



HEALTH IN IRELAND

Key Trends 2017

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



Introduction

Health in Ireland, Key Trends 2017 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 2005 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 (30% of all deaths), have declined over the last decade, as has mortality across most principal causes. This trend has continued in 2016 according to provisional data with the age standardised mortality rates decreasing for most major causes (the exceptions being cancer of the female breast and deaths due to external causes and transport accidents). Over the 10 year period since 2007 there has been an overall reduction of 15% in mortality rates from all causes. Care, however, needs to be exercised in interpreting single year changes since mortality data for 2016 remain provisional and are based on year of registration.

Following the publication of results from Census 2016, the estimated population growth between 2016 and 2017 was 1.1%. The numbers and proportion of the population in the older age groups has continued to grow rapidly, with the number of people over the age of 65 increasing by over 20,000 persons a year. In addition to this, the proportion of people over the age of 85 is projected to double in the next 20 years.

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.

From 2007 to 2012 figures showed increasing numbers and percentages of the population eligible for a medical card. 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.

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.

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1. Population and Life Expectancy

Demographic data paints a picture of the changing population structure, allowing assessment of fertility and mortality rates and enabling future planning and delivery of healthcare services. Following the publication of results from Census 2016, population figures have been updated in this year's publication with the latest demographic information. The latest population estimate for Ireland has shown that the population grew by an estimated 1.1% between 2016 and 2017. This is in addition to the 3.6% increase which occurred between census years 2011 and 2016.

Since 2008, the population has increased by 6.9% to a figure of 4.8 million with the most significant growth seen in the older population (see Table 1.2). The population aged 65 and over has increased by a third since 2008. This can be seen most clearly in Figure 1.2 which shows trends in population growth 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).

Since 2009 there has been a gradual decrease in the number of live births (see Table 1.3). This is due in part

to a reduction in fertility rates but, more significantly, to the fact that the number 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 the number 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 Eurostat indicate that the most dramatic change in the structure of the population in the coming decades will be the increase in the number of older people (see Table 1.4). 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 population, although at a slightly slower rate than Ireland (see Figure 1.5). The largest proportional increase in Ireland is expected in the 85 years and over age group which is projected to double by 2037.

Population ageing clearly has major implications for the planning and provision of health services; it is also a measure of improvement in health and life expectancy. Life expectancy for women in Ireland has seen a very

minor decrease between 2014 and 2015; however life expectancy for males has continued to rise since 2009. In addition, the gap between male and female life expectancy in Ireland has continued to narrow over the last decade, with the male life expectancy now 3.8 years lower than the female life expectancy (see Figure 1.6).

The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (see Section 2). In addition to having a longer life expectancy, women at age 65 are likely to experience a slightly higher proportion of healthy life years than men. The proportion of life expectancy at age 65 to be lived in good health is higher for both men and women in Ireland compared with the EU average (see Figure 1.8).

TABLE 1.1
POPULATION ESTIMATES ('000S) FOR REGIONAL AUTHORITY AREAS BY AGE GROUP, 2017

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
Male	263.2	148.8	225.3	659.5	283.3	193.1	256.3	342.8	2,372.1
Female	264.9	148.3	226.9	690.5	287.8	194.3	259.0	348.6	2,420.4
Total	528.1	297.1	452.1	1,350.0	571.1	387.4	515.3	691.4	4,792.5
<i>Age Groups:</i>									
0-14	116.1	68.9	94.1	260.5	135.2	79.9	110.1	142.2	1,007.0
15-24	64.7	36.5	54.4	164.9	69.5	48.6	62.3	83.9	584.8
25-34	60.9	36.5	53.3	230.5	68.0	45.4	59.8	86.0	640.3
35-44	78.0	45.6	68.2	227.1	95.7	58.1	77.3	107.6	757.7
45-54	71.5	39.8	60.6	166.9	80.2	52.6	71.0	94.0	636.4
55-64	59.3	32.1	52.9	132.5	58.2	44.6	59.0	77.7	516.3
65-74	45.4	22.8	39.5	95.1	40.2	34.4	44.6	58.5	380.5
75-84	23.6	11.4	21.0	53.4	18.2	17.7	23.5	30.9	199.7
85+	8.6	3.6	8.2	19.1	6.0	6.1	7.8	10.5	69.7
2016 Census	522.3	293.4	447.5	1,335.9	561.9	383.8	509.9	685.0	4,739.6
% change 2016-2017	1.1	1.3	1.0	1.1	1.6	0.9	1.1	0.9	1.1

Source: Central Statistics Office.

Notes:

- (i) Data for 2017 are preliminary.
- (ii) Age groups may not sum to total due to rounding.
- (iii) The regions refer to the EU NUTS 3 areas:

Border: Cavan, Donegal, Leitrim, Monaghan, Sligo.

Midland: Laois, Longford, Offaly, Westmeath.

West: Galway, Mayo, Roscommon.

Dublin: County Dublin.

Mid-East: Kildare, Meath, Wicklow, Louth.

Mid-West: Clare, Limerick, Tipperary.

South-East: Carlow, Kilkenny, Waterford, Wexford.

South-West: Cork, Kerry.

TABLE 1.2
POPULATION OF IRELAND ('000S) BY AGE GROUP, 2008 TO 2017

Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% Change	
											2008-2017	2016-2017
0-14	913.3	936.4	957.7	976.6	988.0	993.9	997.6	1,001.6	1,005.5	1,007.0	10.3	0.1
15-64	3,088.1	3,098.1	3,081.9	3,066.6	3,055.7	3,051.5	3,058.5	3,075.9	3,104.3	3,135.5	1.5	1.0
65 and over	483.8	498.9	515.0	531.6	549.9	569.2	589.5	610.3	629.8	649.9	34.3	3.2
All Ages	4,485.1	4,533.4	4,554.8	4,574.9	4,593.7	4,614.7	4,645.4	4,687.8	4,739.6	4,792.5	6.9	1.1

Source: Central Statistics Office.

Notes:

- (i) Data for 2017 are preliminary.
- (ii) Figures for 2012-2015 have been revised with 2016 census results and are final.
- (iii) Age groups may not sum to total due to rounding.

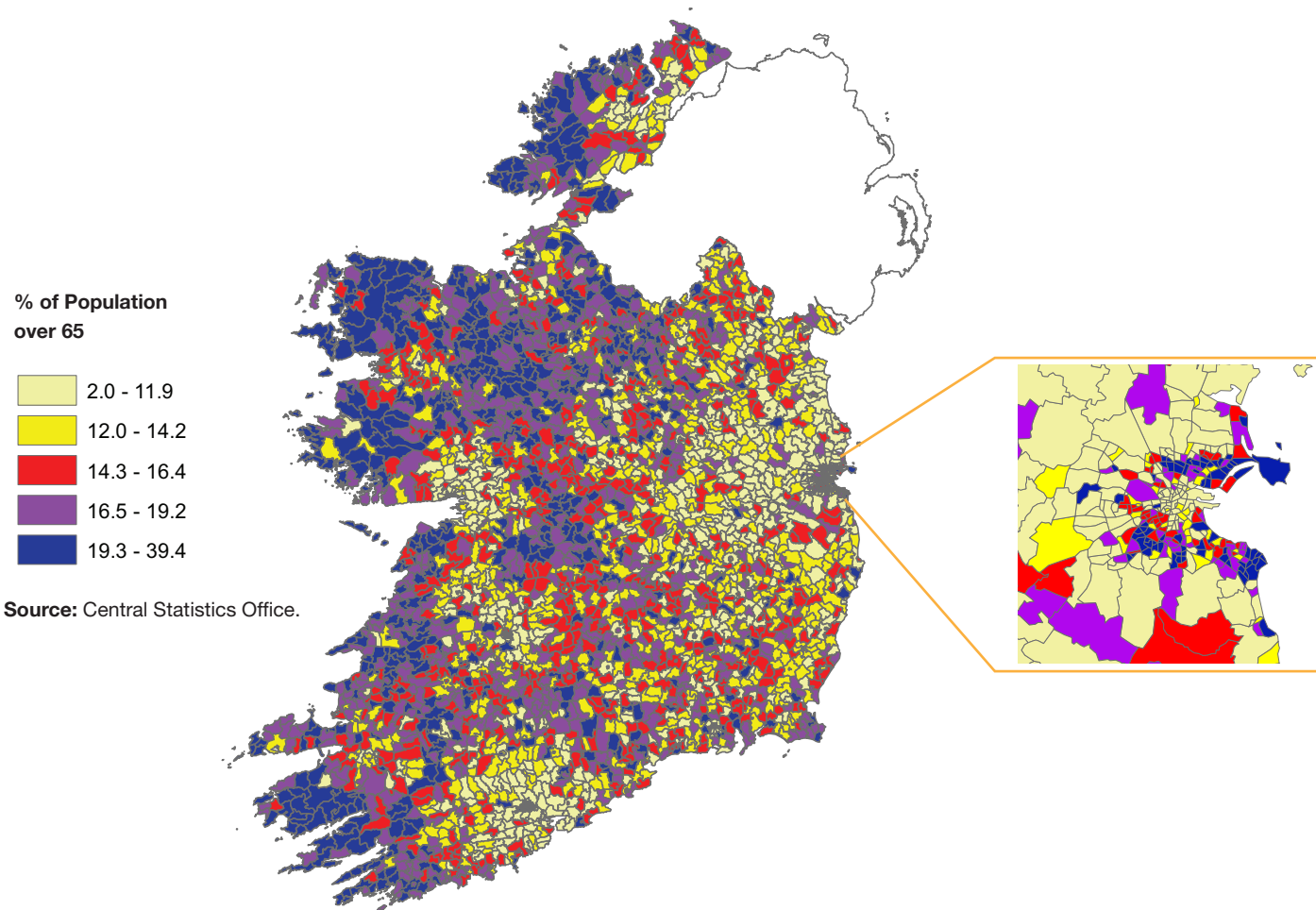
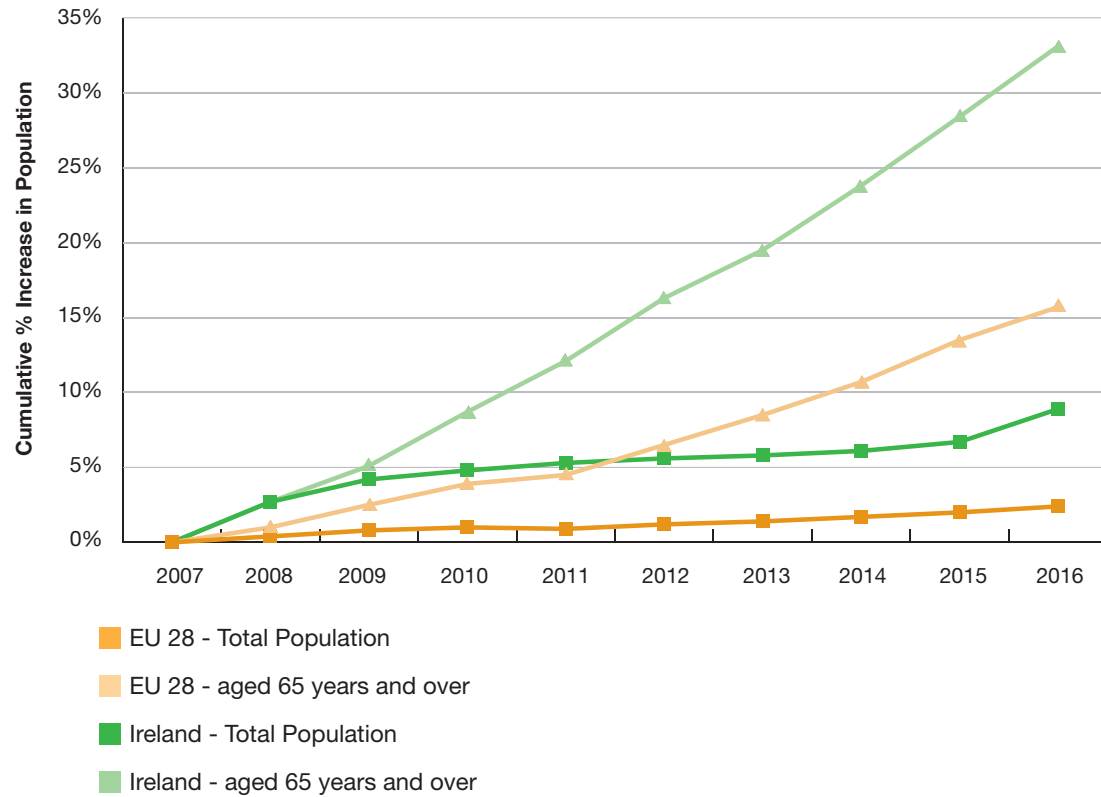
FIGURE 1.1**PERCENTAGE OF POPULATION AGED 65 AND OVER BY SMALL POPULATION AREA, IRELAND, 2016**

FIGURE 1.2

CUMULATIVE PERCENTAGE INCREASE IN POPULATION, ALL AGES AND 65+, IRELAND AND EU-28, 2007 TO 2016

Source: Eurostat.

