



# HEALTH IN IRELAND

## Key Trends 2015

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



# Introduction

*Health in Ireland, Key Trends 2015* provides summary statistics on health and health care over the past ten years. It also highlights selected trends and topics 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. In this regard, several tables and graphs are presented comparing Ireland with the 28 Member States of the EU. The booklet is divided into six chapters ranging across population, life expectancy and health status through to health care delivery, staffing and costs. 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 almost two and a half years since 2004 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 (31% of all deaths), have declined over the last decade, as has mortality across most principal causes. This trend has continued in 2014 according to provisional data with the age standardised mortality rates decreasing for most major causes (the exceptions being deaths from external causes of injury and poisoning which has seen a small increase). Over the 10 year period since 2005 there has been an overall reduction of 19% in mortality rates from all causes. Care, however, needs to be exercised in interpreting single year changes since mortality data for 2013 and 2014 remain provisional and are based on year of registration. For the first time in Key trends, age-

standardised mortality rates are calculated using the new European Standard Population (ESP2013). Due to this change in statistical methods the age standardised mortality rates in Key Trends 2015 are not directly comparable with those stated in previous years' versions of this publication. More information can be found in the Statistics section of the Department of Health website.

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. The increase in the number of people over the age of 65 is approaching 20,000 persons a year. The population over 65 will almost double over the next 20 years with evident implications for health service planning and delivery.

In the area of health determinants, lifestyle factors such as smoking, drinking, levels of physical activity 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 in 2013 by the Department of Health. Its aim is 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. Healthy Ireland Survey 2015 published its first results in September 2015 and further details of the results are found in Section 2 and Section 4 of this publication. Future years data will provide policy makers and stakeholders valuable information around the changing health status of the Irish population.

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.

From 2009 to 2013 figures showed increasing numbers and percentages of the population eligible for a medical card and decreasing numbers purchasing private health insurance. More recently, however, these trends have reversed at the same time as economic conditions have started to improve. The key challenge, and opportunity, will be to ensure that scarce 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.

## Acknowledgments:

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# 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% in the total population since the last Census in 2006 but a significant slow down in growth over the period. Population estimates for 2015 indicate minimal overall growth of just 0.6% on the previous year but an increase of 3.3% in the population over the age of 65 (see Table 1.2).

Since 2006, the most significant demographic developments have been the rise in population by 9% 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 continues to be considerably higher than the average for EU countries. Counties in the west and north-west continue to have the highest proportions of older people (see Figure 1.1).

While numbers of births increased substantially from 2005 to 2009, since 2010 there has been a gradual decrease (see Table 1.3). This is due in part to a reduction in fertility rates but, more significantly, to the fact that the numbers of women in the child-bearing age groups have started to decline in recent years. 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 most other EU countries (see Figure 1.4).

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 in the number of people over the age of 65 approaching 20,000 per year. Ireland's population is also projected to age with the percentage of people over 65 making up a larger proportion of the population. A similar trend is projected to occur in the EU-28 population (see Figure 1.6). The largest proportional increase is expected in the 85+ age group which is projected to double by 2031.

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 almost 2.5 years since 2004 and is now above the average for the EU (see Figures 1.7 and 1.8). While female life expectancy in Ireland has tracked the EU28 average over the last decade, the life expectancy of males in Ireland has consistently been over 1 year greater than that in EU28 countries. In addition, the gap between male and female life expectancy in Ireland has narrowed over the last decade.

The greatest gains have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (see Section 2). Life expectancy can also be expressed as years lived in good health. In Ireland at age 65, although women have a higher life expectancy than men, men will experience a slightly higher proportion of healthy life years than women. The proportion of life expectancy at age 65 lived in good health is higher for both men and women in Ireland compared with the EU-28 average (see Figure 1.9).

TABLE 1.1

## POPULATION ESTIMATES ('000S) FOR REGIONAL AUTHORITY AREAS BY GENDER AND AGE GROUP, 2015

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
Male	245.8	146.8	218.2	638.2	271.0	189.7	251.1	329.0	2,289.7
Female	250.2	146.5	217.4	667.4	280.3	188.1	255.6	340.1	2,345.7
<b>Total</b>	<b>496.0</b>	<b>293.3</b>	<b>435.6</b>	<b>1,305.6</b>	<b>551.3</b>	<b>377.8</b>	<b>506.7</b>	<b>669.1</b>	<b>4,635.4</b>
<i>Age Groups:</i>									
0-14	116.3	69.2	96.3	270.8	138.0	83.7	112.5	142.3	1,029.4
15-24	53.8	36.6	47.9	134.8	63.3	44.4	59.5	76.7	516.7
25-34	53.2	37.6	52.9	240.7	71.0	47.0	63.0	88.9	654.3
35-44	72.9	44.7	65.0	214.2	92.6	55.5	75.3	103.3	723.3
45-54	69.8	38.9	58.7	161.2	74.5	51.0	69.5	91.7	615.3
55-64	57.1	30.1	50.7	125.6	53.5	43.2	55.9	74.4	490.6
65-74	42.0	20.9	36.6	89.6	36.5	31.6	41.4	53.2	352.0
75-84	22.4	11.1	19.7	51.1	16.5	16.3	22.0	28.9	188.0
85+	8.3	3.9	7.8	17.3	5.7	5.3	7.4	10.1	66.0
<b>2011 Census</b>	<b>515.5</b>	<b>283.8</b>	<b>440.8</b>	<b>1,261.5</b>	<b>533.8</b>	<b>377.8</b>	<b>499.3</b>	<b>662.3</b>	<b>4,574.9</b>
<b>% change 2011-2015</b>	<b>-3.8</b>	<b>3.3</b>	<b>-1.2</b>	<b>3.5</b>	<b>3.3</b>	<b>0.0</b>	<b>1.5</b>	<b>1.0</b>	<b>1.3</b>

Source: Central Statistics Office.

**Notes:**

- (i) Data for 2015 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 OF IRELAND ('000S) BY AGE GROUP, 2006 TO 2015

Age Group	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	% Change	
											2006 -2015	2014 -2015
<b>0-14</b>	864.4	884.2	913.3	936.4	957.7	976.6	994.8	1,007.7	1,015.9	1,029.4	19.1	1.3
<b>15-64</b>	2,907.5	3,020.6	3,088.1	3,098.1	3,081.9	3,066.6	3,041.2	3,017.3	3,007.4	3,000.2	3.2	-0.2
<b>65 and over</b>	467.9	471.1	483.8	498.9	515.0	531.6	549.3	568.1	586.6	606.0	29.5	3.3
<b>All Ages</b>	<b>4,239.8</b>	<b>4,375.8</b>	<b>4,485.1</b>	<b>4,533.4</b>	<b>4,554.8</b>	<b>4,574.9</b>	<b>4,585.4</b>	<b>4,593.1</b>	<b>4,609.6</b>	<b>4,635.4</b>	<b>9.3</b>	<b>0.6</b>

Source: Central Statistics Office.

## Notes:

- (i) Data for 2012, 2013, 2014 and 2015 are preliminary. These figures will be revised following the publication of the 2016 Census of Population
- (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 2006 the defacto concept was used.
- (iv) Age groups may not sum to total due to rounding.

**FIGURE 1.1**  
**PERCENTAGE OF POPULATION AGED 65 AND OVER BY COUNTY, IRELAND, 2015**

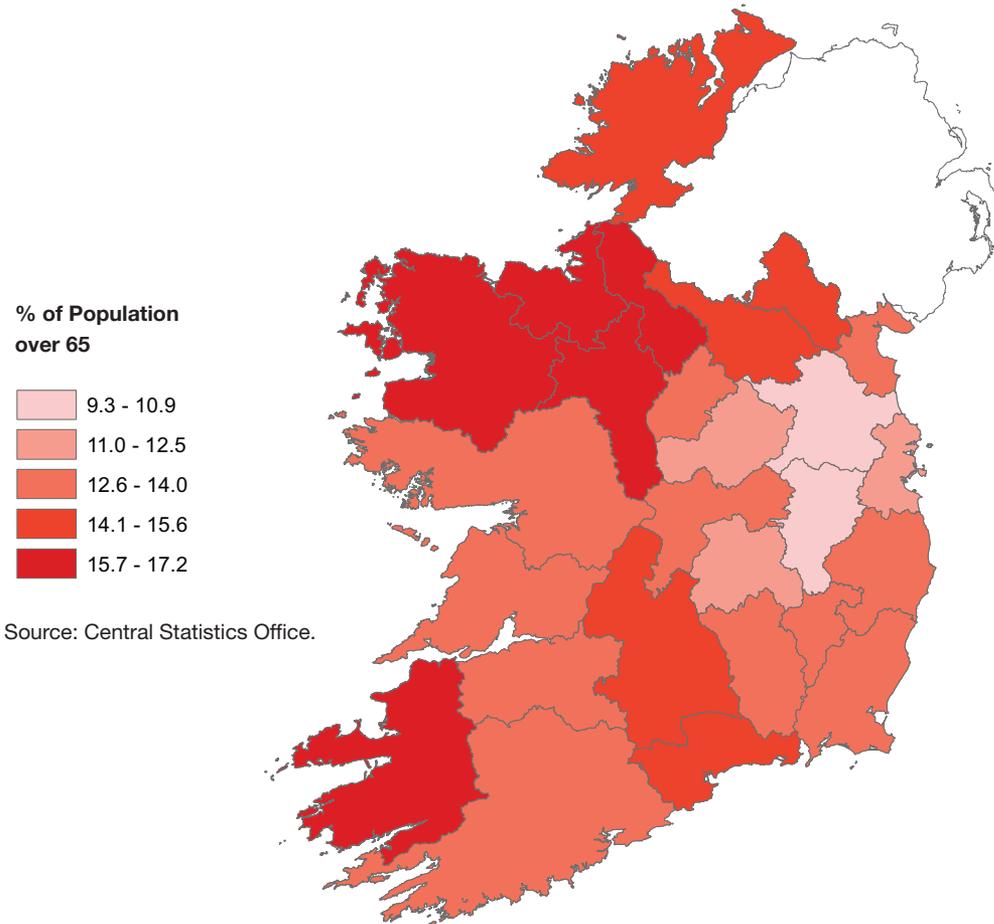
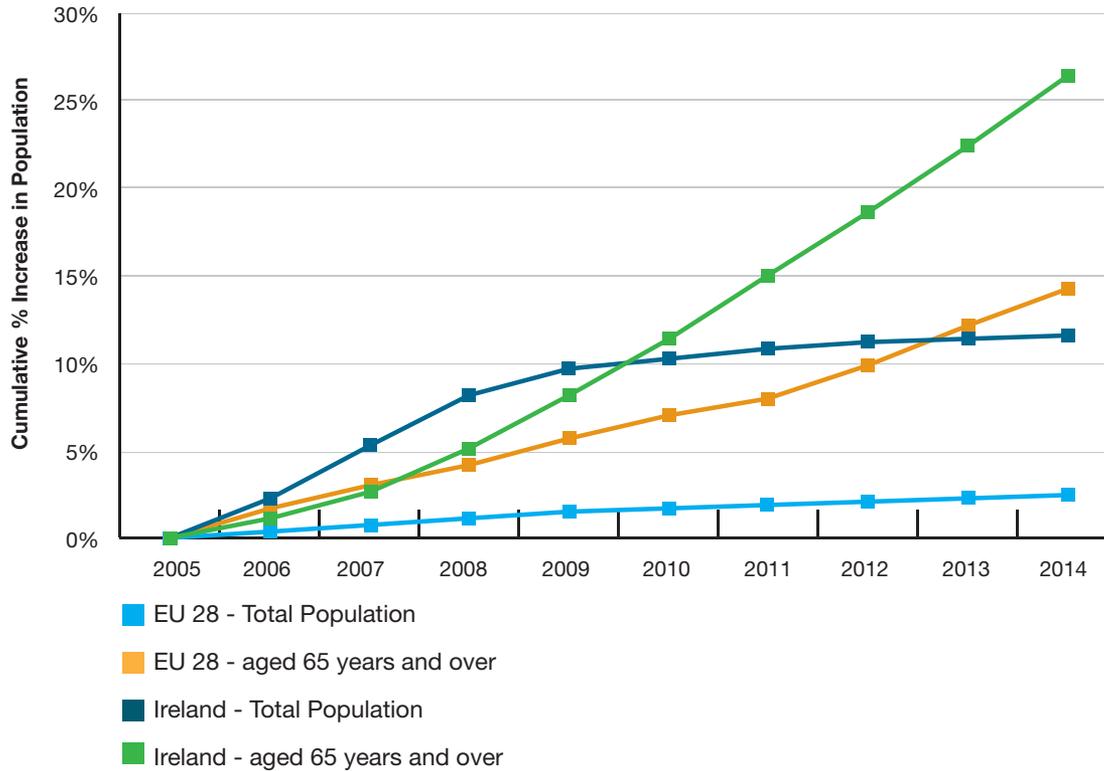


FIGURE 1.2

CUMULATIVE PERCENTAGE INCREASE IN POPULATION, ALL AGES AND 65+, IRELAND AND EU 28, 2005 TO 2014



Source: Eurostat.

**TABLE 1.3**  
**BIRTHS AND FERTILITY, IRELAND AND EU28, 2005-2014**

											% Change		
											2005	2013	
											-2014	-2014	
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014			
<b>Number of live births</b>	61,372	65,425	71,389	75,173	75,554	75,174	74,033	71,674	68,930	67,462	9.9	-2.1	
<b>Birth rate (per 1,000 population)</b>	14.8	15.4	16.3	16.8	16.7	16.5	16.2	15.6	15.0	14.6	-1.4	-2.7	
<b>Total fertility rate</b>													
	<b>Ireland</b>	1.88	1.94	2.03	2.07	2.06	2.06	2.02	1.99	1.96	1.95	3.7	-0.5
	<b>EU28</b>	1.51	1.54	1.56	1.61	1.60	1.61	1.58	1.58	1.55	n/a	2.6	-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 2013 and 2014 refer to year of registration and are therefore provisional.
- (iii) % change for EU relates to 2005-2013 and 2012-2013.

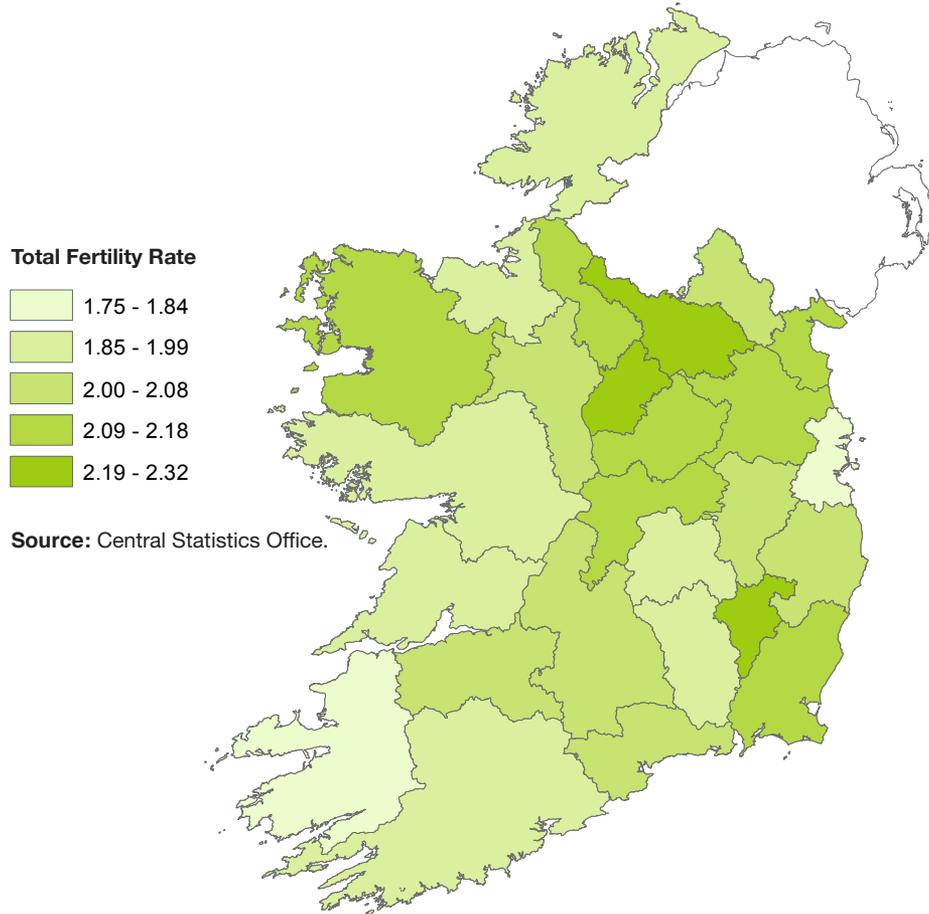
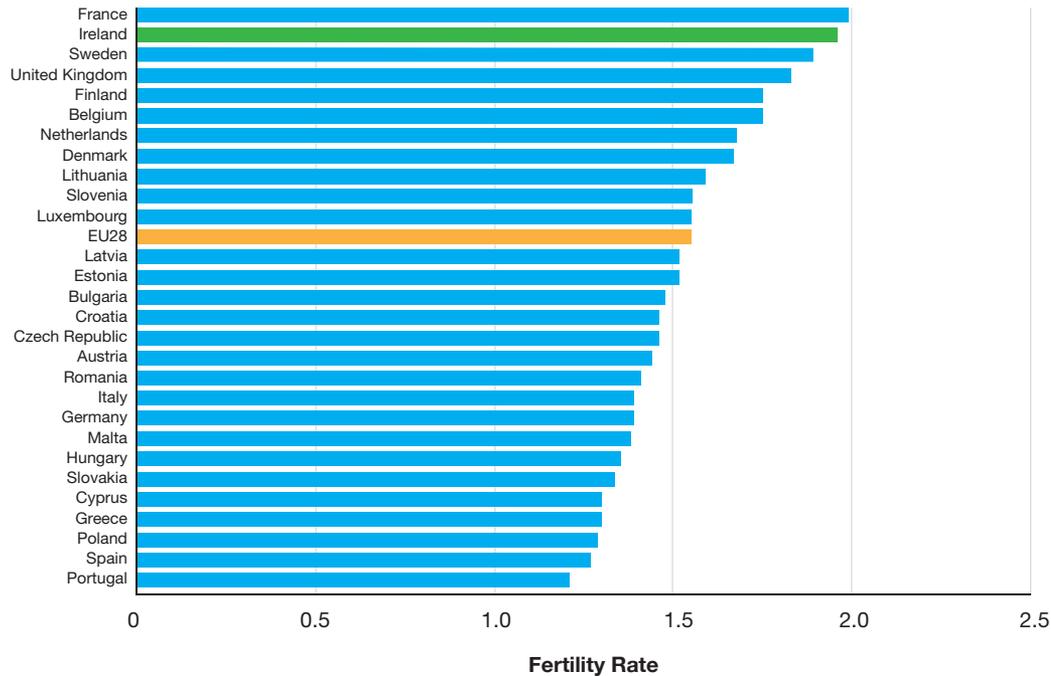
**FIGURE 1.3****TOTAL FERTILITY RATE BY COUNTY, IRELAND, 2014**

FIGURE 1.4

## TOTAL FERTILITY RATES IN EUROPE, 2013



Source: Eurostat.

