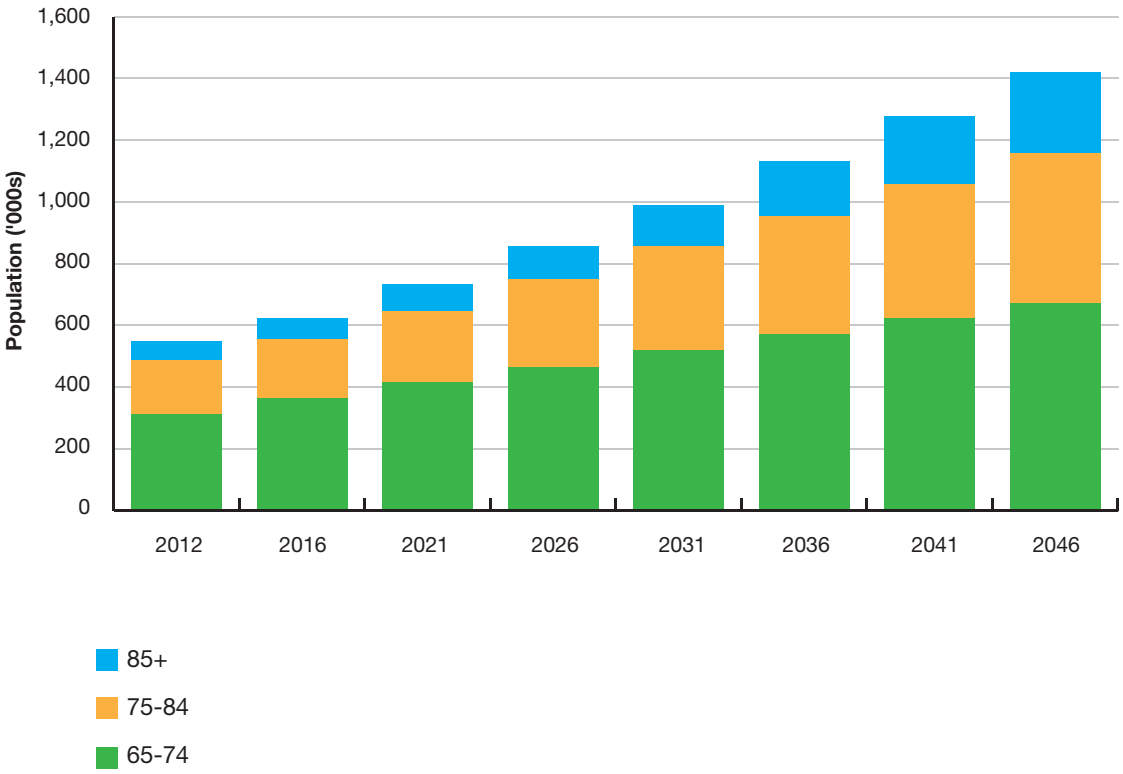
Age Group	2012	2026	2046	% Change 2012-2046
0-14	32.7	30.5	29.9	-8.6
65+	18.1	26.7	43.7	141.4
Total	50.8	57.2	73.6	44.9

Source: Central Statistics Office Population and Labour Force Projections 2016-2046.

Notes: (i) Projection data for Ireland is based on the M2F2 assumption of moderate growth in net migration and a decrease in the total fertility rate to 1.8 by 2026.

(ii) 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.

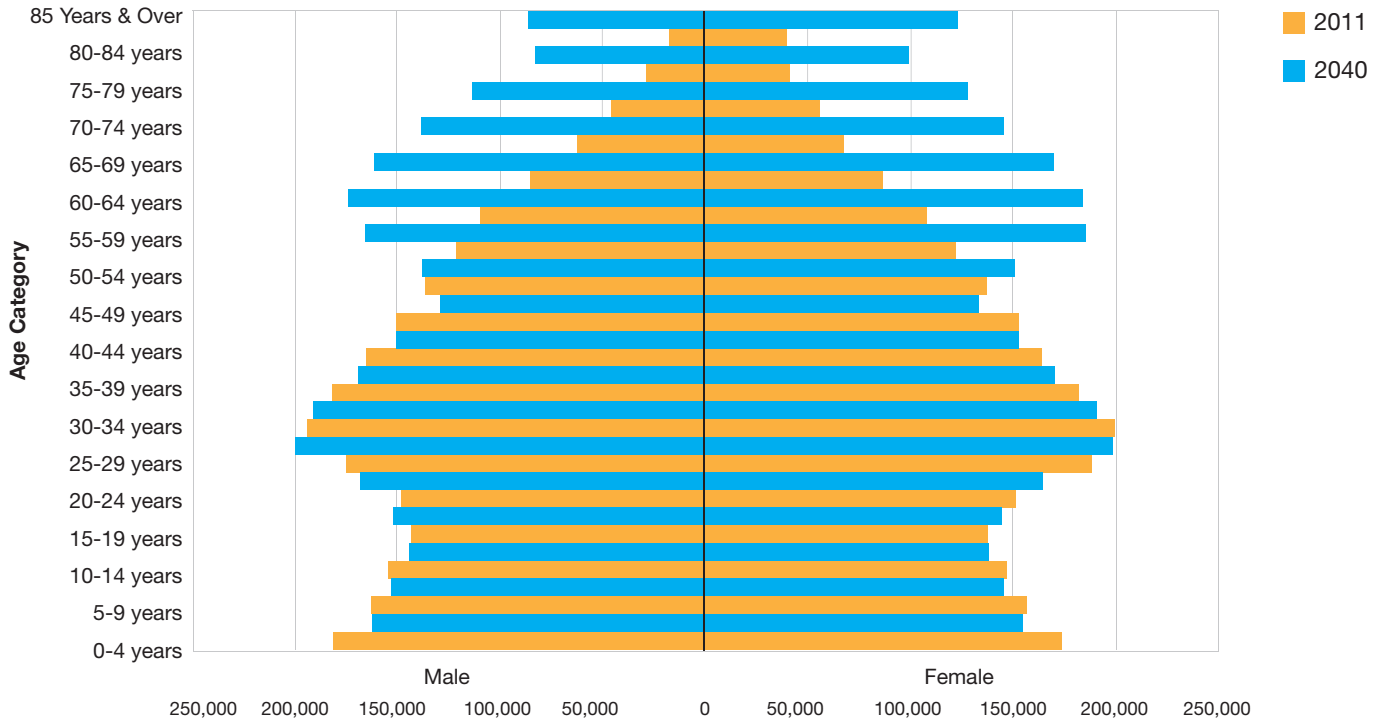
FIGURE 1.5
OLDER AGE GROUPS: POPULATION 2012 AND PROJECTED POPULATION 2016 TO 2046, IRELAND



Source: Central Statistics Office Population and Labour Force Projections 2016-2046 (M2F2 assumption used).

FIGURE 1.6

IRELAND ACTUAL POPULATION 2011 AND PROJECTED POPULATION 2040 BY GENDER AND AGE GROUP



Source: Central Statistics Office Population and Labour Force Projections 2016-2046

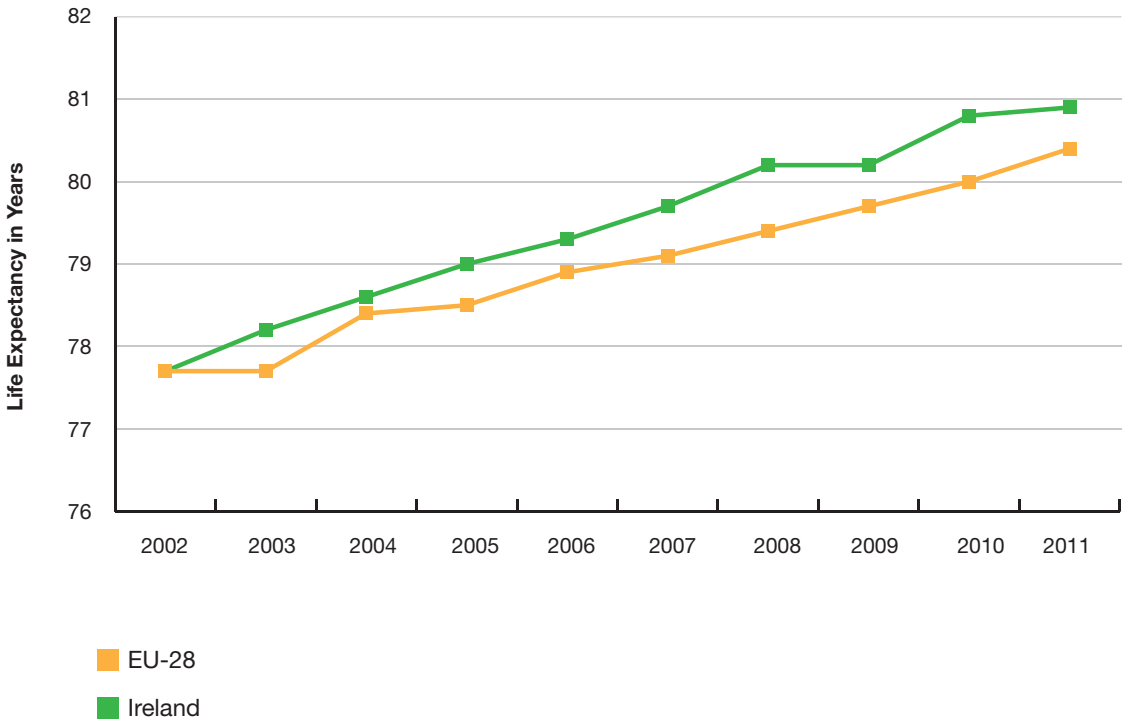
TABLE 1.6
LIFE EXPECTANCY BY AGE AND GENDER, IRELAND 1991, 2001 AND 2011

	1991	2001	2011	% Change 1991-2011
Male				
Life Expectancy at Age				
0	72.3	74.5	78.3	8.3
1	71.9	74.0	77.6	7.9
40	34.4	36.6	39.9	16.0
65	13.5	15.0	17.9	32.6
75	7.9	8.7	10.8	36.7
Female				
Life Expectancy at Age				
0	77.9	79.9	82.8	6.3
1	77.4	79.3	82.1	6.1
40	39.1	41.1	43.6	11.5
65	17.0	18.5	20.7	21.8
75	10.1	11.1	12.9	27.7

Source: Eurostat.

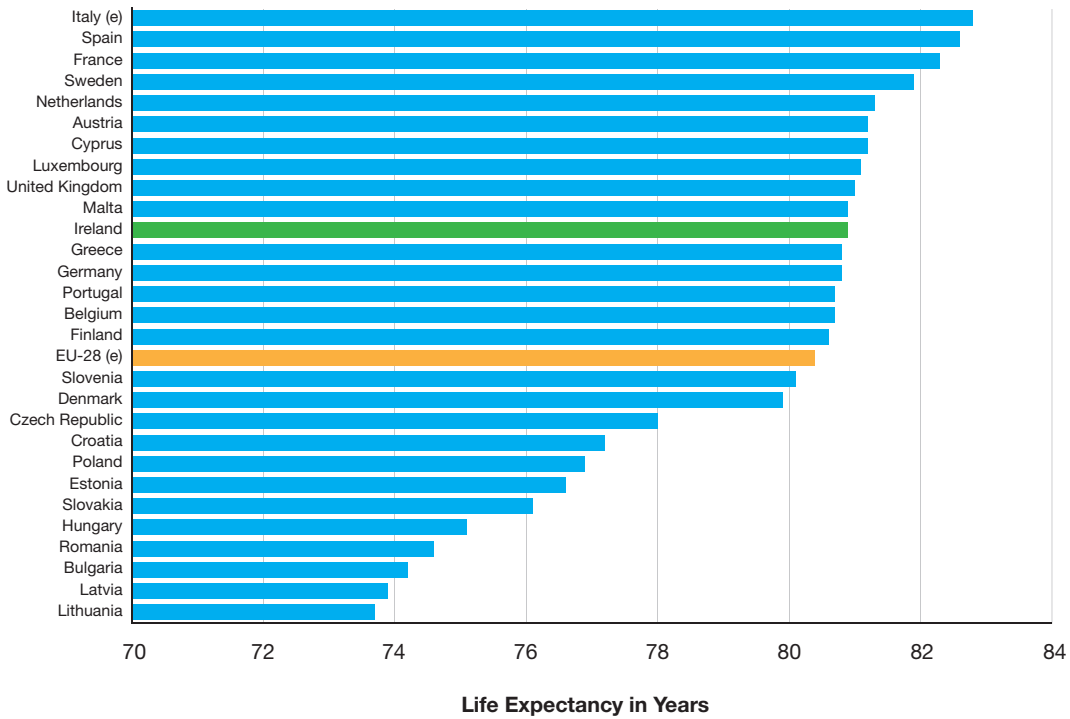
FIGURE 1.7

LIFE EXPECTANCY AT BIRTH FOR IRELAND AND EU-28, 2002 TO 2011



Source: Eurostat.

FIGURE 1.8
LIFE EXPECTANCY AT BIRTH FOR EU-28 COUNTRIES, 2011

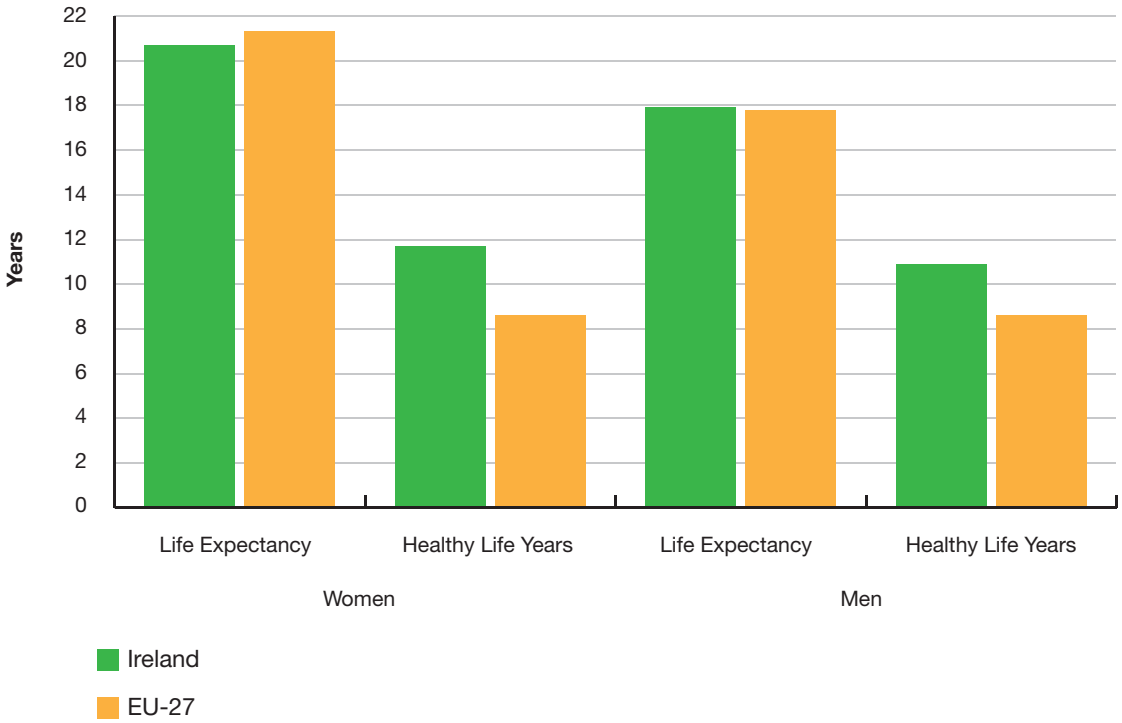


Source: Eurostat.

Notes: e = estimated

FIGURE 1.9

LIFE EXPECTANCY AND HEALTHY LIFE YEARS AT AGE 65, MALE AND FEMALE, IRELAND AND EU-27, 2011



Source: Eurostat.

Note: EU data estimated

2. Health of the Population

Population health at the national level presents a clear picture of rapid decreases in mortality rates accompanied by a rapid rise in life expectancy during the past ten years. Mortality rates from circulatory system diseases fell by 35% between 2003 and 2012 and cancer death rates reduced by 11%. Mortality from circulatory system diseases is now virtually the same as that for cancer whereas it was 35% higher ten years ago (see Table 2.4 and Figure 2.6). Between them, these two causes accounted for 62% of all deaths registered in 2012 (see Table 2.4). Transport accident mortality has fallen by 50% in the past decade and infant mortality by 34% (see Table 2.4 and Figures 2.5 and 2.7). There is evidence that the gradual fall in the suicide rate has halted since 2007. It is important to note that the most recent single year changes in mortality should be interpreted with caution since data are provisional and based on year of registration.

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 9% higher for mortality from smoking-related diseases, many of which will, of course, be cancers.

In recent decades, Ireland has consistently recorded high rates of self-evaluated good health. The latest statistics from the European Union Statistics of Income and Living Conditions (EU-SILC) survey confirm this trend (see Table 2.1 and Figure 2.2). The EU-SILC also provides a basis for the analysis of self-assessed health by age, levels of impairment, educational attainment and other variables. In the areas of self-reported chronic illness and limitations in activities, Ireland compares favourably with the EU average. It is clear that the gradient for chronic conditions rises very steeply with age and that women have somewhat higher prevalence than men (see Tables 2.2 and 2.3). Figure 2.1 shows the positive correlation between educational attainment and self-perceived health in Ireland and across the EU.

Overall improvements in mortality rates and relatively high levels of self-rated health can mask variations between regions, age groups and other population subgroups. As expected, causes of death are very different for those 65 years of age and over and those who die at age 64 or under. In the former case, over 60% of mortality is attributable to circulatory system diseases and cancer. For those under the age of 65, while heart disease and cancer remain significant causes, deaths from injury and poisoning are much more prominent than for the older age groups , accounting for 19% of all premature deaths compared with just 2% of deaths for those over the age of 65 (see Figures 2.3a and 2.3b). Again, while all regions have witnessed improvements in mortality rates from circulatory system diseases Figures 2.4a and 2.4b serve to illustrate that there is considerable variation both in rates of death and in the reduction in rates since 2003.

Survival rates for cervical, breast and colorectal cancers are graphed in Figure 2.8. This shows very significant improvements in survival from breast and colorectal cancers over the past 15 years but 5-year survival from these cancers remains just below the average for OECD countries. A cause for concern is that survival from cervical cancer in Ireland has shown a marginal decline over the same period.