TABLE 1.3
LIVE BIRTHS, BIRTH RATE AND TOTAL FERTILITY RATE, IRELAND AND EU-28, 2007-2016

											% Change		
											2007	2015	
											-2016	-2016	
		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016		
Number of live births		71,389	75,173	75,554	75,174	74,033	71,674	68,954	67,295	65,536	63,897	-10.5	-2.5
Birth rate (per 1,000 population)		16.3	16.8	16.7	16.5	16.2	15.6	15.0	14.6	14.0	13.7	-16.0	-2.1
Total fertility rate	Ireland	2.03	2.07	2.06	2.06	2.02	1.99	1.96	1.94	1.86	1.82	-10.3	-2.2
	EU-28	1.56	1.61	1.61	1.62	1.59	1.59	1.55	1.58	1.58	n/a	1.3	0.0

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) % change for EU-28 fertility rate relates to 2007-2015 and 2014-2015.
- (iii) There is a break in TFR data for EU-28 between 2010-2012 and 2014-2015.
- (iv) Data for 2016 are provisional.

FIGURE 1.3
TOTAL FERTILITY RATE BY COUNTY, IRELAND, 2016

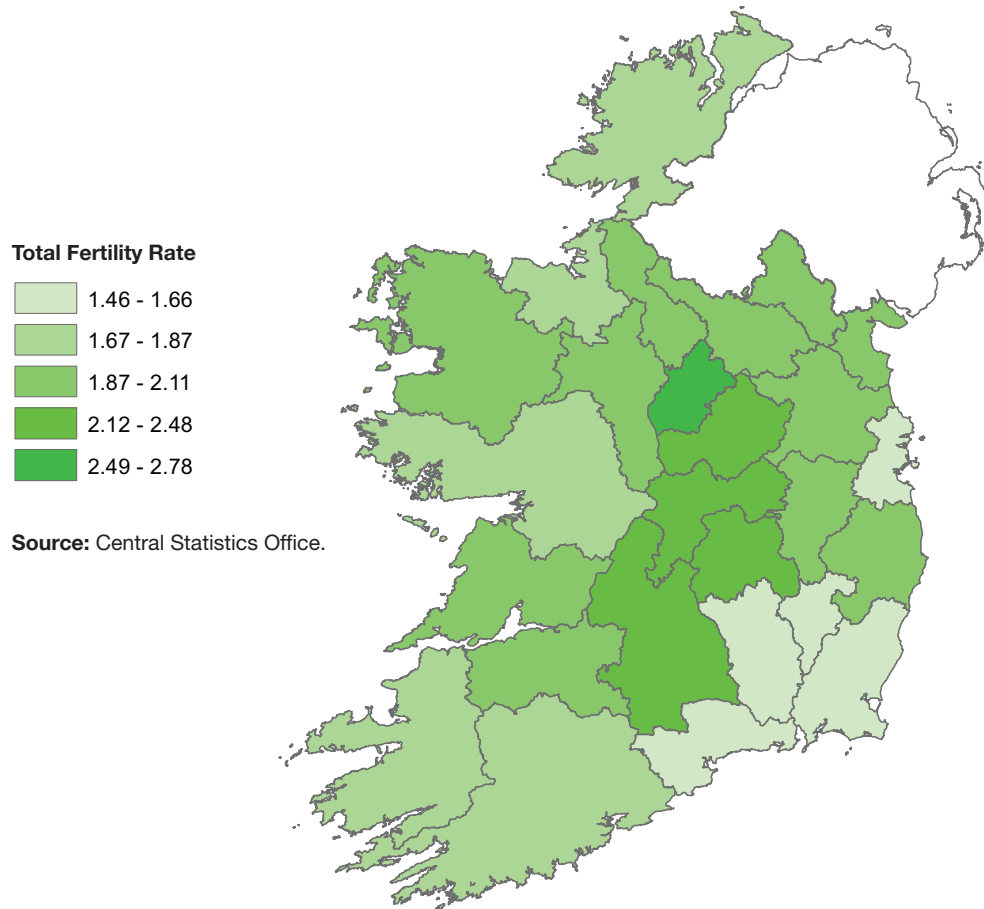


FIGURE 1.4**TOTAL FERTILITY RATES IN EUROPE, 2015**

Source: Eurostat.

TABLE 1.4
POPULATION 2017 AND PROJECTED POPULATION TO 2037 ('000S) BY AGE GROUP, IRELAND AND EU-28

Age Group		2017	2022	2027	2032	2037	% Change
							2017-2037
0-14	IRE	1,047	1,077	1,008	941	913	-12.7
	EU-28	79,420	79,604	78,348	78,018	77,599	-2.3
15-64	IRE	3,027	3,107	3,207	3,268	3,286	8.5
	EU-28	332,760	329,219	324,614	317,570	311,059	-6.5
65 and over	IRE	639	744	859	984	1,115	74.5
	EU-28	99,518	108,833	118,833	129,418	138,724	39.4
85 and over	IRE	69	81	97	126	159	129.9
	EU-28	13,540	15,602	17,679	19,508	23,303	72.1
Total	IRE	4,713	4,928	5,074	5,193	5,314	12.8
	EU-28	511,698	517,656	521,795	525,005	527,383	3.1

Source: Eurostat, EUROPOP2013.

Notes:

- (i) Eurostat projections are based on a set of assumptions for future developments of fertility, mortality and net migration.
- (ii) The projections should not be considered as forecasts.
- (iii) Projections were produced using data for 1 January 2013 as a starting point.

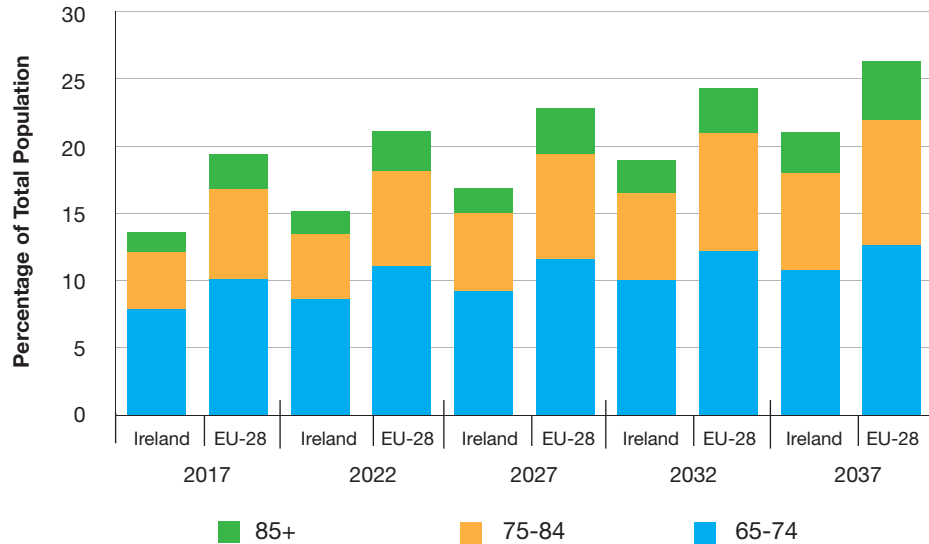
TABLE 1.5
DEPENDENCY RATIO IRELAND, 2017 AND PROJECTED TO 2037

Age Group	2017	2022	2027	2032	2037	% Change
						2017-2037
0-14	34.6	34.7	31.4	28.8	27.8	-19.6
65 and over	21.1	24.0	26.8	30.1	33.9	60.8
All ages	55.7	58.6	58.2	58.9	61.7	10.9

Source: Eurostat, EUROPOP2013.

Notes:

- (i) Eurostat projections are based on a set of assumptions for future developments of fertility, mortality and net migration.
- (ii) The projections should not be considered as forecasts.
- (iii) Projections were produced using population data for 1 January 2013 as a starting point.
- (iv) 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 2017 AND PROJECTED POPULATION 2022-2037, IRELAND AND EU-28**

Source: Eurostat, EuroPop2013.

Notes:

- (i) Eurostat projections are based on a set of assumptions for future developments of fertility, mortality and net migration.
- (ii) The projections should not be considered as forecasts.
- (iii) Projections were produced using population data for 1 January 2013 as a starting point.

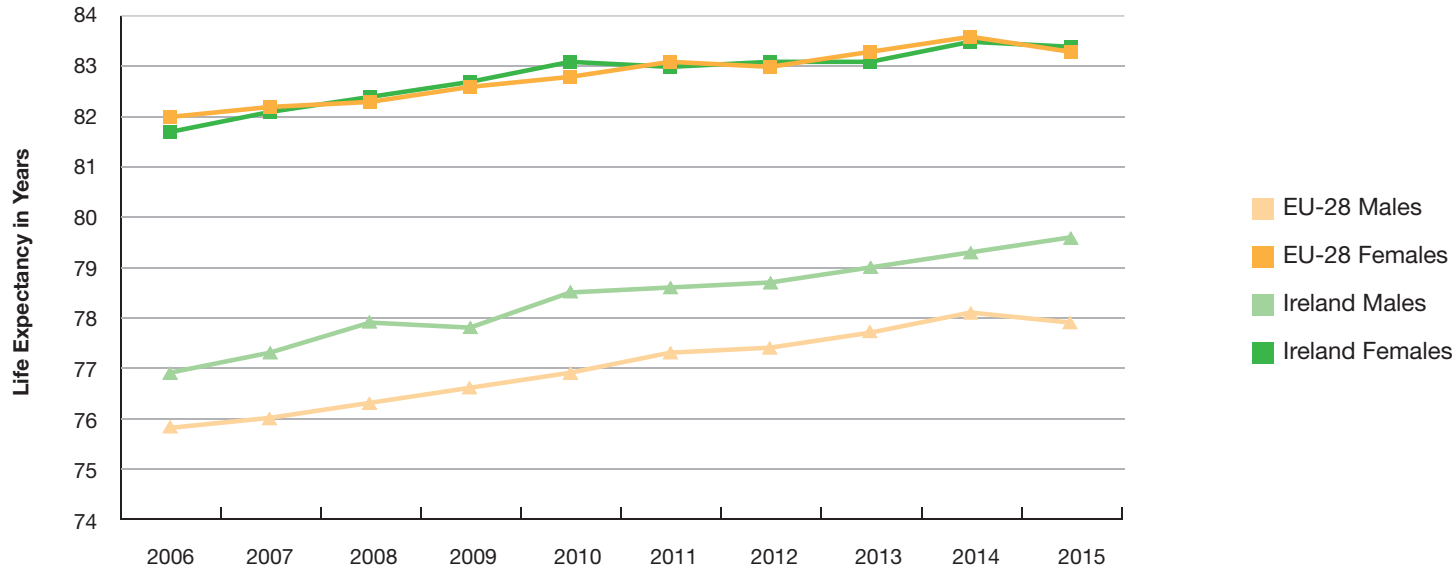
TABLE 1.6
LIFE EXPECTANCY, IRELAND, BY AGE AND GENDER, 1995, 2005 AND 2015

Life Expectancy at age	1995	2005	2015	% Change	
				1995-2015	
Male					
0	72.8	76.7	79.6	9.3	
1	72.3	76.0	78.9	9.1	
40	34.8	38.4	40.8	17.2	
65	13.5	16.5	18.4	36.3	
75	7.8	9.8	11.1	42.3	
Female					
0	78.3	81.4	83.4	6.5	
1	77.7	80.8	82.6	6.3	
40	39.5	42.5	44.1	11.6	
65	17.2	19.8	21.0	22.1	
75	10.3	12.2	13.0	26.2	

Source: Eurostat.

Note: Data for 2015 are provisional.

FIGURE 1.6
LIFE EXPECTANCY AT BIRTH BY GENDER, IRELAND AND EU-28, 2006 TO 2015

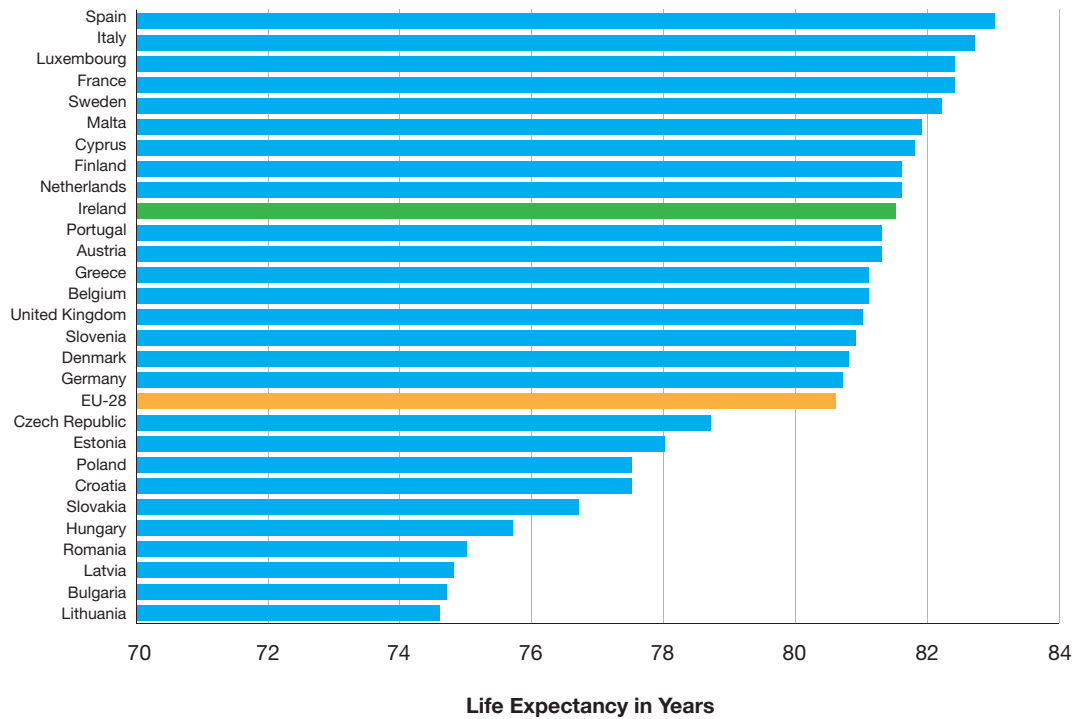


Source: Eurostat.