TABLE 1.4

## ACTUAL POPULATION 2011 AND PROJECTED POPULATION TO 2031 ('000S), IRELAND BY OLDER AGE GROUPS

Age Group	2011	2016	2021	2026	2031	% Change
						2011- 2031
65 and over	532	624	732	855	991	86.4
85 and over	58	70	85	104	136	132.8
<b>All ages</b>	<b>4,575</b>	<b>4,687</b>	<b>4,875</b>	<b>5,042</b>	<b>5,187</b>	<b>13.4</b>

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

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

**TABLE 1.5**  
**DEPENDENCY RATIO IRELAND, ACTUAL**  
**2011 AND PROJECTED TO 2031**

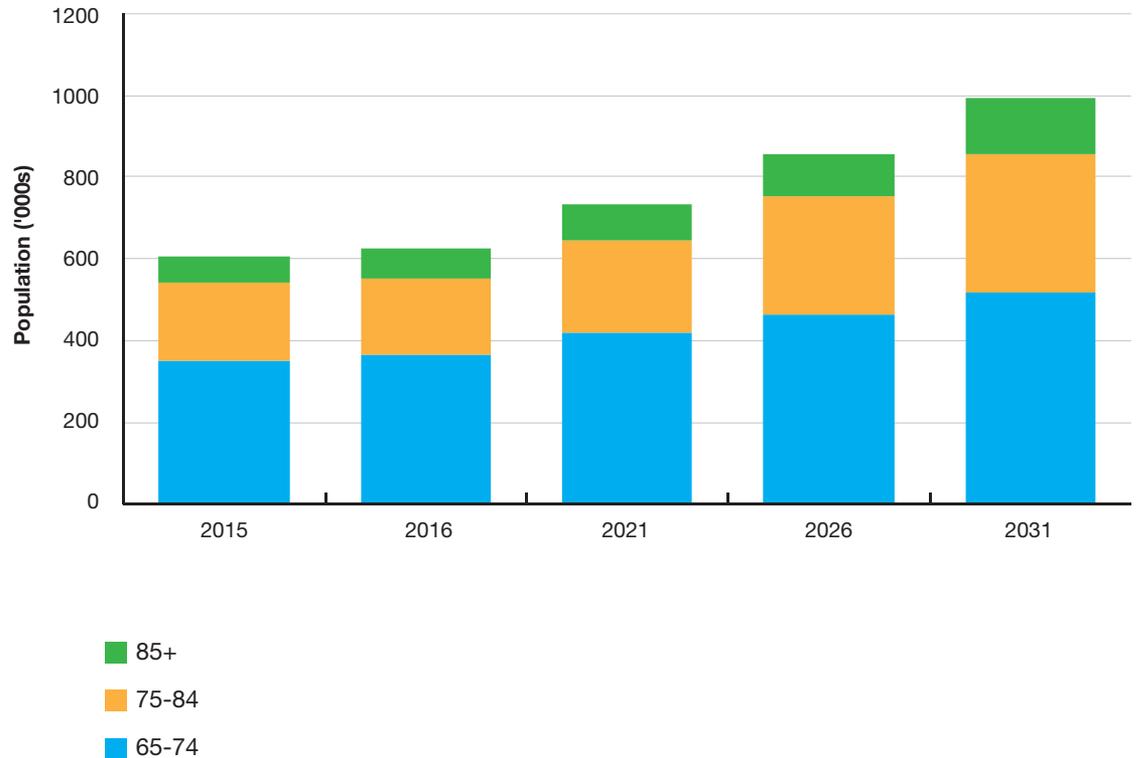
Age Group						% Change
	2011	2016	2021	2026	2031	2011-2031
0-14	31.8	34.7	34.1	30.5	26.9	-15.6
65 and over	17.3	20.7	23.7	26.7	30.0	72.8
All ages	49.1	55.4	57.8	57.2	56.9	15.9

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

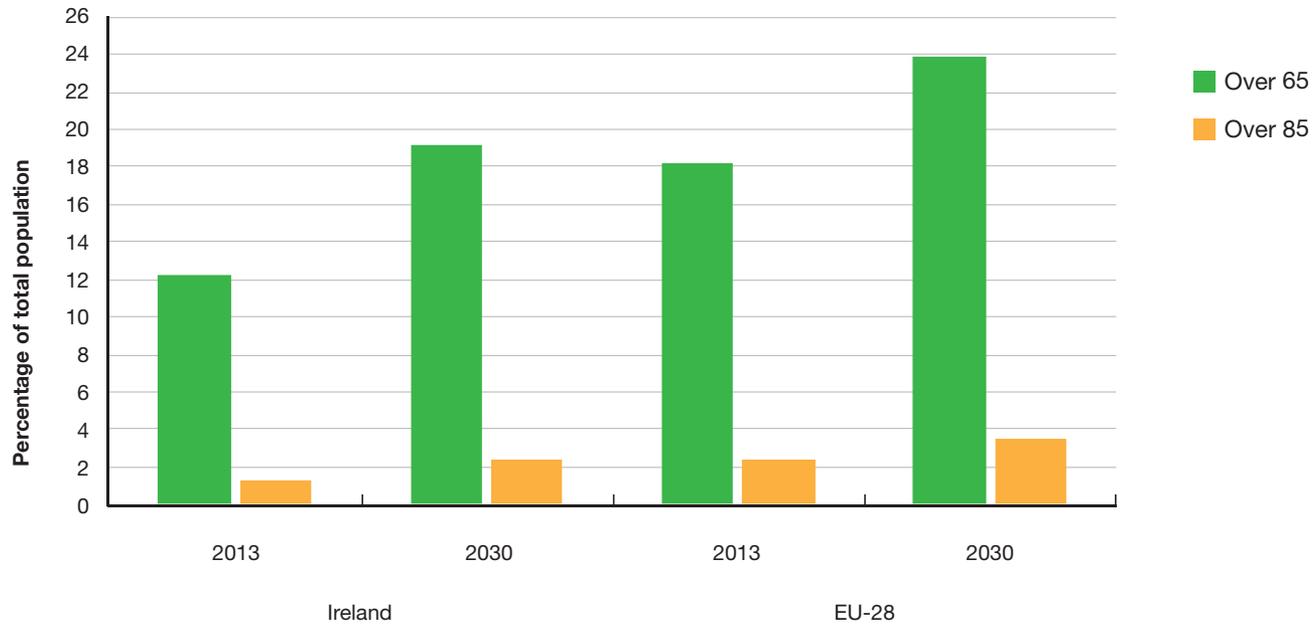
**Notes:**

- (i) Projection data is based on the M2F2 assumption of moderate growth in 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 2015 AND PROJECTED POPULATION 2016-2031,**  
**IRELAND**



**Source:** Central Statistics Office Population Estimates 2015 and Population and Labour Force Projections 2016-2046 (M2F2 assumption used).

**FIGURE 1.6****ACTUAL POPULATION AND PROJECTED POPULATION BY AGE GROUP, IRELAND AND EU-28, 2013 AND 2030**

Source: Eurostat.

TABLE 1.6

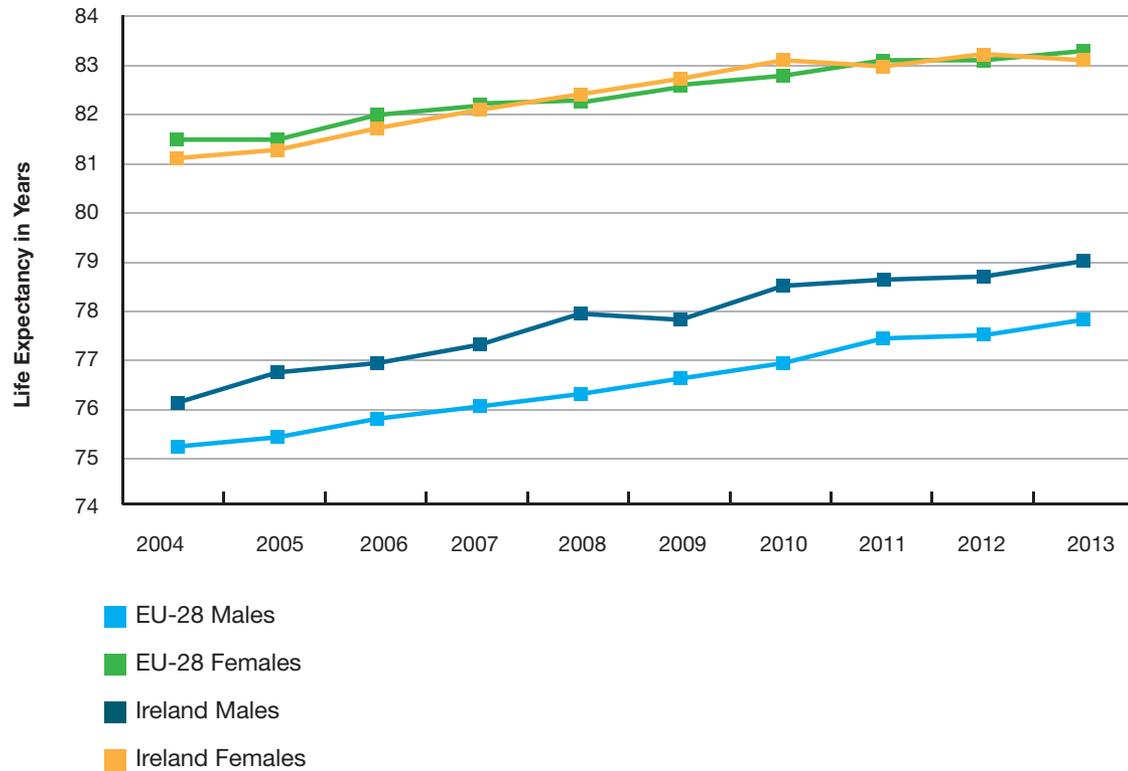
## LIFE EXPECTANCY IRELAND BY AGE AND GENDER 1993, 2003 AND 2013

	Life Expectancy at age	1993	2003	2013	% Change
					1993-2013
<b>Male</b>	<b>0</b>	72.5	75.7	79.0	9.0
	<b>1</b>	72.0	75.2	78.3	8.8
	<b>40</b>	34.5	37.5	40.3	16.8
	<b>65</b>	13.4	15.8	18.1	35.1
	<b>75</b>	7.8	9.2	10.9	39.7
<b>Female</b>	<b>0</b>	78.1	80.7	83.1	6.4
	<b>1</b>	77.6	80.0	82.4	6.2
	<b>40</b>	39.3	41.7	43.9	11.7
	<b>65</b>	17.0	19.1	20.8	22.4
	<b>75</b>	10.0	11.5	12.9	29.0

Source: Eurostat.

FIGURE 1.7

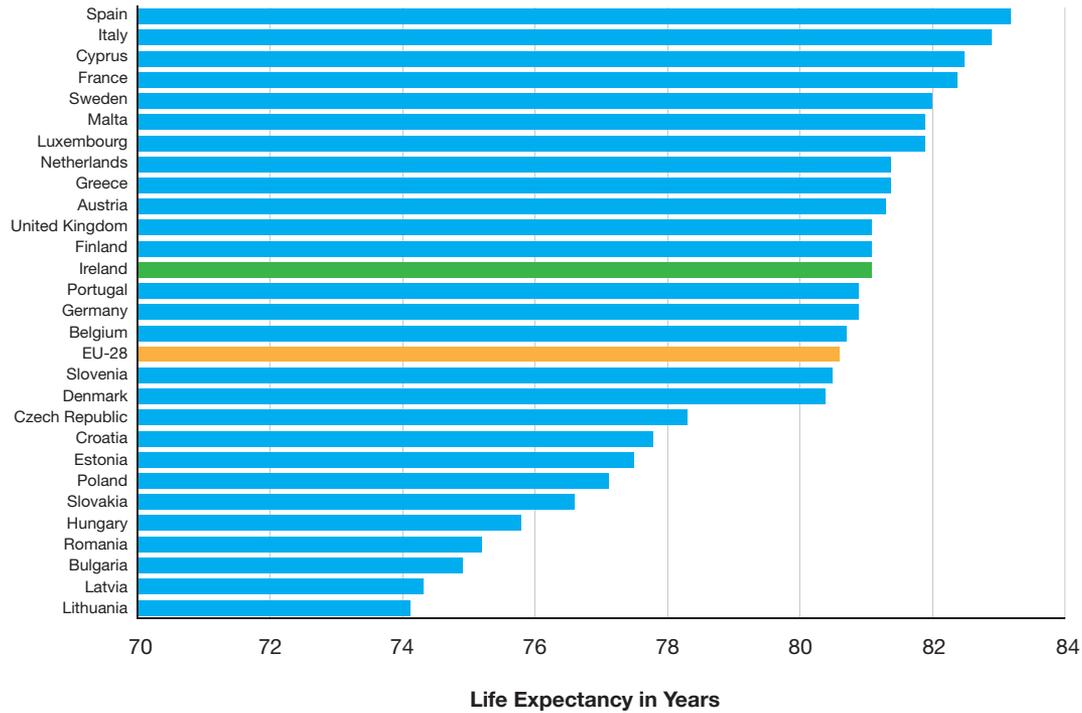
## LIFE EXPECTANCY AT BIRTH FOR IRELAND AND EU-28 BY GENDER, 2004-2013



Source: Eurostat.

FIGURE 1.8

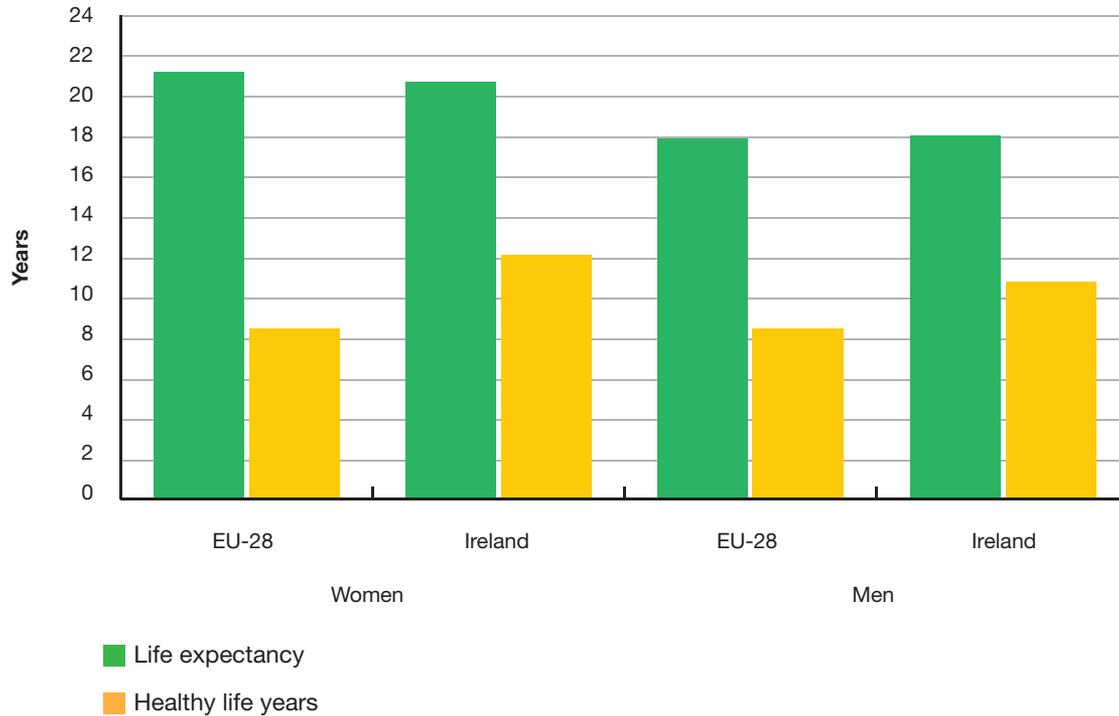
## LIFE EXPECTANCY AT BIRTH FOR EU-28 COUNTRIES, 2013



Source: Eurostat.

**FIGURE 1.9**

**LIFE EXPECTANCY AND HEALTHY LIFE YEARS AT AGE 65 BY GENDER, IRELAND AND EU-28, 2013**



Source: Eurostat.

## 2. Health of the Population

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. Figure 2.1 shows the positive correlation between educational attainment and self-perceived health in Ireland and across the EU. In the areas of self-reported chronic illness and limitations in activities, Ireland continues to compare 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 of chronic conditions than men (see Tables 2.2 and 2.3).

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. Provisional figures for 2014 show a decrease in the overall age-standardised death rate compared with provisional 2013 figures. It is important to note that in this year's edition of Key Trends age standardised mortality rates use the new European standard population (ESP2013). Due to this change in statistical methods, the age standardised mortality rates in Key Trends 2015 are not directly comparable with the previous years' versions of this publication. Mortality rates from circulatory system diseases fell by 32% between 2005 and 2014 and cancer death rates decreased by 8%. When cancer of the trachea, bronchus and lung are included, respiratory diseases accounted for 18% of all registered deaths in 2014 (see Table 2.4, Figures 2.3a and 2.3b). Transport accident mortality rates have fallen by 55% in the past decade, infant mortality by 4%, and suicide rates by 10% (see Table 2.4 and Figures 2.6 and 2.7). 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-28 average in 2012. Overall, mortality rates in Ireland were slightly higher than in the EU, though not significantly. For diseases of the circulatory system, mortality in Ireland was 9% below the EU average. For non-respiratory cancers, Ireland was 8% above average EU mortality. Rates of mortality from respiratory diseases were 42% higher in Ireland than the EU-28 average.

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 62% 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 around 2% of deaths for those over the age of 65 (see Figures 2.3a and 2.3b). Figure 2.4 shows the 5 year age standardised mortality rate for diseases of the circulatory system.

Survival rates for cervical, breast and colorectal cancers are graphed in Figure 2.8. This shows 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 with data available.

Figure 2.10 shows overall trends in alcohol and cigarette consumption over the last 20 years. Having levelled off over the last few years, the data for alcohol show an increase in consumption in 2014 following a drop in 2013. With respect to cigarettes, the declining figures based on excise duty data need to be treated with caution due to the effects of cross-border or illegal sales.

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle-based health determinants such as smoking, alcohol consumption, physical activity 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 in 2013 and sets out a comprehensive and coordinated plan to improve health and wellbeing between now and 2025. Information from the first Healthy Ireland Survey 2015 is given in Figures 2.11 - Figures 2.15. The results of this survey give an indication of the population's overall health status.

Figure 2.11 shows the percentage of adults who are daily smokers or are overweight and obese by their educational attainment. In both cases, the rates of daily smoking and persons classified as overweight and obese are lower in those who attained a tertiary level qualification. The number of people who drink more than 6 standard units of alcohol at least once a month broken down by gender and social class can be seen in Figure 2.12. It can be seen that men and those in the lower social group are more likely to engage in risky single-occasion drinking at least once per month.

Figure 2.13 presents data from the Irish Health Behaviour in School-aged children survey 2014.

The percentage of the population meeting the minimum physical activity requirements (classified as 'High' under International Physical Activity Questionnaire (IPAQ)) across gender and age group is shown in Figure 2.14. A higher proportion of people are meeting the guidelines in younger age cohorts than those cohorts which are older. The percentage of males and females who eat at least one serving of fruit or vegetables is shown in Figure 2.15. In both cases, the rates of females eating at least one serving of fruit or vegetable are higher than males.

**TABLE 2.1**  
**PERCEIVED HEALTH STATUS IN IRELAND AND EU-28, 2013**

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	66.7	64.2	29.0	30.0	4.2	5.8
25-34	54.6	53.2	37.0	38.3	8.4	8.5
35-44	50.1	47.4	40.0	40.7	9.9	11.9
45-64	30.5	33.1	47.6	42.8	21.9	24.1
65+	18.0	17.5	44.9	42.4	37.1	40.1
<b>Total</b>	<b>42.1</b>	<b>41.2</b>	<b>40.9</b>	<b>39.6</b>	<b>16.9</b>	<b>19.2</b>
<b>EU-28</b>	<b>23.7</b>	<b>20.4</b>	<b>46.5</b>	<b>43.9</b>	<b>29.9</b>	<b>35.7</b>

Source: EU-SILC, Eurostat.

**TABLE 2.2**  
**PEOPLE HAVING A LONG-STANDING ILLNESS OR HEALTH PROBLEM IN IRELAND AND EU-28, 2013**

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	10.4	11.3	89.6	88.7
25-34	14.6	18.2	85.4	81.8
35-44	16.3	18.6	83.7	81.4
45-64	33.3	35.1	66.7	64.9
65+	52.4	55.5	47.6	44.5
<b>Total</b>	<b>26.3</b>	<b>29.1</b>	<b>73.7</b>	<b>70.9</b>
<b>EU-28</b>	<b>30.1</b>	<b>34.6</b>	<b>69.9</b>	<b>65.4</b>

Source: EU-SILC, Eurostat.

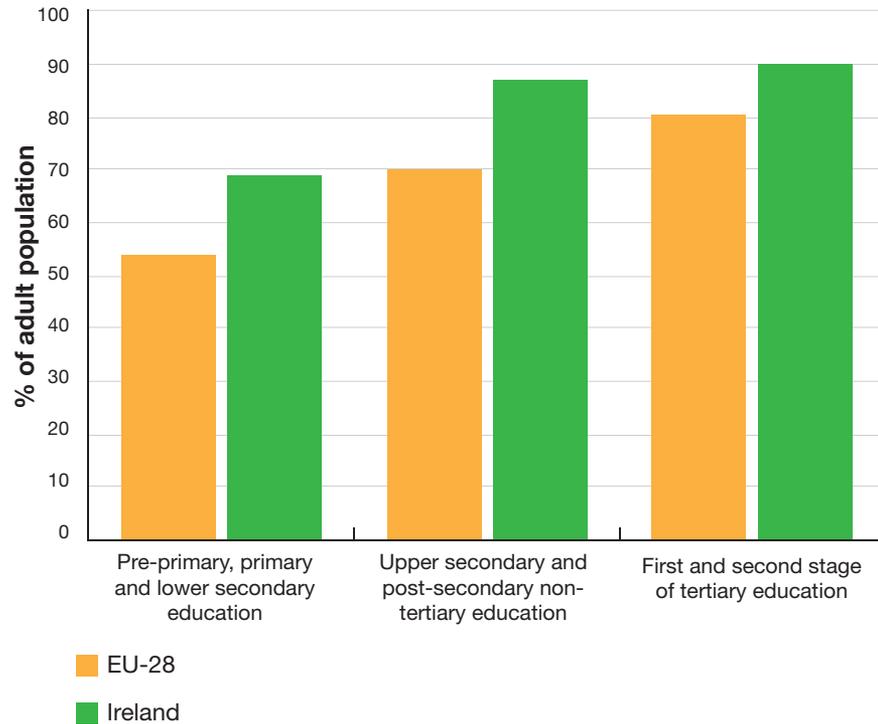
**TABLE 2.3**  
**SELF-PERCEIVED LONG-STANDING LIMITATIONS IN USUAL ACTIVITIES DUE TO HEALTH PROBLEMS IN IRELAND AND EU-28, 2013**

Age Group	Some		Severe	
	%Male	%Female	%Male	%Female
16-44	5.5	6.1	2.7	2.1
45-64	15.7	15.1	5.5	6.4
65-74	19.9	18.6	10.1	10.6
75+	30.0	29.5	19.0	21.4
<b>Total</b>	<b>11.8</b>	<b>11.9</b>	<b>5.4</b>	<b>5.7</b>
<b>EU-28</b>	<b>16.4</b>	<b>20.0</b>	<b>7.9</b>	<b>9.5</b>

Source: EU-SILC, Eurostat.