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, exercise and obesity. They are also related to societal inequalities and the data provides clear evidence that concerted efforts are needed to tackle these growing risks. *Healthy Ireland – A Framework for Improved Health and Wellbeing* was launched by the Department of Health earlier this year and sets out a comprehensive and coordinated plan to improve health and wellbeing between now and 2025.

Figure 2.10 shows overall trends in alcohol and cigarette consumption. While overall alcohol consumption per capita has declined since the beginning of the century, this trend has not been sustained in more recent years and survey data shows worrying levels of risky single-occasion drinking particularly among the younger age groups (see Figure 2.11). With respect to tobacco, the declining figures based on excise duty data (Figure 2.10) need to be treated with caution due to the effects of cross-border or illegal sales. It is known, however, that the best way to reduce tobacco addiction is to prevent children from taking up the habit. In this context there is positive evidence that smoking by 10 to 17 year olds reduced by almost half between 1998 and 2010, from 21% to 12% (see Figure 2.14). Data on obesity is less encouraging. Obesity in children can lead to chronic conditions, such as Type 2 diabetes, in later life. The most recent data from the Growing up in Ireland Study indicates that approximately 20% of 5-year olds are either overweight or obese with the proportions highest in the lower income groups (see Figure 2.15).

TABLE 2.1
PERCEIVED HEALTH STATUS IN IRELAND AND EU-28, 2011

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	66.4	63.0	30.7	31.1	2.8	5.9
25-34	59.8	52.9	34.3	37.1	6.0	10.0
35-44	48.9	54.2	39.7	36.1	11.4	9.7
45-64	33.4	32.9	43.9	45.6	22.6	21.4
65+	18.2	18.3	45.3	45.0	36.5	36.7
Total	**43.3**	**41.6**	**39.7**	**40.4**	**16.9**	**18.0**
EU-28	**24.2**	**20.5**	**46.5**	**44.7**	**29.2**	**34.7**

Source: EU SILC, Eurostat.

TABLE 2.2
PEOPLE HAVING A LONG-STANDING ILLNESS OR HEALTH PROBLEM IN IRELAND AND EU-28, 2011

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	9.1	11.2	90.9	88.8
25-34	13.2	15.4	86.8	84.6
35-44	15.0	17.4	85.0	82.6
45-64	31.0	31.5	69.0	68.5
65+	56.1	57.4	43.9	42.6
Total	**25.7**	**28.1**	**74.3**	**71.9**
EU-28	**29.5**	**33.9**	**70.5**	**66.1**

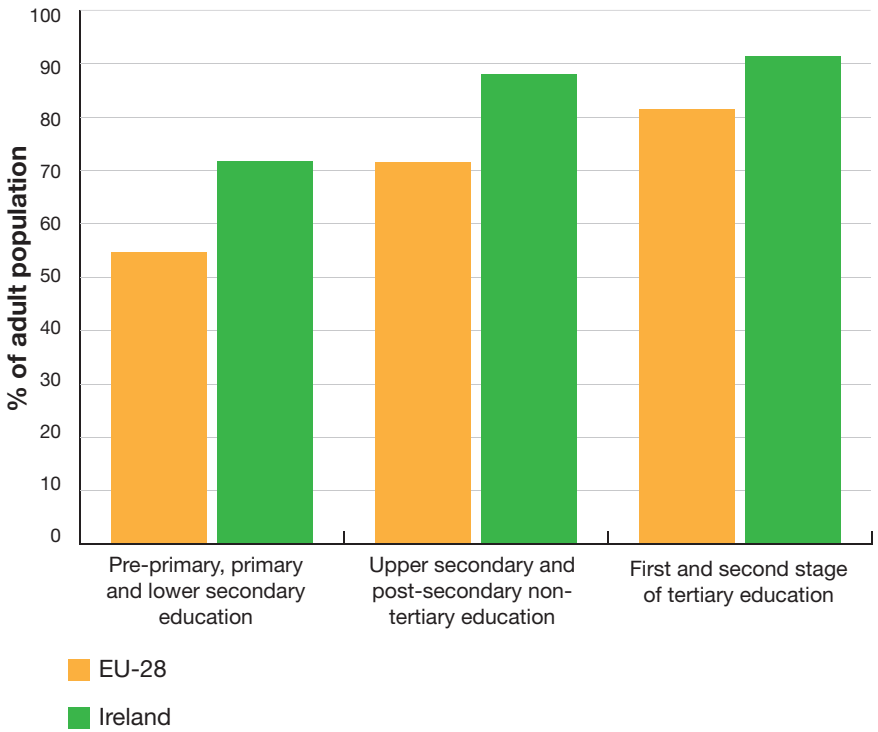
Source: EU SILC, Eurostat.

TABLE 2.3
SELF-PERCEIVED LIMITATIONS IN DAILY ACTIVITIES DUE TO HEALTH PROBLEMS IN IRELAND AND EU-28, 2011

Age Group	Some		Severe	
	%Male	%Female	%Male	%Female
16-44	5.9	7.3	2.9	2.3
45-64	13.5	13.0	5.3	4.9
65-74	24.3	24.2	10.4	8.7
75+	30.1	30.4	13.3	19.2
Total	**11.8**	**12.7**	**5.1**	**5.2**
EU-28	**15.5**	**19.3**	**7.5**	**9.0**

Source: EU SILC, Eurostat.

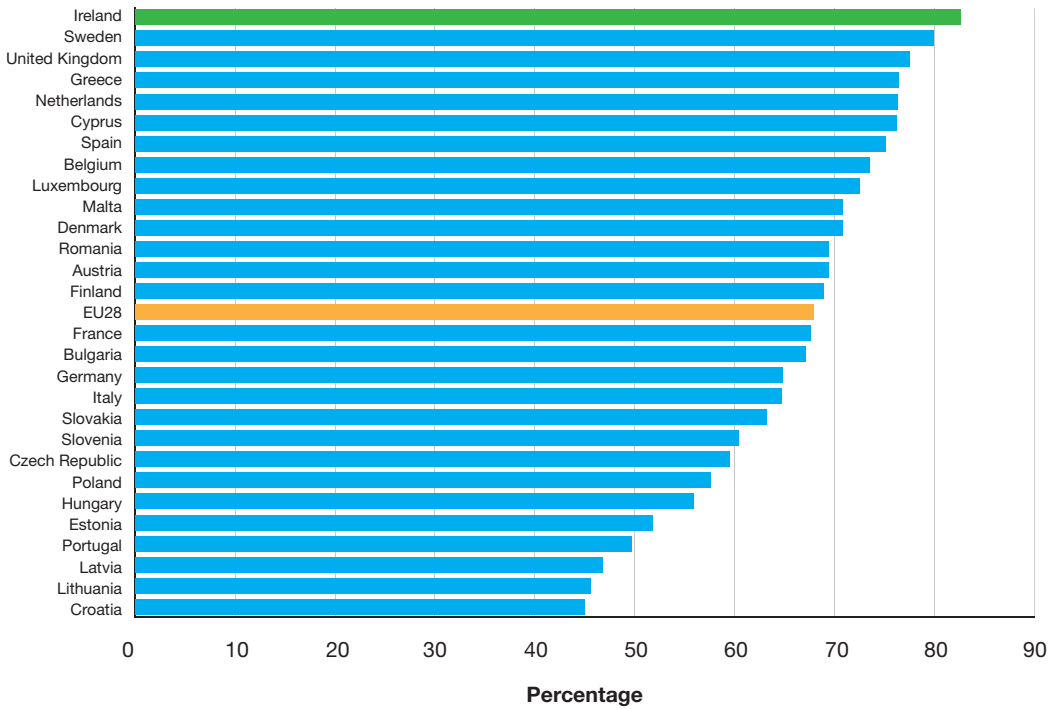
FIGURE 2.1
SELF-PERCEIVED HEALTH RATED GOOD OR VERY GOOD BY EDUCATIONAL ATTAINMENT LEVEL, IRELAND AND EU-28, 2011



Source: EU-SILC, Eurostat.

FIGURE 2.2

PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-28 COUNTRIES, 2011



Source: EU SILC, Eurostat.

TABLE 2.4
PRINCIPAL CAUSES OF DEATH: NUMBERS AND AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION, 2003 TO 2012

		2003	2007	2011	2012	% Change 2003-2012	% Change 2011-2012
ALL CAUSES							
	Number	29,074	28,117	28,456	28,848	-0.8	1.4
	Rate	694.2	608.4	550.9	541.9	-21.9	-1.6
DISEASES OF THE CIRCULATORY SYSTEM							
All Circulatory System Diseases:	Number	11,038	9,956	9,236	9,267	-16.0	0.3
	Rate	257.7	210.2	172.6	167.7	-34.9	-2.8
Ischaemic Heart Disease:							
	Number	5,583	5,375	4,707	4,646	-16.8	-1.3
	Rate	131.7	115.4	89.3	85.7	-34.9	-4.1
Stroke:							
	Number	2,276	2,078	1,993	1,928	-15.3	-3.3
	Rate	51.9	42.5	36.4	33.9	-34.6	-6.8
CANCER							
All Malignant Neoplasms:	Number	7,603	7,917	8,666	8,544	12.4	-1.4
	Rate	190.9	180.6	177.0	169.9	-11.0	-4.0
Cancer of the Trachea, Bronchus and Lung:							
	Number	1,574	1,668	1,850	1,778	13.0	-3.9
	Rate	40.1	39.0	38.5	36.0	-10.3	-6.6
Cancer of the Female Breast:							
	Number	646	611	690	675	4.5	-2.2
	Rate	31.8	27.2	26.8	25.9	-18.6	-3.4
EXTERNAL CAUSES OF INJURY AND POISONING							
All Deaths from External Causes:	Number	1,601	1,759	1,693	1,615	0.9	-4.6
	Rate	38.9	39.0	35.7	33.9	-12.8	-5.0
Transport Accidents:							
	Number	323	305	189	179	-44.6	-5.3
	Rate	7.8	6.7	4.1	3.8	-50.6	-6.3
Suicide:							
	Number	497	458	554	507	2.0	-8.5
	Rate	12.3	10.2	12.1	11.1	-10.1	-8.6
INFANT DEATHS							
Infant Mortality Rate (per 1,000 live births)	Number	326	230	262	250	-23.3	-4.6
	Rate	5.3	3.2	3.5	3.5	-34.0	0.0

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

Notes:

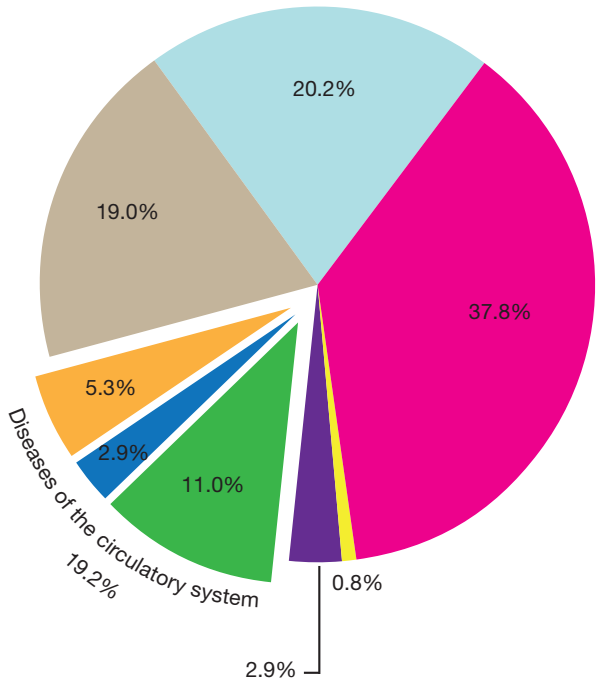
(i) The figures for 2003, 2007 and 2011 are year of occurrence and are final. The figures for 2012 should be treated with caution as they refer to deaths registered in that year and may be incomplete.

(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 2.3a

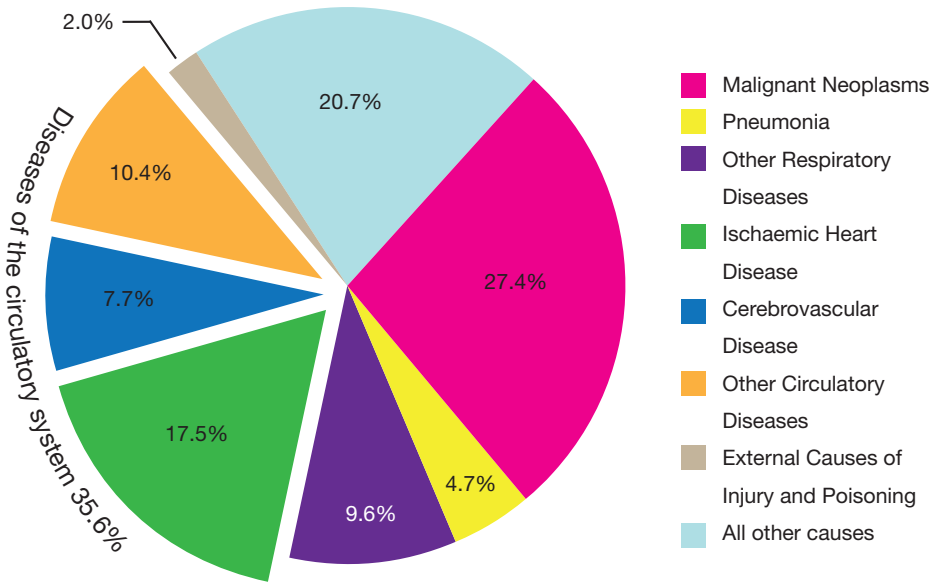
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2012, AGES 0-64



Source: Central Statistics Office.

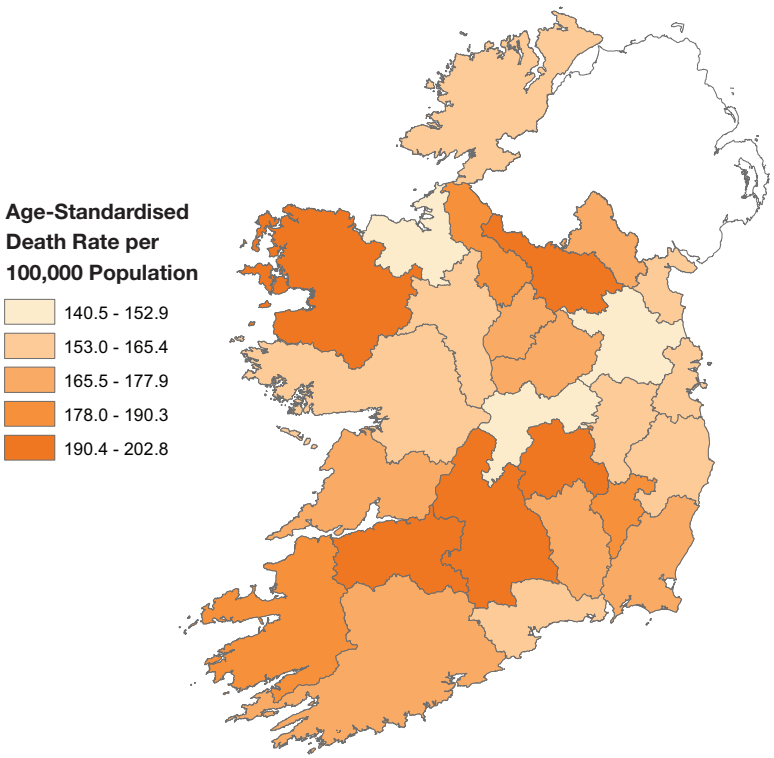
FIGURE 2.3b

DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2012, AGES 65+



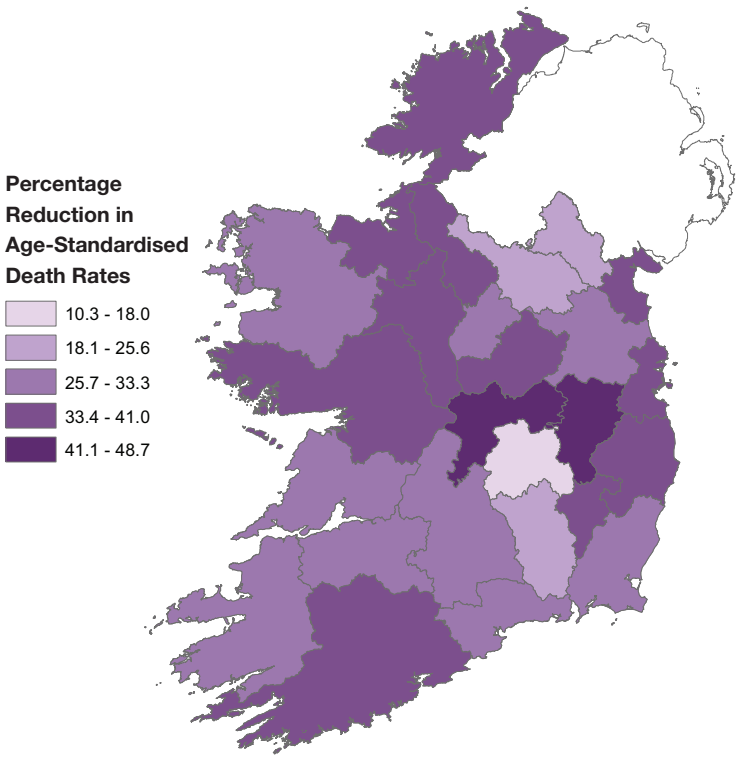
Source: Central Statistics Office.

FIGURE 2.4a
AGE-STANDARDISED DEATH RATES FROM DISEASES OF THE CIRCULATORY SYSTEM, IRELAND 2012



Source: Public Health Information System (PHIS) - Department of Health.
Note: Data for 2012 is provisional.

FIGURE 2.4b
PERCENTAGE REDUCTION IN AGE-STANDARDISED DEATH RATES FROM DISEASES OF THE CIRCULATORY SYSTEM, IRELAND 2003 TO 2012



Source: Public Health Information System (PHIS) - Department of Health.
Note: Data for 2012 is provisional. See also notes under Table 2.4.