Notes:

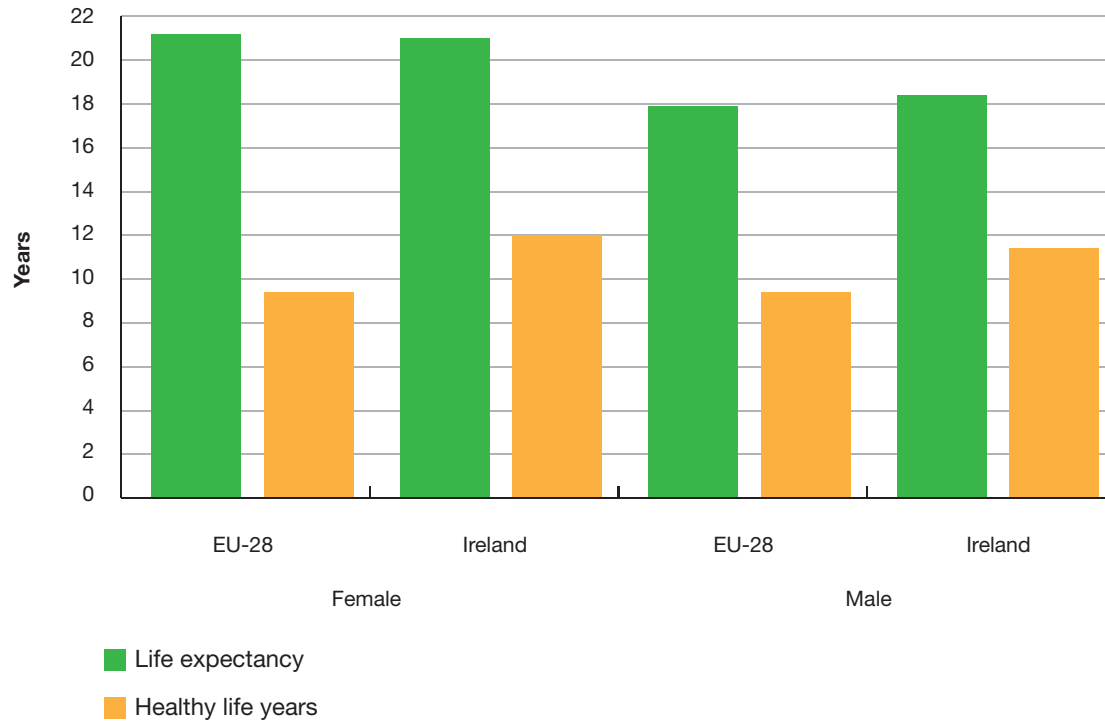
- (i) Data for 2013-2015 are provisional.
- (ii) There is a break in data for EU-28 for 2010-2012 and 2014-2015.

FIGURE 1.7
LIFE EXPECTANCY AT BIRTH FOR EU-28 COUNTRIES, 2015



Source: Eurostat.

FIGURE 1.8
HEALTHY LIFE YEARS AND LIFE EXPECTANCY AT AGE 65 BY GENDER, IRELAND AND EU-28, 2015



Source: Eurostat.

2. Health of the Population

Over the last decade Ireland had high rates of self-perceived good or very-good health compared to its EU counterparts (see Table 2.1, Figure 2.1 and 2.2). As people age chronic conditions become more prevalent with women having a higher prevalence than men (Table 2.2 and 2.3)

Population health at the national level presents a picture of decreasing mortality rates and a rise in life expectancy over the past ten years. Morality rates from diseases of the circulatory system fell by 28.4% between 2007 and 2016 and cancer mortality rates decreased by 9.9% over the same period. When cancer of the trachea, bronchus and lung are included, respiratory diseases accounted for 19% of all registered deaths in 2016 (see Table 2.4, Figures 2.4a and 2.4b). Figure 2.6 shows the death rates for suicide for the last number of years. It is clear that males have higher suicide rates than females both in Ireland and the EU (see Table 2.4 and Figure 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 2014. Overall, mortality rates in Ireland were lower than the EU by 6.4%. Significantly however, rates of mortality from respiratory diseases remained higher in Ireland than the EU-28 average by 38.2%.

Improvements in mortality rates and high levels of self-rated health potentially mask variations between regions, age groups and other population subgroups. The distribution of causes of death varies for those 65 years of age and over and for those who die at age 64 or under. In

the former case, 56.9% of all mortality is attributable to circulatory system diseases and cancer. In those under the age of 65, deaths from injury and poisoning are more prevalent than for the older age groups, accounting for 15.7% of all deaths, compared with around 2% of deaths for those over the age of 65 (see Figures 2.4a and 2.4b). Figure 2.5a and figure 2.5b show the 5-year age-standardised mortality rate for diseases of the respiratory system and circulatory system by county, respectively.

Amenable and preventable deaths are two indicators presented for avoidable mortality. Amenable deaths are classified as deaths that could have been avoided through optimal quality care; preventable deaths include deaths that could have been avoided by public health interventions. In 2014 Ireland was below the EU average for both amenable and preventable avoidable deaths (see Figure 2.8).

While 5-year net survival rates for cervical, breast, colon and rectal cancer have all shown improvements over the last 10 years. Ireland remains below the OECD average for survival rates, with the exception of rectal cancer (see Figure 2.10).

Figure 2.11 shows the percentage of children aged 11-17 engaged in risky behaviour including smoking, alcohol, cannabis and other illicit drugs for 2010 and 2014. With the exception of illicit drug use, there has been a decrease across all other behaviours. Sports participation is shown in figure 2.12 for 16-19 and 20-24 year olds. Both age categories have shown increased participation over 2 years. This graph contrastingly demonstrates an increase in daily use of internet greater than 6 hours per day for 15 year olds.

There was a slight increase in alcohol consumption in 2016, while the number of cigarettes consumed continues to decline (see Figure 2.14). In 2017, 22% of adults said they were current smokers. Figure 2.15 shows current smokers by social class, with an apparent relationship between social class and smoking rates. The proportion of people who binge drink on a typical day of drinking is higher in the younger age categories than the older age categories, with the proportion of men binge drinking consistently higher than women across all categories (see Figure 2.16).

Daily consumption of sugar-sweetened beverages is represented in figure 2.17. Men on average consume more than women, with nearly a quarter of 15-24 year olds drinking sugar-sweetened beverages daily. Figure 2.18 shows the frequency consumption by unhealthy food type. Cakes, muffins, biscuits, chocolate, sweets and ice cream were consumed most frequently in 2017, with over 20% of adults consuming these products.

TABLE 2.1
SELF-PERCEIVED HEALTH STATUS, IRELAND AND EU-28, 2015

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	68.2	62.4	26.3	32.6	5.4	5.1
25-34	54.4	53.5	38.6	35.8	7.0	10.7
35-44	49.6	48.4	39.0	39.2	11.4	12.2
45-64	35.2	35.5	42.6	43.4	22.2	21.2
65+	19.4	17.2	47.5	46.4	33.1	36.4
Total	43.5	41.3	39.5	40.4	17.1	18.2
EU-28	22.8	19.7	46.8	44.7	30.5	35.5

Source: EU-SILC, Eurostat.

TABLE 2.2
PEOPLE WITH A LONG-STANDING ILLNESS OR HEALTH PROBLEM, IRELAND AND EU-28, 2015

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	12.0	10.9	88.0	89.1
25-34	15.2	17.1	84.8	82.9
35-44	18.0	17.6	82.0	82.4
45-64	29.8	30.5	70.2	69.5
65+	50.8	52.8	49.2	47.2
Total	26.0	27.2	74.0	72.8
EU-28	32.1	35.9	67.9	64.1

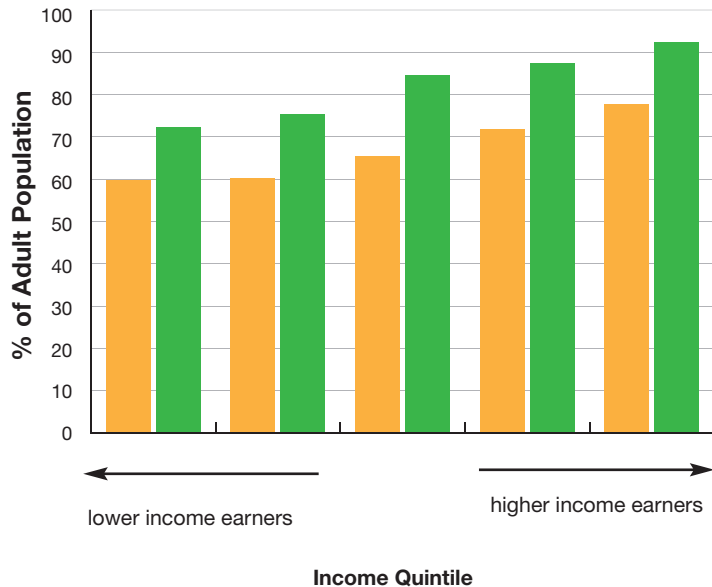
Source: EU-SILC, Eurostat.

TABLE 2.3
SELF-PERCEIVED LONG-STANDING LIMITATIONS IN USUAL ACTIVITIES DUE TO HEALTH PROBLEMS, IRELAND AND EU-28, 2015

Age Group	Some		Severe	
	% Male	% Female	% Male	% Female
16-44	5.9	7.1	2.5	2.1
45-64	14.2	14.3	5.5	6.8
65-74	22.2	22.6	9.2	8.2
75+	28.9	30.2	14.0	19.1
Total	11.8	12.9	4.9	5.5
EU-28	15.7	18.7	7.3	8.7

Source: EU-SILC, Eurostat.

FIGURE 2.1
SELF-PERCEIVED HEALTH RATED GOOD OR VERY GOOD BY INCOME QUINTILE, IRELAND AND EU-28, 2015



■ EU-28

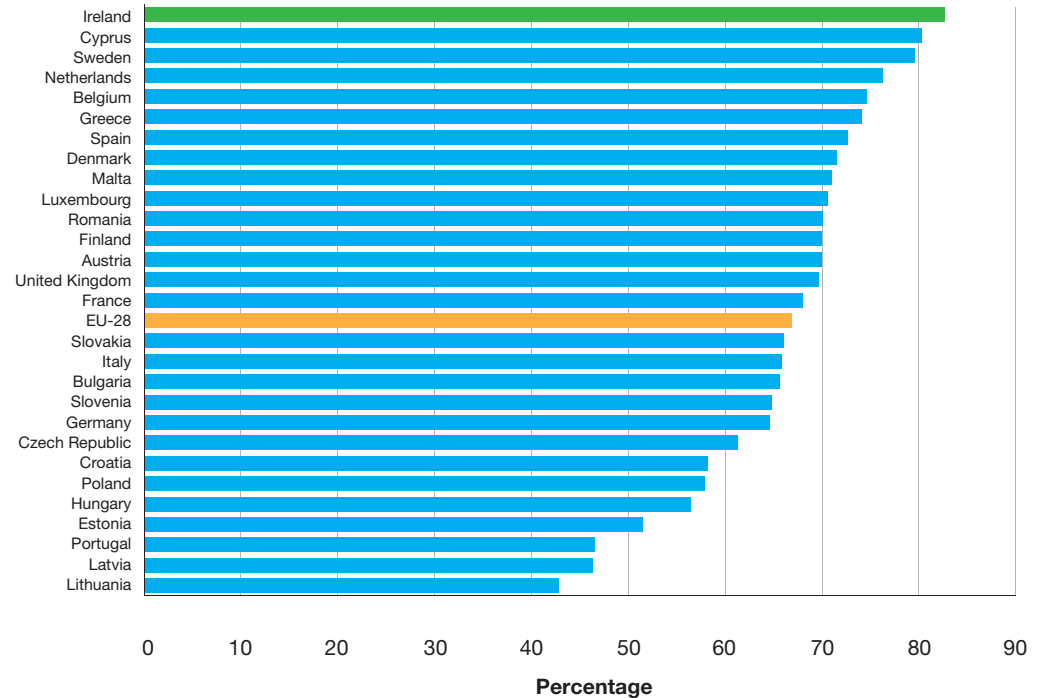
■ Ireland

Source: Eurostat.