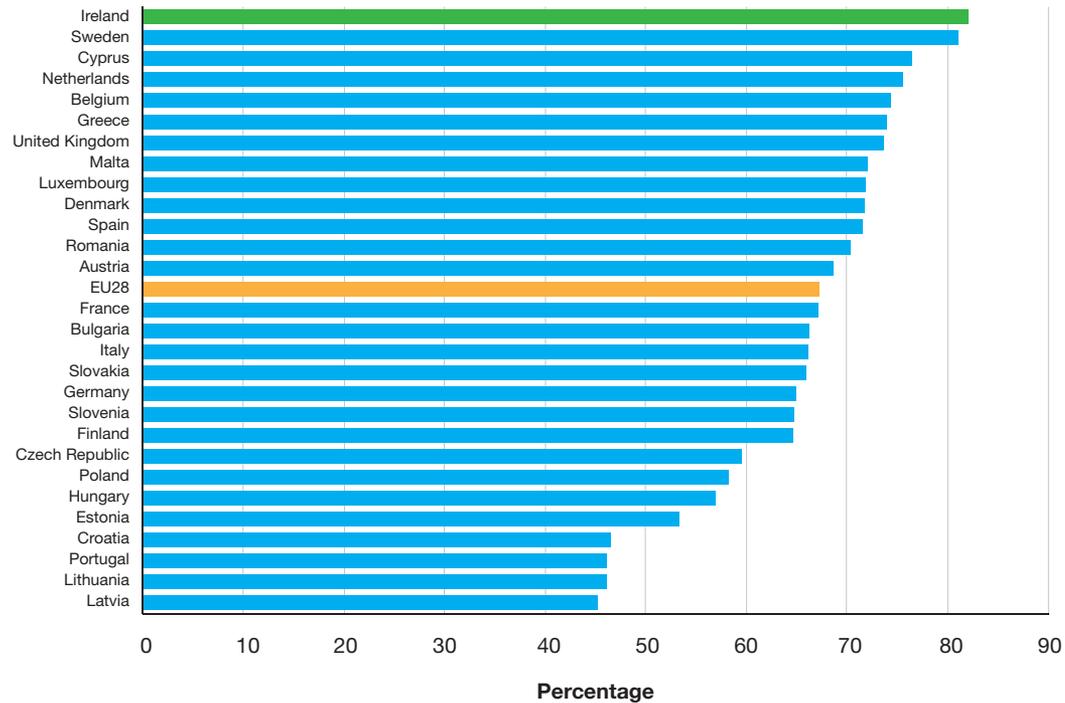
FIGURE 2.1

SELF-PERCEIVED HEALTH RATED GOOD OR VERY GOOD BY EDUCATIONAL ATTAINMENT LEVEL, IRELAND AND EU-28, 2013



Source: EU-SILC, Eurostat.

**FIGURE 2.2**  
**PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-28 COUNTRIES, 2013**



Source: EU-SILC, Eurostat.

TABLE 2.4

**PRINCIPAL CAUSES OF DEATH: NUMBERS AND AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION, 2005 TO 2014. NOTE CHANGE OF METHODOLOGY. SEE NOTE (IV) BELOW.**

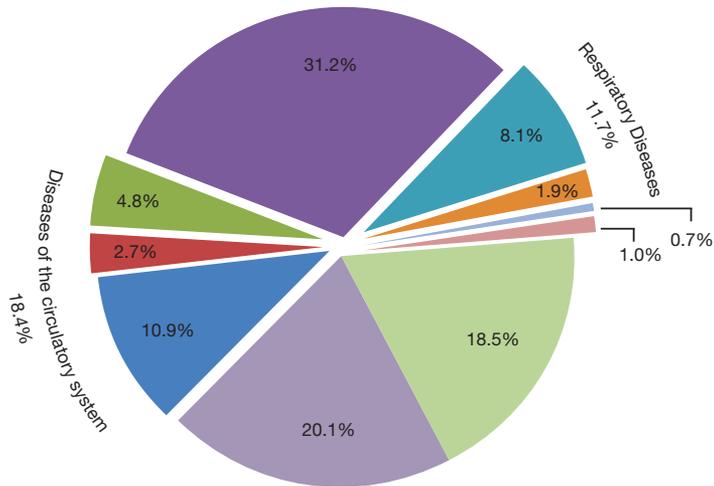
		2005	2009	2013(p)	2014(p)	% Change	
						2005-2014	2013-2014
<b>ALL CAUSES</b>	Number	28,260	28,380	30,018	29,095	3.0	-3.1
	Rate	1,207.6	1,092.4	1,049.2	983.5	-18.6	-6.3
<b>DISEASES OF THE CIRCULATORY SYSTEM</b>							
<b>All Circulatory System Diseases:</b>	Number	10,149	9,507	9,654	8,899	-12.3	-7.8
	Rate	462.2	391.6	354.8	316.5	-31.5	-10.8
<b>Ischaemic Heart Disease:</b>	Number	5,141	5,016	4,713	4,329	-15.8	-8.1
	Rate	230.5	204.0	171.3	151.3	-34.4	-11.7
<b>Stroke:</b>	Number	2,037	2,054	2,001	1,837	-9.8	-8.2
	Rate	94.3	86.5	74.8	66.7	-29.3	-10.8
<b>CANCER</b>							
<b>All Malignant Neoplasms:</b>	Number	7,749	8,336	8,814	8,880	14.6	0.7
	Rate	309.3	302.7	291.0	285.0	-7.9	-2.1
<b>Cancer of the Trachea, Bronchus and Lung:</b>	Number	1,587	1,728	1,888	1,876	18.2	-0.6
	Rate	62.5	62.3	61.9	59.9	-4.2	-3.2
<b>Cancer of the Female Breast:</b>	Number	696	662	711	722	3.7	1.5
	Rate	48.1	41.6	40.9	40.7	-15.4	-0.4
<b>DISEASES OF THE RESPIRATORY SYSTEM #</b>							
<b>All Respiratory System Diseases:</b>	Number	-	3,606	3,581	3,388	-6.0	-5.4
	Rate	-	154.4	135.9	123.5	-20.0	-9.2
<b>Chronic Lower Respiratory Disease:</b>	Number	-	1,516	1,706	1,515	-0.1	-11.2
	Rate	-	62.0	62.6	53.9	-13.1	-13.9
<b>Pneumonia:</b>	Number	-	1,320	989	965	-26.9	-2.4
	Rate	-	59.8	39.7	36.7	-38.5	-7.3
<b>EXTERNAL CAUSES OF INJURY AND POISONING</b>							
<b>All Deaths from External Causes:</b>	Number	1,745	1,726	1,507	1,560	-10.6	3.5
	Rate	50.8	44.4	38.4	40.3	-20.7	4.9
<b>Transport Accidents:</b>	Number	348	225	166	160	-54.0	-3.6
	Rate	8.5	4.9	4.0	3.8	-55.3	-5.0
<b>Suicide:</b>	Number	481	552	475	459	-4.6	-3.4
	Rate	11.5	12.2	10.7	10.4	-9.7	-3.3
<b>INFANT DEATHS</b>							
<b>Infant Mortality Rate (per 1,000 live births):</b>	Number	236	247	228	249	5.5	9.2
	Rate	3.9	3.3	3.3	3.7	-4.2	11.5

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

**Notes:**

- (i) (p) The figures for 2013 and 2014 are provisional. They should be treated with caution as they refer to deaths registered in these years and may be incomplete.
- (ii) Since 2007, all deaths registered in the year have been included in the statistics, in some cases with a provisional cause of death. Previously the practice was not to include deaths in the annual summary statistics until the cause of death had been definitely established.
- (iii) 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). # The change from ICD9 to ICD10 has had a particular impact on the coding of deaths from diseases of the respiratory system. For this reason, data for 2005 is not presented. The % change for these deaths for 2005-2014 therefore refers to 2009-2014.
- (iv) 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. Due to the implementation of the new European standard population, the age standardised mortality rates in Key Trends 2015 are not comparable with those stated in previous years' versions of Key Trends. For information on the change in methods see the Statistics section of the Department of Health website.

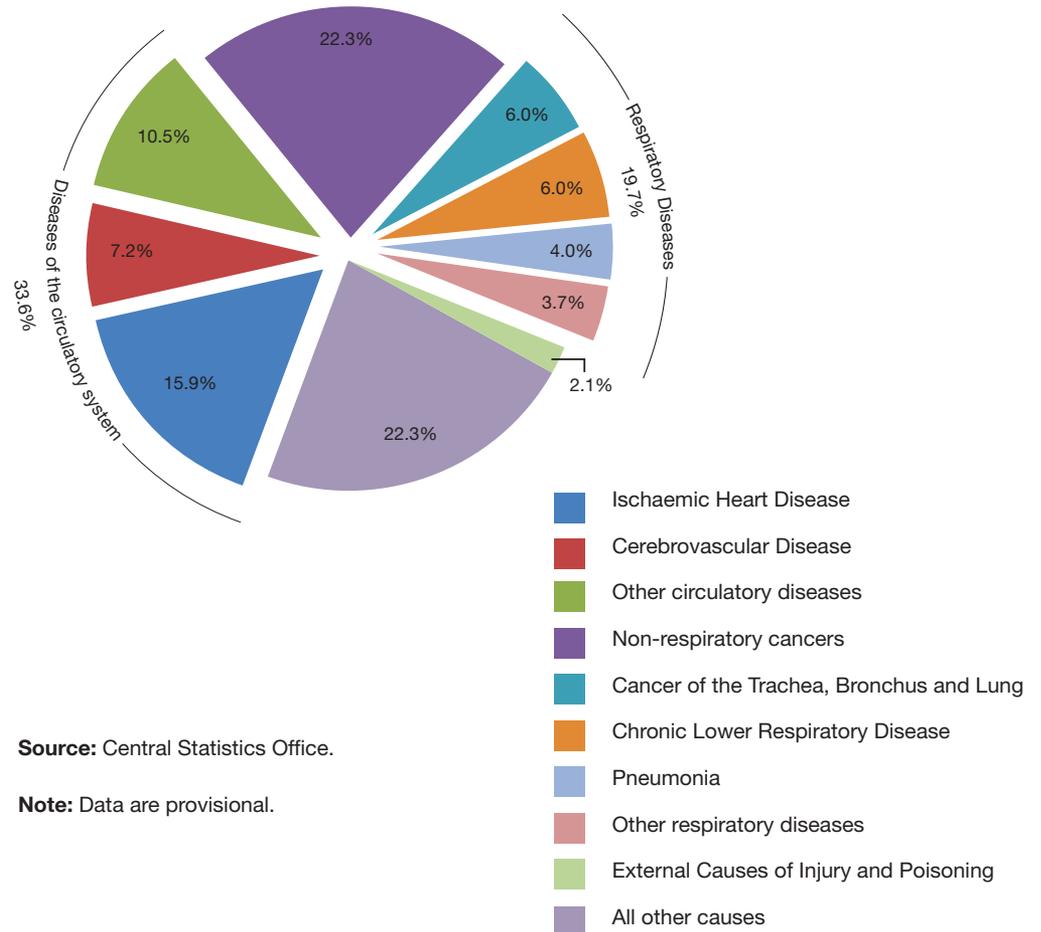
**FIGURE 2.3a**  
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2014, AGES 0-64



**Source:** Central Statistics Office.

**Note:** Data are provisional.

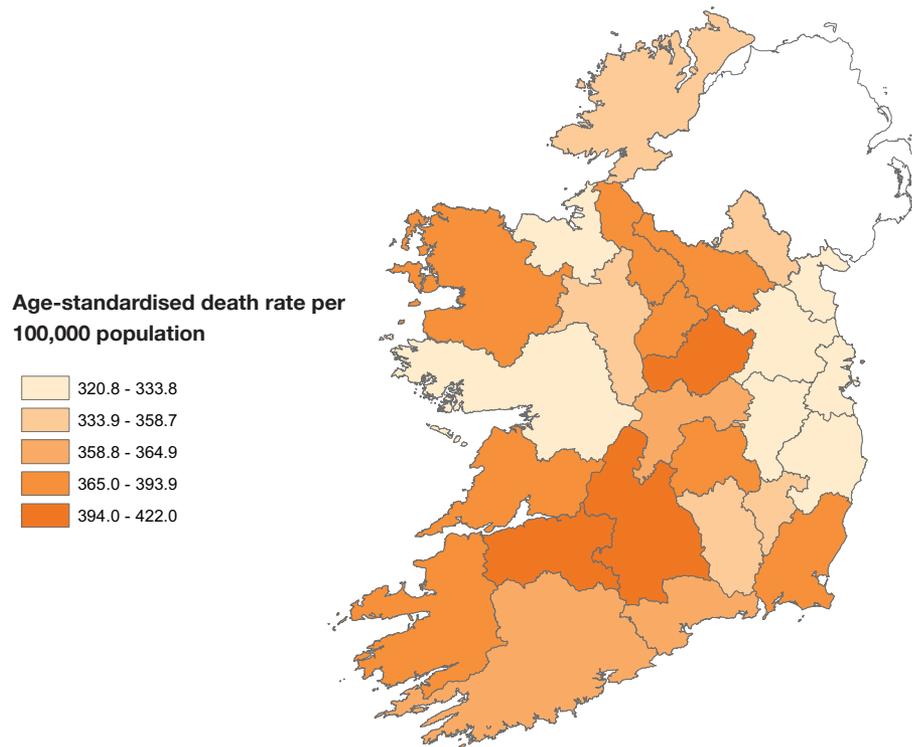
**FIGURE 2.3b**  
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2014, AGES 65 AND OVER



**Source:** Central Statistics Office.

**Note:** Data are provisional.

- Ischaemic Heart Disease
- Cerebrovascular Disease
- Other circulatory diseases
- Non-respiratory cancers
- Cancer of the Trachea, Bronchus and Lung
- Chronic Lower Respiratory Disease
- Pneumonia
- Other respiratory diseases
- External Causes of Injury and Poisoning
- All other causes

**FIGURE 2.4****5-YEAR AGE-STANDARDISED DEATH RATES FROM CIRCULATORY SYSTEM DISEASES, IRELAND, 2010-2014**

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

**Note:** Data is provisional.

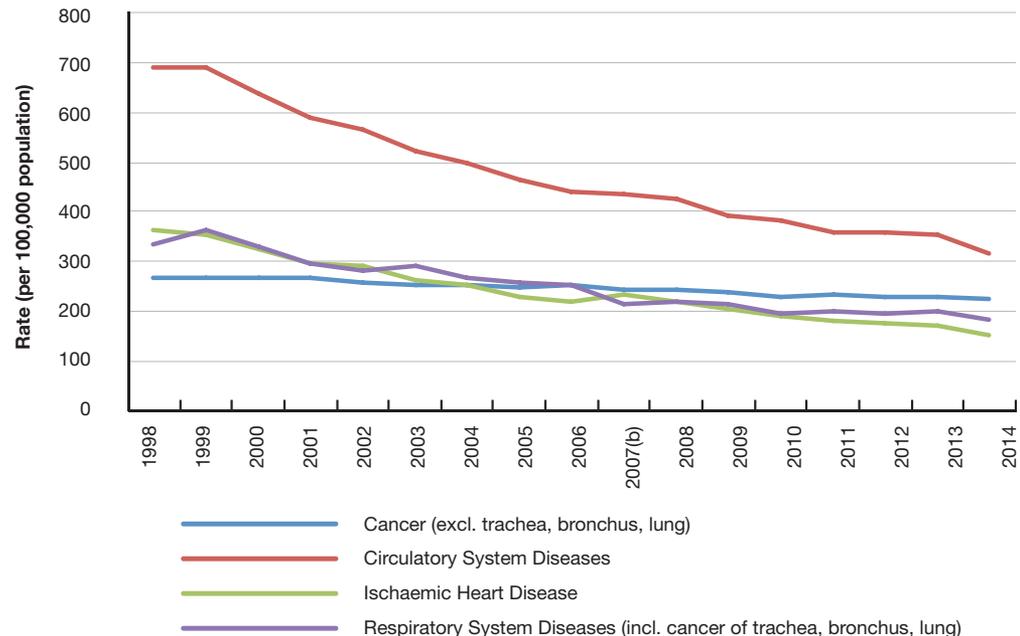
**TABLE 2.5**  
**AGE-STANDARDISED DEATH RATES PER**  
**100,000 POPULATION BY PRINCIPAL CAUSES**  
**OF DEATH, IRELAND AND EU-28, 2012**

Cause	Ireland	EU-28	% difference Ireland -EU
All causes	1042.8	1,035.1	0.7
Circulatory system diseases	357.8	394.2	-9.2
Non-respiratory cancers	229.2	211.7	8.3
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	197.1	139.2	41.6
External causes of injury and poisoning	40.9	46.7	-12.3

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

**Note:** Because of a change in statistical methods due to the implementation of the new European standard population, the age standardised mortality rates in Key Trends 2015 are not comparable with those stated in previous years' versions of Key Trends. For information on the change in methods see the Statistics section of the Department of Health website.

**FIGURE 2.5**  
**AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES, IRELAND, 1998-2014**



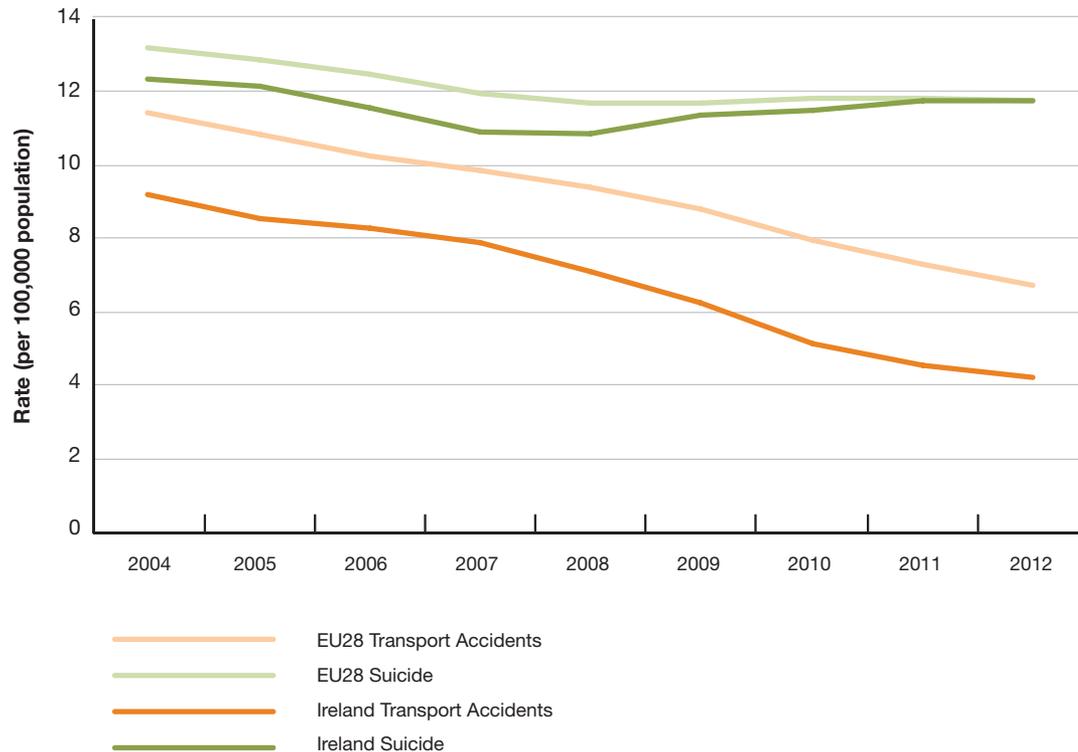
**Source:** Public Health Information System (PHIS) - Department of Health.

**Notes:**

- (i) See notes under Table 2.4.
- (ii) b - break in series. Due to a change in classification system used to determine underlying cause of death from ICD9 to ICD10 in 2007, caution should be used in comparing rates over time. In particular, the rate for respiratory diseases shows a decrease in 2007 which is largely due to this change.
- (iii) Because of a change in statistical methods due to the implementation of the new European standard population, the age standardised mortality rates in Key Trends 2015 are not comparable with those stated in previous years' versions of Key Trends. For information on the change in methods see the Statistics section of the Department of Health website.

**FIGURE 2.6**

**AGE-STANDARDISED DEATH RATE FOR SELECTED EXTERNAL CAUSES, IRELAND AND EU-28,  
3-YEAR MOVING AVERAGE 2004 TO 2012**

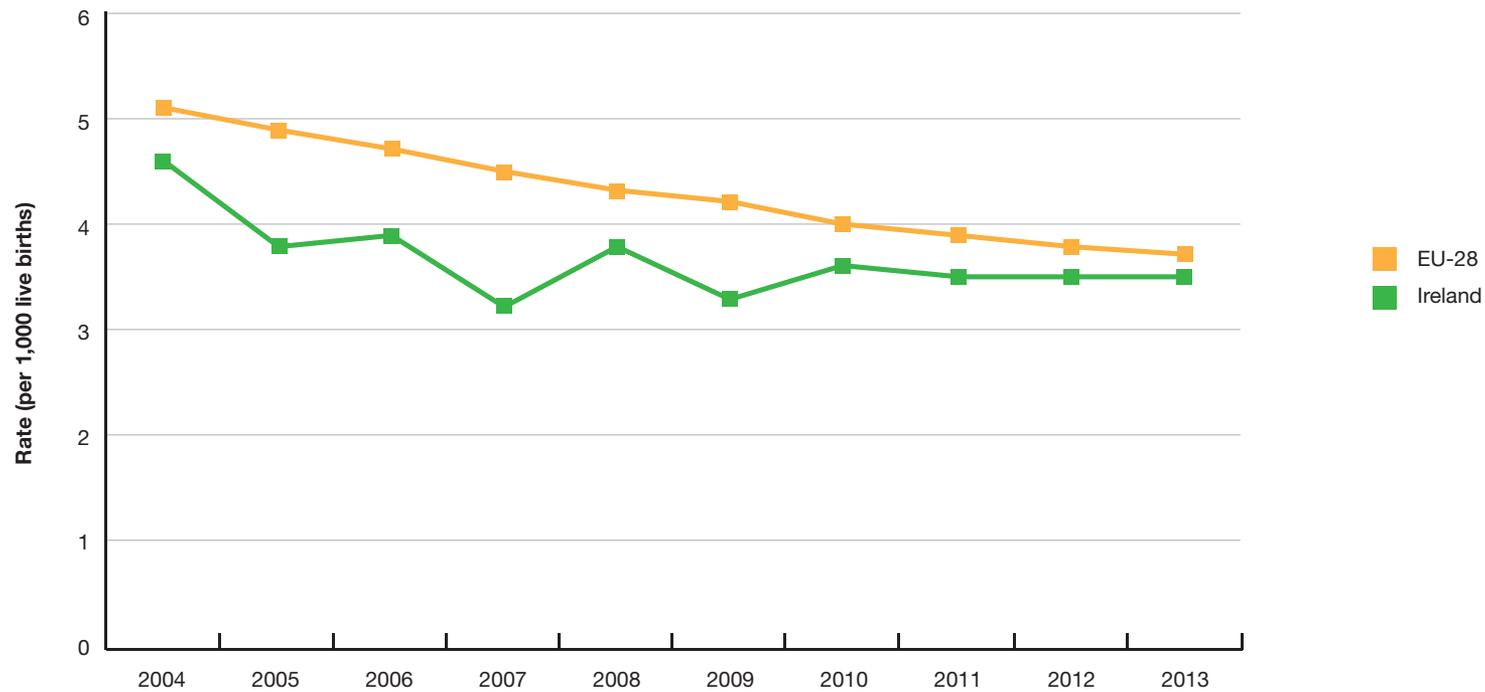


**Source:** Public Health Information System (PHIS) - Department of Health, Eurostat.

**Notes:**

- (i) 3-year moving average is the average of the rate for the previous 3 years.
- (ii) Because of a change in statistical methods due to the implementation of the new European standard population, the age standardised mortality rates in Key trends 2015 are not comparable with those stated in previous years' versions of Key Trends.