TABLE 2.5
IRELAND AND EU-27: AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION BY PRINCIPAL CAUSES OF DEATH, 2010

Cause	Ireland	EU	% difference Ireland -EU
All Causes	555.6	587.2	-5.4
Circulatory System Diseases	184.7	209.4	-11.8
All Cancers	170.5	166.9	2.2
External Causes of Injury and Poisoning	35.6	35.9	-0.8
Selected Smoking Related Causes	207.3	190.0	9.1

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

Notes:

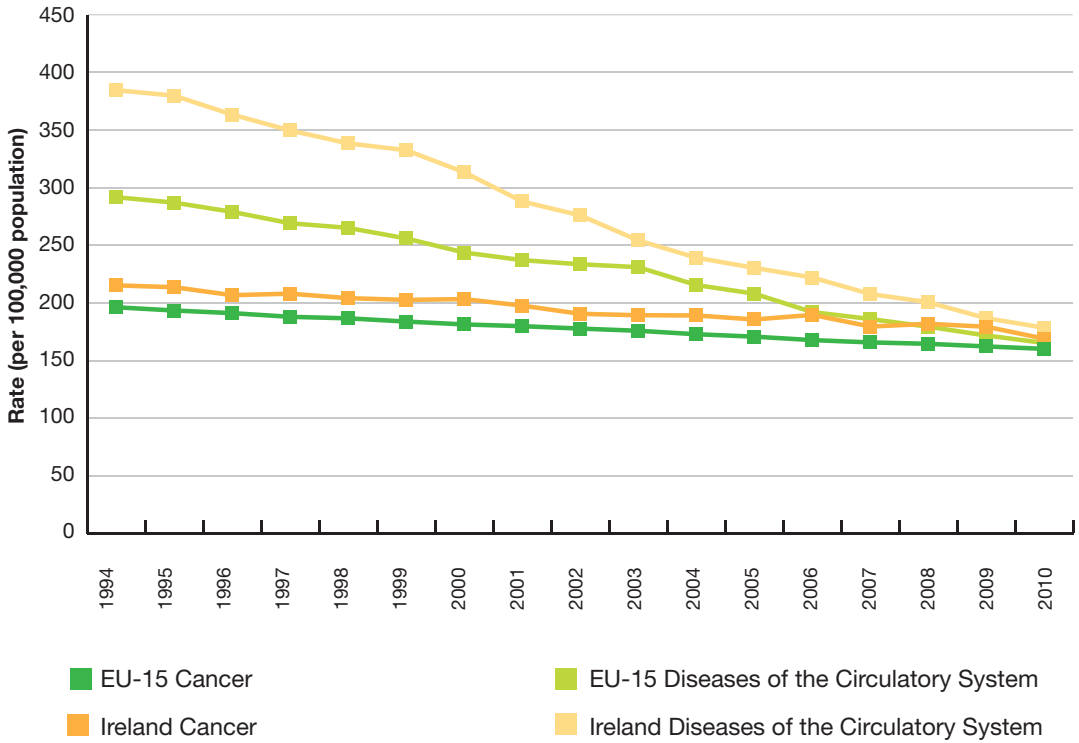
(i) The figures for Ireland were derived from the Central Statistics Office mortality data for 2010, see notes under Table 2.4.

(ii) EU data is provisional.

FIGURE 2.5
INFANT MORTALITY RATES IRELAND AND EU-27, 2002 TO 2011

FIGURE 2.6

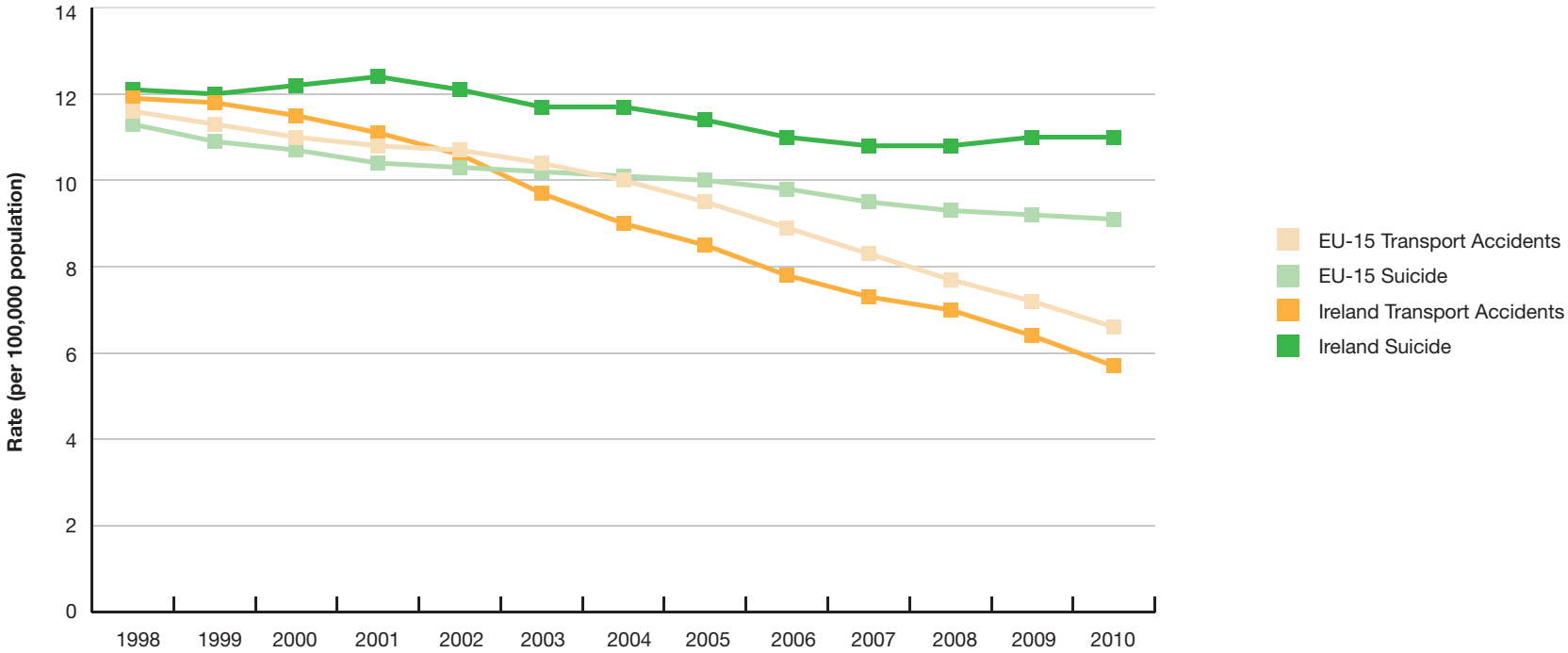
AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES, IRELAND AND EU-15, 1994 TO 2010



Source: Eurostat.

FIGURE 2.7

AGE-STANDARDISED DEATH RATES FOR SELECTED EXTERNAL CAUSES, IRELAND AND EU-15, 5-YEAR MOVING AVERAGE 1998 TO 2010

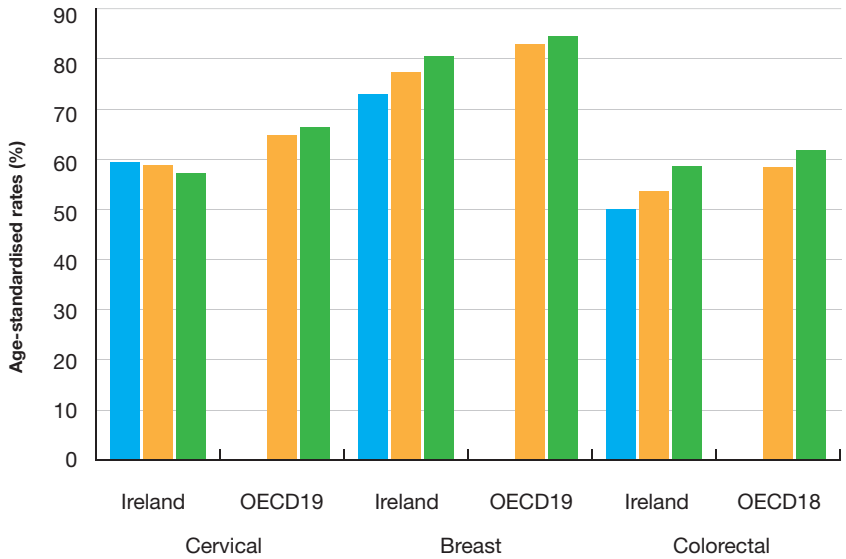


Source: Eurostat.

Note: (i) 5-year moving average is the average of the previous 5 years data.
(ii) Versions of this graph in previous editions of Key Trends included EU-27 countries.

FIGURE 2.8

FIVE-YEAR RELATIVE SURVIVAL RATES FROM SELECTED CANCERS, 1997 TO 2002, 2001 TO 2006 AND 2005 TO 2010 (OR NEAREST PERIOD), IRELAND AND SELECTED OECD COUNTRIES



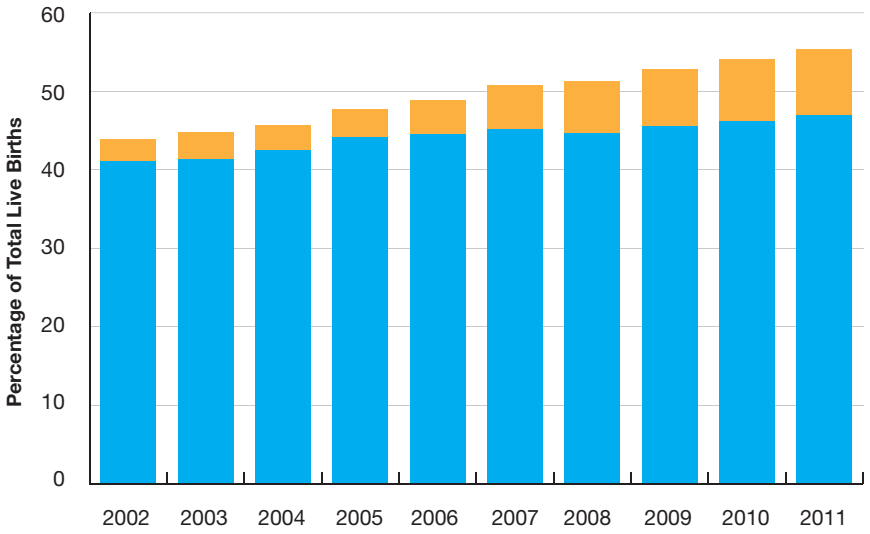
Source: Health Care Quality Indicators, OECD.

Note: Different methodology used to calculate survival rates compared with previous editions of Key Trends. However, consistent methodology has been used for survival estimates in this graph.

1997-2002
2001-2006
2005-2010

FIGURE 2.9

PERCENTAGE OF MOTHERS BREASTFEEDING AT TIME OF DISCHARGE FROM HOSPITAL BY FEEDING TYPE, 2002 TO 2011

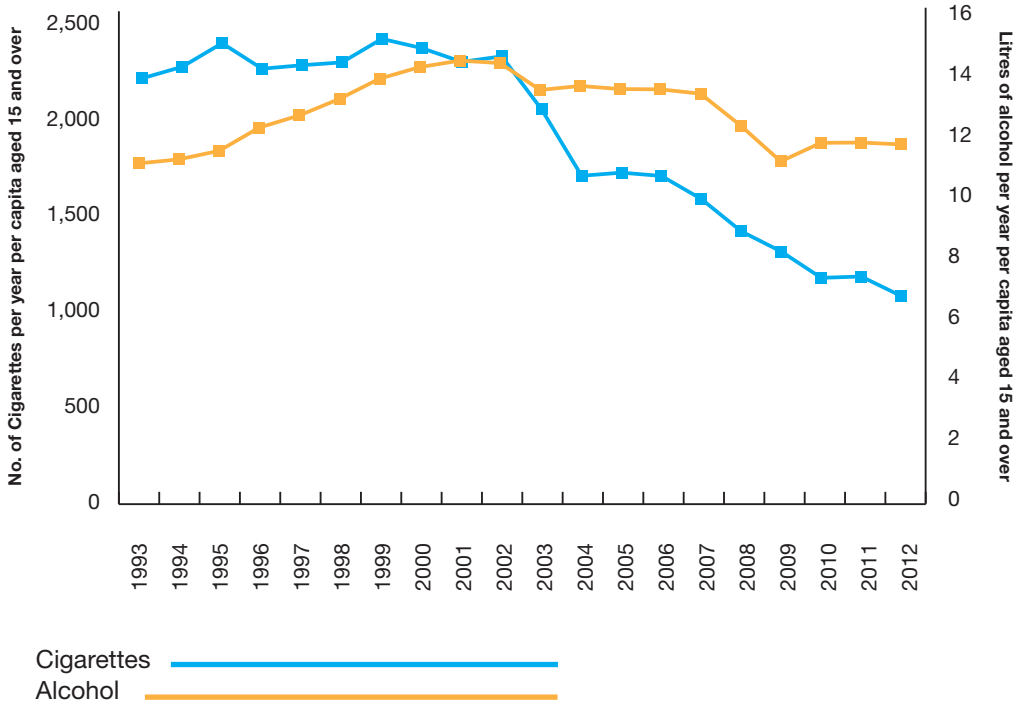


Source: National Perinatal Reporting System (NPRS), Health and Research Information Division, ESRI.

Any breastfeeding
Exclusively breastfed

FIGURE 2.10

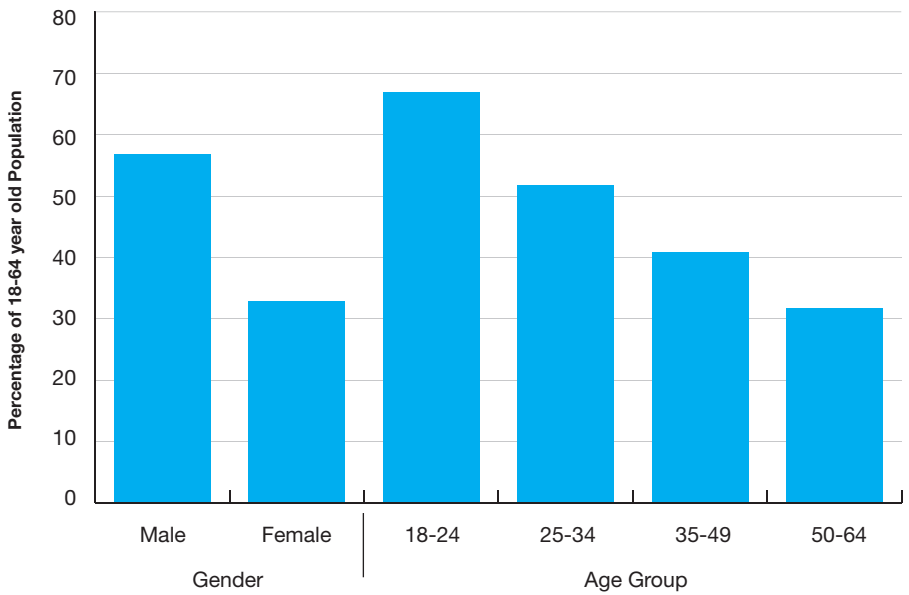
ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA AGED 15 YEARS AND OVER, 1993 TO 2012



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. Tobacco is measured in terms of sales of cigarettes recorded by the revenue commisioners. Data for 2012 is provisional.

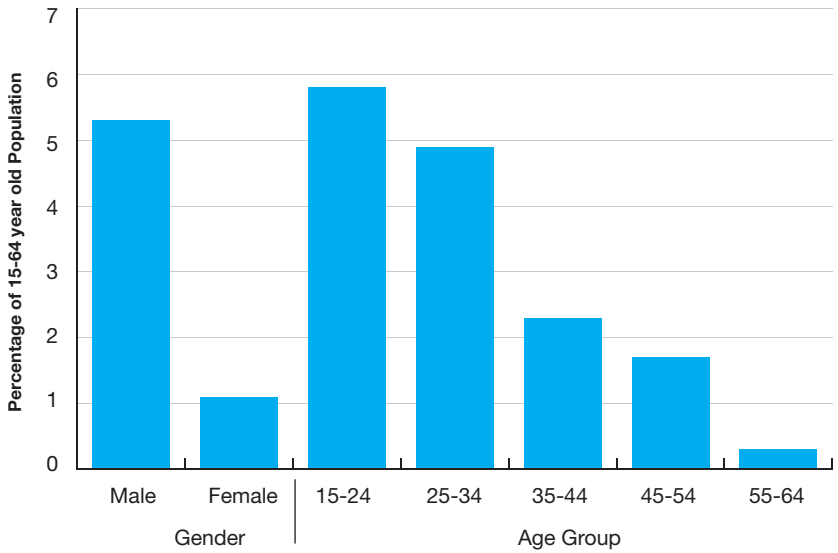
FIGURE 2.11
RISKY SINGLE-OCCASION DRINKING AT LEAST ONCE PER MONTH IN THE PREVIOUS 12 MONTHS, BY GENDER AND AGE GROUP, IRELAND, 2010/11



Source: National Advisory Committee on Drugs (NACD), Bulletin 7 of the 2010/11 Drug Prevalence Survey.

Note: Risky single-occasion drinking was defined as consuming 75g of pure alcohol on a single drinking occasion which corresponds to four pints of beer or seven pub measures of spirits or one 750ml bottle of wine.

FIGURE 2.12
PREVALENCE OF DRUG USE IN IRELAND (%), BY GENDER AND AGE, 2010/11

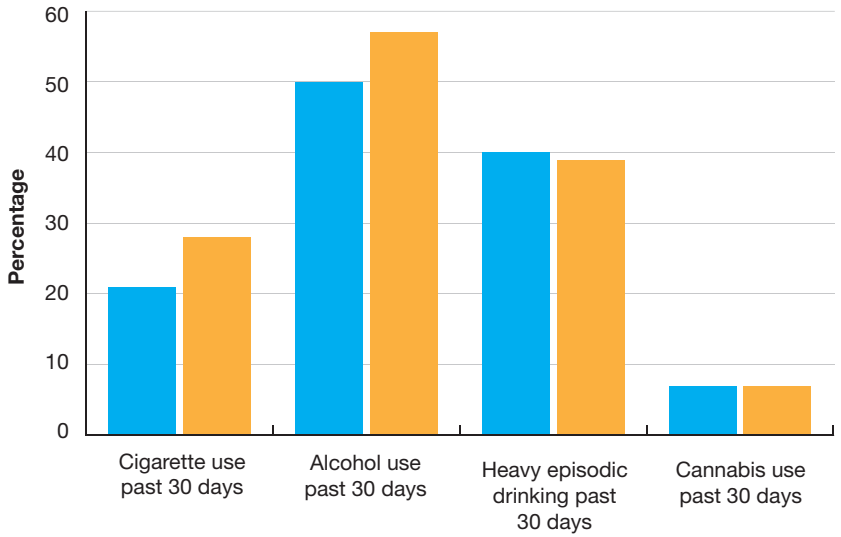


Source: National Advisory Committee on Drugs (NACD), Bulletin 1 of the 2010/11 Drug Prevalence Survey.