Note:

- (i) Income quintiles are calculated on the basis of the total equivalised disposable income attributed to each member of the household

FIGURE 2.2
PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-28 COUNTRIES, 2015



Source: EU-SILC, Eurostat.

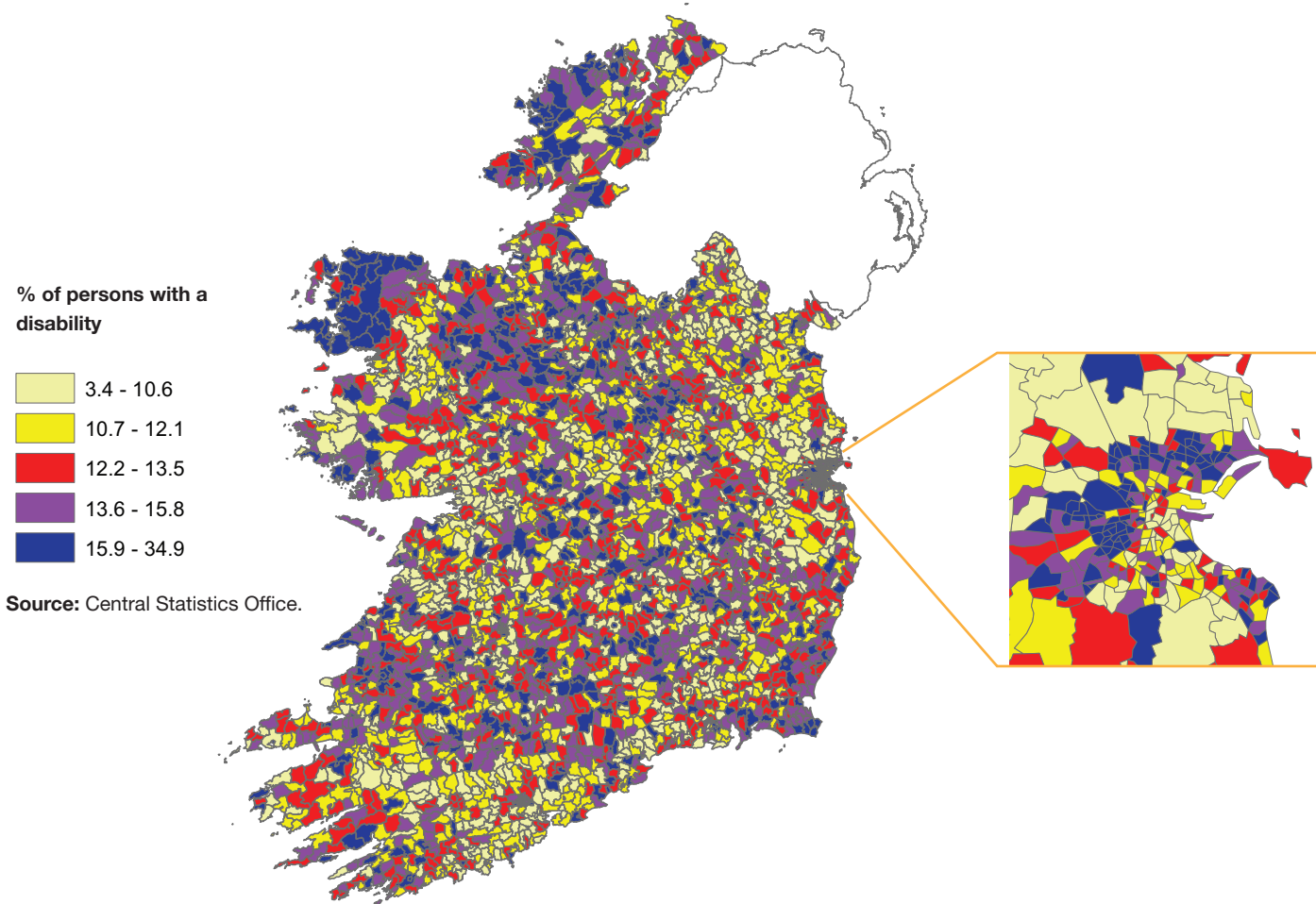
FIGURE 2.3**PERCENTAGE OF POPULATION WITH A DISABILITY BY SMALL POPULATION AREA, 2016**

TABLE 2.4
PRINCIPAL CAUSES OF DEATH AND INFANT MORTALITY RATE: NUMBERS AND AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION, 2007 TO 2016

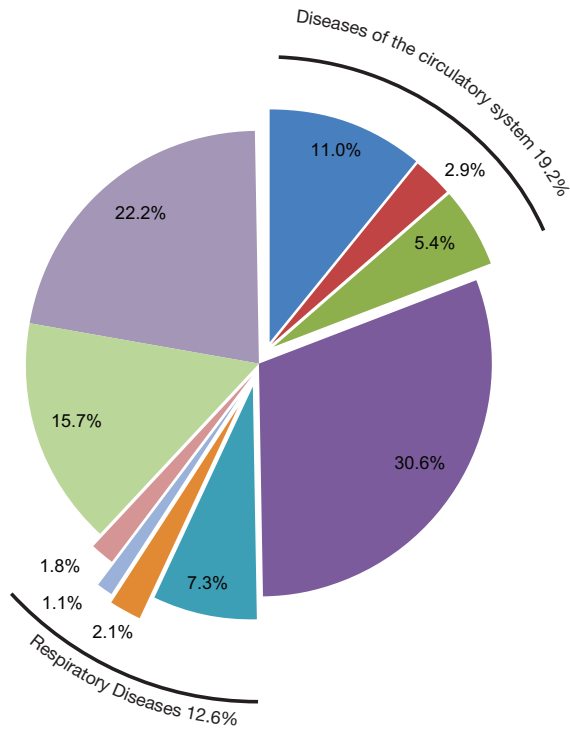
		2007	2011	2015	2016(p)	% Change	
						2007-2016	2015-2016
ALL CAUSES	Number	28,117	28,456	30,127	30,389	8.1	0.9
	Rate	1,151.6	1,037.8	1008.9	983.8	-14.6	-2.5
DISEASES OF THE CIRCULATORY SYSTEM							
All Circulatory System Diseases:	Number	9,956	9,236	9,371	9,205	-7.5	-1.8
	Rate	436.1	358.7	330.0	312.2	-28.4	-5.4
Ischaemic Heart Disease:	Number	5,375	4,707	4,492	4,405	-18.0	-1.9
	Rate	232.0	181.0	154.6	146.2	-37.0	-5.4
Stroke:	Number	2,078	1,993	1,920	1,825	-12.2	-4.9
	Rate	93.0	78.4	68.7	63.0	-32.3	-8.3
CANCER							
All Malignant Neoplasms:	Number	7,917	8,666	8,877	9,023	14.0	1.6
	Rate	304.9	299.6	277.6	274.6	-9.9	-1.1
Cancer of the Trachea, Bronchus and Lung:	Number	1,668	1,850	1,828	1,864	11.8	2.0
	Rate	63.2	63.6	56.7	56.2	-11.1	-0.8
Cancer of the Female Breast:	Number	611	690	678	726	18.8	7.1
	Rate	40.3	41.8	37.3	39.0	-3.4	4.5
DISEASES OF THE RESPIRATORY SYSTEM *							
All Respiratory System Diseases:	Number	3,324	3,438	3,865	3,856	16.0	-0.2
	Rate	152.3	138.0	138.9	132.7	-12.9	-4.5
Chronic Lower Respiratory Disease:	Number	1,496	1,504	1,701	1,711	14.4	0.6
	Rate	64.8	57.8	59.0	57.1	-12.0	-3.4
Pneumonia:	Number	1,125	1,057	1,165	1,049	-6.8	-10.0
	Rate	55.5	45.4	44.3	38.4	-30.8	-13.4
EXTERNAL CAUSES OF INJURY AND POISONING							
All Deaths from External Causes:	Number	1,759	1,693	1,316	1,344	-23.6	2.1
	Rate	47.9	43.7	33.5	33.7	-29.6	0.5
Transport Accidents:	Number	305	189	124	140	-54.1	12.9
	Rate	7.6	4.4	2.9	3.3	-56.8	13.5
Suicide:	Number	458	554	425	399	-12.9	-6.1
	Rate	10.4	12.1	9.5	8.8	-15.4	-7.4
INFANT DEATHS							
Infant Mortality Rate (per 1,000 live births):	Number	230	262	225	208	-9.6	-7.6
	Rate	3.2	3.5	3.1	3.3	3.1	6.5

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

Notes:

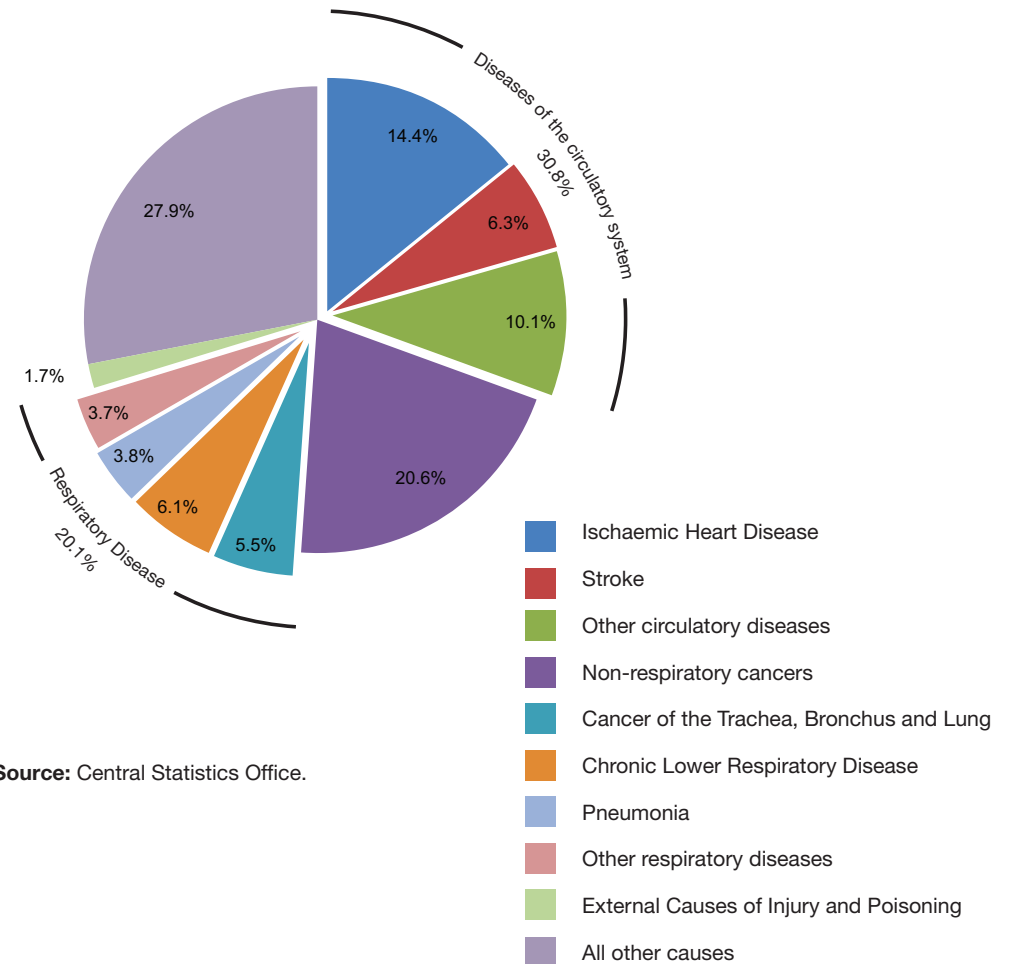
- (i) (p) The figures for 2016 are provisional. They should be treated with caution as they refer to deaths registered in these years and may be incomplete.
- (ii) The rates provided in the table are age-standardised to the European standard population and are presented as rates per 100,000 population except for infant mortality rates which are expressed as deaths per 1,000 live births.
- (iii) *Excludes cancer of the trachea, bronchus and lung.

FIGURE 2.4a
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2016, AGES 0-64



Source: Central Statistics Office.

FIGURE 2.4b
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2016, AGES 65 AND OVER



Source: Central Statistics Office.