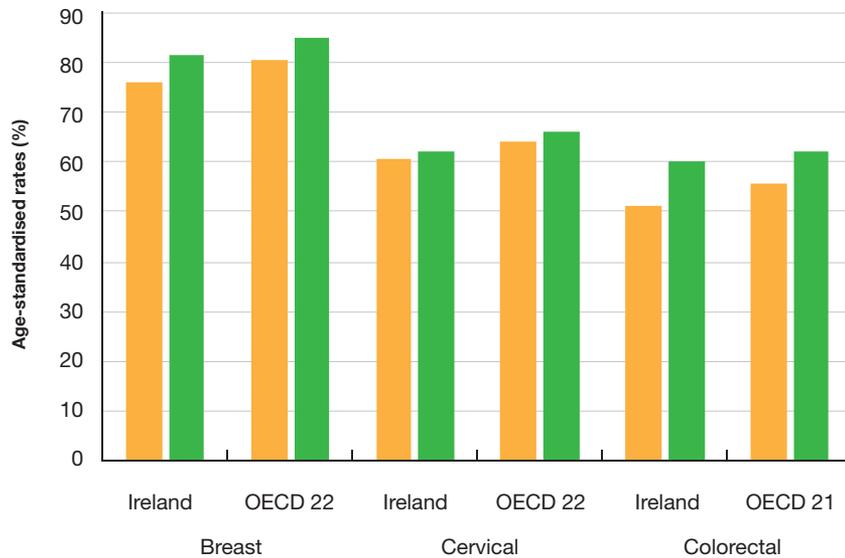
**FIGURE 2.7**  
**INFANT MORTALITY RATES, IRELAND AND EU-28, 2004 TO 2013**



Source: Eurostat.

**FIGURE 2.8**

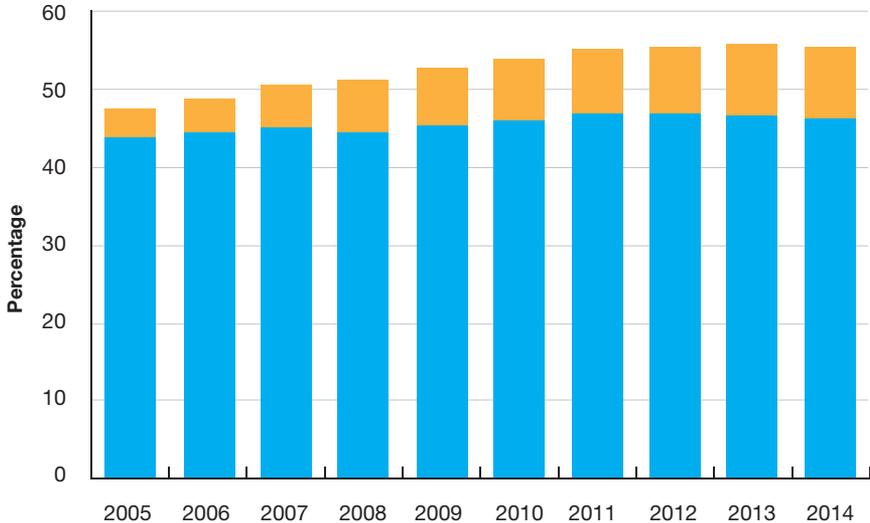
**5-YEAR RELATIVE SURVIVAL RATES FROM SELECTED CANCERS  
1998-2003 TO 2008-2013 OR LATEST AVAILABLE, IRELAND AND  
SELECTED OECD COUNTRIES**



**Source:** Health Care Quality Indicators, OECD.

- 1998-2003 (if available)
- 2008-2013 (or latest available)

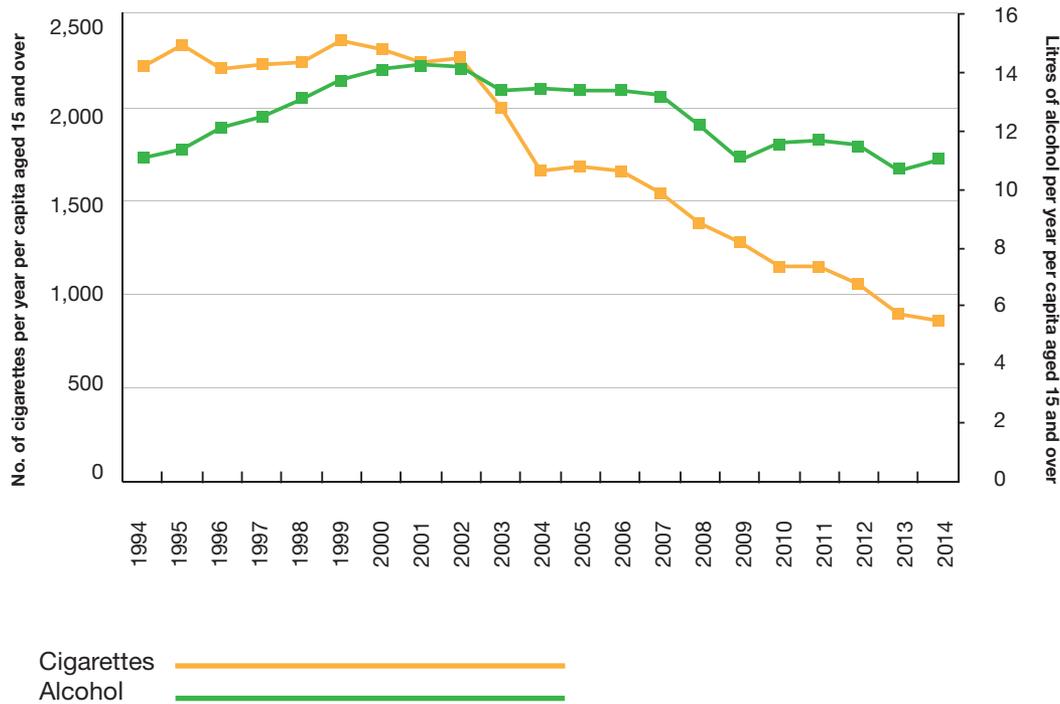
**FIGURE 2.9**  
**PERCENTAGE OF MOTHERS BREASTFEEDING AT TIME OF DISCHARGE FROM HOSPITAL BY FEEDING TYPE, 2005 TO 2014**



Source: National Perinatal Reporting System (NPRS), Healthcare Pricing Office (HPO).

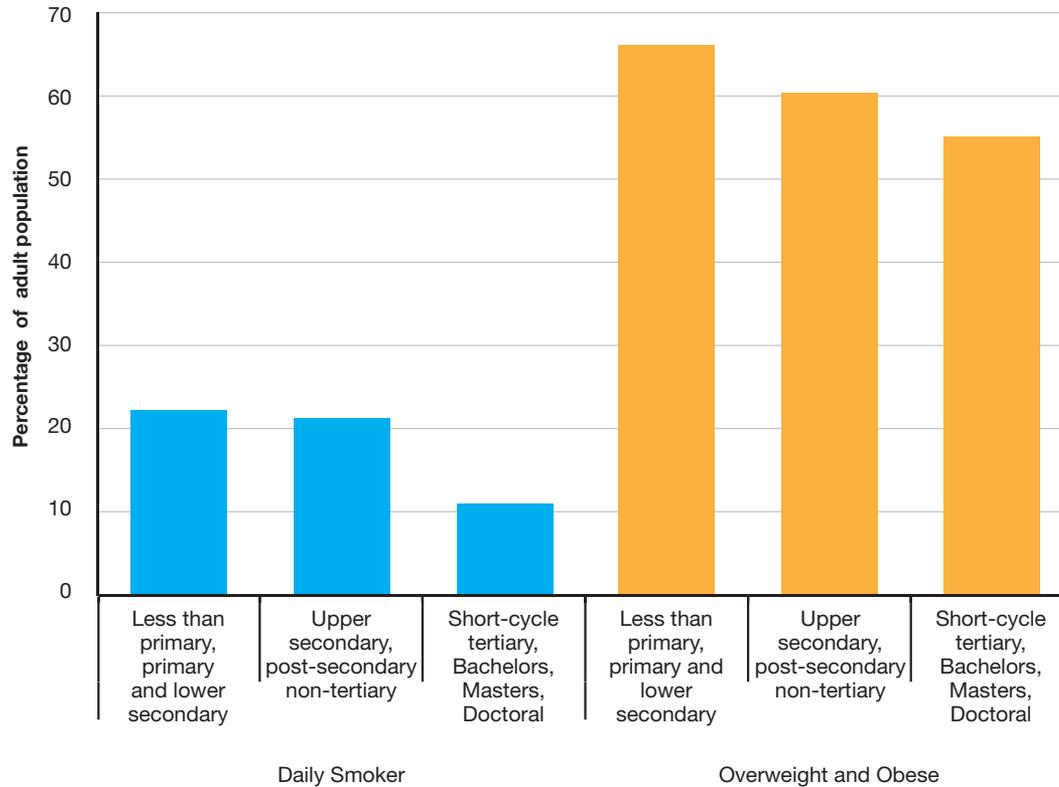
- Any breastfeeding
- Exclusively breastfed

**FIGURE 2.10**  
**ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA AGED 15 YEARS AND OVER, 1994 TO 2014**



**Source:** Revenue Commissioners, CSO (population data)

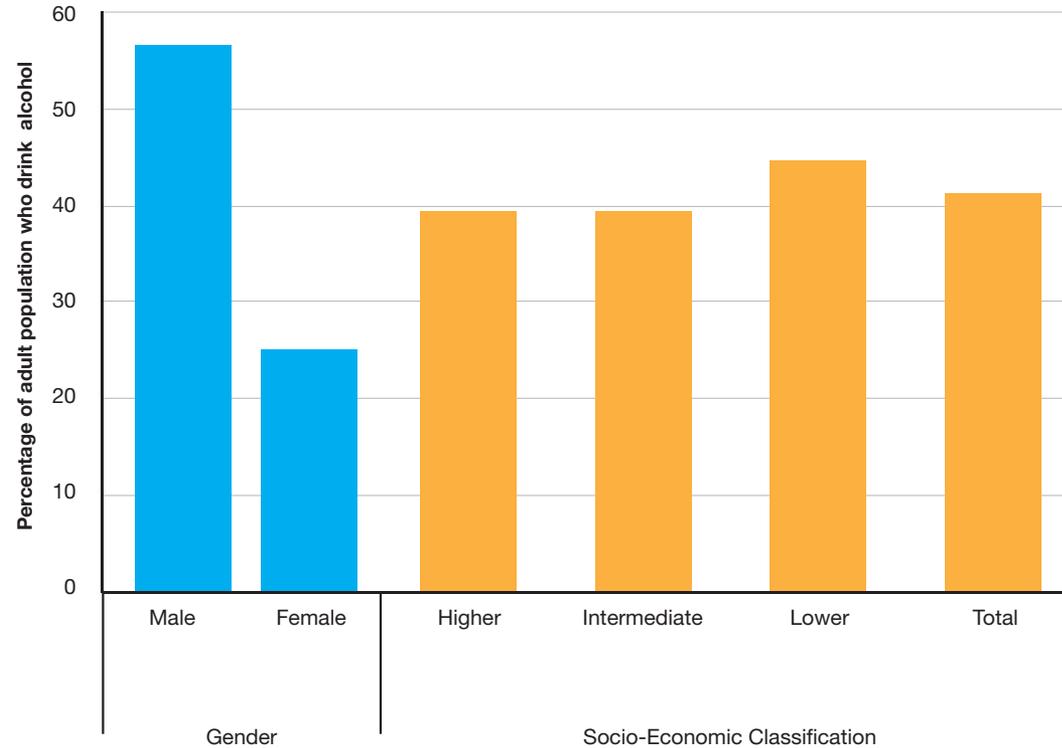
**Note:** Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits. Tobacco is measured in terms of sales of cigarettes recorded by the Revenue Commissioners.

**FIGURE 2.11****DAILY SMOKERS AND PERSONS CLASSIFIED AS OVERWEIGHT OR OBESE BY EDUCATIONAL ATTAINMENT, 2015**

Source: Healthy Ireland Survey 2015

**FIGURE 2.12**

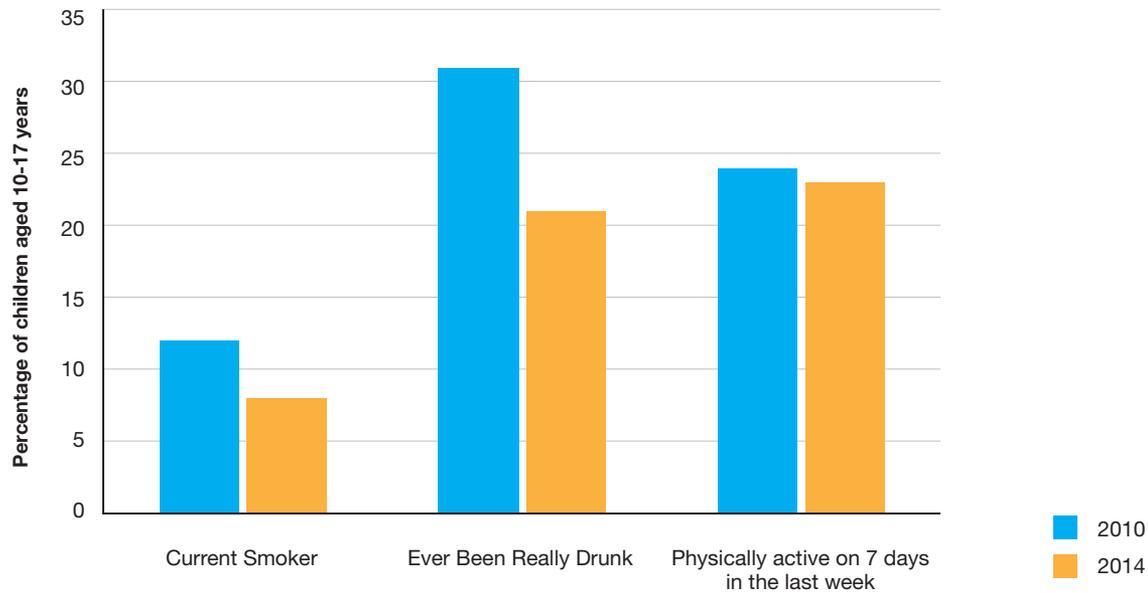
**RISKY SINGLE-OCCASION DRINKING (6 OR MORE STANDARD UNITS) AT LEAST ONCE PER MONTH IN THE PREVIOUS 12 MONTHS, BY GENDER AND SOCIO-ECONOMIC CLASSIFICATION, 2015**



**Source:** Healthy Ireland Survey 2015

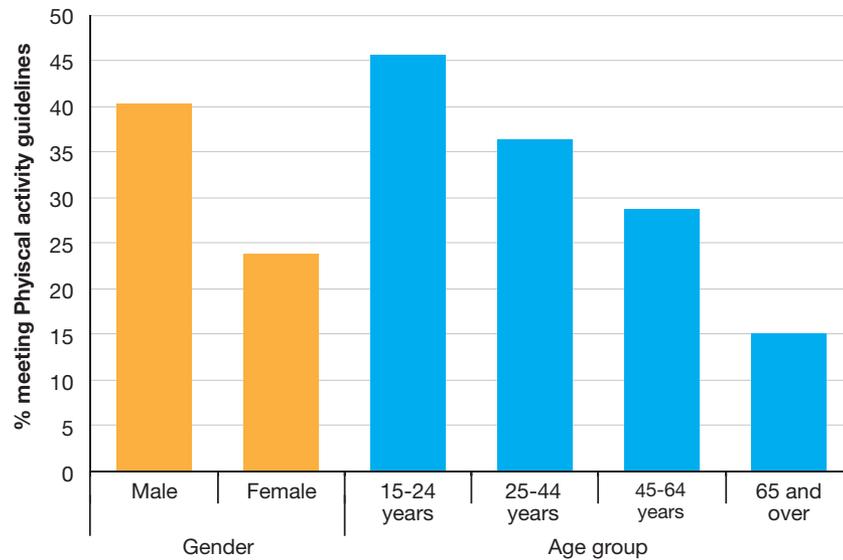
**Notes:**

- (i) Risky single-occasion drinking was defined as six or more standard drinks.
- (ii) Sample refers to those who regularly drink alcohol (n= 5694) according to the Healthy Ireland Survey and excludes those who never drink alcohol/abstain (n=1,845)

**FIGURE 2.13****CHILD HEALTH BEHAVIOURS IN SMOKING, ALCOHOL AND PHYSICAL ACTIVITY IN IRELAND, 2010 AND 2014**

**Source:** Irish Health Behaviour in School-aged Children (HBSC) Study 2014

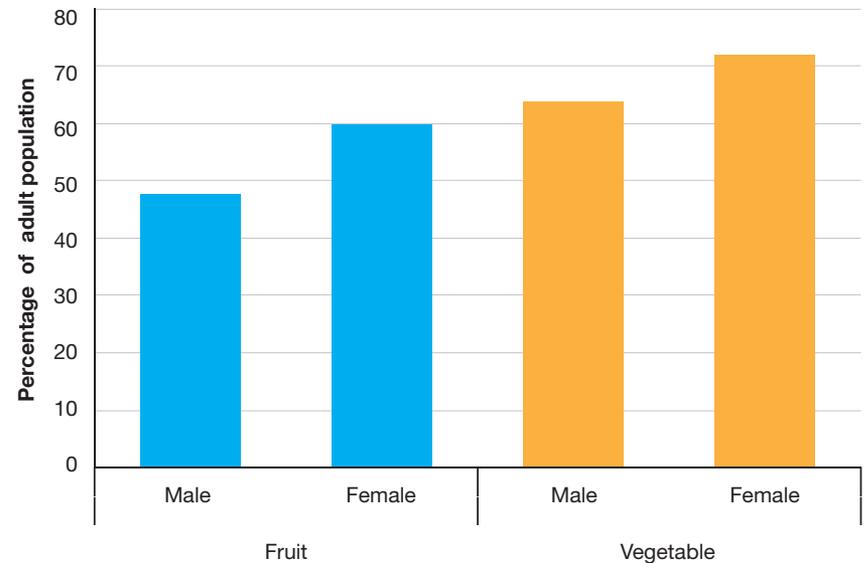
**FIGURE 2.14**  
**PERCENTAGE OF PEOPLE MEETING MINIMUM**  
**PHYSICAL ACTIVITY REQUIREMENTS, BY AGE GROUP**  
**AND GENDER, 2015**



**Source:** Healthy Ireland Survey 2015

**Note:** People meeting minimum physical activity requirements categorised as 'high' under International Physical Activity Questionnaire (IPAQ).

**FIGURE 2.15**  
**EATS AT LEAST ONE SERVING OF FRUIT OR VEGETABLE PER**  
**DAY BY GENDER, 2015**



**Source:** Healthy Ireland Survey 2015

# 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 more efficient delivery of care. 61% of all hospital admissions are now for daycase treatment, a proportion that has remained steady since 2010 (see Table 3.1). Despite the rise in daycases, the average length of stay for the remaining inpatients for 2014 has remained stable. This represents a reduction of 14.3% since 2005 (see Table 3.1). Figure 3.1 shows an increase in the rate of adult in-patient and day case discharges between 2006 and 2014. The most pronounced increases can be seen in the older age groups (see Figure 3.1).

Figures 3.2 and 3.3 show monthly trends since December 2014 in numbers waiting, respectively, for elective procedures and for outpatient appointments. In terms of elective procedures, for adults (waiting more than 8 months) there has been a reduction in the numbers waiting since August 2015. For children (waiting more than 20 weeks) the number waiting for elective procedures increased throughout the year until October 2015. There has been a slight decrease in the numbers of children waiting in November (See Figure 3.2). With respect to outpatient appointments, the number of people waiting longer than 52 weeks was increasing to May 2015 and has reduced since then.

The number of people waiting on trolleys in emergency departments is illustrated in Figure 3.4. The 30-day moving average has seen a higher seasonal increase in the numbers of patients waiting on trolleys up to July 2015, when the year-on-year increase measured 42%, but this trend has gradually reversed since July and as of 4 December 2015, the 30-day moving average is 3% below the level recorded at the same point in 2014.

Data on the numbers and type of transplants carried out in Ireland over the last decade are presented in Figures 3.5 and 3.6.

Psychiatric hospital admissions have gradually declined in recent decades. During the most recent ten year period (i.e. 2005 to 2014), they have fallen by 16% (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. According to the most recent census of Irish psychiatric units and hospitals, there were 2,401 patients resident in these units on the census date in 2013. This is almost 15% lower than the number recorded in 2010 (see Table 3.2).