Note: Prevalence refers to the use of any illegal drug in the month prior to interview.

FIGURE 2.13

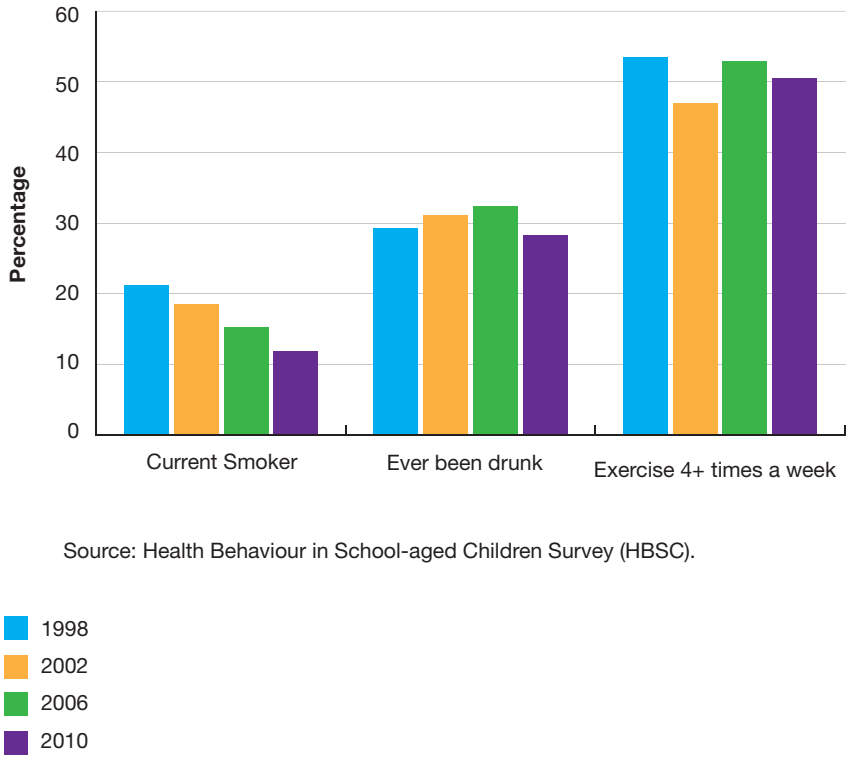
SUBSTANCE USE AMONG STUDENTS AGED 15-16 YEARS, IRELAND AND INTERNATIONAL AVERAGE, 2011



Source: European School Survey Project on Alcohol and Other Drugs (ESPAD).

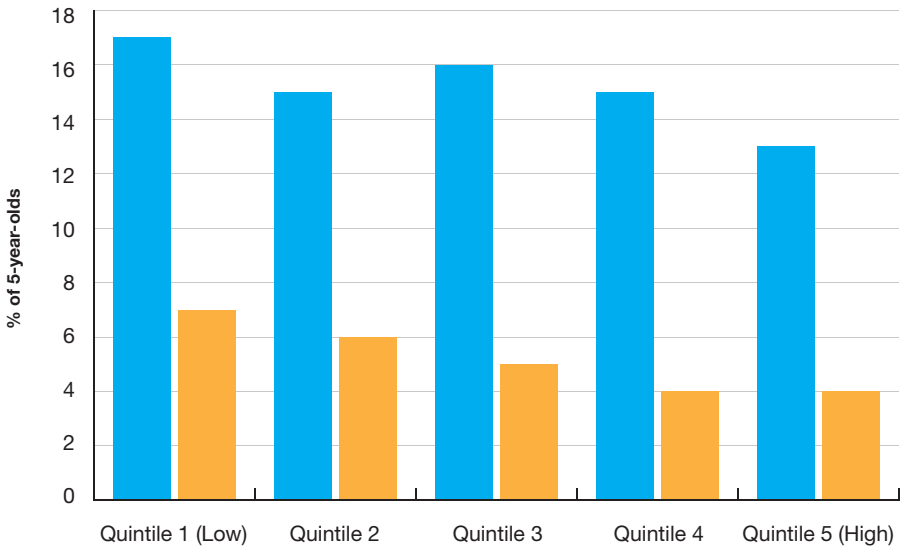
FIGURE 2.14

CHILD HEALTH BEHAVIOURS: TRENDS IN SMOKING, ALCOHOL AND EXERCISE, PERCENTAGE OF 10-17 YEAR OLDS, IRELAND 1998 TO 2010



Source: Health Behaviour in School-aged Children Survey (HBSC).

FIGURE 2.15
OVERWEIGHT AND OBESITY AMONG CHILDREN AGED 5-YEARS BY INCOME OF HOUSEHOLD, 2013



Source: Growing Up In Ireland.
Note: Provisional data.

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. 60% of all hospital admissions are now for daycase treatment (see Table 3.1). Despite the rise in daycases, the average length of stay for the remaining inpatients has shown a gradual decline to 5.4 days in 2012 (see Table 3.1). Most age groups have experienced declines in length of stay with the most pronounced falls occurring in the middle age groups (see Figure 3.1).

Figure 3.2 presents a graphic of numbers of hospital discharges for selected conditions. While there has generally been a reduction in recent years in discharges from circulatory system conditions (i.e. ischaemic heart disease, cerebrovascular disease and hypertensive disease), there has been a 45% increase in hospitalisation for chronic obstructive pulmonary disease (COPD) and a 112% rise in hospitalisation for Type 2 diabetes.

Figures 3.3 and 3.4 show monthly trends since October 2012 in numbers waiting, respectively, for elective procedures and for outpatient appointments. In terms of elective procedures, both for adults (waiting more than 8 months) and for children (waiting more than 20 weeks) there have been significant increases. With respect to outpatient appointments, progress continues to be made in reducing numbers of people waiting more than 52 weeks. Data on patients waiting on trolleys in emergency departments is illustrated in Figure 3.5. This demonstrates continuing improvement since 2011 with average numbers waiting down by more than 40% over the period.

The OECD collects comparative data on health service performance through its health care quality indicators (HCQI) project. As an example of a hospital-based indicator, Figure 3.6 displays data for participating OECD countries on 30-day in-hospital mortality after admission for heart attack. Ireland performs well on this indicator and shows a 50% reduction between 2001 and 2011. Other HCQI indicators are available in the OECD's biennial Health at a Glance publication.

Psychiatric hospital admissions have gradually declined in recent decades. During the most recent ten year period (i.e. 2003 to 2012), they have fallen by 21% (see Table 3.2). Figure 3.7 displays the decline in admission rates by age group. In contrast to acute and general hospitals, the highest admission rates for psychiatric hospitals are in the 45-64 year old age group.

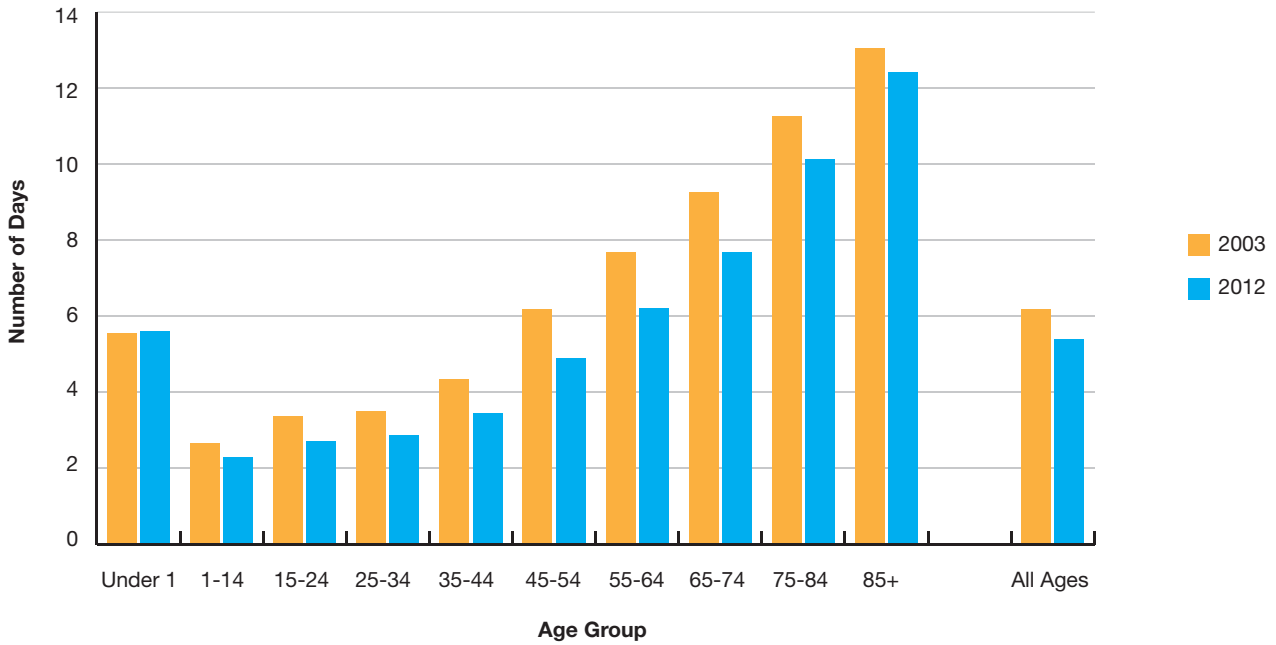
TABLE 3.1
ACUTE HOSPITAL SUMMARY STATISTICS, 2003 TO 2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change 2003-2012	% Change 2011-2012
IN-PATIENTS												
Acute Beds	11,806	11,887	12,094	12,110	12,123	11,847	11,538	11,159	10,849	10,492	-11.1	-3.3
In-Patients Discharges	540,032	553,102	555,767	574,398	593,357	592,133	583,488	583,017	583,053	615,577	14.0	5.6
Bed Days Used	3,339,833	3,462,452	3,518,299	3,551,249	3,602,505	3,572,676	3,479,835	3,441,538	3,334,248	3,311,188	-0.9	-0.7
% Bed Days Used by Patients Aged 65+	47.0	47.9	48.7	48.2	47.3	47.6	48.3	49.4	49.3	49.6	5.4	0.6
Average Length of Stay in Days	6.18	6.26	6.33	6.18	6.07	6.03	5.96	5.90	5.72	5.38	-13.0	-5.9
Surgical In-Patients	133,228	136,386	138,670	141,395	145,771	143,431	140,694	139,269	134,654	135,133	1.4	0.4
DAY CASES												
Beds	909	1,132	1,253	1,418	1,545	1,737	1,772	1,857	1,936	2,049	125.4	5.8
Day Cases	389,244	425,205	442,785	661,638	718,276	770,617	819,254	857,654	883,422	913,711	134.7(92.5)	3.4
% Day Cases Aged 65+	26.7	26.8	28.0	33.7	33.4	33.8	35.3	36.3	36.1	36.4	36.4(21.1)	1.0
Surgical Day Cases	78,034	82,001	84,232	86,948	92,213	98,841	107,465	115,846	127,544	138,565	77.6	8.6
TOTAL DISCHARGES												
In-Patients and Day Cases	929,276	978,307	998,552	1,236,036	1,311,633	1,362,750	1,402,742	1,440,671	1,466,475	1,529,288	64.6(46.9)	4.3
Daycases as a % of Total Discharges	41.9	43.5	44.3	53.5	54.8	56.5	58.4	59.5	60.2	59.7	42.5(31.1)	-0.8
Emergency Department Attendances	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	1,278,522	5.6	4.2
Out-patient Attendances	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	2,355,030	-	-

Sources: In-patient & Day Case Activity data: Hospital In-Patient Enquiry (HIPE).
Beds, Emergency Department, Out-patient data: Integrated Management Returns 2003 - 2005, Health Service Executive 2006 - 2012.

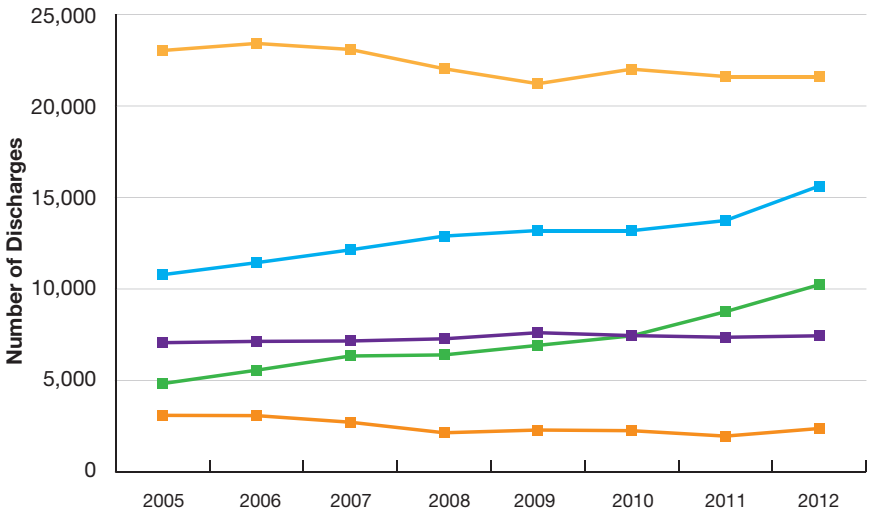
Notes:
(i) From 2006 the HIPE system includes data on day case patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. Dialysis cases currently amount to approximately 170,000 per year. The percentage change figures from 2003 - 2012 excluding the 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 acute hospitals.
(vi) HIPE data for 2005 - 2011 were subject to minor revisions in 2012 and 2013.
(vii) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments only.
(viii) Outpatient data for 2011 was not available due to the development of a reformed set of OPD data.
(ix) From 2012, outpatient data refers only to consultant delivered activity. % changes therefore are not presented.
(x) From 2012, data on discharges includes additional activity in acute medical assessment units (AMAUs) which would have previously been excluded. The inclusion of additional same-day discharge patients from AMAUs can result in a reduction in the average length of stay. Therefore the % change in average length of stay and number of inpatients should be viewed with caution.

FIGURE 3.1
AVERAGE LENGTH OF STAY FOR INPATIENTS IN ACUTE HOSPITALS BY AGE GROUP, 2003 AND 2012



Source: Hospital In-Patient Enquiry (HIPE).

FIGURE 3.2
HOSPITAL DISCHARGES FOR SELECTED CONDITIONS, 2005 TO 2012

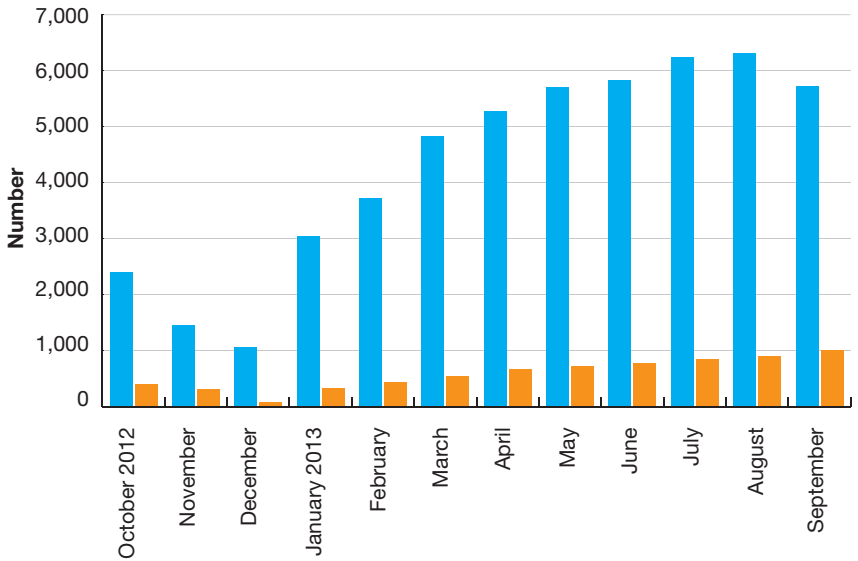


Source: Hospital In-Patient Enquiry (HIPE).

Notes: Data are based on the principal diagnosis of inpatient and daycase discharges. Data relate to hospital discharges only and should not be construed as estimates of prevalence.

Refer to notes under Table 3.1.

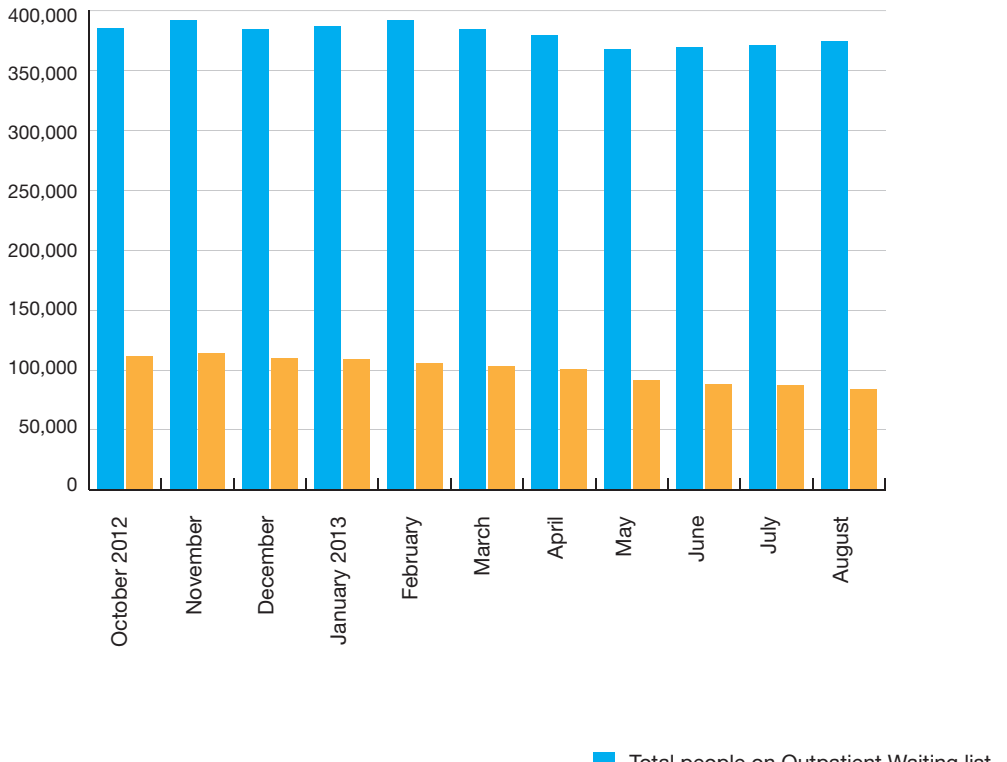
FIGURE 3.3
NUMBERS OF ADULTS AND CHILDREN WAITING FOR INPATIENT AND DAYCASE ELECTIVE PROCEDURES, OCTOBER 2012 - SEPTEMBER 2013



Source: National Treatment Purchase Fund.