FIGURE 2.5A
5-YEAR AGE-STANDARDISED DEATH RATES FROM
RESPIRATORY SYSTEM DISEASES, IRELAND, 2012 TO 2016

Age-standardised death rate per
 100,000 population

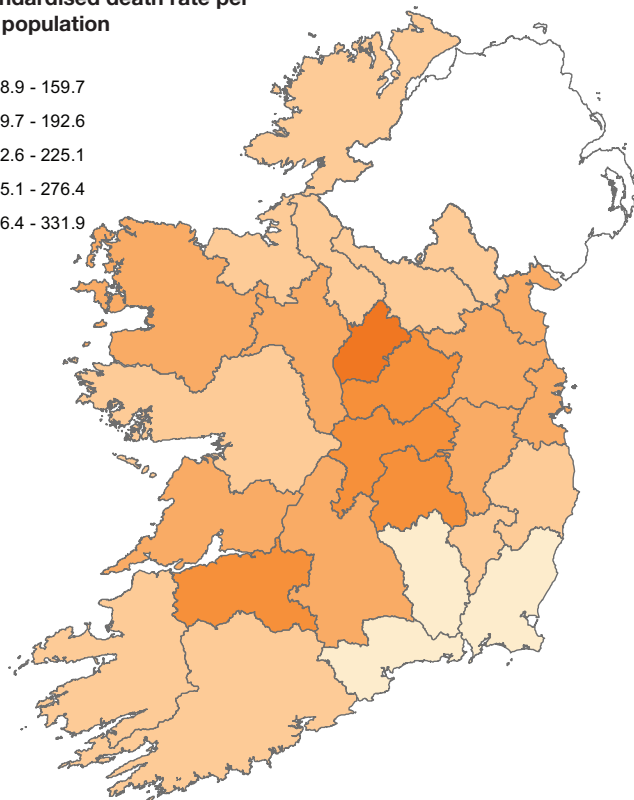
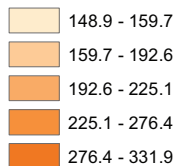
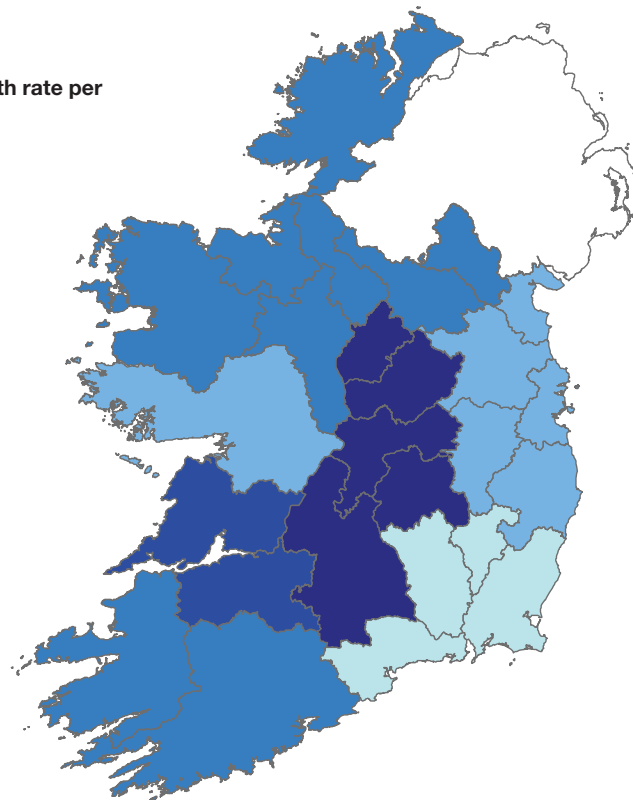
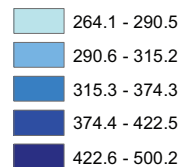


FIGURE 2.5B
5-YEAR AGE-STANDARDISED DEATH RATES FROM
CIRCULATORY DISEASES, IRELAND, 2012 TO 2016

Age-standardised death rate per
 100,000 population



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

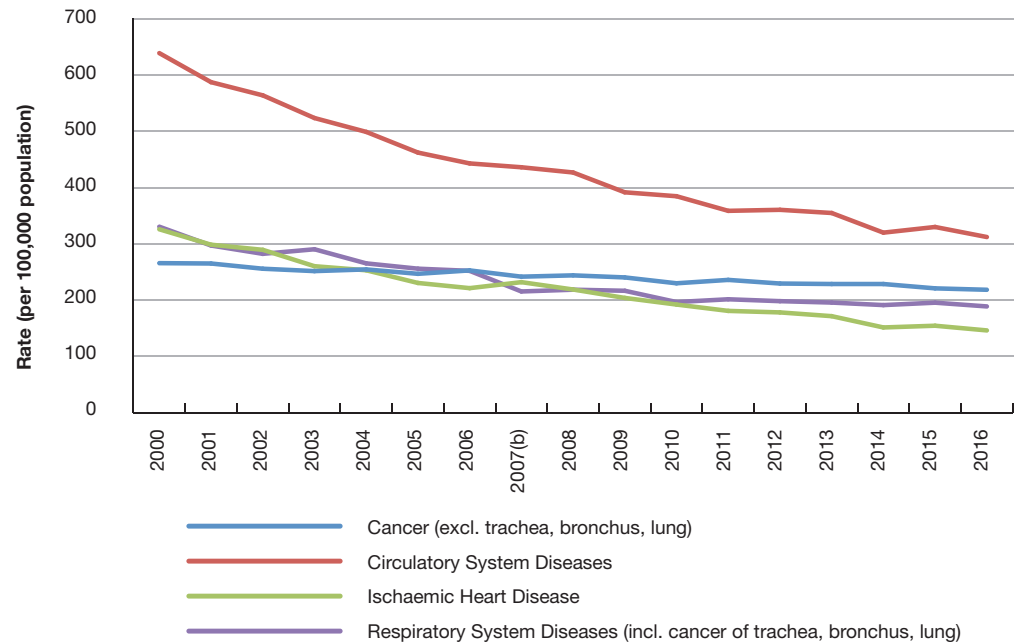
Notes:

- (i) Data are provisional.
- (ii) Includes cancer of the trachea, bronchus and lung.

TABLE 2.5
AGE-STANDARDISED DEATH RATES PER
100,000 POPULATION BY PRINCIPAL CAUSES
OF DEATH, IRELAND AND EU-28, 2014

Cause	Ireland	EU-28	% difference Ireland -EU
All causes	983.5	1,003.1	-2.0
Circulatory system diseases	316.5	373.6	-15.3
Non-respiratory cancers	225.1	207.1	8.7
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	183.4	132.7	38.2
External causes of injury and poisoning	40.3	45.7	-11.8

FIGURE 2.6
AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES,
IRELAND, 2000 TO 2016



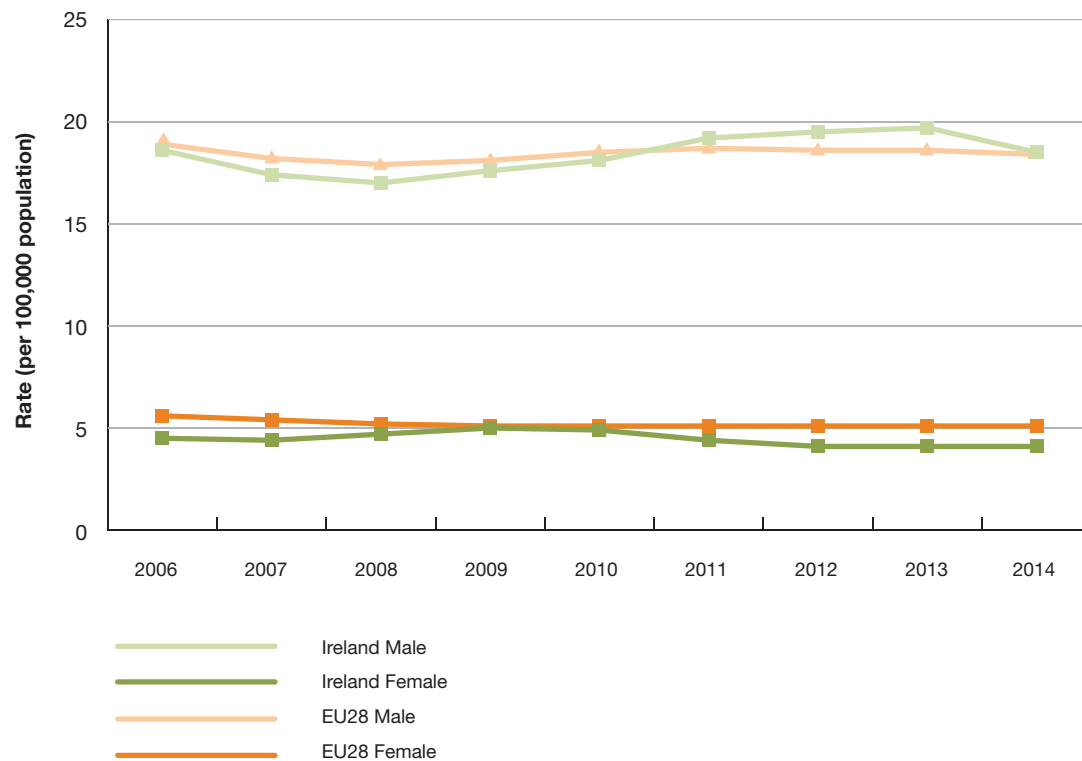
Source: Central Statistics Office, Public Health Information System (PHIS) - Department of Health, Eurostat.

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.

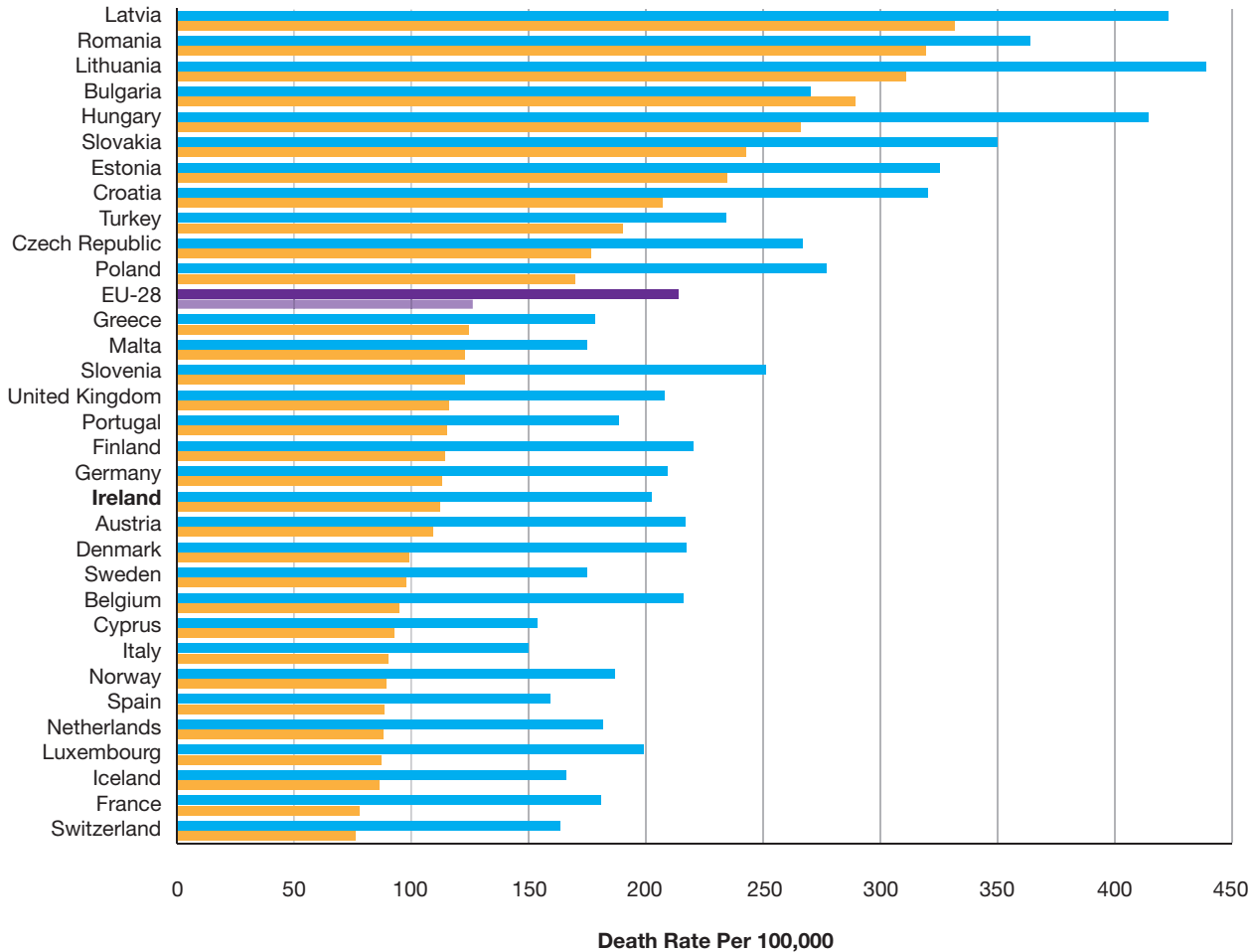
FIGURE 2.7
AGE-STANDARDISED DEATH RATE FOR SUICIDE BY GENDER, 3-YEAR MOVING AVERAGE, IRELAND AND EU-28, 2006 TO 2014



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

Note: 3-year moving average is average of the rate for the previous 3 years.