**TABLE 3.1**  
**ACUTE HOSPITAL SUMMARY STATISTICS, 2005 TO 2014**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
<b>IN-PATIENTS</b>												
Acute Beds	12,094	12,110	12,123	11,847	11,538	11,159	10,849	10,492	10,411(b)	10,480	-13.3	0.7
In-Patients Discharges	555,767	574,398	593,357	592,133	583,488	583,017	583,053	616,934	615,211	622,763	12.1	1.2
Bed Days Used	3,518,299	3,551,249	3,602,505	3,572,676	3,479,835	3,441,538	3,334,248	3,351,489	3,332,974	3,380,587	-3.9	1.4
% Bed Days Used by Patients Aged 65+	48.7	48.2	47.3	47.6	48.3	49.4	49.3	49.9	50.9	51.5	5.8	1.1
Average Length of Stay in Days	6.33	6.18	6.07	6.03	5.96	5.90	5.72	5.43	5.42	5.43	-14.3	0.2
Surgical In-Patients	138,670	141,395	145,771	143,431	140,694	139,269	134,654	135,202	134,022	134,118	-3.3	0.1
<b>DAY CASES</b>												
Beds	1,253	1,418	1,545	1,737	1,772	1,857	1,936	2,049	2,021	2,006	41.4	-0.8
Day Cases	442,785	661,638(b)	718,276	770,617	819,254	857,654	883,422	915,254	931,381	957,258	44.7	2.8
% Day Cases Aged 65+	28.0	33.7(b)	33.4	33.8	35.3	36.3	36.1	36.4	37.0	37.7	11.9	1.8
Surgical Day Cases	84,232	86,948	92,213	98,841	107,465	115,846	127,544	138,686	142,728	148,072	75.8	3.7
<b>TOTAL DISCHARGES</b>												
In-Patients and Day Cases	998,552	1,236,036(b)	1,311,633	1,362,750	1,402,742	1,440,671	1,466,475	1,532,188	1,546,592	1,580,021	27.8	2.2
Daycases as a % of Total Discharges	44.3	53.5(b)	54.8	56.5	58.4	59.5	60.2	59.7	60.2	60.6	13.2	0.6
<b>Emergency Department Attendances</b>												
Emergency Department Attendances	1,249,659	1,245,001	1,296,091	1,150,674	1,253,178	1,232,908	1,226,820	1,278,522	1,252,685	1,217,572	-2.6	-2.8
<b>Out-patient Attendances</b>												
Out-patient Attendances	2,453,000	2,796,331	3,087,448	3,288,917	3,419,705	3,583,290	n/a	2,355,030	3,071,995	3,206,056	-	-

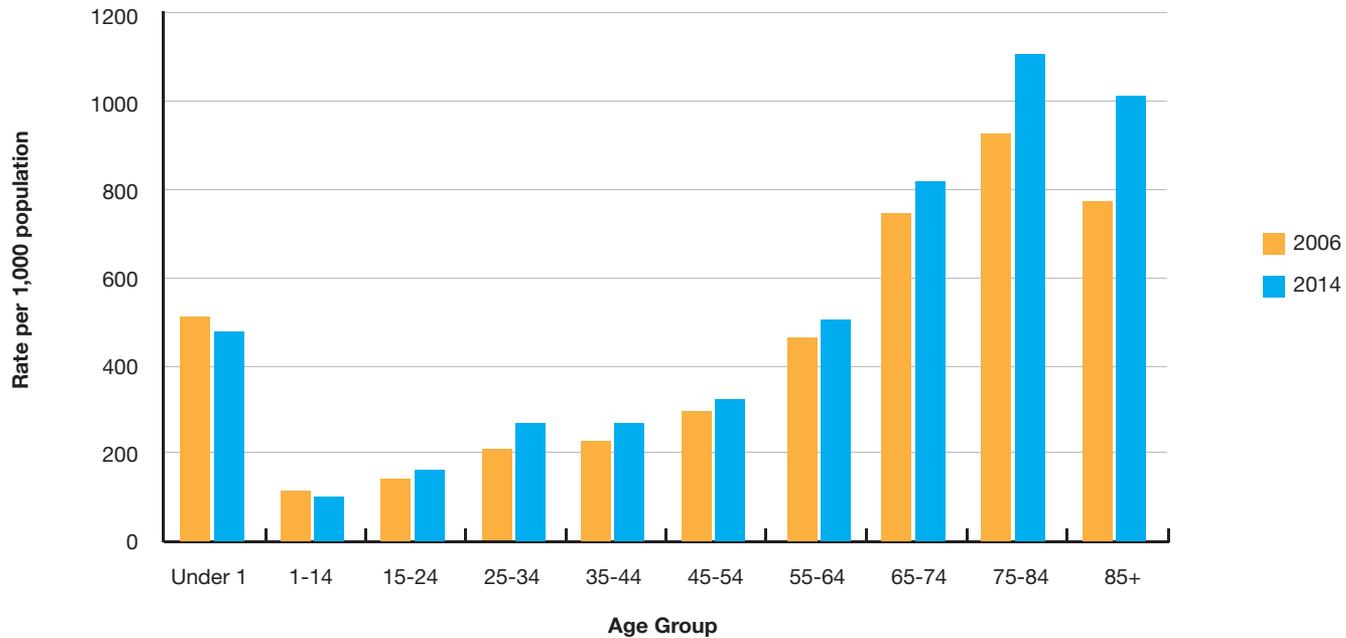
**Sources:** In-patient & Day Case Activity data: Hospital In-Patient Enquiry (HIPE).

Beds, Emergency Department, Out-patient data: Integrated Management Returns 2005, Health Service Executive 2006 - 2014.

- Notes:**
- (i) b: break in series. 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 and so are not included in the data for 2005 shown above. For this reason the percentage change figures for Day Cases, % Day Cases Aged 65+, In-patients and Day Cases, and Daycases as a % of Total Discharges refer to the percentage change from 2006 to 2014.
  - (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 data have not been fully reported for all years.
  - (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) From 2012, data on discharges includes additional activity in acute medical assessment units (AMAUs) which would previously have 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.
  - (vii) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments.
  - (viii) Outpatient data for 2011 was not available due to the development of a reformed set of OPD data.
  - (ix) For 2012, outpatient data refers only to consultant delivered activity. From 2013, data on Outpatient attendances includes nurse led clinics and maternity hospitals. In 2014 Nurse-Led OPD clinics were also included. For these reasons, the change over time in the number of attendances should be viewed with caution. % change is therefore not presented.
  - (x) b: break in series. The average number of psychiatric beds are not available from 2013 for Cork University Hospital, Galway University Hospitals, Kerry General and Roscommon County Hospital. Therefore the % change in the number of inpatient beds should be viewed with caution.

**FIGURE 3.1**

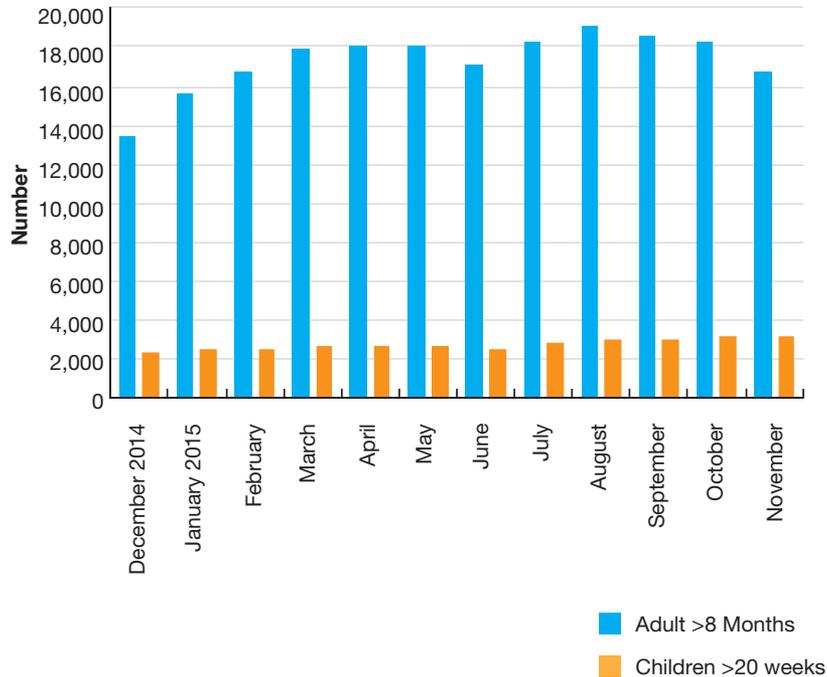
**TOTAL NUMBER OF IN-PATIENT AND DAY CASE DISCHARGES BY AGE GROUP IN ACUTE HOSPITALS PER 1,000 POPULATION, 2006 AND 2014**



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

**Note:** Refer also to notes under Table 3.1.

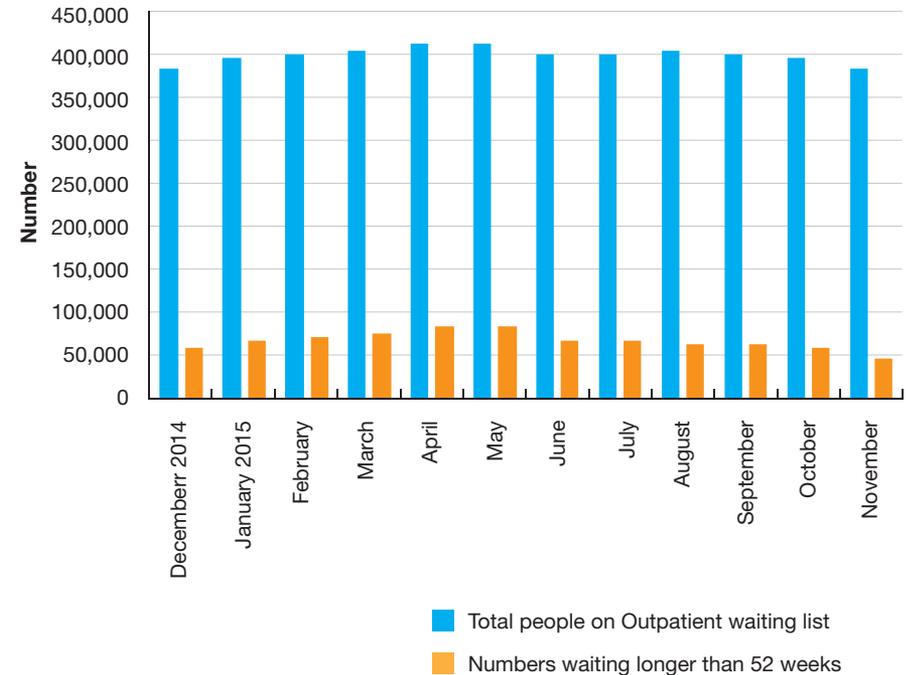
**FIGURE 3.2**  
**NUMBERS OF ADULTS AND CHILDREN WAITING FOR INPATIENT AND DAYCASE ELECTIVE PROCEDURES, DECEMBER 2014 - NOVEMBER 2015**



**Source:** National Treatment Purchase Fund.

**Notes:** Excludes patients waiting for GI endoscopy.

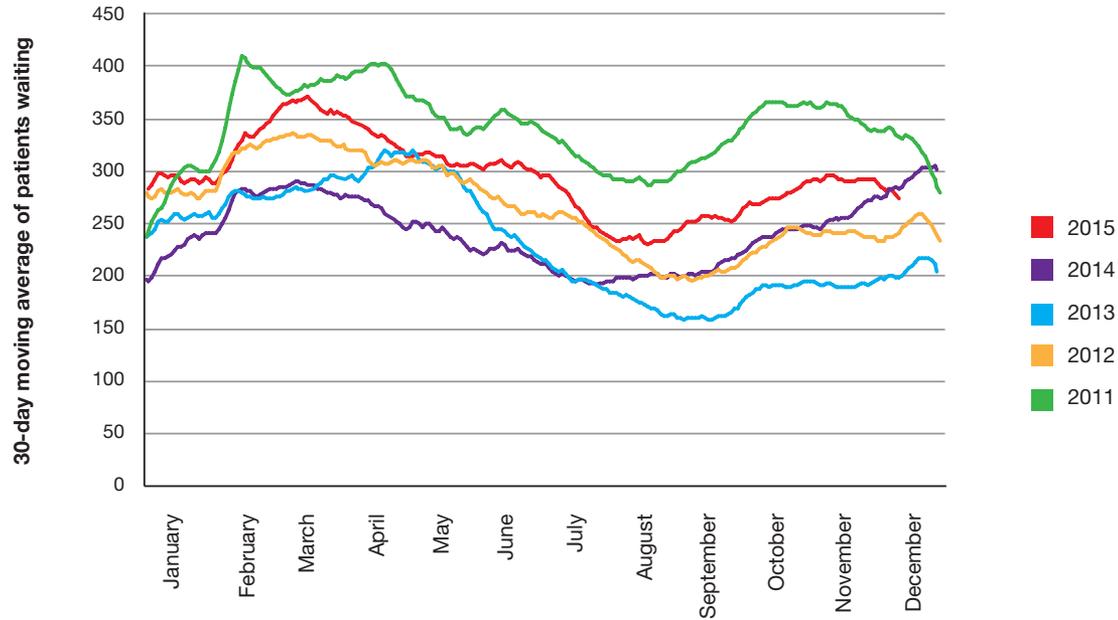
**FIGURE 3.3**  
**NUMBER OF PEOPLE WAITING LONGER THAN 52 WEEKS FOR AN OUTPATIENT APPOINTMENT AND TOTAL NUMBER OF PEOPLE ON OUTPATIENT WAITING LIST, 2014-2015**



**Source:** National Treatment Purchase Fund

FIGURE 3.4

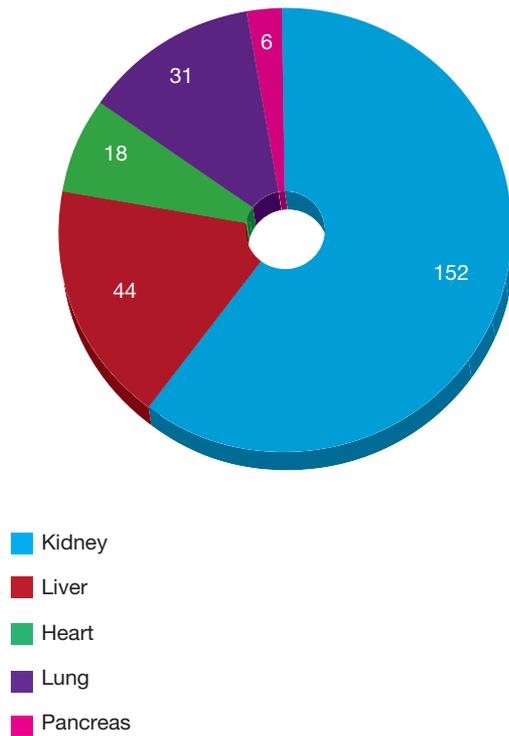
**NATIONAL 30-DAY MOVING AVERAGE OF ADMITTED PATIENTS WAITING ON TROLLEYS IN EMERGENCY DEPARTMENTS IN PUBLIC ACUTE HOSPITALS, 2011-2015**



**Source:** Irish Nurses and Midwives Organisation.

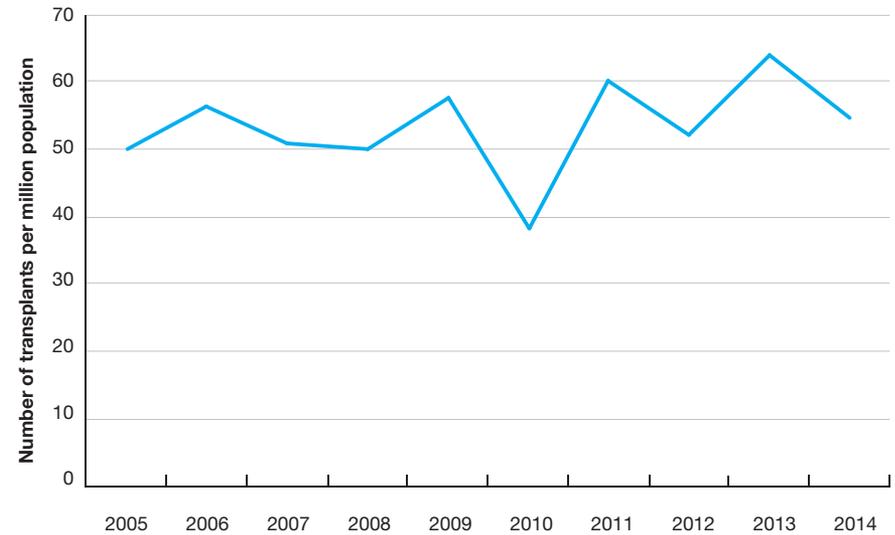
**Note:** Data refers to Monday-Friday only excluding public holidays.

**FIGURE 3.5**  
**NUMBER OF TRANSPLANTS IN IRELAND BY TYPE, 2014**



**Source:** National Organ Donation and Transplantation Office, HSE.

**FIGURE 3.6**  
**TOTAL TRANSPLANTS IN IRELAND PER MILLION POPULATION, 2005-2014**



**Source:** National Organ Procurement Service and National Organ Donation and Transplantation Office, HSE.

TABLE 3.2

## PSYCHIATRIC HOSPITALS AND UNITS SUMMARY STATISTICS, 2005 TO 2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
<b>Number of In-Patient Admissions</b>	21,253	20,288	20,769	20,752	20,195	19,619	18,992	18,173	18,457	17,797	-16.3	-3.6
% Male	50.9	50.6	49.9	49.7	50.1	50.2	50.5	50.2	49.4	49.6	-2.5	0.5
% Female	49.1	49.4	50.1	50.3	49.9	49.8	49.5	49.8	50.6	50.4	2.6	-0.5
<b>Admission Rate per 100,000 Population by Age Group</b>												
<25 years	168.7	159.6	162.6	159.8	155.5	159.4	140.1	131.3	148.0	144.6	-14.2	-2.2
25-44	690.3	637.1	635.4	618.5	587.7	571.1	536.4	515.8	518.7	506.7	-26.6	-2.3
45-64	795.3	723.3	717.5	697.5	661.6	636.4	604.0	590.3	573.6	546.3	-31.3	-4.8
65+	584.2	571.5	548.2	543.8	551.9	499.1	509.3	464.9	476.1	450.3	-22.9	-5.4
<b>Total</b>	514.0	479.2	478.6	469.1	452.9	438.8	413.9	396.1	401.8	387.5	-24.6	-3.6
<b>Total of In-Patient Census</b>	<b>3,475</b>	<b>3,389</b>	<b>3,314</b>	-	-	<b>2,812</b>	-	-	<b>2,401</b>	-	<b>*-30.9</b>	<b>*-14.6</b>

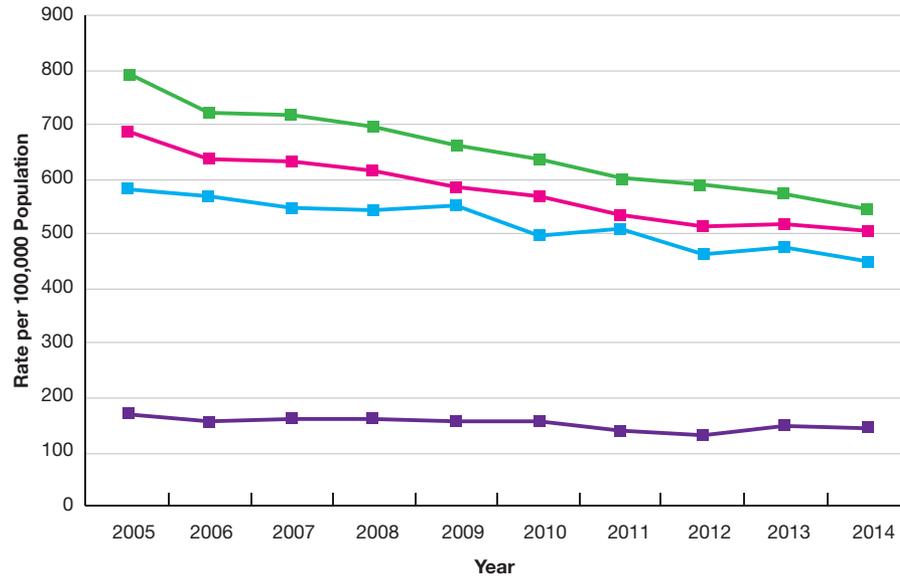
**Source:** Health Research Board and Mental Health Commission.

**Notes:** (i) Populations used to compute admission rates for 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) \*From 2010, the in-patient census is carried out every 3 years. The 2005-2014 % change and the 2013-2014 % change, therefore, relates to years 2005-2013 and 2010-2013 respectively.

FIGURE 3.7

**PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER 100,000 POPULATION BY AGE GROUP, 2005 TO 2014**

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 extensive and diverse range of services. The primary care sector includes General Practitioner (GP) care, community mental health and disability services, dental treatment, public health nursing, preventative services such as immunisation 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 show both volume and population-based rate have started to decrease since 2012 (see Table 4.1). By the end of 2014, 38% of the population had a medical card compared with 28% in 2005. Increases in medical card coverage by age group since 2006 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. The number of persons treated under the dental and ophthalmic schemes has increased by 80% and 82% since 2005.

Results of the Healthy Ireland Survey 2015 showing the average number of GP visits by Medical and GP Visit Card holders are shown in Figure 4.3. Medical Card holders have the highest number of average visits at 6.3 visits per year. The number of visits to a GP also increases with age, with those aged 65 and over attending most frequently.

Figure 4.4 displays trends since 2005 in numbers of prescription items dispensed and the average cost per prescribed item. In 2014 the number of prescription items and the average cost per item decreased by 4.2% and 5.3% respectively compared with 2013.

Figure 4.5 shows that the proportion of the population covered by private health insurance (42%) has declined by around 5% since 2009. 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 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. In 2014, 49% of all residents were over the age of 85 years compared with almost 42% in 2005 (see Table 4.2 and Figure 4.6). 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 4.3 and show improvements in uptake rates across most categories over the period since 2005.