Note: Excludes patients waiting for GI Scopes.

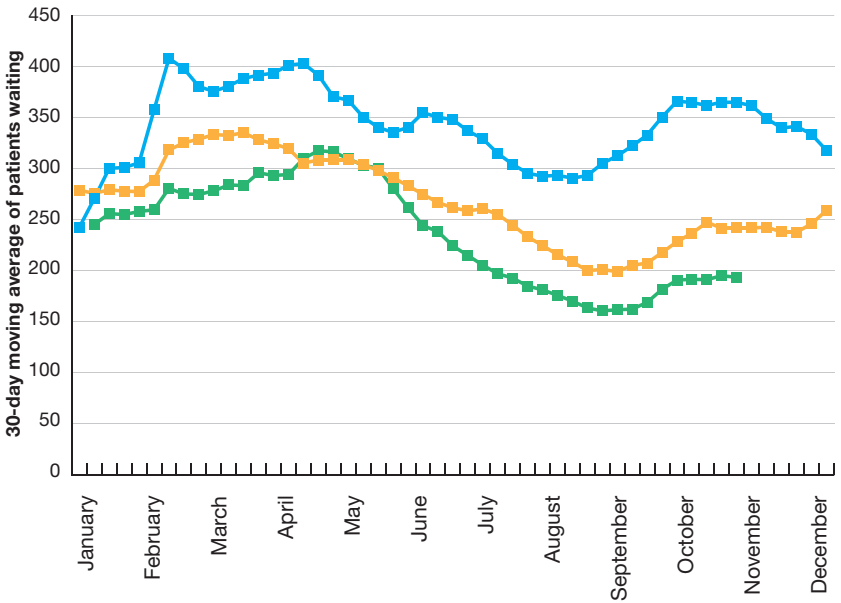
FIGURE 3.4
NUMBER OF PEOPLE WAITING LONGER THAN 52 WEEKS FOR AN OUTPATIENT APPOINTMENT AND TOTAL NUMBER OF PEOPLE ON OUTPATIENT WAITING LIST, 2012-2013



Source: National Treatment Purchase Fund

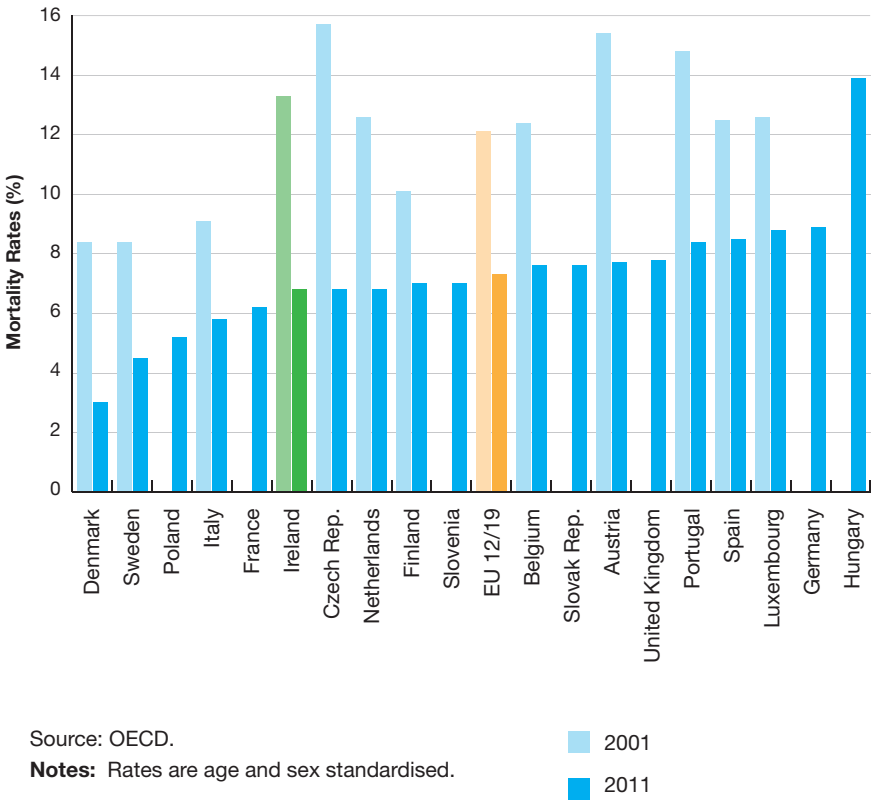
Note: Data for Childrens University Hospital, Temple Street not available.

FIGURE 3.5
NATIONAL 30-DAY MOVING AVERAGE OF ADMITTED PATIENTS WAITING ON TROLLEYS IN EMERGENCY DEPARTMENTS IN PUBLIC ACUTE HOSPITALS, 2011 TO 2013



Source: Irish Nurses and Midwives Organisation.
Notes: Data refers to Monday-Friday only excluding bank holidays.

FIGURE 3.6
IN-HOSPITAL MORTALITY WITHIN 30 DAYS AFTER ADMISSION FOR AMI (HEART ATTACK), 2001 AND 2011 (OR NEAREST YEAR), IRELAND AND AVAILABLE EU COUNTRIES



Source: OECD.
Notes: Rates are age and sex standardised.

TABLE 3.2
PSYCHIATRIC HOSPITALS AND UNITS SUMMARY STATISTICS, 2003 TO 2012

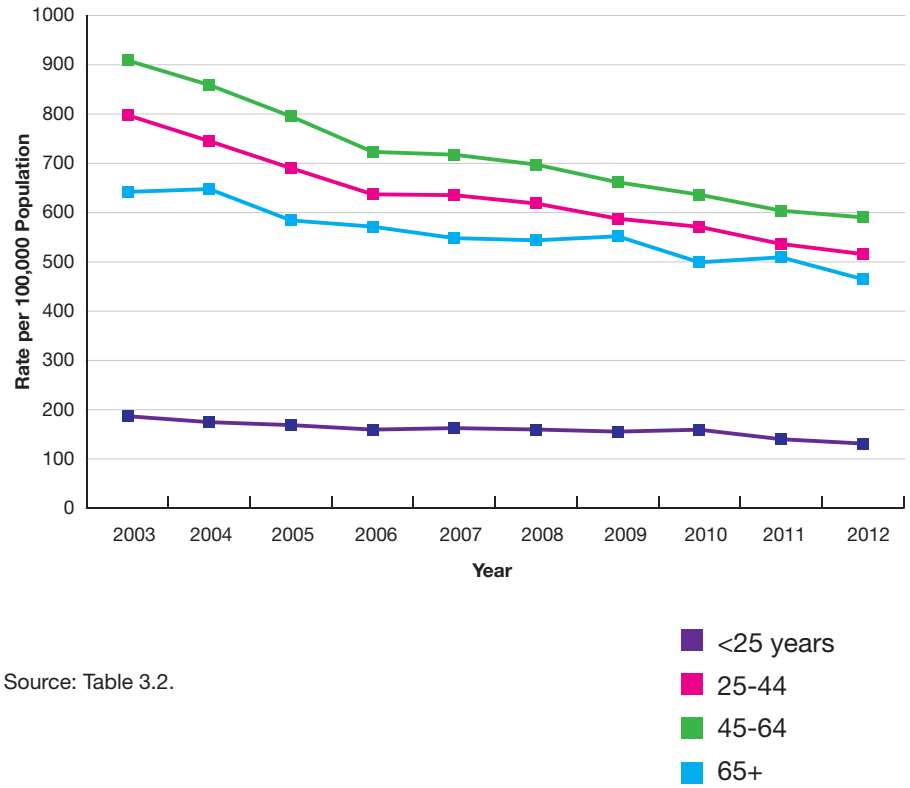
											% Change	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2003-2012	2011-2012
Number of In-Patient Admissions	23,031	22,279	21,253	20,288	20,769	20,752	20,195	19,619	18,992	18,173	-21.1	-4.3
% Male	50.8	51.0	50.9	50.6	49.9	49.7	50.1	50.2	50.5	50.2	-1.2	-0.7
% Female	49.2	49.0	49.1	49.4	50.1	50.3	49.9	49.8	49.5	49.8	1.1	0.6
Admission Rate per 100,000 Population by Age Group												
<25 years	186.8	174.7	168.7	159.6	162.6	159.8	155.5	159.4	140.1	131.3	-29.7	-6.3
25-44	797.7	745.1	690.3	637.1	635.4	618.5	587.7	571.1	536.4	515.8	-35.3	-3.8
45-64	908.8	859.0	795.3	723.3	717.5	697.5	661.6	636.4	604.0	590.3	-35.0	-2.3
65+	642.0	647.8	584.2	571.5	548.2	543.8	551.9	499.1	509.3	464.9	-27.6	-8.7
Total	578.1	550.5	514.0	479.2	478.6	469.1	452.9	438.8	413.9	396.1	-31.5	-4.3
Total of In-Patient Census	**3,658**	**3,556**	**3,475**	**3,332**	**3,314**	**-**	**-**	**2,812**	**-**	**-**	***-23.1**	***-15.1**

Source: 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, 2011 or 2012. The 2003-2012 % change figures relate to 2003-2010 and 2011-2012 relates to 2007-2010.

FIGURE 3.7

PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER 100,000 POPULATION BY AGE GROUP, 2003 TO 2012



Source: Table 3.2.

4. Primary Care and Community Services

The statistics presented in this section represent a selective view of a very extensive and 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 medical card and GP visit card as well as drug payment and long term illness schemes.

Data on the numbers of people covered by medical cards shows both volume and population-based rate increases for the most recent years (see Table 4.1). By the end of 2012, 40% of the population had a medical card compared with 28% in 2005. This is in contrast with the earlier years of the decade which witnessed a declining proportion of the population eligible for a medical card. Increases in medical card coverage by age group since 2004 are shown in Figure 4.1. Percentages of the population eligible for a medical card vary considerably by region as is shown in Figure 4.2. Numbers availing of the drug payments scheme have been decreasing since 2008 in contrast with the long term illness scheme where numbers have risen steadily since 2005. Persons treated under the ophthalmic scheme have nearly doubled since 2003.

Figure 4.3 displays trends since 2003 in numbers of prescription items dispensed and the average cost per prescribed item. While year-on-year the number of prescription items continues to rise, the average cost per item has decreased by approximately 16% since 2009 (see Figure 4.3).

Figure 4.4 shows that the proportion of the population covered by private health insurance (43%) has declined by around 5% since 2007. Percentage coverage has decreased for all age groups up to the age of 70 years, and has fallen most steeply in the younger age groups.

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 80% in 2003 to 92% in 2012.

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 41% in 2003 (see Table 4.3 and Figure 4.5). This is a 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.

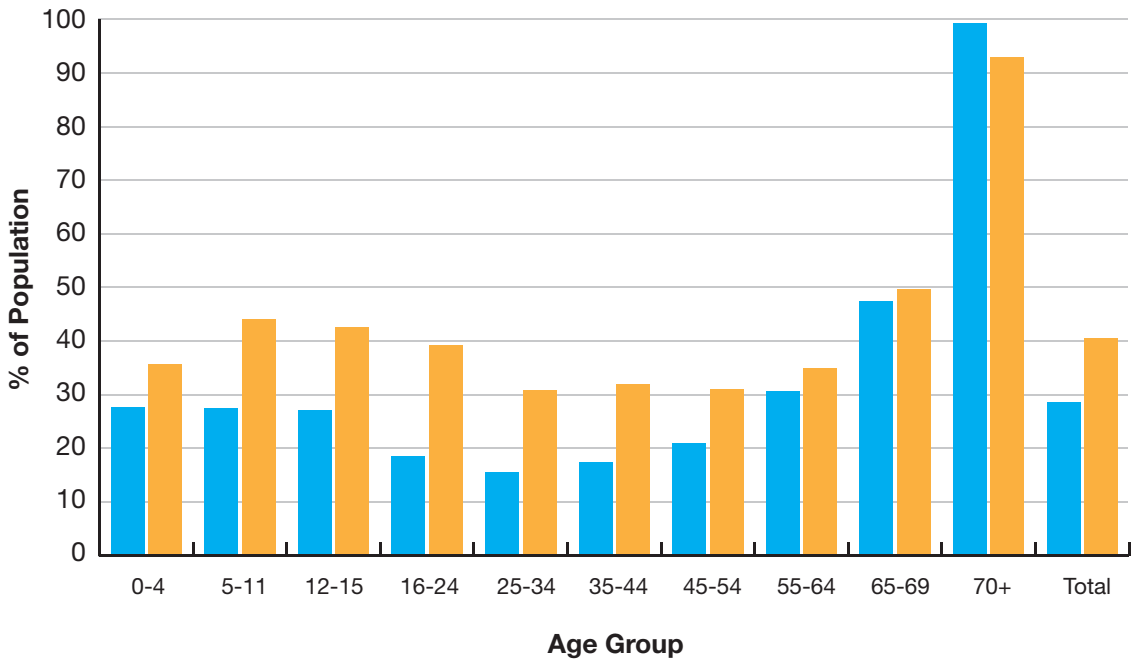
Immunisation rates are set out in Table 4.4 and show very substantial improvements in uptake rates across most categories over the period since 2003.

Data on people with a physical and/or sensory disability are 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 2011 and 2012. The registration target for the NPSDD remains at 43,000. The data show that of the 24,988 persons registered in 2012, 54% had a physical disability only; 20% had a single form of sensory disability (i.e. either hearing, visual, or primary speech and language); the remaining 26% had multiple disabilities.

People in receipt of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD) (see Table 4.6). Since 2003, 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 5%. 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 numbers of cases receiving community-based treatment for problem drug use. While there was a slight decrease compared with 2011, data for 2012 show over 16,000 treatment episodes representing a 45% increase since 2004.

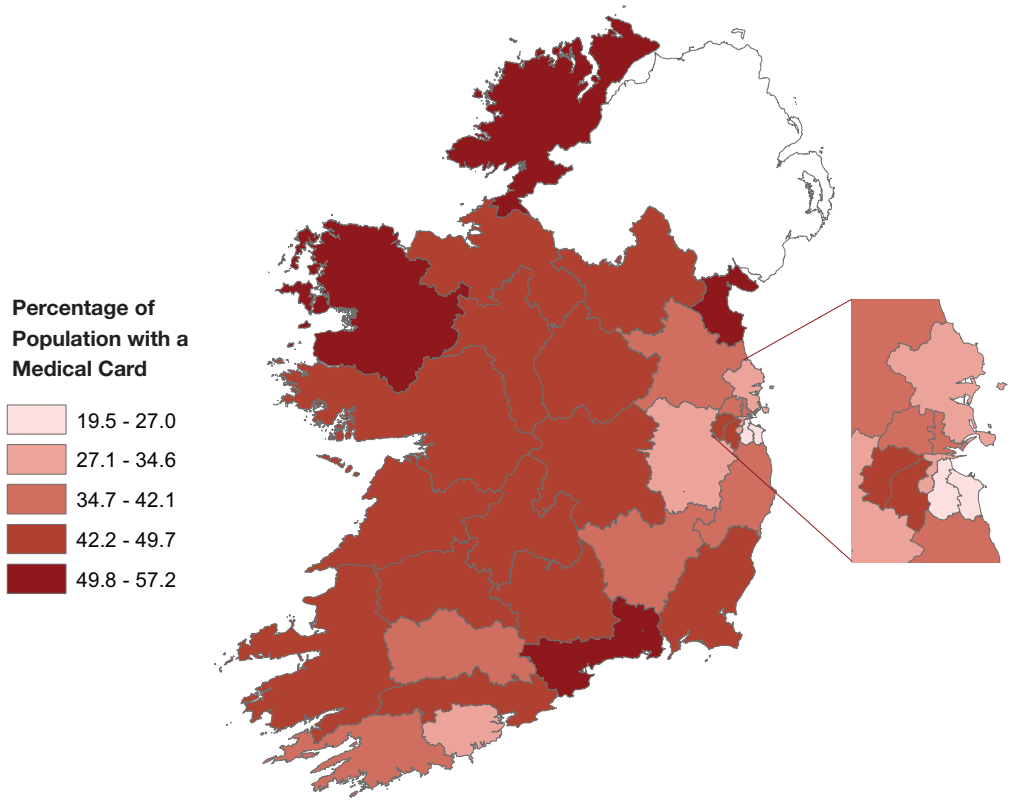
FIGURE 4.1
PERCENTAGE OF POPULATION WITH A MEDICAL CARD BY AGE GROUP, 2004 AND 2013



Source: Primary Care Reimbursement Service, General Medical Services (Payments) Board. CSO for denominator data.

Note: Data refer to April each year. Excludes GP Visit Cards.

FIGURE 4.2
PERCENTAGE OF TOTAL POPULATION WITH A MEDICAL CARD BY LOCAL HEALTH OFFICE, 2013



Source: Primary Care Reimbursement Service.
Note: Excludes GP Visit Card.

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 2003 TO 2012

Scheme	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change From 2003 to 2012	% Change From 2011 to 2012
Medical Card												
Number	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	1,853,877	60.1	9.4
%	29.1	28.4	28.0	28.8	29.2	30.1	32.6	35.5	37.0	40.4	38.8	9.2
of which 0-15 years	n/a	n/a	241,223	262,829	278,419	299,666	335,297	370,354	388,098	432,082	79.1	11.3
% of 0-15 years	n/a	n/a	26.5	28.5	29.6	30.9	33.8	36.5	37.6	41.0	54.7	9.0
Drugs Payments Scheme												
Number	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	1,463,388	4.8	-3.6
%	35.1	36.3	35.8	36.0	36.2	36.2	35.0	34.2	33.2	31.9	-9.1	-3.9
Long-term Illness Scheme												
Number	97,184	93,504	99,280	106,307	112,580	120,407	127,636	134,926	142,585	150,598	55.0	5.6
%	2.4	2.3	2.4	2.5	2.6	2.7	2.8	3.0	3.1	3.3	37.5	6.5
GP Visit Card												
Number	---	---	5,079	51,760	75,589	85,546	98,325	117,423	125,657	131,102	153.3	4.3
%	---	---	0.1	1.2	1.7	1.9	2.2	2.6	2.7	2.9	141.7	7.4
Dental												
Number of treatments	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	1,198,124	12.0	16.3
Number of persons treated	229,812	237,828	242,865	256,263	258,167	271,731	343,067	382,404	347,773	394,399	71.6	13.4
Ophthalmic												
Number of treatments	373,473	414,184	417,533	464,623	493,504	530,282	564,606	637,850	675,841	730,629	95.6	8.1
Number of persons treated	160,658	173,155	175,093	192,619	210,079	222,567	238,844	269,076	279,505	307,522	91.4	10.0

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 2006-2012.