FIGURE 2.8
PREVENTABLE AND AMENABLE DEATH RATES FOR IRELAND AND EU-28, 2014



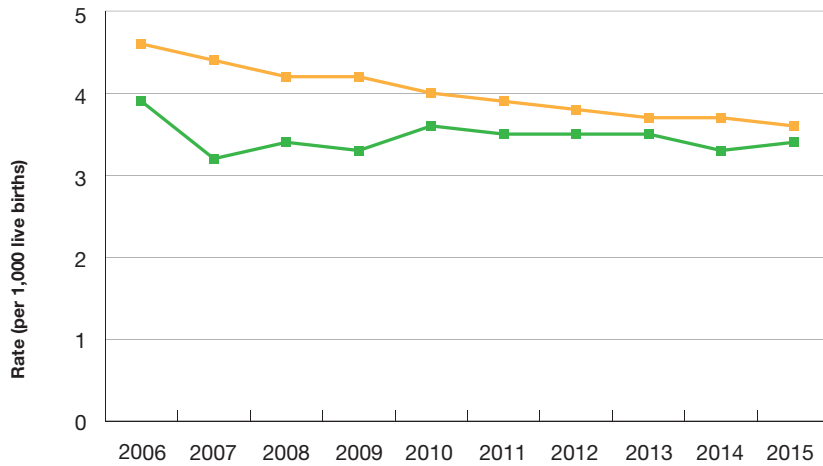
■ Amenable
 ■ Preventable

Source: Eurostat.

Note:

- (i) A death is considered amenable if it could have been avoided by optimal quality healthcare.
- (ii) A preventable death is one considered avoidable by public health interventions.

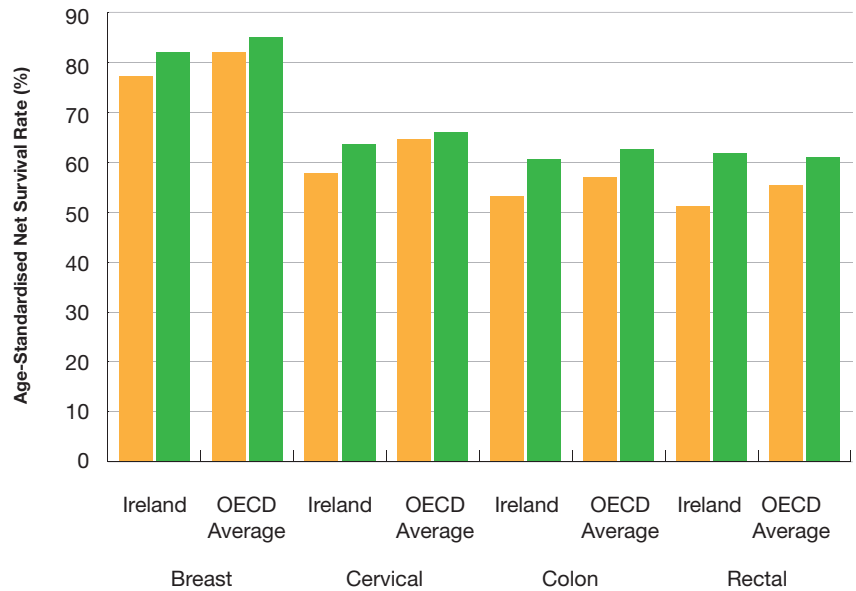
FIGURE 2.9
INFANT MORTALITY RATES, IRELAND AND EU-28, 2006 TO 2015



■ EU-28
 ■ Ireland

Source: Eurostat.

FIGURE 2.10
5-YEAR AGE-STANDARDISED NET SURVIVAL RATES FOR SELECTED CANCERS 2000-2004 TO 2010-2014, IRELAND AND OECD AVERAGE



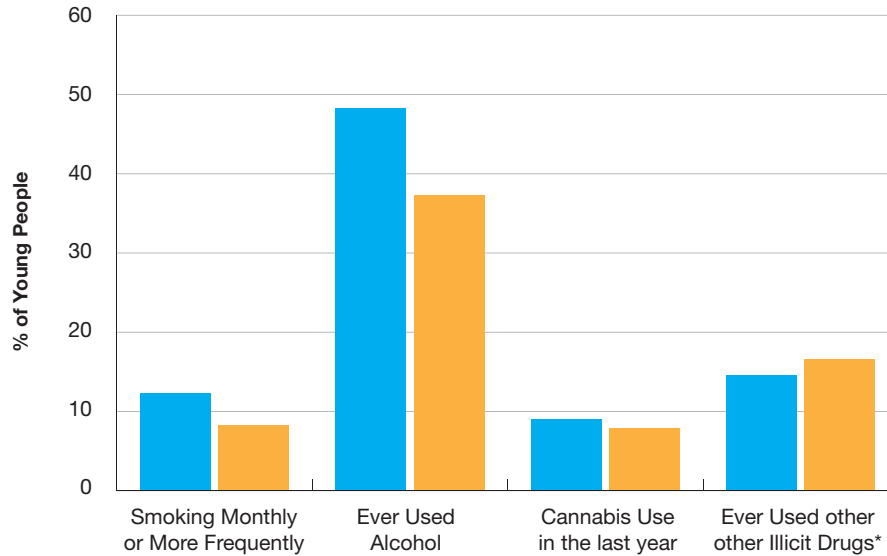
■ 2000-2004
 ■ 2010-2014

Source: Health Care Quality Indicators, OECD.

Note:

- (i) Survival rates refer to population aged 15 years and older.
- (ii) 5-year net survival is the cumulative probability that cancer patients survive their cancer for at least 5 years, after controlling for the risks of death from other causes. Net survival is expressed as a percentage.

FIGURE 2.11
PERCENTAGE OF CHILDREN, AGED 11-17 ENGAGED IN RISKY HEALTH BEHAVIOURS, IRELAND, 2010 AND 2014



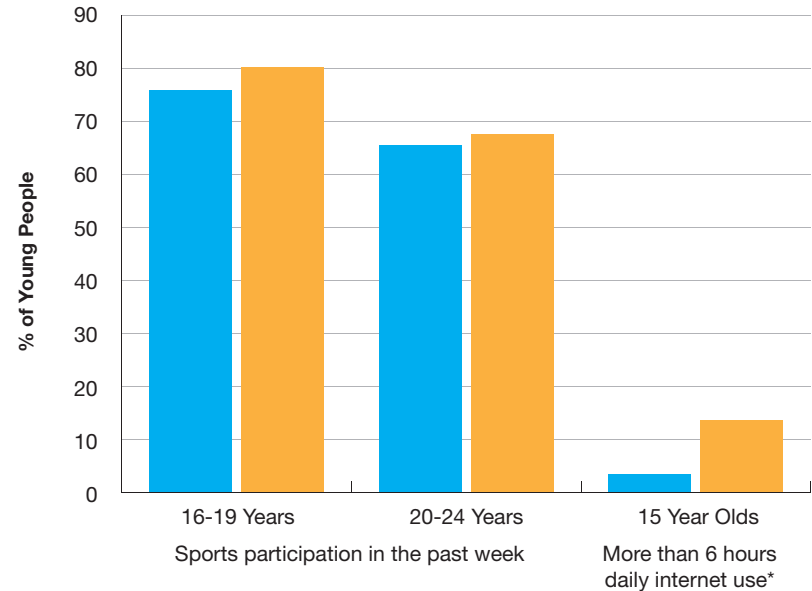
Source: Health Behaviour in School-aged Children (HBSC), World Health Organization.

Notes:

(i)* Data refers to ages 15 and 16 for years 2011 and 2015.



FIGURE 2.12
SPORTS PARTICIPATION AND INTERNET USE FOR YOUNG PEOPLE, IRELAND, 2013 AND 2015



Source: Irish Sports Monitor Annual Report 2015, Programme for International Student Assessment (PISA), OECD.

Notes:

(i) * Data pertains to 2012 and 2015

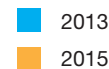
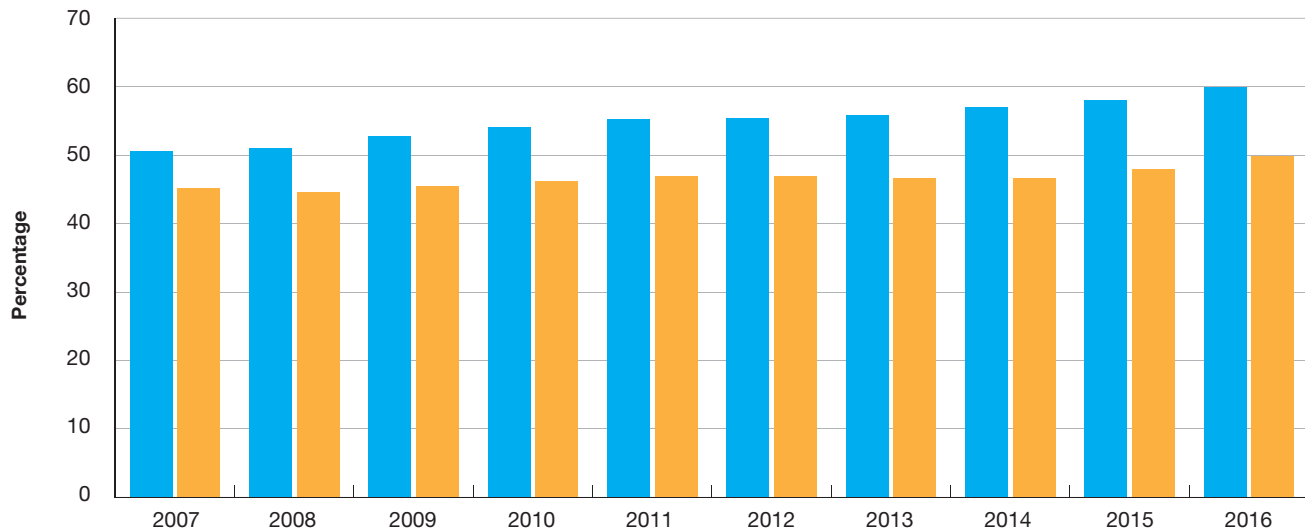


FIGURE 2.13
PERCENTAGE OF MOTHERS BREASTFEEDING AT TIME OF DISCHARGE
FROM HOSPITAL BY FEEDING TYPE, 2007 TO 2016



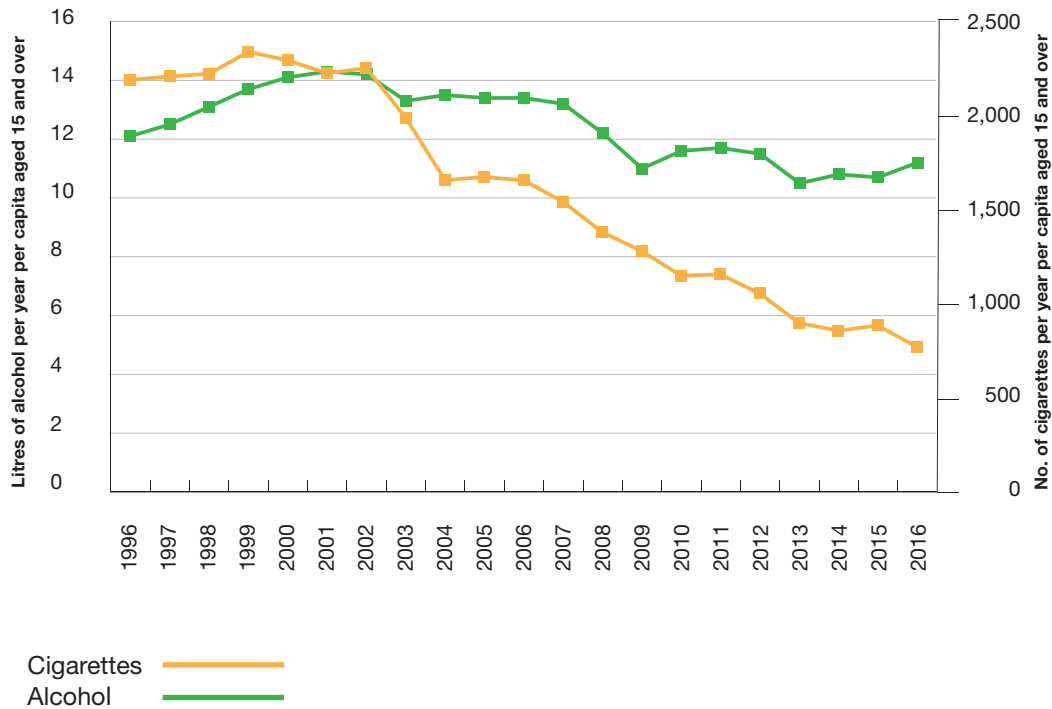
Source: National Perinatal Reporting System (NPRS), Healthcare Pricing Office (HPO).

Notes:

- (i) Data for 2016 are provisional.
- (ii) Figures are subject to rounding.
- (iii) In accordance with the WHO guidelines, only births weighing 500 grams or more are included in any analysis of NPRS data.
- (iv) Total maternities, based on live births (excluding early neonatal deaths).
- (v) Any breastfeeding is based on combined or exclusive breastfeeding.