Data on people with a physical and/or sensory disability are set out in Table 4.4. This is based on the numbers of people registered with the National Physical and Sensory Disability Database (NPSDD). The table shows a decline in the numbers of people registered between 2013 and 2014. The data show that of all persons

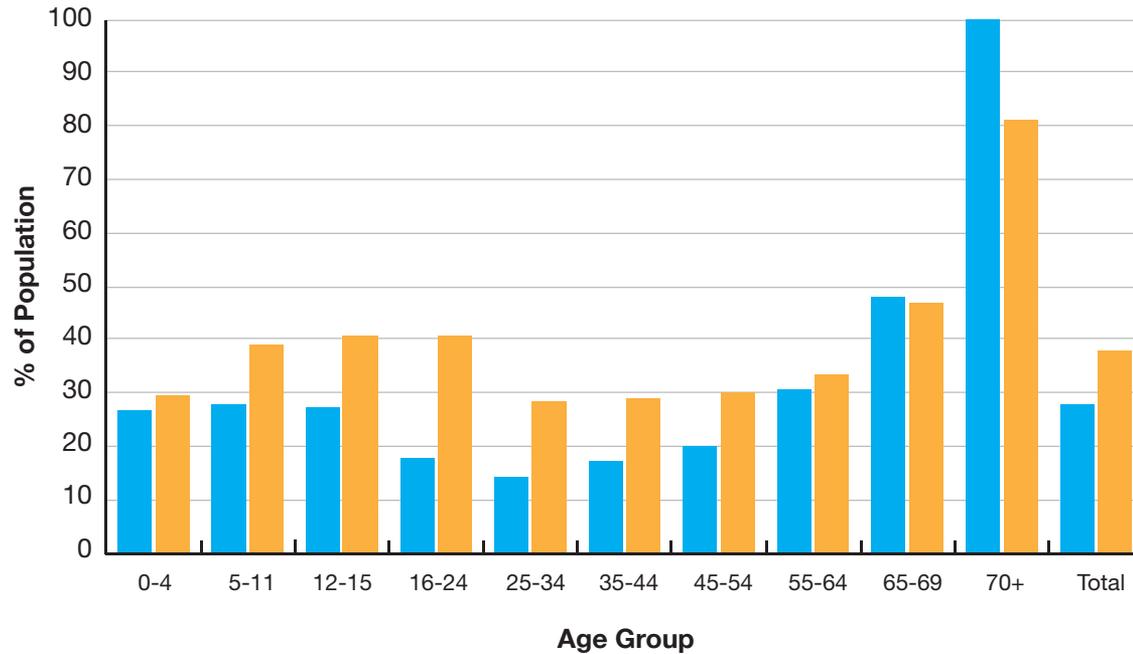
registered in 2014, 54% had a physical disability only; 19% had a single form of sensory disability (i.e. either hearing, visual, or primary speech and language); the remaining 26% had multiple disabilities.

People in receipt of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD) (see Table 4.5). Since 2005, the numbers of persons availing of day services who are day attendees has increased by 23% and the numbers who are full time residents have decreased slightly since 2005. 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 4.6 on numbers of cases in treatment for problem drug use. There was an increase in numbers of cases treated of almost 52% between 2005 and 2014. The number of new entries into treatment also increased, but by a larger proportion (70%).

FIGURE 4.1

## PERCENTAGE OF POPULATION WITH A MEDICAL CARD BY AGE GROUP, 2006 AND 2015



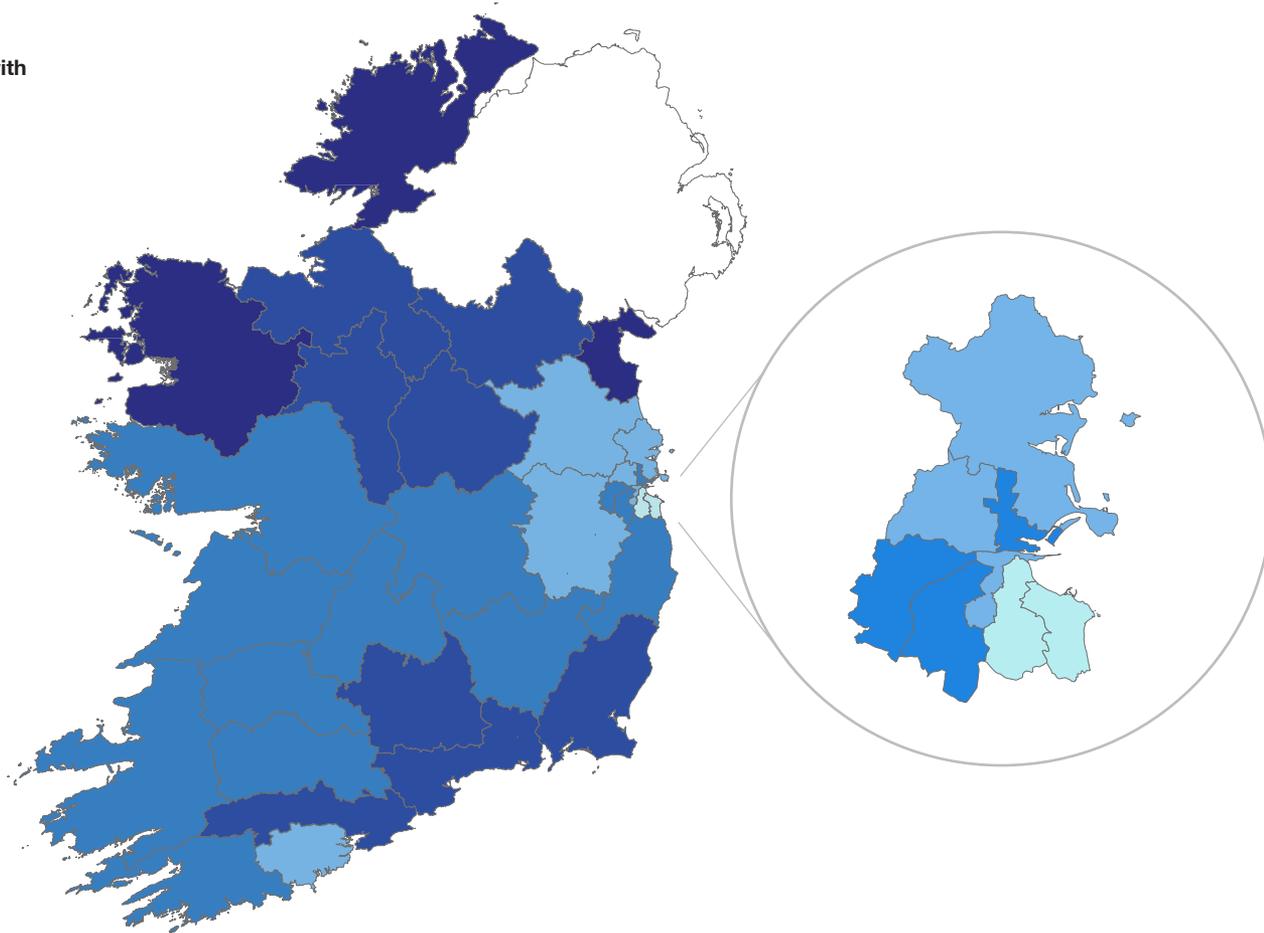
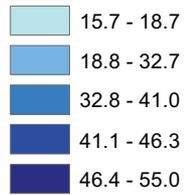
■ 2006  
■ 2015

**Source:** Primary Care Reimbursement Service. CSO for denominator data.

**Note:** Data refer to April each year and exclude GP visit cards.

**FIGURE 4.2**  
**PERCENTAGE OF TOTAL POPULATION WITH A MEDICAL CARD BY LOCAL HEALTH OFFICE, 2015**

Percentage of population with a medical card



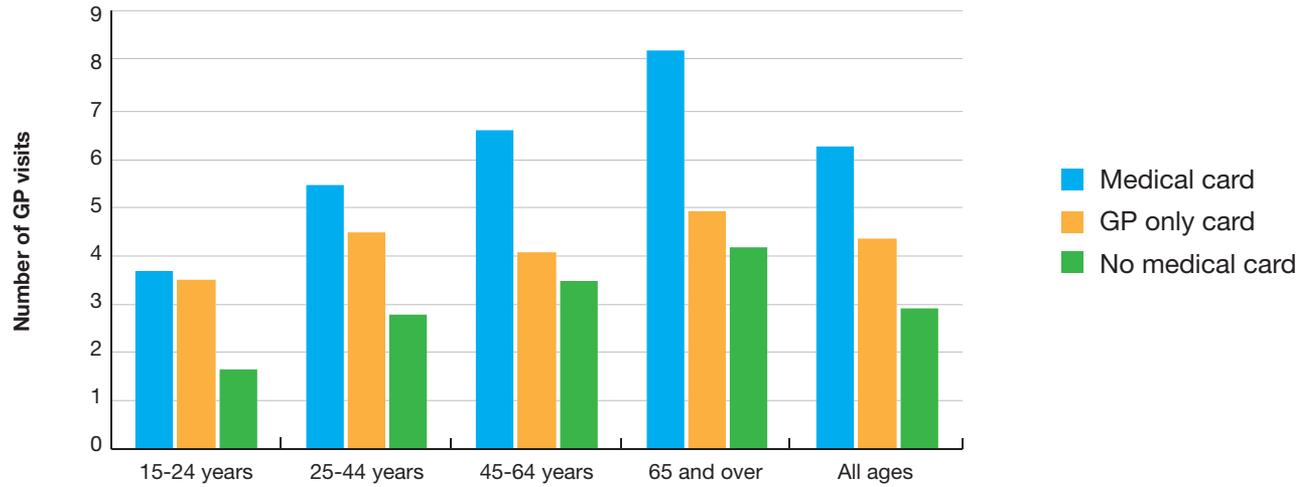
**TABLE 4.1**  
**PRIMARY CARE REIMBURSEMENT SERVICE SCHEMES, 2005 TO 2014**

Scheme	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change		
											2005-2014	2013-2014	
<b>Medical Card</b>													
Number	1,155,727	1,221,695	1,276,178	1,352,120	1,478,560	1,615,809	1,694,063	1,853,877	1,849,380	1,768,700		53.0	-4.4
% of population	28.0	28.8	29.2	30.1	32.6	35.5	37.0	40.4	40.3	38.4		37.2	-4.6
of which 0-15 years	241,223	262,829	278,419	299,666	335,297	370,354	388,098	432,082	427,961	403,027		67.1	-5.8
% of 0-15 years	26.5	28.5	29.6	30.9	33.8	36.5	37.6	41.0	40.1	37.0		39.6	-7.8
<b>GP Visit Card</b>													
Number	5,079	51,760	75,589	85,546	98,325	117,423	125,657	131,102	125,426	159,576		208.3	27.2
% of population	0.1	1.2	1.7	1.9	2.2	2.6	2.7	2.9	2.7	3.5		185.5	26.9
<b>Drugs Payments Scheme</b>													
Number	1,478,650	1,525,657	1,583,738	1,624,413	1,587,448	1,557,048	1,518,241	1,463,388	1,399,959	1,332,817		-9.9	-4.8
% of population	35.8	36.0	36.2	36.2	35.0	34.2	33.2	31.9	30.5	28.9		-19.2	-5.2
<b>Long-term Illness Scheme</b>													
Number	99,280	106,307	112,580	120,407	127,636	134,926	142,585	150,598	158,924	196,902		98.3	23.9
% of population	2.4	2.5	2.6	2.6	2.8	3.0	3.1	3.3	3.5	4.3		78.0	22.0
<b>Dental</b>													
Number of treatments	1,069,402	1,095,919	1,078,878	1,195,945	1,584,598	1,408,686	1,030,032	1,198,124	1,310,773	1,312,383		22.7	0.1
Number of persons treated	242,865	256,263	258,167	271,731	343,067	382,404	347,773	394,399	435,292	436,433		79.7	0.3
<b>Ophthalmic</b>													
Number of treatments	417,533	464,623	493,504	530,282	564,606	637,850	675,841	730,629	758,275	756,305		81.1	-0.3
Number of persons treated	175,093	192,619	210,079	222,567	238,844	269,076	279,505	307,522	317,218	317,731		81.5	0.2

Source: Primary Care Reimbursement Service, HSE

**Notes:**

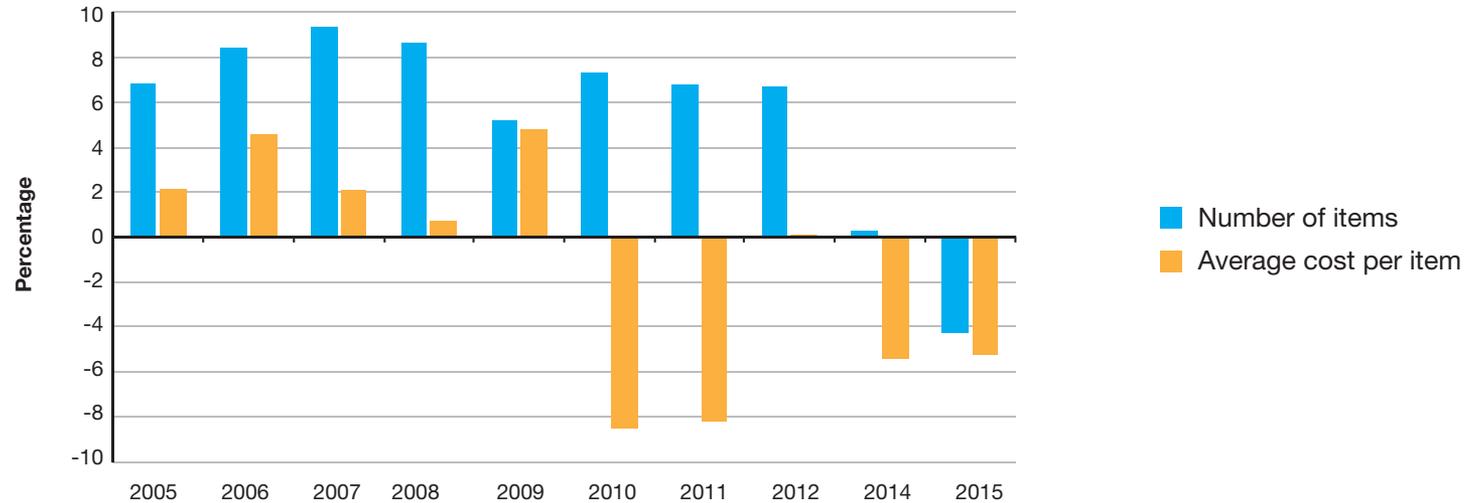
- (i) The GP Visit Card Scheme was first implemented mid-2005. The % change therefore refers to 2006-2014.
- (ii) Data as at 31st December each year.
- (iii) Data for 2014 is provisional.

**FIGURE 4.3****AVERAGE NUMBER OF GP VISITS BY MEDICAL CARD AND GP ONLY CARD, 2015**

Source: Healthy Ireland Survey 2015

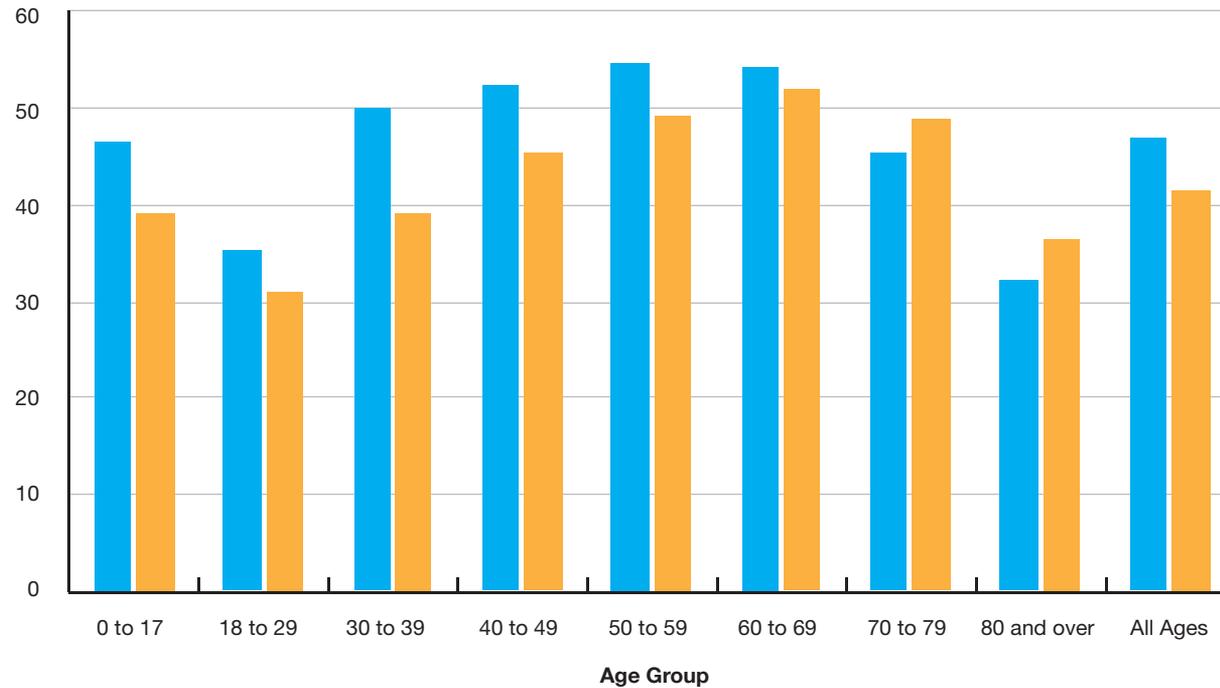
**FIGURE 4.4**

**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, 2005 TO 2014**



**Source:** Primary Care Reimbursement Service, HSE.

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

**FIGURE 4.5****PERCENTAGE OF POPULATION COVERED BY PRIVATE HEALTH INSURANCE IN IRELAND BY AGE GROUP, 2009 AND 2014**

Source: Health Insurance Authority.

■ 2009  
■ 2014

**TABLE 4.2**  
**LONG-STAY CARE SUMMARY STATISTICS, 2005 TO 2014**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
<b>Number of Beds</b>	21,478	24,253	24,029	25,209	20,891	22,998	22,906	21,875	23,036	23,002	-	-
<b>Number of Patients Resident at 31/12</b>	19,320	21,455	21,595	22,613	18,654	21,048	20,770	20,038	21,676	21,486	-	-
<b>% of Beds Occupied</b>	90.0	88.5	89.9	89.7	89.3	91.5	90.7	91.6	94.2	93.4	3.8	-0.8
<b>Age Distribution (as % of total)</b>												
<b>Under 40</b>	0.6	1.5	1.7	1.7	1.1	0.8	0.7	0.8	0.4	0.3	-50.0	-25.0
<b>40-64</b>	5.0	6.2	6.1	5.7	5.5	5.4	5.2	5.4	5.0	4.7	-6.0	-6.0
<b>65-69</b>	4.4	4.5	3.9	3.6	3.8	3.7	4.0	4.3	4.2	4.1	-6.8	-2.4
<b>70-74</b>	8.6	8.1	8.1	7.7	7.5	7.6	7.2	7.2	7.4	7.1	-17.4	-4.1
<b>75-79</b>	15.5	14.6	14.0	14.0	13.9	13.4	13.5	13.3	13.2	12.9	-16.8	-2.3
<b>80-84</b>	24.2	23.0	22.4	22.4	22.2	22.0	21.6	21.3	21.4	20.8	-14.0	-2.8
<b>85+</b>	41.5	42.0	43.9	44.9	46.2	47.2	47.8	47.5	48.4	49.2	18.6	1.7
<b>Age Unknown</b>	-	-	-	-	-	-	-	-	-	0.9	-	-
<b>Level of Dependency (as % of total)</b>												
<b>Low</b>	9.4	9.1	9.4	10.2	12.7	13.0	12.8	12.2	13.3	12.4	31.9	-6.8
<b>Medium</b>	18.6	20.1	22.1	23.2	24.3	22.9	22.3	21.5	22.1	20.8	11.8	-5.9
<b>High</b>	31.1	31.1	32.0	30.7	31.4	29.6	28.2	27.3	26.8	26.5	-14.8	-1.1
<b>Maximum</b>	40.8	39.6	36.5	35.9	31.6	34.5	36.7	39.0	37.9	39.8	-2.5	5.0
<b>Not Stated</b>	-	-	-	-	-	-	-	-	-	0.6	-	-
<b>Response Rate (%)</b>	80.0	80.1	78.2	81.6	71.6	80.0	81.6	78.1	80.9	79.0	-1.3	-2.3

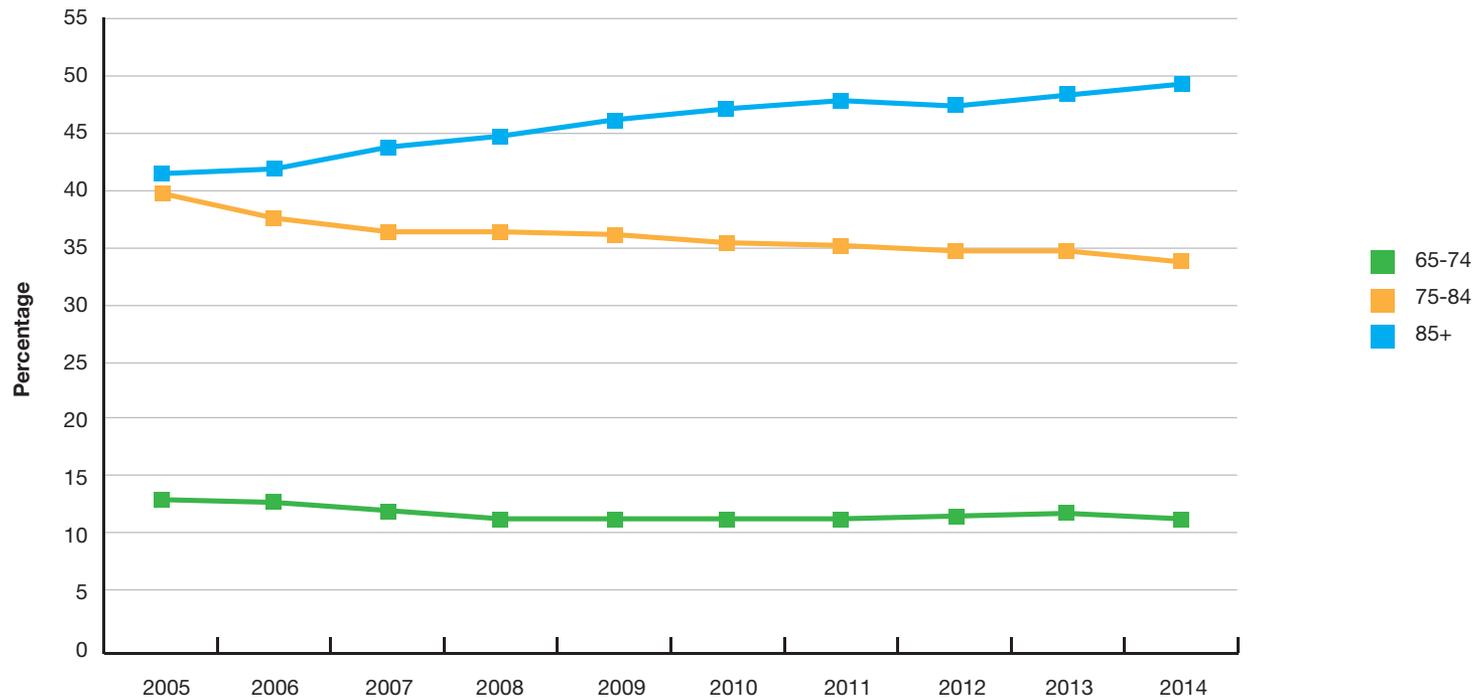
**Source:** Annual Survey of Long Stay Units, Department of Health.