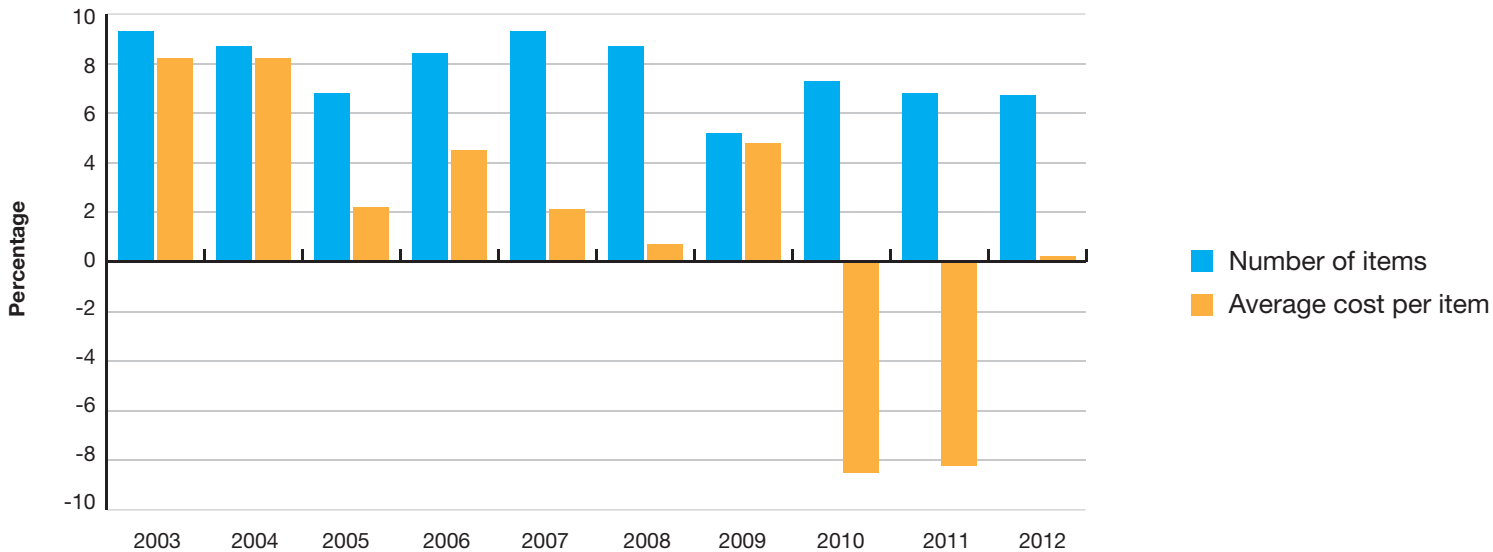
(ii) n/a = not available

(iii) Data as at 31st December each year.

(iv) % change GMS 0-15 yrs relates to 2005-12.

FIGURE 4.3

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, 2003 TO 2012

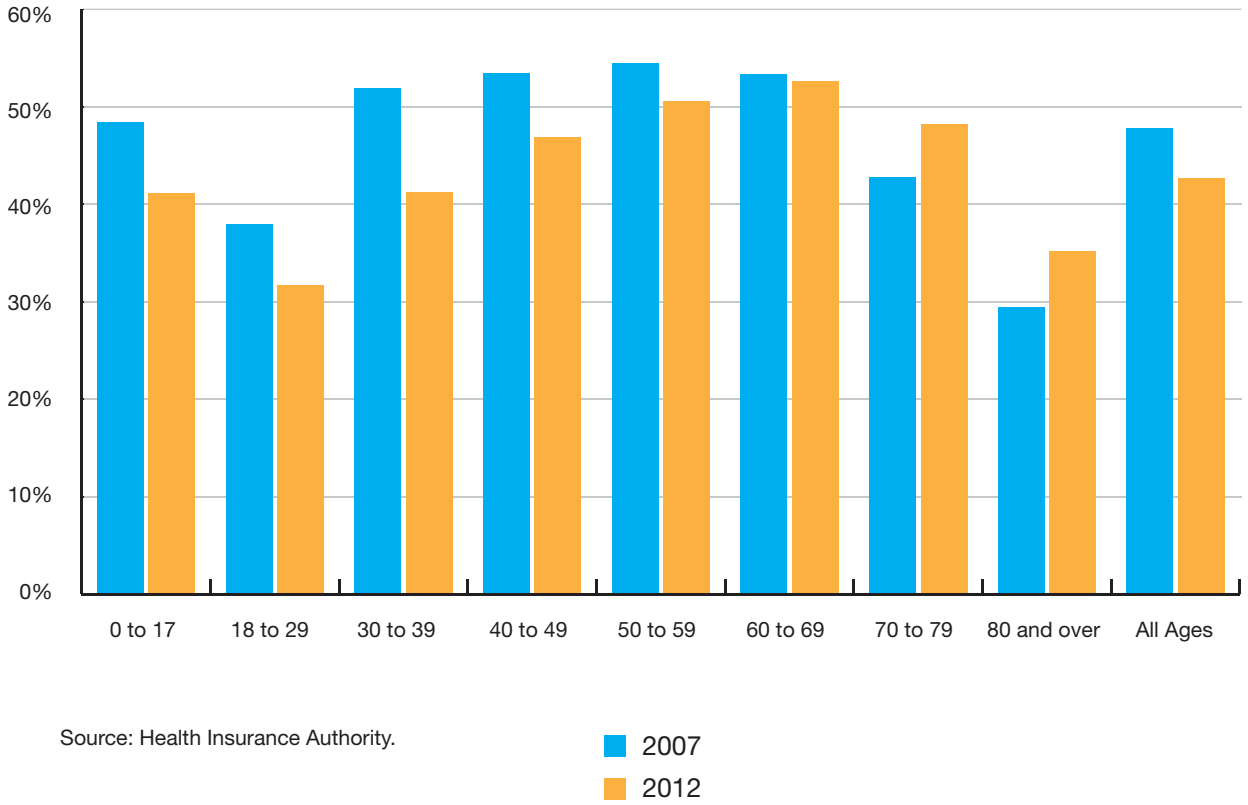


Source: General Medical Services (Payments) Board/Primary Care Reimbursement Service, HSE.

Note: Data on cost per item includes dispensing fee, ingredient cost and VAT.

FIGURE 4.4

PERCENTAGE OF POPULATION COVERED BY PRIVATE HEALTH INSURANCE IN IRELAND, BY AGE, 2007 AND 2012



Source: Health Insurance Authority.

TABLE 4.2
CHILDREN IN CARE: SUMMARY STATISTICS, 2003 TO 2012

											% Change	
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2003-2012	2011-2012
Total Children in Care	4,984	5,060	5,220	5,247	5,307	5,357	5,675	5,799	6,155	6,332	27.0	2.9
% Male	51.2	51.6	51.1	51.1	50.8	50.7	51.3	51.9	51.7	51.2	0.0	-1.0
% Female	48.8	48.4	48.9	48.9	49.2	49.3	48.7	48.1	48.3	48.8	0.0	1.0
% Foster Care	80.0	83.9	85.0	87.6	89.0	88.5	89.0	90.0	90.3	91.9	14.9	1.8
% Current Care Order	43.8	43.1	49.0	49.4	49.0	48.9	52.0	44.3	54.6	57.9	32.2	6.0
% in Care for up to 1 Year at year end	23.2	18.7	21.9	26.9	19.1	23.1	23.2	25.3	17.9	18.2	-21.5	1.7
% in Care for 1-5 Years at year end	44.2	45.6	41.9	39.4	37.6	40.7	38.9	39.0	43.6	44.9	1.5	3.0
% in Care for more than 5 Years at year end	32.6	35.7	36.2	33.6	43.3	36.2	38.0	35.7	38.5	36.9	13.2	-4.2

Source: HSE.

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.

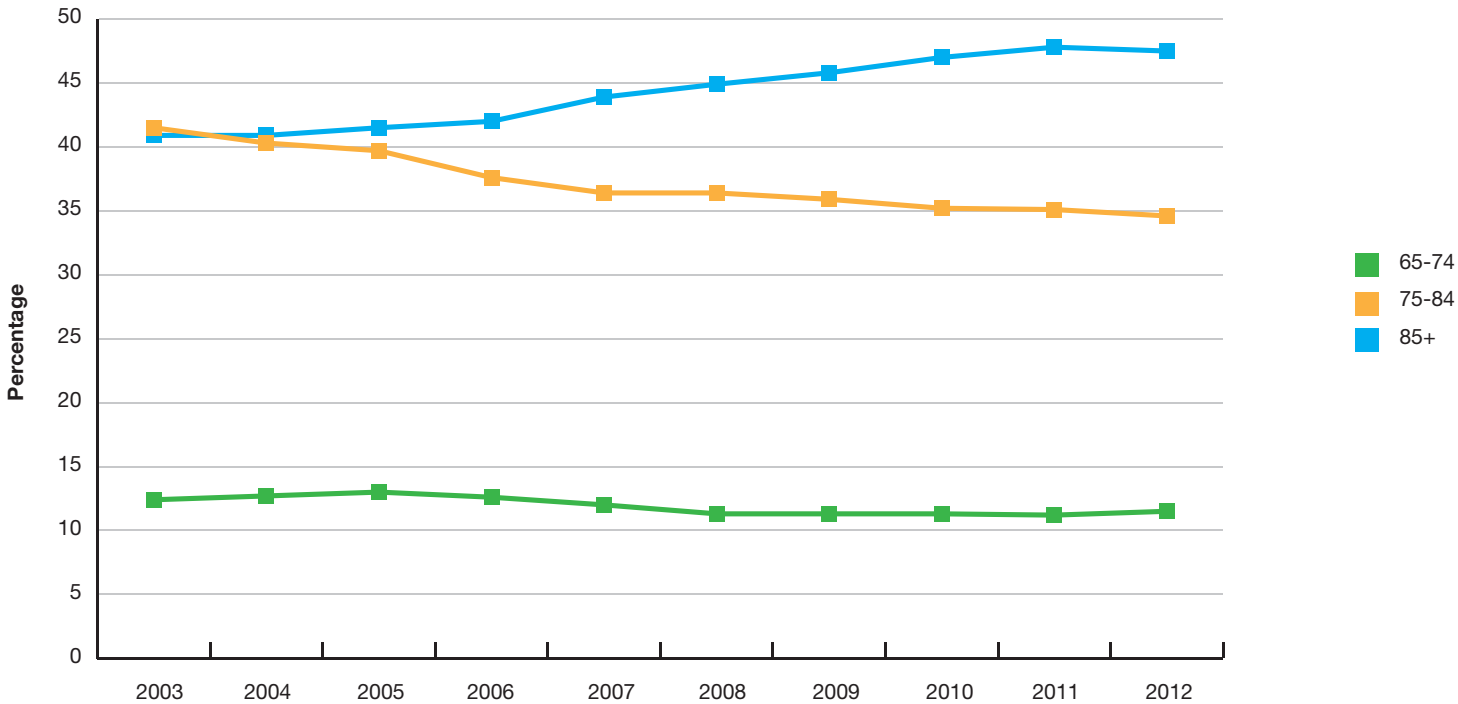
TABLE 4.3
LONG STAY CARE: SUMMARY STATISTICS, 2003 TO 2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change 2003-2012	% Change 2011-2012
Number of Beds	23,825	23,772	21,478	24,253	24,029	25,209	20,891	22,998	22,906	21,875	-	-
Number of Patients Resident at 31/12	21,169	21,404	19,320	21,455	21,595	22,613	18,654	21,048	20,770	20,038	-	-
% of Beds Occupied	88.9	90.0	90.0	88.5	89.9	89.7	89.3	91.5	90.7	91.6	3.1	1.0
Age Distribution (as % of total)												
Under 40	0.7	0.7	0.6	1.5	1.7	1.7	1.1	0.8	0.7	0.8	14.3	14.3
40-64	4.5	5.4	5.0	6.2	6.1	5.7	5.5	5.4	5.2	5.4	20.0	3.8
65-69	4.1	4.1	4.4	4.5	3.9	3.6	3.8	3.7	4.0	4.3	4.9	7.5
70-74	8.3	8.6	8.6	8.1	8.1	7.7	7.5	7.6	7.2	7.2	-13.3	0.0
75-79	16.0	15.1	15.5	14.6	14.0	14.0	13.9	13.4	13.5	13.3	-16.9	-1.5
80-84	25.5	25.2	24.2	23.0	22.4	22.4	22.2	22.0	21.6	21.3	-16.5	-1.4
85+	40.9	40.9	41.5	42.0	43.9	44.9	46.2	47.2	47.8	47.5	16.1	-0.6
Level of Dependency (as % of total)												
Low	9.2	9.2	9.4	9.1	9.4	10.2	12.7	13.0	12.8	12.2	32.6	-4.7
Medium	19.0	18.8	18.6	20.1	22.1	23.2	24.3	22.9	22.3	21.5	13.2	-3.6
High	30.6	29.7	31.1	31.1	32.0	30.7	31.4	29.6	28.2	27.3	-10.8	-3.2
Maximum	41.2	42.3	40.8	39.6	36.5	35.9	31.6	34.5	36.7	39.0	-5.3	6.3
Response Rate (%)	87.3	85.4	80.0	80.1	78.2	81.6	71.6	80.0	81.6	78.1	-10.5	-4.3

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 4.5
LONG STAY CARE: PERCENTAGE OF RESIDENTS AGED 65+ YEARS, BY AGE GROUP, 2003 TO 2012



Source: Table 4.3

TABLE 4.4
IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 2003 TO 2012

	2003	2004	2005	2006	2007	2008	2009[D]	2010[D]	2011	2012	% Change 2003-2012	% Change 2011-2012
Diphtheria	86	89	90	91	92	93	94	94	95	95	10.5	0.0
Pertussis	85	89	90	91	92	93	94	94	95	95	11.8	0.0
Tetanus	86	89	90	91	92	93	94	94	95	95	10.5	0.0
Haemophilus Influenzae Type B	86	89	90	91	92	93	93	94	95	95	10.5	0.0
Polio	86	89	90	91	92	93	94	94	95	95	10.5	0.0
Meningococcal	84	88	89	90	91	92[C]	93	86	84	85	13.3	1.2
Measles, Mumps & Rubella(MMR)	78	81	84[A]	86[B]	87	89	90	90	92	92	17.9	0.0
Hepatitis B[E]	-	-	-	-	-	-	-	94	95	95	-	0.0
Pneumococcal Conjugate[E]	-	-	-	-	-	-	-	88	90	91	-	1.1

Source: Health Protection Surveillance Centre (HPSC).

Notes:

A: 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.

B: 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.

C: Data for Q3 2008 were not available for 2 regions.

D: The data for 2009 and 2010 are incomplete as data for some regions were incomplete.

E: 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 TO 2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change 2004-2012	% Change 2011-2012
Physical Disability Only	16,246	17,723	19,686	20,030	16,537	15,442	14,445	13,915	13,580	-16.4	-2.4
Hearing Loss/Deafness Only	1,347	1,494	1,591	1,634	1,618	1,575	1,448	1,376	1,298	-3.6	-5.7
Visual Disability Only	1,193	1,250	1,391	1,378	1,381	1,355	1,339	1,292	1,192	-0.1	-7.7
Primary Speech and Language only	-	313	555	1,152	2,736	2,565	2,527	2,714	2,611	-	-3.8
Multiple Disability	890	1,648	2,468	2,990	5,030	5,231	5,431	5,873	6,307	608.7	7.4
Total	**19,676**	**22,428**	**25,691**	**27,184**	**27,302**	**26,168**	**25,190**	**25,170**	**24,988**	**27.0**	**-0.7**
Total (under 18 Years of Age)	**6,412**	**7,039**	**7,807**	**8,373**	**8,546**	**8,043**	**7,627**	**8,034**	**8,000**	**24.8**	**-0.4**

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

Notes:

(i) The NPSDD formed in 2002 and collection began in 2004. Registration is voluntary.

(ii) Primary Speech and Language only became a category in 2005. Therefore, % change 2004-2012 is not presented.

(iii) The NPSDD has a registration target of circa 43,000 based on recent census figures and a rate observed in one LHO during a census in 2001. The number identified as suitable for registration was 34,168, representing 80% of the estimated target national coverage for this database. Once identified, eligible service users are invited to register on the NPSDD by their service provider. Of those eligible (34,168 people) 73% had a data form completed and were fully registered by December 2012.

(iv) For an individual to be eligible to register on the NPSDD he/she must meet all five registration criteria. Information is collected from people with a physical and/or sensory disability who are receiving or who need a specialised health or personal social service, and/or who are receiving a specialised hospital service, currently or within the next five years, and who:

1. have a persistent physical or sensory disability arising from disease, disorder or trauma.
2. in the case of dual disability, have a predominant disability that is physical, sensory or speech/language.
3. are less than 66 years of age.
4. are receiving, or require, a specialised health or personal social service, and/or are receiving a specialised hospital service, which is related to their disability.
5. have consented to being included on the database.

TABLE 4.6
INTELLECTUAL DISABILITY SERVICES: NUMBER OF PERSONS AVAILING OF DAY SERVICES BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 2003 TO 2012

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change 2003-2012	% Change 2011-2012
Mild												
Day Attendees	6,776	6,893	6,873	6,970	6,781	6,972	7,069	7,212	7,446	7,540	11.3	1.3
Full-Time Residents	1,285	1,263	1,249	1,263	1,285	1,345	1,374	1,382	1,428	1,393	8.4	-2.5
Moderate, Severe, Profound												
Day Attendees	7,226	7,361	7,462	7,547	7,610	8,102	8,343	8,571	8,930	9,249	28.0	3.6
Full-Time Residents	6,320	6,531	6,539	6,617	6,668	6,787	6,758	6,721	6,673	6,632	4.9	-0.6
Not Verified												
Day Attendees	1,333	1,455	1,641	1,825	2,213	2,046	1,872	1,922	2,215	2,344	75.8	5.8
Full-Time Residents	71	142	150	164	172	67	56	49	52	33	-53.5	-36.5
Total (all ages)												
Day Attendees	15,335	15,709	15,976	16,342	16,604	17,120	17,284	17,705	18,591	19,133	24.8	2.9
Full-Time Residents	7,676	7,936	7,938	8,044	8,125	8,199	8,188	8,152	8,153	8,058	5.0	-1.2
Total (under 18)	7,749	7,902	7,884	7,332	7,635	8,041	7,988	8,171	8,820	9,123	17.7	3.4

Source: National Intellectual Disability Database (NIDD), Health Research Board.