■ Any Breastfeeding
■ Exclusive Breastfeeding

FIGURE 2.14
ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA AGED 15 YEARS AND OVER, 1996 TO 2016

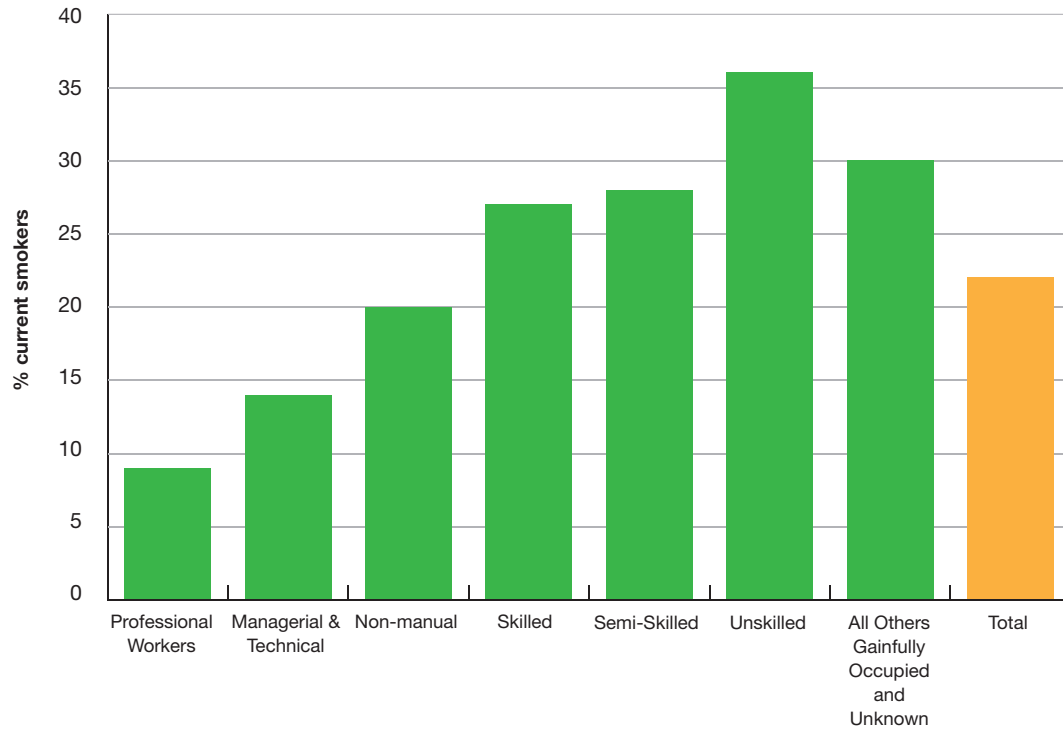


Source: Revenue Commissioners, CSO (population data).

Notes:

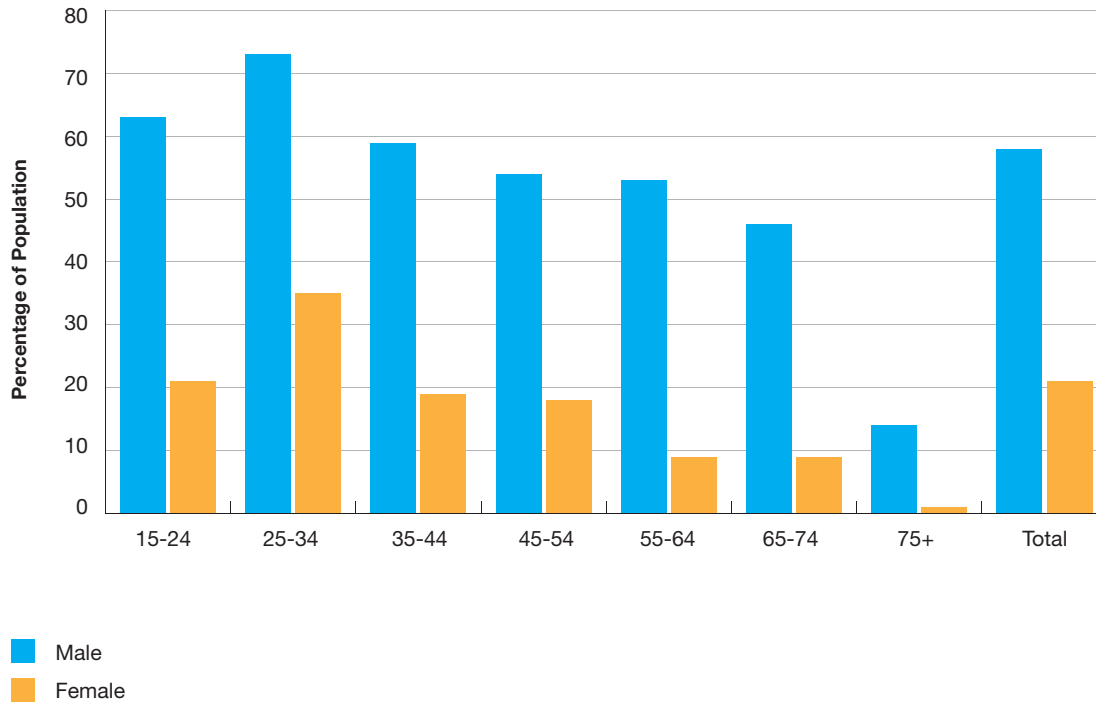
- (i) Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits. Tobacco is measured in terms of sales of cigarettes recorded by the Revenue Commissioners.
- (ii) Cigarette consumption excludes 'roll your own' cigarettes and other tobacco products.

FIGURE 2.15
CURRENT SMOKERS BY SOCIAL CLASS, IRELAND, 2017



Source: Healthy Ireland Survey, 2017

FIGURE 2.16
PROPORTION OF PEOPLE WHO BINGE DRINK ON A TYPICAL DAY OF DRINKING BY GENDER AND AGE CATEGORY, IRELAND, 2017

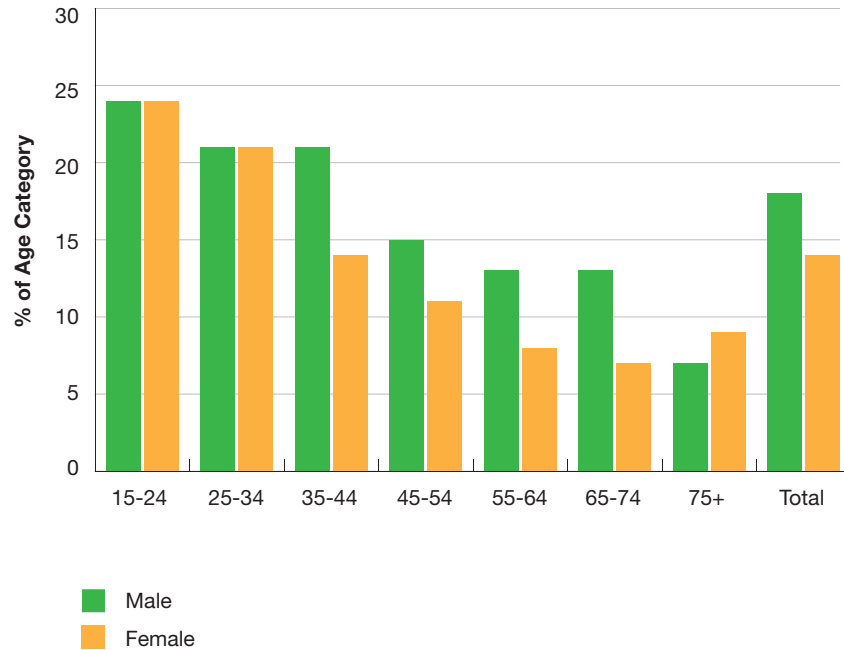


Source: Healthy Ireland Survey, 2017

Note:

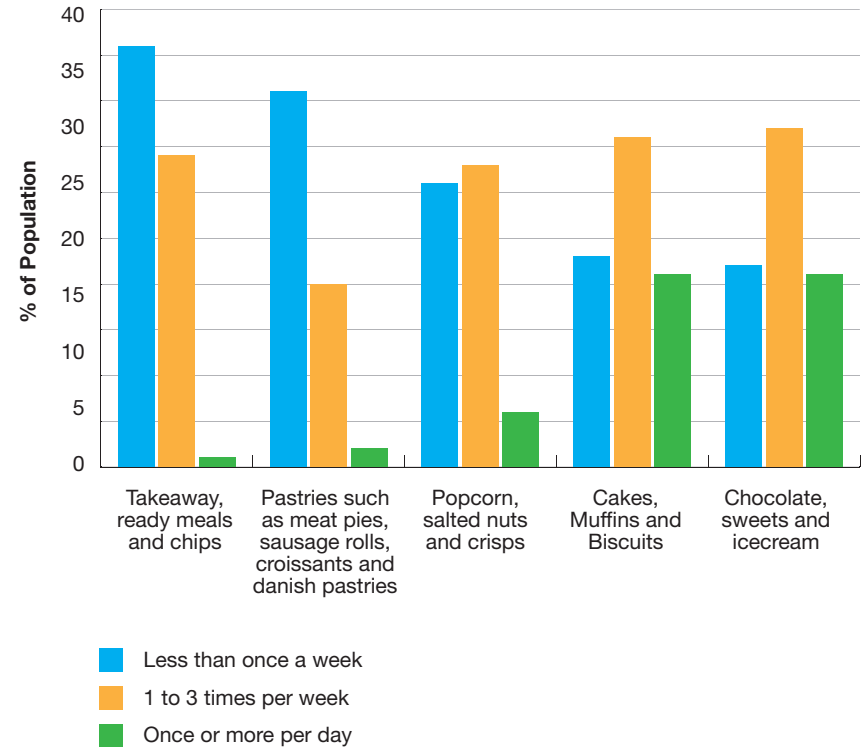
- (i) Binge drinking is defined as consuming 6 or more units of alcohol per single occasion.
- (ii) Data refers to those who have ever drunk alcohol in the last 12 months.

FIGURE 2.17
DAILY CONSUMPTION OF SUGAR-SWEETENED BEVERAGES
BY GENDER AND AGE CATEGORY, IRELAND, 2017



Source: Healthy Ireland Survey, 2017

FIGURE 2.18
FREQUENCY OF UNHEALTHY FOOD TYPE CONSUMPTION,
IRELAND, 2017



Source: Healthy Ireland Survey, 2017.

3. Hospital Care

This section presents statistics on publicly-funded acute hospitals, psychiatric hospital sectors and for the first time private acute hospitals (Tables 3.1a and 3.1b). Within the acute sector, there is a range of specialist and general hospitals. The data presented in this section largely relates to the type and amount of activity taking place across the sector.

Volume of activity is represented as day cases, in-patient cases and outpatient attendances. An increase in hospital activity is noted by the increase of discharges for in-patients and day-cases. 62% of all hospital admissions are now for day case treatment, which has increased by 14% since 2007 (see Table 3.1a). In 2016, inpatients on average spent 5.5 days in hospital, a negligible decrease from last year, but an overall decrease of 9.2% since 2007 (see Table 3.1a). Figure 3.1a shows the rate of elective and emergency discharges for 2008 and 2016. There has been an increase in elective and emergency discharges for most age categories since 2008.

Figures 3.2 and 3.3 demonstrate monthly trends for numbers waiting for elective procedures and outpatient appointments, respectively. In terms of elective procedures, for adults (waiting 8 months and longer) there has been a month on month increase in the numbers waiting up to July 2017, with a gradual decrease to October 2017. For children (waiting 20

weeks and longer) the number waiting for elective procedures fluctuated throughout the year. With respect to outpatient appointments, the number of people waiting 52 weeks and longer has been increasing since December 2016. The number of people waiting on trolleys in emergency departments is illustrated in Figure 3.4. Overall, the 30-day moving average has been lower for 2017 than 2015. The trend lines for 2016 and 2017 appear to seasonally crossover.

Figure 3.5 represents the percentage of emergency ambulance response times in less than 18 minutes and 59 seconds. The national average response for life threatening cardiac or respiratory arrest (Clinical Status 1 ECHO) was 80% and for life threatening other than cardiac or respiratory arrest (Clinical Status 1 DELTA) was 60.6%.

Psychiatric hospital admissions have fallen by 16.8% in the last decade (see Table 3.2). Figure 3.8 displays a decline in admission rates by age group. The highest admission rates for psychiatric hospitals are in the 45-64 year old age group, admission rates are steadily declining overall. According to the most recent census of Irish psychiatric units and hospitals, there were 2,408 patients resident in these units on the census date in 2016, an increase of 3% from 2015, but an overall decrease of 27.3% since 2007 (see Table 3.2).