**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 4.6

## LONG-STAY CARE: PERCENTAGE OF RESIDENTS AGED 65+ YEARS, BY AGE GROUP, 2005 TO 2014



Source: Table 4.2

**TABLE 4.3**  
**IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 2005 TO 2014**

	2005	2006	2007	2008	2009 <sup>D</sup>	2010 <sup>D</sup>	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
<b>Diphtheria</b>	90	91	92	93	94	94	95	95	96	96	6.7	0.0
<b>Pertussis</b>	90	91	92	93	94	94	95	95	96	96	6.7	0.0
<b>Tetanus</b>	90	91	92	93	94	94	95	95	96	96	6.7	0.0
<b>Haemophilus Influenzae Type B</b>	90	91	92	93	93	94	95	95	95	96	6.7	1.1
<b>Polio</b>	90	91	92	93	94	94	95	95	96	96	6.7	0.0
<b>Meningococcal</b>	89	90	91	92 <sup>C</sup>	93	86	84	85	87	88	-1.1	1.1
<b>Measles, Mumps &amp; Rubella (MMR)</b>	84 <sup>A</sup>	86 <sup>B</sup>	87	89	90	90	92	92	93	93	10.7	0.0
<b>Hepatitis B<sup>E</sup></b>	-	-	-	-	-	94	95	95	95	95	-	0.0
<b>Pneumococcal Conjugate<sup>E</sup></b>	-	-	-	-	-	88	90	91	91	92	-	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.

The immunisation uptake data above relate to children who have reached their second birthday and have received 3 doses of each vaccine, with the exception of MMR which relates to 1 dose.

TABLE 4.4

## NUMBER OF PEOPLE IN IRELAND REGISTERED WITH THE PHYSICAL AND SENSORY DISABILITY DATABASE, 2005 TO 2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
Physical Disability Only	17,723	19,686	20,030	16,537	15,442	14,445	13,915	13,580	13,086	12,437	-29.8	-5.0
Hearing Loss / Deafness Only	1,494	1,591	1,634	1,618	1,575	1,448	1,376	1,298	1,336	1,316	-11.9	-1.5
Visual Disability Only	1,250	1,391	1,378	1,381	1,355	1,339	1,292	1,192	1,271	1,223	-2.2	-3.8
Primary Speech and Language only	313	555	1,152	2,736	2,565	2,527	2,714	2,611	2,388	1,897	506.1	-20.6
Multiple Disability	1,648	2,468	2,990	5,030	5,231	5,431	5,873	6,307	6,310	6,035	266.2	-4.4
<b>Total (all ages)</b>	<b>22,428</b>	<b>25,691</b>	<b>27,184</b>	<b>27,302</b>	<b>26,168</b>	<b>25,190</b>	<b>25,170</b>	<b>24,988</b>	<b>24,391</b>	<b>22,908</b>	<b>2.1</b>	<b>-6.1</b>
<b>Total (under 18)</b>	<b>7,039</b>	<b>7,807</b>	<b>8,373</b>	<b>8,546</b>	<b>8,043</b>	<b>7,627</b>	<b>8,034</b>	<b>8,000</b>	<b>7,568</b>	<b>6,522</b>	<b>-7.3</b>	<b>-13.8</b>

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

**Notes:**

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.

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

TABLE 4.5

**INTELLECTUAL DISABILITY SERVICES: NUMBER OF PERSONS AVAILING OF DAY SERVICES BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 2005 TO 2014**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
<b>Mild</b>												
Day Attendees	6,873	6,970	6,781	6,972	7,069	7,212	7,446	7,540	7,611	7,551	9.9	-0.8
Full-Time Residents	1,249	1,263	1,285	1,345	1,374	1,382	1,428	1,393	1,376	1,357	8.6	-1.4
<b>Moderate, Severe, Profound</b>												
Day Attendees	7,462	7,547	7,610	8,102	8,343	8,571	8,930	9,249	9,480	9,742	30.6	2.8
Full-Time Residents	6,539	6,617	6,668	6,787	6,758	6,721	6,673	6,632	6,543	6,482	-0.9	-0.9
<b>Not Verified</b>												
Day Attendees	1,641	1,825	2,213	2,046	1,872	1,922	2,215	2,344	2,238	2,316	41.1	3.5
Full-Time Residents	150	164	172	67	56	49	52	33	24	19	-87.3	-20.8
<b>Total (all ages)</b>												
Day Attendees	15,976	16,342	16,604	17,120	17,284	17,705	18,591	19,133	19,329	19,609	22.7	1.4
Full-Time Residents	7,938	8,044	8,125	8,199	8,188	8,152	8,152	8,058	7,943	7,858	-1.0	-1.1
<b>Total (under 18)*</b>	<b>7,884</b>	<b>7,332</b>	<b>7,635</b>	<b>8,041</b>	<b>7,988</b>	<b>8,171</b>	<b>8,820</b>	<b>9,123</b>	<b>9,018</b>	<b>8,989</b>	<b>14.0</b>	<b>-0.3</b>

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

**Note:** The National Intellectual Disability Database (NIDD) 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.

\* Refers to the total number of individuals aged under 18 years and registered on the NIDD.

TABLE 4.6

**NUMBER OF CASES IN TREATMENT FOR PROBLEM DRUG USE AND RATE PER 100,000 POPULATION AGED 15-64 YEARS, IRELAND 2005 TO 2014**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
<b>All cases in treatment*</b>	12,101	12,737	13,597	14,518	14,933	16,429	16,329	16,286	17,375	18,342	51.6	5.6
<b>New entries into treatment each year†</b>	2,054	2,278	2,476	2,716	2,970	3,270	2,978	3,008	3,205	3,491	70.0	8.9
<b>per 100,000 15-64 year olds</b>	72.8	78.3	82.0	88.0	95.9	106.1	97.1	98.9	106.2	116.1	59.5	9.3

**Sources:** \*Central Treatment List (n = 9,296) and National Drug Treatment Reporting System, Health Research Board (n = 9,046).

†National Drug Treatment Reporting System only

**Notes:**

- (i) 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. Additionally the same case may appear in both the CTL data and the NDTRS data as there is no unique health identifier yet in Ireland so it is not possible to exclude duplicates between systems.
- (ii) Both the CTL and NDTRS data excludes those treated in prison.
- (iii) NDTRS Data for 2014 is preliminary.
- (iv) NDTRS does not include cases treated for alcohol as a main problem drug

# 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 from 2007 to 2014 show a decline in WTE's of approximately 11%. This trend has reversed in 2015 with a 3% increase in WTE's from 2014. It should be noted that data for 2015 refer to end of September, whereas all other years refer to end of December. At almost 35,000, 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 almost 24% since 2005 with the largest increase, 28%, in consultant posts. Non-consultant hospital doctors have increased by almost 21% 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. The number of practising doctors in Ireland is below the OECD average.

**TABLE 5.1**  
**PUBLIC HEALTH SERVICE EMPLOYMENT (HSE & SECTION 38), 2006 TO 2015\***

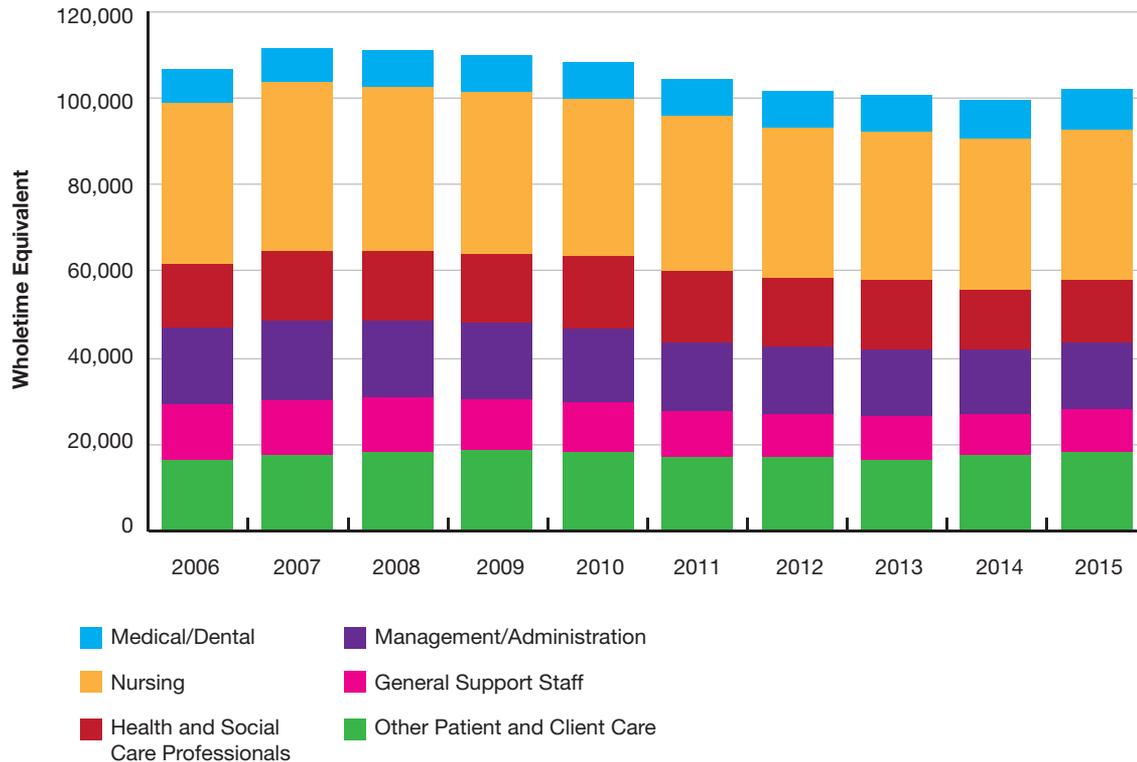
Grade Category	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015*	%Change	
											2006-2015	2014-2015
Medical/Dental	7,712	8,005	8,109	8,083	8,096	8,331	8,320	8,353	8,817	9,232	19.7	4.7
Nursing	36,737	39,006	38,108	37,466	36,503	35,902	34,637	34,178	34,509	34,852	-5.1	1.0
Health and Social Care Professionals#	14,914	15,705	15,980	15,973	16,355	16,217	15,717	15,844	13,640	14,178	-4.9	3.9
Management/Administration	17,474	18,044	17,967	17,611	17,301	15,983	15,726	15,503	15,112	15,850	-9.3	4.9
General Support Staff	12,915	12,900	12,631	11,906	11,421	10,450	9,978	9,700	9,419	9,493	-26.5	0.8
Other Patient and Client Care	16,739	17,846	18,230	18,714	18,295	17,508	17,129	16,883	17,829	18,640	11.4	4.5
<b>Total</b>	<b>106,491</b>	<b>111,506</b>	<b>111,025</b>	<b>109,753</b>	<b>107,972</b>	<b>104,392</b>	<b>101,506</b>	<b>100,460</b>	<b>99,327</b>	<b>102,245</b>	<b>-4.0</b>	<b>2.9</b>

**Source:** Health Service Personnel Census at 31st December (except for 2015 - see note (iv) below).

**Notes:**

- (i) Figures are expressed as whole-time equivalents. Previous figures have been revised to comply with current methodologies around Graduate Nurses and Support/Care interns.
- (ii) Caution should be exercised in making direct comparison due to reclassification and restructuring over time. In particular it should be noted that Children & Family Services transferred to TUSLA on 01 Jan 2014. This change had a significant impact on the "Health and Social Care Professionals" grouping which includes Social Work.
- (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) \* The 2015 data refers to September 2015 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

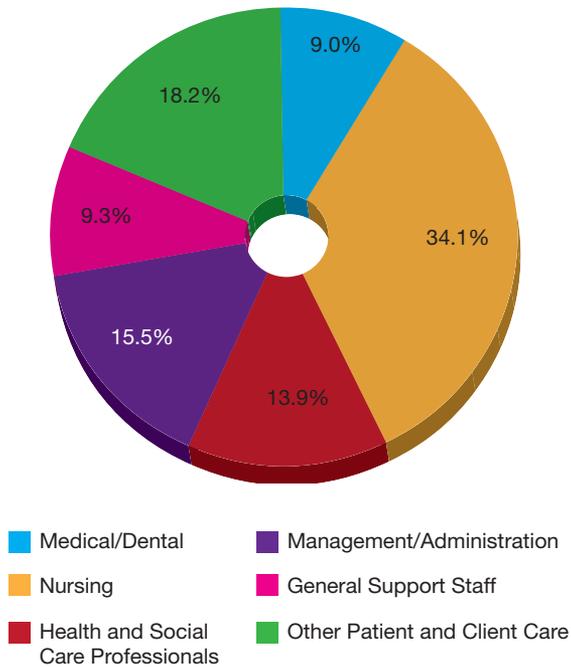
**FIGURE 5.1**  
**PUBLIC HEALTH SERVICE EMPLOYMENT BY GRADE CATEGORY 2006 TO 2015**



**Source:** Table 5.1.

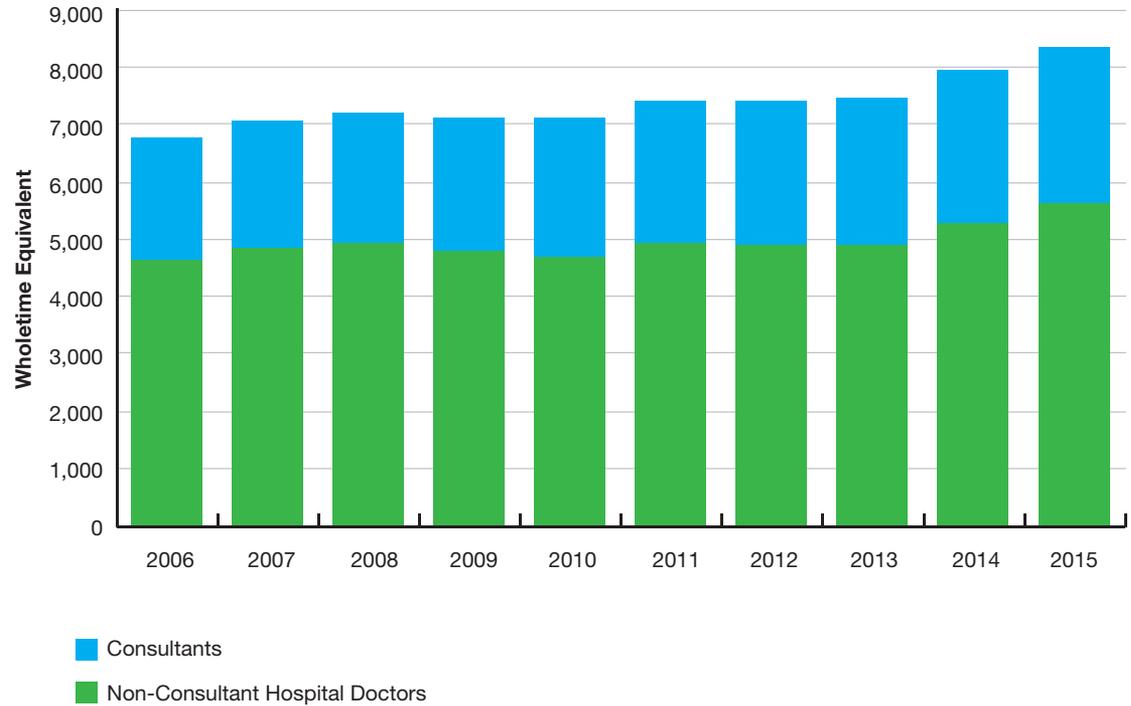
**Note:** Caution should be exercised in making direct comparison due to reclassification and restructuring over time. In particular it should be noted that Children & Family Services transferred to TUSLA on 01 Jan 2014. This change had a significant impact on the "Health and Social Care Professionals" grouping which includes Social Work.

**FIGURE 5.2**  
**PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICE IN EACH GRADE CATEGORY, SEPTEMBER 2015**



Source: Table 5.1.

**FIGURE 5.3**  
**CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS (HSE & SECTION 38), 2006 TO 2015**



Source: Table 5.2.

TABLE 5.2

## CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2006 TO 2015\*

Grade Category	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015*	%Change	
											2006-2015	2014-2015
<b>Consultants</b>	2,111	2,234	2,261	2,317	2,412	2,474	2,514	2,555	2,635	2,709	28.3	2.8
<b>Non-Consultant Hospital Doctors:</b>												
<b>House Officer/     House Officer Senior</b>	1,910	1,918	1,876	1,825	1,709	1,812	1,807	1,808	2,034	2,119	10.9	4.2
<b>Intern</b>	502	512	505	502	532	597	565	631	674	714	42.2	5.9
<b>Registrar</b>	1,508	1,606	1,699	1,592	1,590	1,620	1,643	1,594	1,594	1,734	15.0	8.8
<b>Senior Registrar/Specialist</b>	729	818	856	885	882	908	890	885	1,000	1,075	47.5	7.5
<b>Sub-Total - Non-Consultant Hospital Doctors</b>	4,648	4,854	4,937	4,803	4,714	4,938	4,905	4,919	5,302	5,642	21.4	6.4
<b>Total</b>	<b>6,759</b>	<b>7,088</b>	<b>7,198</b>	<b>7,120</b>	<b>7,126</b>	<b>7,412</b>	<b>7,419</b>	<b>7,474</b>	<b>7,937</b>	<b>8,351</b>	<b>23.6</b>	<b>5.2</b>

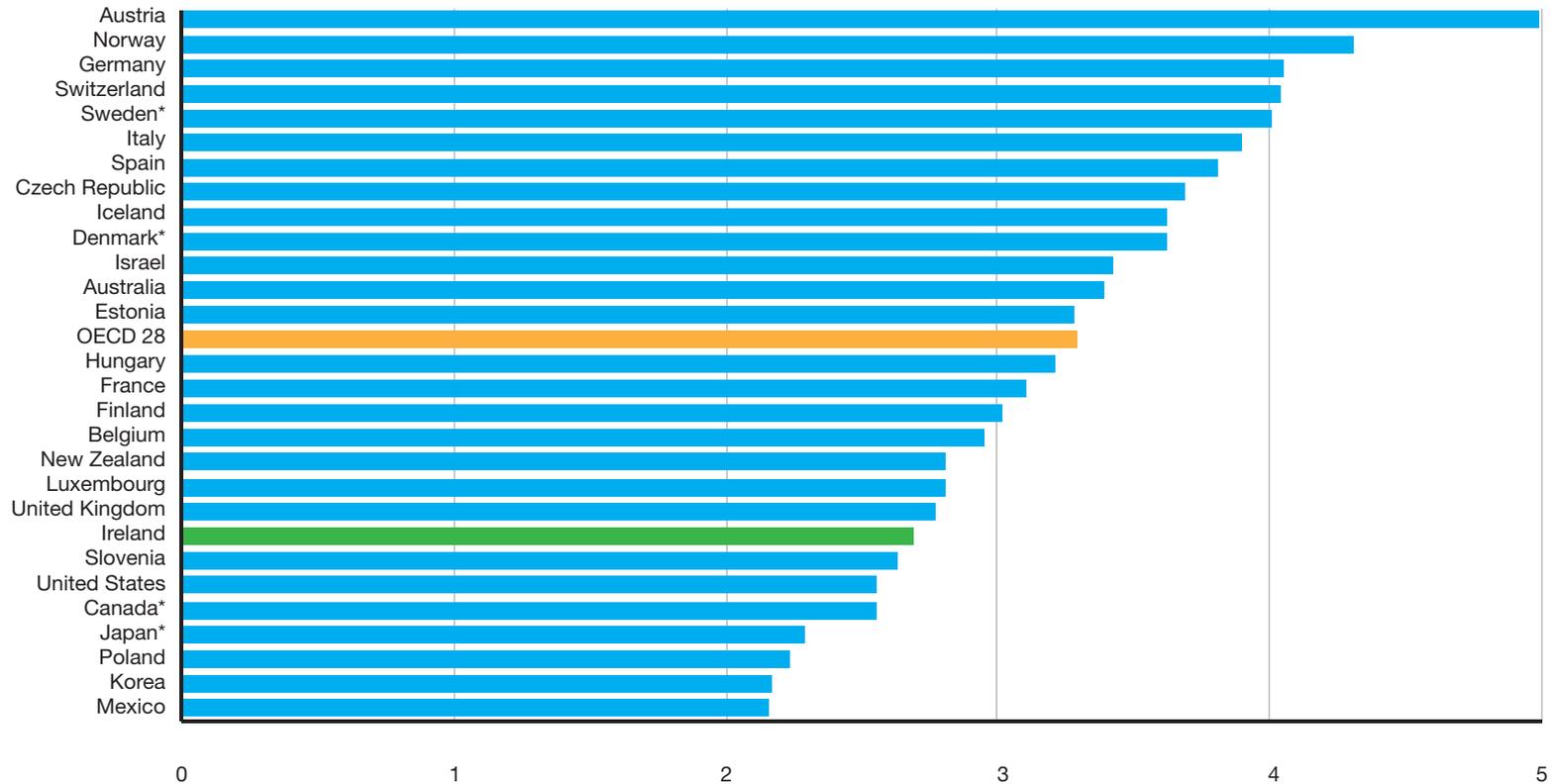
Source: Health Service Personnel Census

## Notes:

(i) Consultants includes Masters of Maternity Hospitals.