Note: The National Intellectual Disability Database is voluntary and consent is sought before someone is registered. The criteria for inclusion are those individuals with intellectual disability who are receiving specialised health services or who, following a needs assessment are considered to require specialised health services in the next five years. People who satisfy the registration criteria should be registered on the regional database of the HSE area in which they receive their main service.

TABLE 4.7
NUMBER OF CASES IN TREATMENT FOR PROBLEM DRUG USE AND RATE PER 100,000 POPULATION AGED 15-64 YEARS, IRELAND 2004 TO 2012

	2004	2005	2006	2007	2008	2009	2010	2011	2012	% Change 2004-2012	% Change 2011-2012
All cases in treatment*	11,235	12,101	12,737	13,597	14,518	14,933	16,429	16,329	16,286	45.0	-0.3
per 100,000 15-64 year olds	**408.3**	**428.9**	**438.1**	**450.1**	**470.1**	**482.0**	**533.1**	**532.5**	**535.5**	**31.2**	**0.6**
New entries into treatment each year†	1,858	2,054	2,278	2,476	2,716	2,970	3,270	2,978	3,008	61.9	1.0
per 100,000 15-64 year olds	**67.5**	**72.8**	**78.3**	**82.0**	**88.0**	**95.9**	**106.1**	**97.1**	**98.9**	**46.5**	**1.9**

Sources: *Central Treatment List and National Drug Treatment Reporting System (NDTRS), Health Research Board.
†National Drug Treatment Reporting System only.

Notes:
Each record in the NDTRS database relates to a treatment episode (a case), and not to a person.
This means that the same person could be counted more than once in the same calendar year if he/she had more than one treatment episode in that year.
Data for 2011 and 2012 are preliminary.

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 WTEs of approximately 10%. It should be noted that data for 2013 refer to end of September, whereas all other years refer to end of December. The medical/dental and health/social care professionals categories are the only two where staff numbers have not reduced since 2007. At over 34,000 WTEs, the nursing profession remains the single largest grade category. The distribution by grade category is displayed in Figures 5.1 and 5.2

The total numbers of consultant and non-consultant hospital doctors has increased by 23% since 2004 with the largest increase, 35%, in consultant posts. Non-consultant hospital doctors have increased by 18% during the same period (see Table 5.2 and Figure 5.3).

The final graph in this section provides a comparison of practising doctors per 1,000 population across the OECD. This shows Ireland ranking 21st out of 28 countries reporting data.

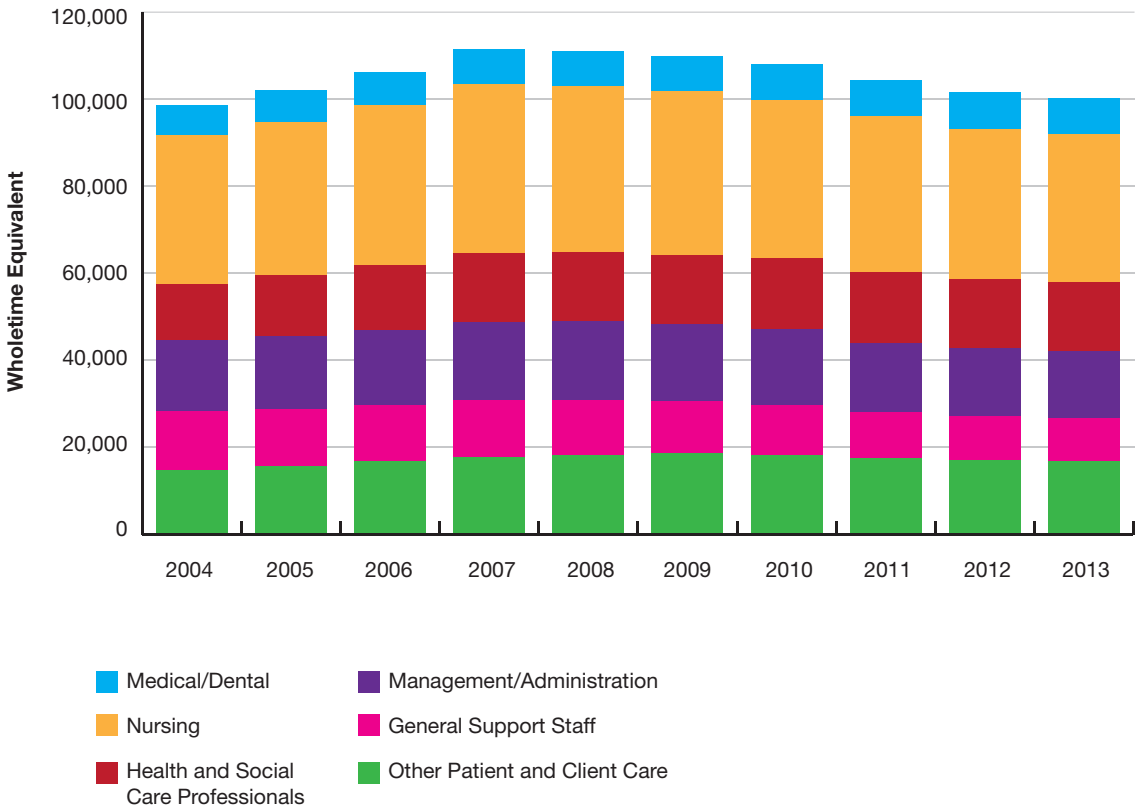
TABLE 5.1
EMPLOYMENT IN THE PUBLIC HEALTH SERVICE BY GRADE CATEGORY, 2004 TO 2013

											%Change	
Grade Category	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013***	**2004-2013**	**2012-2013**
Medical/Dental	7,013	7,266	7,712	8,005	8,109	8,083	8,096	8,331	8,320	8,380	19.5	0.7
Nursing	34,313	35,248	36,737	39,006	38,108	37,466	36,503	35,902	34,637	34,063	-0.7	-1.7
Health and Social Care Professionals	12,830	13,952	14,913	15,705	15,980	15,973	16,355	16,217	15,717	15,708	22.4	-0.1
Management/Administration	16,157	16,699	17,262	18,043	17,967	17,611	17,301	15,983	15,726	15,486	-4.2	-1.5
General Support Staff	13,771	13,227	12,910	12,900	12,631	11,906	11,421	10,450	9,978	9,801	-28.8	-1.8
Other Patient and Client Care	14,640	15,586	16,739	17,846	18,230	18,714	18,295	17,508	17,129	16,828	14.9	-1.8
Total	**98,723**	**101,978**	**106,273**	**111,505**	**111,025**	**109,753**	**107,972**	**104,392**	**101,506**	**100,266**	**1.6**	**-1.2**

Source: Health Service Personnel Census, HSE at 31st December (except for 2013 - see note (v) below).

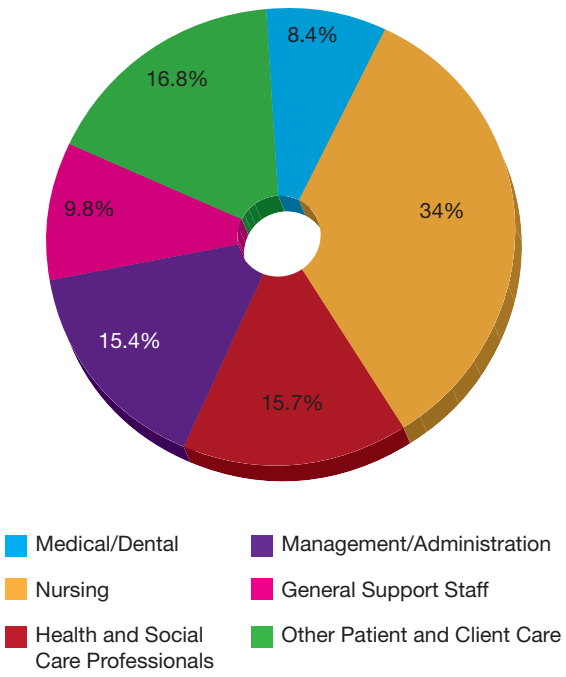
Notes:
(i) Figures refer to whole-time equivalents excluding staff on career break. Data also exclude Home Helps and new graduate nurses and interns.
(ii) Caution should be exercised in making grade category comparisons due to changes in category composition over time. In particular, reclassification 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 frontline duties.
(iv) 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). Student nurses are included in the 2009-13 figures on the basis of 2 students equating to 1 wholetime equivalent-the figures above are already adjusted.
(v) * The 2013 data refers to September 2013 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, BY GRADE CATEGORY 2004 TO 2013



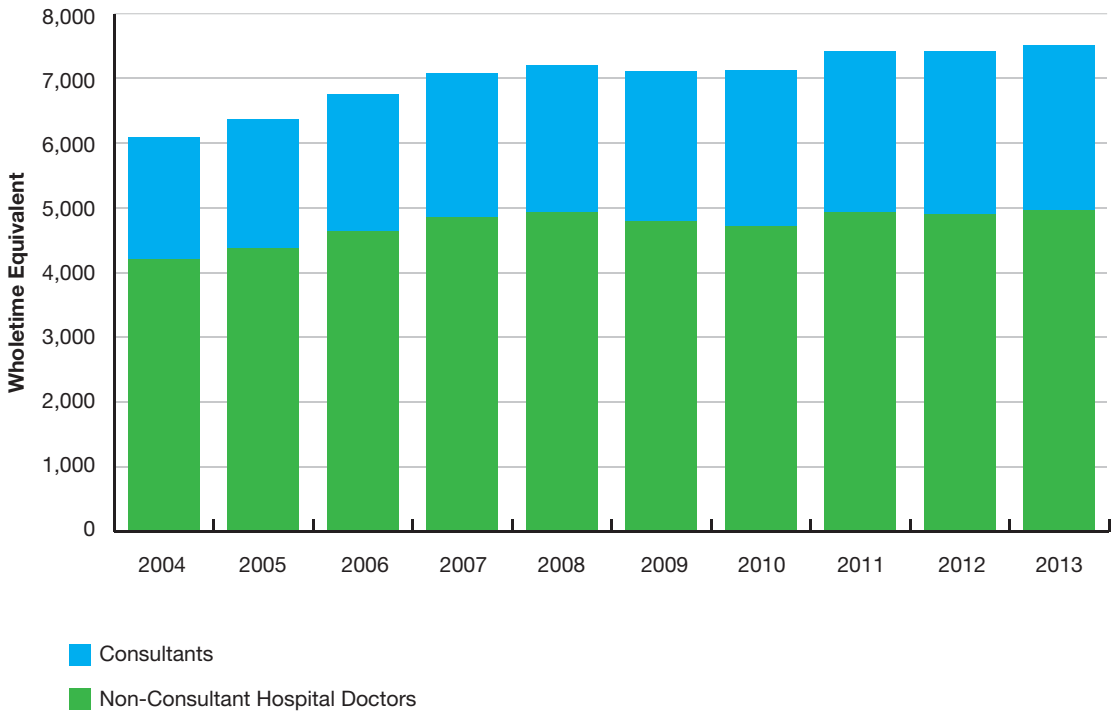
Source: Table 5.1

FIGURE 5.2
PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICE IN EACH GRADE CATEGORY, SEPTEMBER 2013



Source: Table 5.1.

FIGURE 5.3
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2004 TO 2013



Source: Table 5.2

TABLE 5.2
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2004 TO 2013

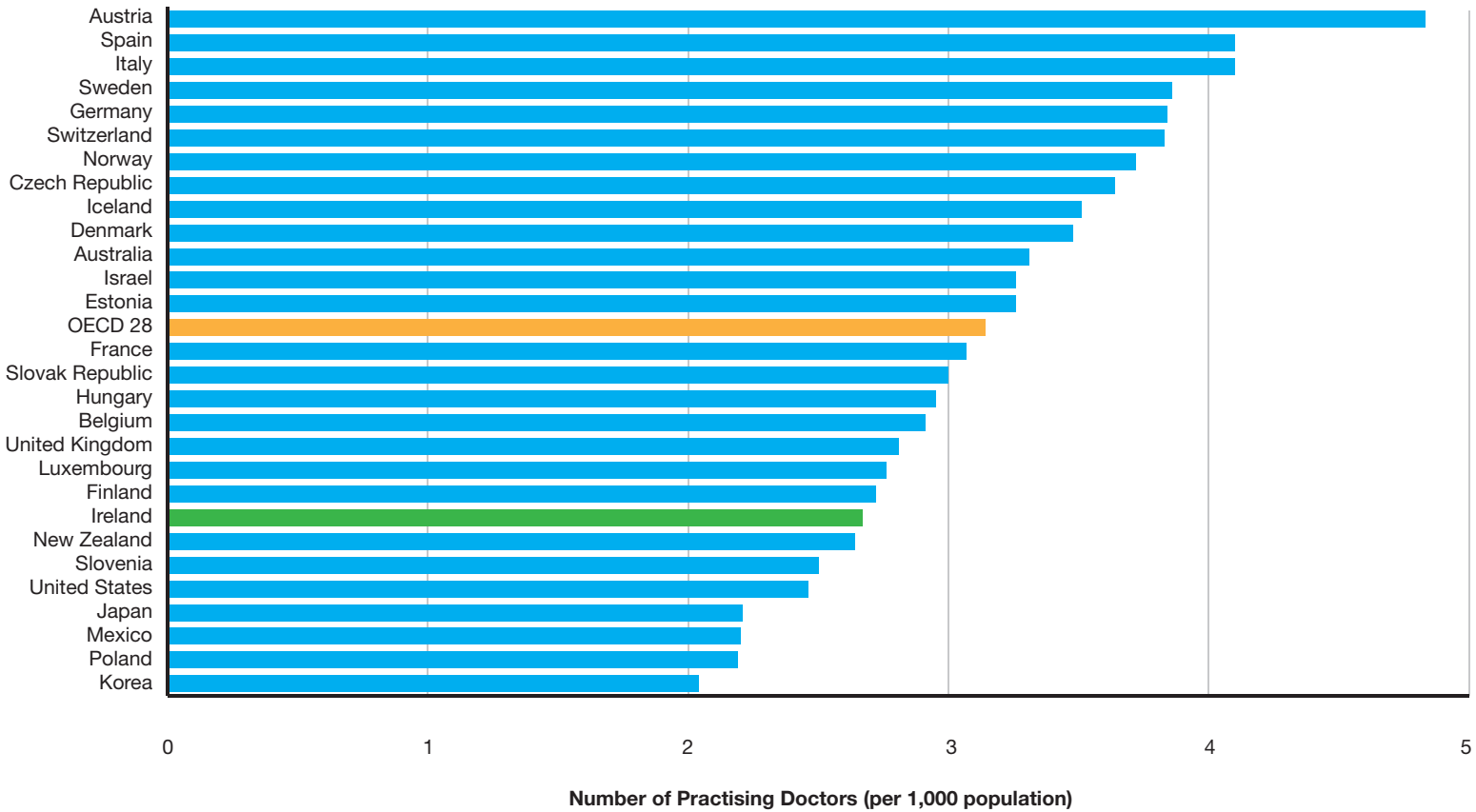
Grade Category	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013*	%Change 2004-2013	%Change 2012-2013
Consultants	1,888	1,983	2,111	2,234	2,261	2,317	2,412	2,474	2,514	2,543	34.6	1.2
Non-Consultant Hospital Doctors:												
House Officer/ House Officer Senior	1,764	1,802	1,910	1,918	1,876	1,825	1,709	1,812	1,807	1,826	3.5	1.0
Intern	485	486	502	512	505	502	532	597	565	629	29.5	11.4
Registrar	1,250	1,387	1,508	1,606	1,699	1,592	1,590	1,620	1,643	1,611	28.9	-2.0
Senior Registrar/Specialist	705	709	729	818	856	884	882	908	890	899	27.6	1.1
Sub-Total - Non-Consultant Hospital Doctors	4,205	4,384	4,648	4,854	4,937	4,803	4,714	4,938	4,905	4,965	18.1	1.2
Total	**6,093**	**6,367**	**6,759**	**7,088**	**7,197**	**7,120**	**7,126**	**7,412**	**7,418**	**7,508**	**23.2**	**1.2**

Source: HSE's Health Service Personnel Census.

Notes:
(i) Figures refer to wholetime equivalents excluding staff on career break.
(ii) Consultants includes Masters of Maternity Hospitals.
(iii) * The 2013 data refers to September 2013 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.4

PRACTISING DOCTORS PER 1,000 POPULATION, 2011 OR NEAREST YEAR



Source: OECD.

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 total public expenditure on health, capital and non-capital, each year from 2004 to estimates for 2013. Following rapid increases during the first part of this ten year period, a decrease of 11% in total public health expenditure has taken place since 2009 (see Figure 6.1). Capital expenditure, which accounts for only 3% of total expenditure, was 32% lower in 2012 than in 2003 and 41% lower than in 2008 (see Table 6.3). Table 6.2 and Figure 6.2 provide a more detailed breakdown on non-capital expenditure by area of care.

Turning to international comparisons, data are available up to 2011 and show Ireland ranking 14th highest out of 34 OECD countries in terms of total public and private health expenditure per capita (see Table 6.4). The OECD Report, Health at a Glance 2013 shows that recent reductions in public health expenditure per capita in Ireland are the highest experienced in any OECD country with the exception of Greece. The trend in real terms, taking account of inflation, is shown in Figure 6.3. Since 2008, this represents a reduction of approximately 23% in public health expenditure per capita and shows spending in 2011 was almost 11% per capita lower than in 2002.

When looked at from the perspective of proportion of national production spent on health, the picture which emerges 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 can be a more meaningful measure. When total health expenditure (public and private) is expressed as a percentage of GDP and GNI, Ireland ranks 22nd out of 34 OECD countries on the GDP measure, and 4th among 27 OECD countries on the GNI measure among countries for which data were available for 2011(see Table 6.4). Finally, Figure 6.4 shows trends in public and private health expenditure as a percentage of both GDP and GNI from 2002 to 2011.

TABLE 6.1
PUBLIC HEALTH EXPENDITURE, 2004 TO 2013

	2004 €m	2005* €m	2006 €m	2007 €m	2008 €m	2009 €m	2010 €m	2011 €m	2012 €m	2013 €m	% Change 2004 -2013	% Change 2012 -2013
#Total Public Non-Capital Expenditure on Health	9,653	11,160	12,248	13,736	14,588	15,073	14,452	13,728	13,787	13,492	39.8	-2.1
Public Non-Capital Expenditure on Health (excludes treatment benefits)	*9,561*	*11,088*	*12,144*	*13,636*	*14,481*	*14,963*	*14,396*	*13,703*	*13,766*	*13,471*	*40.9*	*-2.1*
Total Public Capital Expenditure on Health	509	516	461	585	598	447	366	347	350	389	-23.6	11.1
Total Public Expenditure	**10,162**	**11,676**	**12,709**	**14,321**	**15,186**	**15,520**	**14,818**	**14,075**	**14,137**	**13,881**	**36.6**	**-1.8**

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 2013 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 2012

	2008 (€'000s)	2009 (€'000s)	2010 (€'000s)	2011 (€'000s)	2012 (€'000s)	% Change 2011-2012
Primary, Community and Continuing Care						
Care of Older People	1,739,128	1,738,659	1,683,637	1,433,000	1,365,608	-4.7
Children and Families	653,477	641,951	633,064	547,000	569,034	4.0
Care for Persons with Disabilities	1,548,718	1,520,003	1,454,537	1,576,000	1,554,000	-1.4
Mental Health	1,043,816	1,006,682	963,324	712,000	711,000	-0.1
Primary Care & Community Health*	3,758,772	4,126,705	3,811,438	2,835,000	3,128,613	10.4
Multi Care Group Services^	-	-	-	486,000	482,000	-0.8
Palliative Care & Chronic Illness^	-	-	-	81,000	73,000	-9.9
Social Inclusion^	-	-	-	119,000	115,000	-3.4
Other^	-	-	-	79,000	81,000	2.5
Primary, Community and Continuing Care Total	**8,743,911**	**9,034,000**	**8,546,000**	**7,868,000**	**8,079,255**	**2.7**
National Hospitals Office	5,272,179	5,475,000	5,428,000	4,207,000	3,978,000	-5.4
Long Term Charges Repayment Scheme	236,000	80,000	20,000	10,500	1,700	-83.8
Corporate#	-	-	-	429,000	375,000	-12.6
Statutory Pensions#	-	-	-	606,000	737,000	21.6
Other	100,552	109,354	171,470	448,493	475,339	6.0
HSE Gross Non-Capital Vote Total	**14,352,642**	**14,698,354**	**14,165,470**	**13,568,993**	**13,646,294**	**0.6**
Total Appropriations-in-Aid	2,250,688	3,236,270	3,544,140	1,439,848	1,484,866	3.1
HSE Net Non-Capital Vote Total	**12,101,954**	**11,462,084**	**10,621,330**	**12,129,145**	**12,161,428**	**0.3**

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) # % change figures for 2008-2012 have been omitted from the table as there are significant variances shown in the above table from 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 from 2011 was due to the abolition of the health contribution announced in the December 2010 Budget.

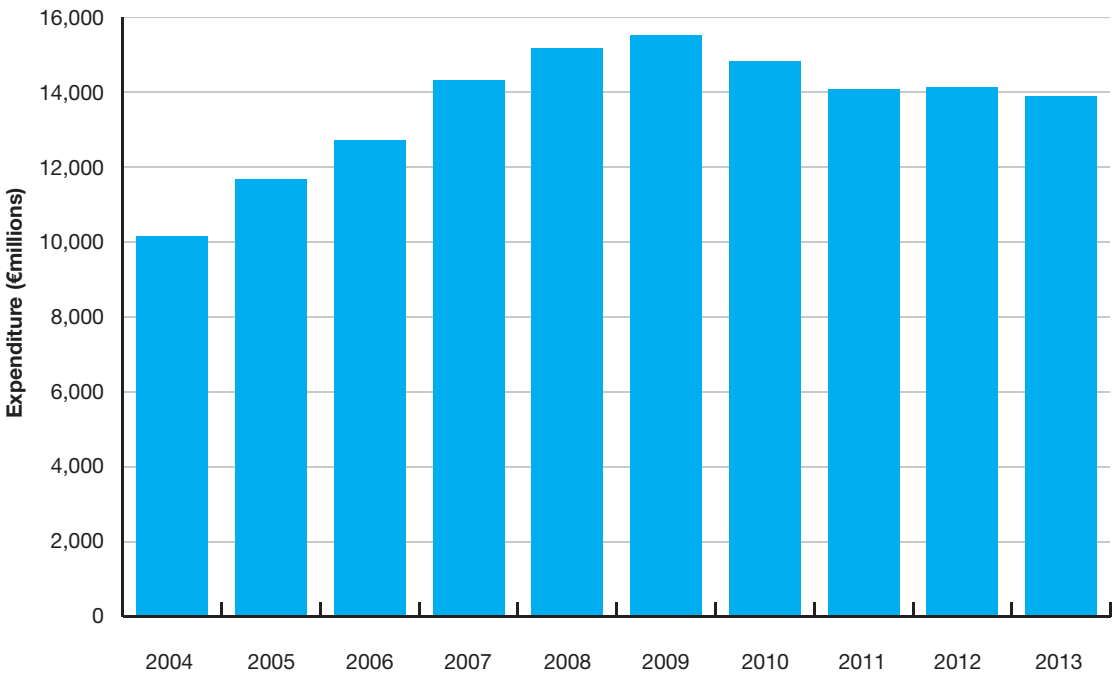
TABLE 6.3
CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME, 2003 TO 2012

Programme	2003 (€'000s)	2004 (€'000s)	2005 (€'000s)	2006 (€'000s)	2007 (€'000s)	2008 (€'000s)	2009 (€'000s)	2010 (€'000s)	2011 (€'000s)	2012 (€'000s)	% Change 2003-2012	% Change 2011-2012
Acute Hospitals	396,032	390,603	277,964	244,670	311,672	272,996	209,145	219,713	202,024	207,926	-47.5	2.9
Community Health	25,754	24,018	115,671	111,863	137,587	177,630	160,974	97,434	70,911	52,784	105.0	-25.6
Mental Health	8,258	2,702	25,759	20,452	33,837	39,701	25,071	27,000	39,236	53,800	551.5	37.1
Disability Services	40,257	19,728	32,335	42,283	45,196	69,228	27,399	5,000	11,276	6,487	-83.9	-42.5
ICT	40,074	67,431	58,400	24,938	30,215	20,455	12,682	6,619	15,960	22,350	-44.2	40.0
Miscellaneous	3,811	3,997	5,781	16,689	26,208	17,889	12,113	10,195	7,748	7,028	84.4	-9.3
Total Public Capital Expenditure	**514,186**	**508,479**	**515,910**	**460,895**	**584,715**	**597,899**	**447,384**	**365,961**	**347,155**	**350,375**	**-31.9**	**0.9**

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

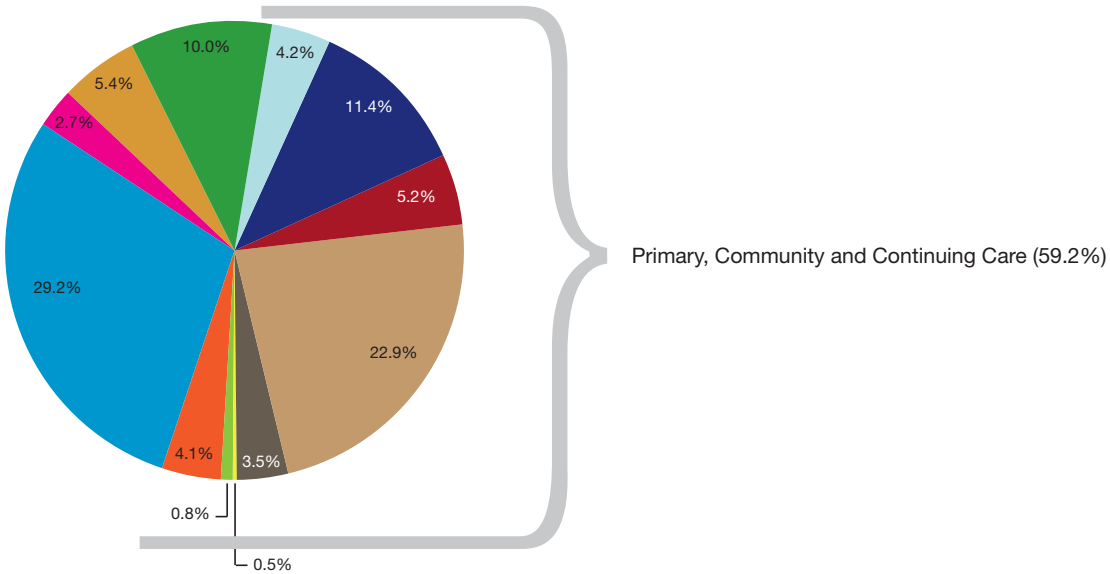
Note:
Excludes capital expenditure by the Office of the Minister for Children & Youth Affairs (2006 - 2010).

FIGURE 6.1
TOTAL PUBLIC HEALTH EXPENDITURE, 2004 TO 2013



Source: Table 6.1.

FIGURE 6.2
PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2012



- Care of Older People
- Children and Families
- Care for Persons with Disabilities
- Mental Health
- Primary Care & Community Health
- Multi Care Group Services
- Palliative Care & Chronic Illness
- Social Inclusion
- Other
- National Hospitals Office Scheme
- Corporate
- Statutory Pensions

Source: Table 6.2.

TABLE 6.4

TOTAL HEALTH EXPENDITURE PER CAPITA (US$PPPs) AND AS % OF GDP AND GNI FOR SELECTED OECD COUNTRIES, 2011

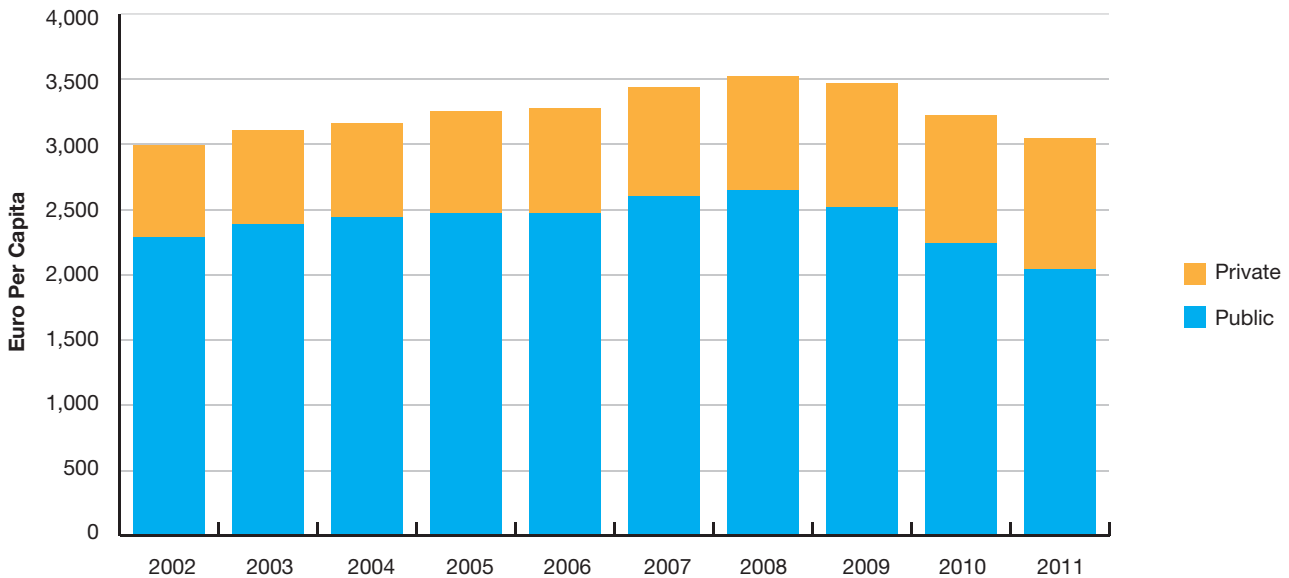
	Per Capita			% GDP			% GNI
Country	**Public**	**Private**	**Total**	**Public**	**Private**	**Total**	**Total**
Australia*	2,578	1,223	3,800	6.1	2.9	8.9	n/a
Austria	3,466	1,080	4,546	8.2	2.6	10.8	10.9
Belgium (d)	3,083	978	4,061	8.0	2.5	10.5	10.4
Canada	3,183	1,339	4,522	7.9	3.3	11.2	n/a
Chile	735	834	1,568	3.5	4.0	7.5	n/a
Czech Republic	1,655	311	1,966	6.3	1.2	7.5	8.0
Denmark	3,795	654	4,448	9.3	1.6	10.9	10.6
Estonia^	1,033	251	1,303	4.7	1.1	5.9	6.1
Finland (e)	2,545	829	3,374	6.8	2.2	9.0	9.0
France	3,161	957	4,118	8.9	2.7	11.6	11.4
Germany	3,436	1,058	4,495	8.7	2.7	11.3	11.0
Greece^ (d)	1,536	789	2,361	5.9	3.1	9.1	9.4
Hungary	1,098	590	1,689	5.1	2.8	7.9	8.3
Iceland	2,656	649	3,305	7.3	1.8	9.0	10.5
Ireland	**2,477**	**1,222**	**3,700**	**6.0**	**2.9**	**8.9**	**11.0**
Israel^	1,362	849	2,239	4.7	2.9	7.7	n/a
Italy	2,345	668	3,012	7.2	2.0	9.2	9.3
Japan*	2,638	575	3,213	7.9	1.7	9.6	9.3
Korea	1,217	982	2,198	4.1	3.3	7.4	n/a
Luxembourg	3,596	682	4,246	5.6	1.1	6.6	9.2
Mexico* (d,e)	462	515	977	2.9	3.3	6.2	n/a
Netherlands	n/a	n/a	5,099	n/a	n/a	11.9	12.0
New Zealand (d)	2,631	551	3,182	8.5	1.8	10.3	n/a
Norway^	4,813	856	5,669	7.9	1.4	9.3	9.2
Poland^	1,021	425	1,452	4.8	2.0	6.9	7.2
Portugal	1,703	916	2,619	6.7	3.6	10.2	10.6
Slovak Republic	1,358	557	1,915	5.6	2.3	7.9	8.1
Slovenia	1,784	636	2,421	6.5	2.3	8.9	9.0
Spain	2,244	828	3,072	6.8	2.5	9.3	9.6
Sweden	3,204	721	3,925	7.7	1.7	9.5	9.2
Switzerland	3,661	1,981	5,643	7.1	3.9	11.0	10.9
Turkey#	661	244	906	4.4	1.6	6.1	8.1
United Kingdom	2,821	584	3,405	7.8	1.6	9.4	9.2
United States	4,066	4,441	8,508	8.5	9.2	17.7	17.8

Source: OECD, Eurostat.

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 2010.
(vi) # indicates data for 2008.
(vii) e indicates estimated.
(viii) d indicates difference in methodology.
(ix) ^ Total 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.

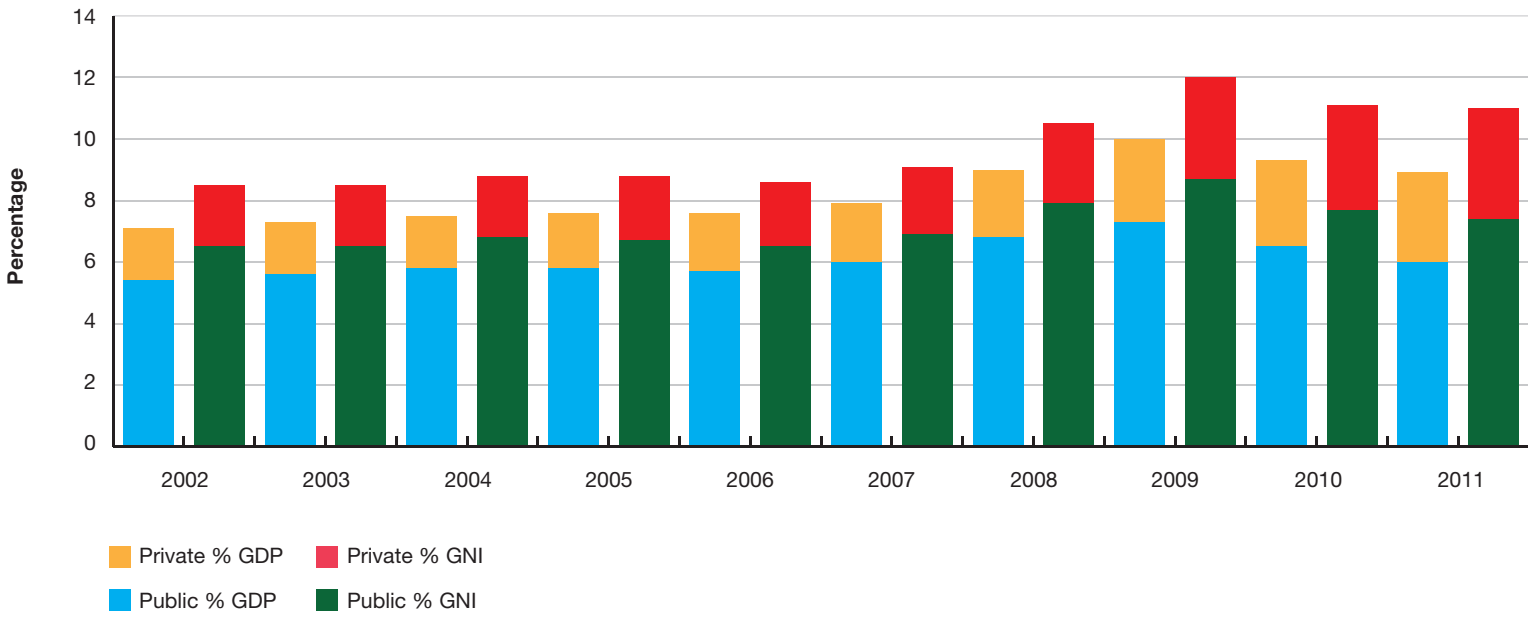
FIGURE 6.3
TOTAL HEALTH EXPENDITURE PER CAPITA IN IRELAND IN REAL TERMS, 2002 TO 2011



Source: 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, 2002 TO 2011



Sources: OECD, Eurostat.