(ii) \* The 2015 data refers to September 2015 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, 2013**



Source: OECD.

**Notes:**

(i) \* 2012

(ii) Practising doctors are defined as those who are providing care directly to patients.

# 6. Health Service Expenditure

This section summarises data and trends in spending on health services during the past decade. It also introduces the first preliminary detailed profile of current health spending for Ireland according to the System of Health Accounts methodology first published by the Central Statistics Office in December 2015.

Table 6.1 shows total public expenditure on health, capital and non-capital, each year from 2006 to estimates for 2015. There was an increase in total public health expenditure of 4 % in 2015 from the 2014 estimate. Capital expenditure, which accounts for only 3% of total expenditure, was 25% lower in 2014 than in 2005 and 35% 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.

Preliminary results of Ireland's System of Health Accounts for 2013 have been released for the first time by the Central Statistics Office. These first preliminary data are the result of a pilot data collection conducted within the health service. This new methodology presents an opportunity for the analysis of health expenditure in Ireland (both public and private) by health care provider, type of health care and financing source. It will also allow us to compare ourselves with other countries at a more detailed level than has previously been possible.

Table 6.4 presents a breakdown of health care expenditure by function (HC) and provider (HP). This illustrates which providers are providing which services. Table 6.5 presents a breakdown of health care expenditure by function (HC) and financing scheme (HF). This shows which services are funded from which financing schemes. Finally, Table 6.6 presents a breakdown of health care expenditure by health care provider (HP) and financing scheme (HF). This table details which providers are funded from which financing schemes.

**TABLE 6.1**  
**PUBLIC HEALTH EXPENDITURE IN MILLIONS OF EURO, 2006 TO 2015**

	2006	2007	2008	2009	2010	2011	2012	2013	2014 <sup>(i)</sup>	2015 <sup>(ii)</sup>	% Change	
											2006 -2015	2014 -2015
<b>#Total Public Non-Capital Expenditure on Health</b>	12,248	13,736	14,588	15,073	14,452	13,728	13,787	13,625	13,276	13,830	12.9	4.2
<i>Public Non-Capital Expenditure on Health (excludes treatment benefits)</i>	12,144	13,636	14,481	14,963	14,396	13,703	13,766	13,604	13,246	13,797	13.6	4.2
<b>Total Public Capital Expenditure on Health</b>	461	585	598	447	366	347	350	347	386	382	-17.1	-1.0
<b>Total Public Expenditure</b>	<b>12,709</b>	<b>14,321</b>	<b>15,186</b>	<b>15,520</b>	<b>14,818</b>	<b>14,075</b>	<b>14,137</b>	<b>13,972</b>	<b>13,662</b>	<b>14,212</b>	<b>11.8</b>	<b>4.0</b>

**Sources:** Non-capital expenditure - Revised Estimates for Public Services.  
 Capital Expenditure - Revised Estimates for Public Services and HSE Reports on Capital Programme.

**Notes:**

- (i) In 2014 funding of c. €540 million was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs)
- (ii) Figures for years up to and including 2014 include where appropriate approved Supplementary Estimates, e.g. the figure for 2014 includes a Supplementary Estimate of €680m. The 2015 figure includes an amount of €600 million in respect of the Supplementary Estimate requirement indicated in Expenditure Report 2016.
- (iii) Total Public Non-Capital Expenditure includes Treatment Benefits (funded from the Vote of the Office of the Minister for Social Protection).
- (iv) Public Non-Capital Expenditure refers to the Health Vote and HSE Vote in the Revised Estimates for Public Services: excludes items not considered health expenditure such as expenditure under the Votes of the Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (from 2009).
- (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 accrued direct to the HSE is now part of the Appropriations-in-Aid and is included in the figures.
- (vi) 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 (from 2009).
- (vii) From 2015 the Vote of the HSE has been disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants will now be paid to the HSE. As a consequence, c. €1.043bn previously accounted for as Appropriations-in-Aid in the HSE Vote will be collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. For comparison purposes, the 2015 estimated figure above includes this amount of €1.043bn
- (viii) Figures for 2015 are estimated.

TABLE 6.2

## HSE NON-CAPITAL VOTE ALLOCATION IN MILLIONS OF EURO, 2008 TO 2014

	2008	2009	2010	2011	2012	2013	2014	% Change 2013-2014
Care of Older People	1,739	1,739	1,684	1,433	1,366	1,366	1,468	7.4
Children and Families**	653	642	633	547	569	540	-	-
Care for Persons with Disabilities	1,549	1,520	1,455	1,576	1,554	1,535	1,554	1.2
Mental Health	1,044	1,007	963	712	711	737	754	2.3
Primary Care & Community Health*	3,759	4,127	3,811	2,835	3,129	3,352	3,462	3.3
Multi Care Group Services^	-	-	-	486	482	113	-	-
Palliative Care & Chronic Illness^	-	-	-	81	73	72	75	4.2
Social Inclusion^	-	-	-	119	115	-	-	-
Health and Wellbeing	-	-	-	-	-	228	214	-6.1
Other^	-	-	-	79	81	-	-	-
<b>Primary, Community and Continuing Care Total</b>	<b>8,744</b>	<b>9,034</b>	<b>8,546</b>	<b>7,868</b>	<b>8,079</b>	<b>7,944</b>	<b>7,527</b>	<b>-5.2</b>
National Hospitals Office	5,272	5,475	5,428	4,207	3,978	4,286	4,496	4.9
Long Term Charges Repayment Scheme	236	80	20	11	2	8	8	0.0
Statutory Pensions #	-	-	-	606	737	678	600	-11.5
Other #	101	109	171	877	850	647	633	-2.2
<b>HSE Gross Non-Capital Total</b>	<b>14,353</b>	<b>14,698</b>	<b>14,165</b>	<b>13,569</b>	<b>13,646</b>	<b>13,563</b>	<b>13,264</b>	<b>-2.2</b>
Total Appropriations-in-Aid	2,251	3,236	3,544	1,440	1,485	1,354	1,043	-23.0
<b>HSE Net Non-Capital Total</b>	<b>12,102</b>	<b>11,462</b>	<b>10,621</b>	<b>12,129</b>	<b>12,161</b>	<b>12,208</b>	<b>12,221</b>	<b>0.1</b>

**Source:** Revised Estimates for Public Services (2009 - 2015); HSE National Service Plans (2012 - 2015); and HSE Performance Assurance Reports (2014).

**Notes:**

- (i) \*\* In 2014 this funding was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs)
- (ii) HSE Gross Non-Capital Total up to and including 2013 refers to the HSE Vote in the Revised Estimates for Public Services (2009 - 2014) and for 2014 refers to those sections of the Health Vote in the Revised Estimates for Public Services (2015) relevant to the HSE. Allocations across the HSE programmes above are indicative.
- (iii) \* Includes Medical Card Services Schemes.
- (iv) ^ Costs formerly apportioned across other programmes within Primary, Community and Continuing Care.

- (v) From 2015 the Vote of the HSE has been disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants will now be paid to the HSE. As a consequence, €1.043bn previously accounted for as Appropriations-in-Aid in the HSE Vote will be collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. The 2014 Estimate has been restated for comparison purposes in the revised format in the Revised Estimates for Public Services and the allocation of this amount of €1.043bn across the above HSE programmes is provisional.
- (vi) Elements of Multi Care Group Services costs reflected across programmes in 2013 & 2014.
- (vii) Social Inclusion costs included in Primary, Community and Continuing Care in 2013 & 2014
- (viii) # Figures for 2011 are not directly comparable to previous years. It was agreed that the 2012 Revised Estimates should be aligned with the detail as provided in the HSE's National Service Plan and central costs which were previously apportioned across care programmes (but not available as funding for the relevant services) are included in these headings.
- (ix) The reduction in Appropriations-in-Aid from 2011 is due to the abolition of the health contribution wef 2011.

TABLE 6.3

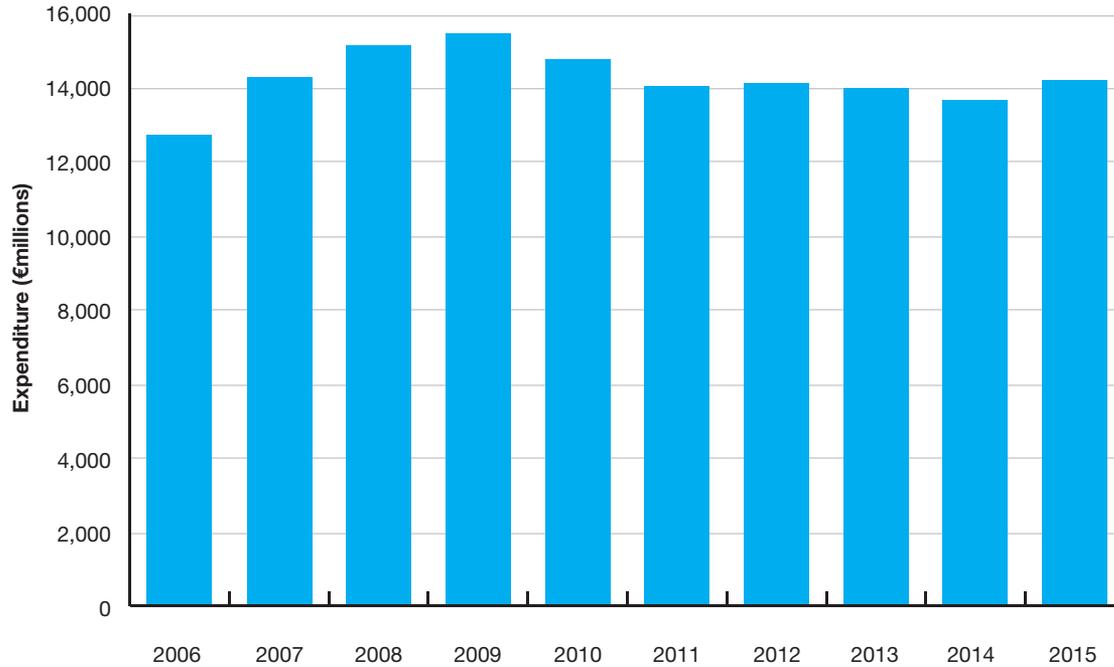
## CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME IN MILLIONS OF EURO, 2005 TO 2014

Programme	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	% Change	
											2005-2014	2013-2014
Acute Hospitals	278	245	312	273	209	220	202	208	203	197	-29.1	-2.9
Community Health	116	112	138	178	161	97	71	53	62	79	-31.9	26.1
Mental Health	26	20	34	40	25	27	39	54	23	50	93.1	119.1
Disability Services	32	42	45	69	27	5	11	6	8	6	-80.8	-21.0
ICT	58	25	30	20	13	7	16	22	41	41	-30.0	-0.3
Miscellaneous	6	17	26	18	12	10	8	7	11	14	135.9	28.8
<b>Total Public Capital Expenditure</b>	<b>516</b>	<b>461</b>	<b>585</b>	<b>598</b>	<b>447</b>	<b>366</b>	<b>347</b>	<b>350</b>	<b>347</b>	<b>386</b>	<b>-25.1</b>	<b>11.1</b>

**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).

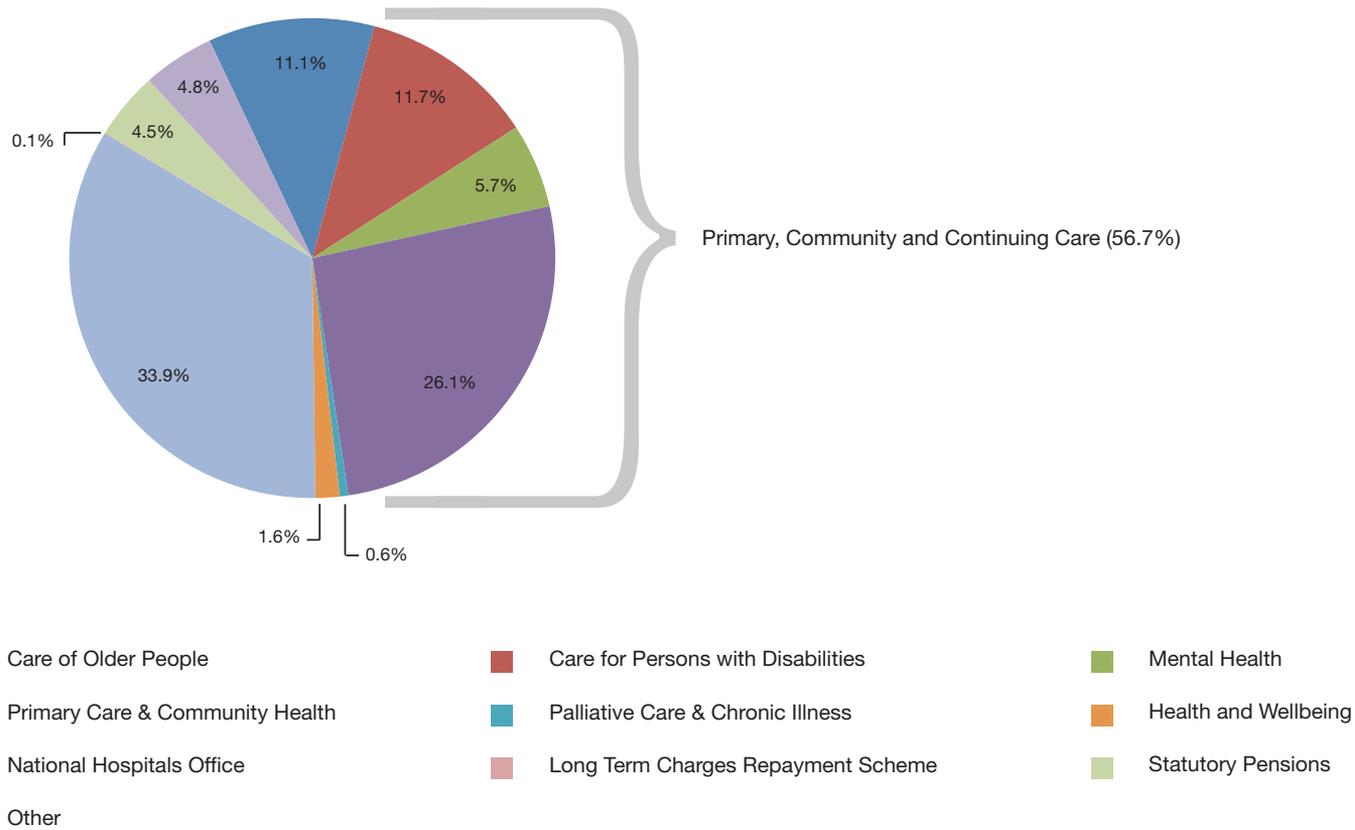
**FIGURE 6.1**  
**TOTAL PUBLIC HEALTH EXPENDITURE, 2006 TO 2015**



Source: Table 6.1.

FIGURE 6.2

## PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2014



Source: Table 6.2.

TABLE 6.4

**CURRENT SHA HEALTH CARE EXPENDITURE IN MILLIONS OF EURO BY HEALTH CARE FUNCTION AND HEALTH CARE PROVIDER, 2013 (PRELIMINARY)**

Health Care Function	Providers of Health Care										Total
	Hospitals	Long-Term Residential Facilities	Ambulatory Health Care Provider	Ancillary Health Care Provider	Retailer of Medical Goods	Providers of Preventative Care	Admin and Financing	Rest of the Economy	Rest of the World	Providers N.E.C.	
Curative and Rehabilitative Care	6,130	625	3,211	-	7	3	-	198	23	7	10,204
Long-Term Care (Health)	74	2,977	403	-	-	-	-	682	-	-	4,135
Ancillary Services	276	-	0	233	-	-	-	-	2	1	513
Medical Goods (Non-Specified by Function)	-	-	2	-	2,750	-	-	124	-	-	2,876
Preventative Care	0	-	17	-	-	225	-	19	-	0	261
Governance and Health System Administration and Financing	-	-	-	-	-	4	386	-	-	-	390
Health Care Services N.E.C	3	-	1	0	1	-	-	0	0	2	7
<b>Total Current Health Care Expenditure</b>	<b>6,482</b>	<b>3,601</b>	<b>3,634</b>	<b>233</b>	<b>2,758</b>	<b>232</b>	<b>386</b>	<b>1,023</b>	<b>26</b>	<b>10</b>	<b>18,387</b>

Source: Ireland's System of Health Accounts Annual Results 2013 (Preliminary), CSO

**TABLE 6.5****CURRENT SHA HEALTH CARE EXPENDITURE IN MILLIONS OF EURO BY HEALTH CARE FUNCTION AND HEALTH CARE FINANCING SCHEME, 2013 (PRELIMINARY)**

Health Care Function	Govt and Compulsory	Voluntary Health Care Payment Schemes	Household Out-of-Pocket Payments	Total
Curative and Rehabilitative Care	6,877	2,105	1,222	10,204
Long-Term Care	3,300	157	678	4,135
Ancillary Services	369	128	16	513
Medical Goods	1,991	*	885	2,876
Preventive Care	243	18	-	261
Governance and Health System Administration and Financing	167	223	-	390
Health Care Services N.E.C	135	6	-134	7
<b>Total Current Health Care Expenditure</b>	<b>13,082</b>	<b>2,637</b>	<b>2,667</b>	<b>18,387</b>

**Source:** Ireland's System of Health Accounts Annual Results 2013 (Preliminary), CSO

**Note:** \* Data suppressed by the CSO due to confidentiality

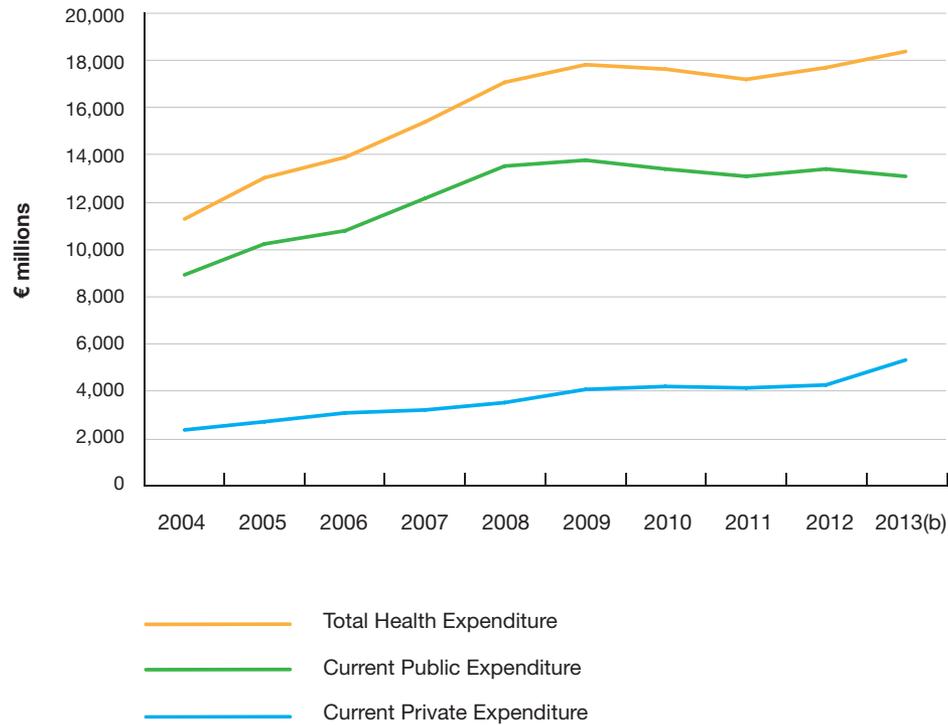
TABLE 6.6

**CURRENT SHA HEALTH CARE EXPENDITURE IN MILLIONS OF EURO BY HEALTH CARE PROVIDER AND HEALTH CARE FINANCING SCHEME, 2013 (PRELIMINARY)**

Health Care Provider	Govt and Compulsory	Voluntary Health Care Payment Schemes	Household Out-of-Pocket Payments	Total
Hospitals	4,501	1,856	126	6,482
Long-Term Residential Facilities	2,685	167	750	3,601
Ambulatory Health Care Provider	2,499	109	1,026	3,634
Ancillary Health Care Provider	161	59	14	233
Retailer of Medical Goods	1,991	*	767	2,757
Providers of Preventive Care	209	23	-	232
Providers of Health Care System Administration and Financing	167	218	-	386
Rest of the Economy	726	178	119	1,023
Rest of the World	9	17	-	26
Provider N.E.C.	134	11	-134	11
<b>Total Current Health Care Expenditure</b>	<b>13,082</b>	<b>2,637</b>	<b>2,667</b>	<b>18,387</b>

**Source:** Ireland's System of Health Accounts Annual Results 2013 (Preliminary), CSO

**Note:** \* Data suppressed by the CSO due to confidentiality

**FIGURE 6.3****SHA HEALTH CARE EXPENDITURE IN IRELAND IN MILLIONS OF EURO, 2004 TO 2013 (PRELIMINARY)**

Source: Ireland's System of Health Accounts Annual Results 2013 (Preliminary), CSO





## An Roinn Sláinte

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