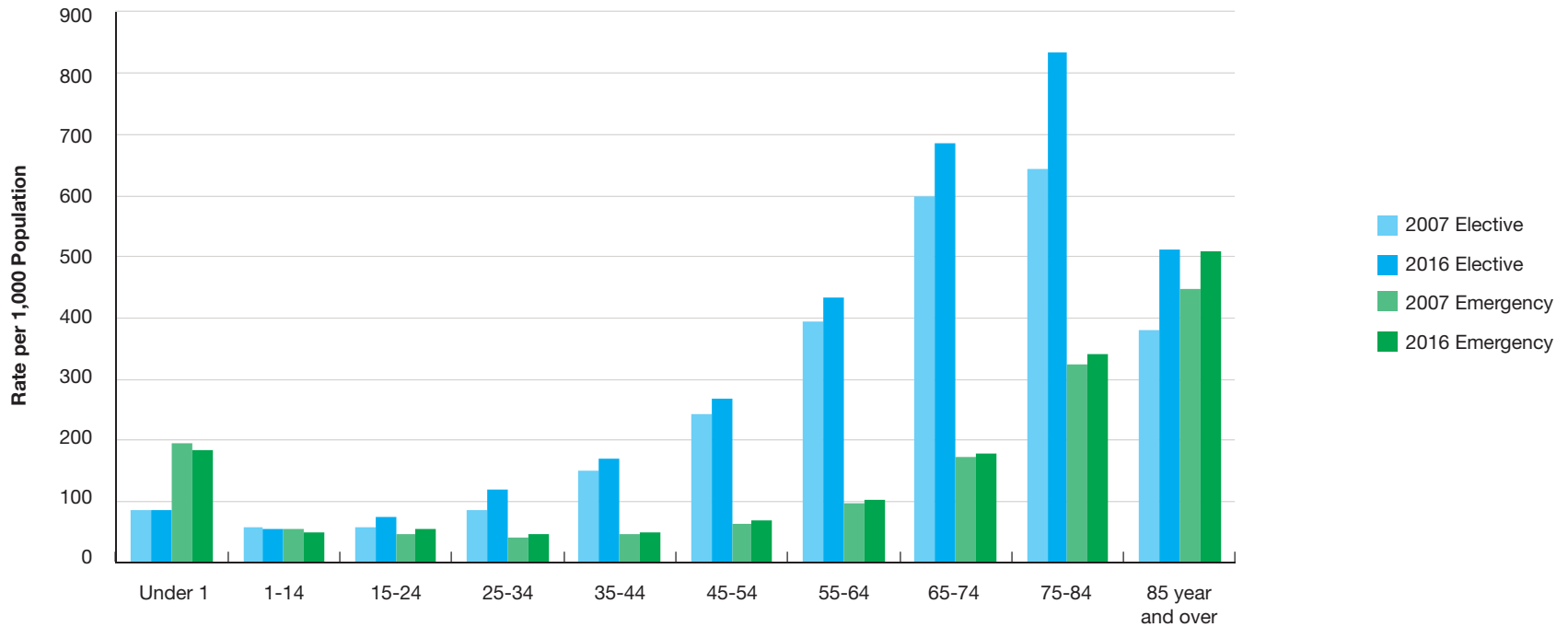
TABLE 3.1A
PUBLIC ACUTE HOSPITAL SUMMARY STATISTICS, 2007 TO 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change	
											2007 -2016	2015 -2016
IN-PATIENTS												
Acute Beds	12,123	11,847	11,538	11,159	10,849	10,492	10,411(b)	10,480	10,473	10,592	-12.6	1.1
In-Patients Discharges	593,357	592,133	583,488	583,017	583,053	616,934	615,211	622,763	625,541	635,353	7.1	1.6
Bed Days Used	3,602,505	3,572,676	3,479,835	3,441,538	3,334,248	3,351,489	3,332,974	3,380,587	3,471,997	3,502,570	-2.8	0.9
% Bed Days Used by Patients Aged 65+	47.3	47.6	48.3	49.4	49.3	49.9	50.9	51.5	52.2	52.6	11.3	0.8
Average Length of Stay in Days	6.1	6.0	6.0	5.9	5.7	5.4	5.4	5.4	5.6	5.5	-9.2	-0.7
Surgical In-Patients	145,771	143,431	140,694	139,269	134,654	135,202	134,022	134,118	134,240	132,858	-8.9	-1.0
DAY CASES												
Beds	1,545	1,737	1,772	1,857	1,936	2,049	2,021	2,006	2,026	2,140	38.5	5.6
Day Cases	718,276	770,617	819,254	857,654	883,422	915,254	931,381	957,258	1,025,797	1,056,656	47.1	3.0
% Day Cases Aged 65+	33.4	33.8	35.3	36.3	36.1	36.4	37.0	37.7	38.8	38.9	16.5	0.4
Surgical Day Cases	92,213	98,841	107,465	115,846	127,544	138,686	142,728	148,072	152,556	158,065	71.4	3.6
TOTAL DISCHARGES												
In-Patients and Day Cases	1,311,633	1,362,750	1,402,742	1,440,671	1,466,475	1,532,188	1,546,592	1,580,021	1,651,338	1,692,009	29.0	2.5
Daycases as a % of Total Discharges	54.8	56.5	58.4	59.5	60.2	59.7	60.2	60.6	62.1	62.4	13.9	0.5
Emergency Department												
Attendances	1,296,091	1,150,674	1,253,178	1,232,908	1,226,820	1,278,522	1,252,685	1,217,572	1,233,693	1,296,571	0.0	5.1
Out-patient Attendances	3,087,448	3,288,917	3,419,705	3,583,290	n/a	2,355,030	3,071,995	3,206,056	3,298,868	3,327,526	-	0.9

Sources: In-patient & Day Case Activity data: Hospital In-Patient Enquiry (HIPE).
Beds, Emergency Department, Out-patient data: Health Service Executive.

- Notes:**
- (i) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
 - (ii) 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.
 - (iii) Bantry Hospital in-patient and daycase activity data has been excluded from the above as data have not been fully reported for all years.
 - (iv) 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.
 - (v) From 2012, data on discharges includes additional activity in acute medical assessment units (AMAU) 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.
 - (vi) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments.
 - (vii) Outpatient data for 2011 was not available due to the development of a reformed set of OPD data.
 - (viii) 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, therefore % change is not represented.
 - (ix) (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.
 - (x) From 2015 this data includes day case activity from St. Luke's Radiation Oncology Network centres located in Beaumont and St. James's Hospitals. These centres are operational since 2011, but data has only been included in HIPE from 2015.

FIGURE 3.1A
ELECTIVE AND EMERGENCY DISCHARGE RATE PER 1,000 POPULATION, 2007 AND 2016.



Source: Hospital Inpatient Enquiry (HIPE). Central Statistics Office for Population Data.

Notes:

- (i) Refer to notes under Table 3.1a
- (ii) Emergency discharges relate to persons who attended the emergency department and were subsequently admitted to hospital as an in-patient.
- (iii) Elective discharges relate to persons who were admitted to hospital for treatment as scheduled on an in-patient or day case basis.

TABLE 3.1B
PRIVATE ACUTE HOSPITAL SUMMARY STATISTICS, 2016

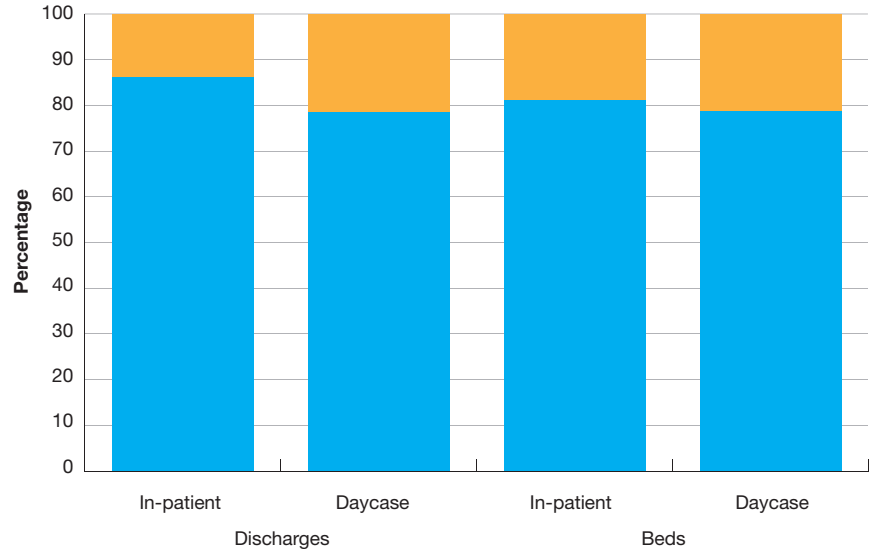
	2016
Number of Private hospitals	
Acute hospitals	18
Psychiatric hospitals	3
In-Patients	
Acute Beds	2,468
In-patient Discharges	102,312
Bed Days Used	489,372
Average Length of Stay in Days	4.8
Day Cases	
Beds	581
Day Cases	289,964
Total Discharges	
In-Patients and Day Cases	392,276
Daycases as a % of Total Discharges	73.9%

Source: Survey of Private Hospitals conducted by the Department of Health.

Notes:

- (i) The data presented above was collected from a data collection exercise conducted with acute private hospitals operating in the State.
- (ii) Data for beds and discharges refers to acute hospitals only.

FIGURE 3.1B
PERCENTAGE OF DISCHARGES AND BEDS FOR IN-PATIENTS AND DAYCASES IN ACUTE PUBLIC AND PRIVATE HOSPITALS, 2016

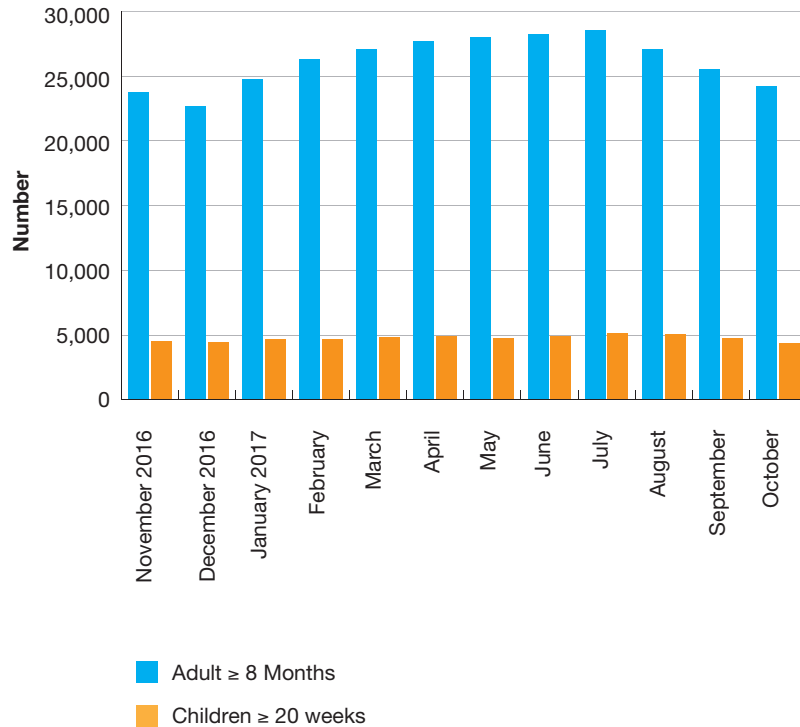


Source: Table 3.1a and 3.1b

Note: See notes for table 3.1a and 3.1b.

■ Public
■ Private

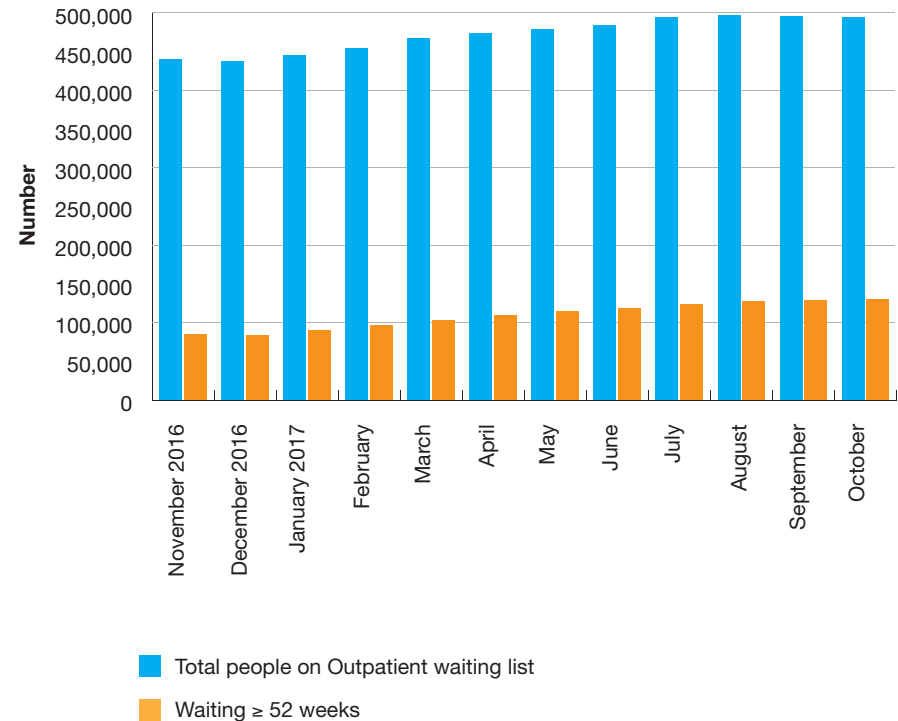
FIGURE 3.2
NUMBERS OF ADULTS AND CHILDREN WAITING FOR IN-PATIENT AND DAYCASE ELECTIVE PROCEDURES, NOVEMBER 2016 - OCTOBER 2017



Source: National Treatment Purchase Fund.

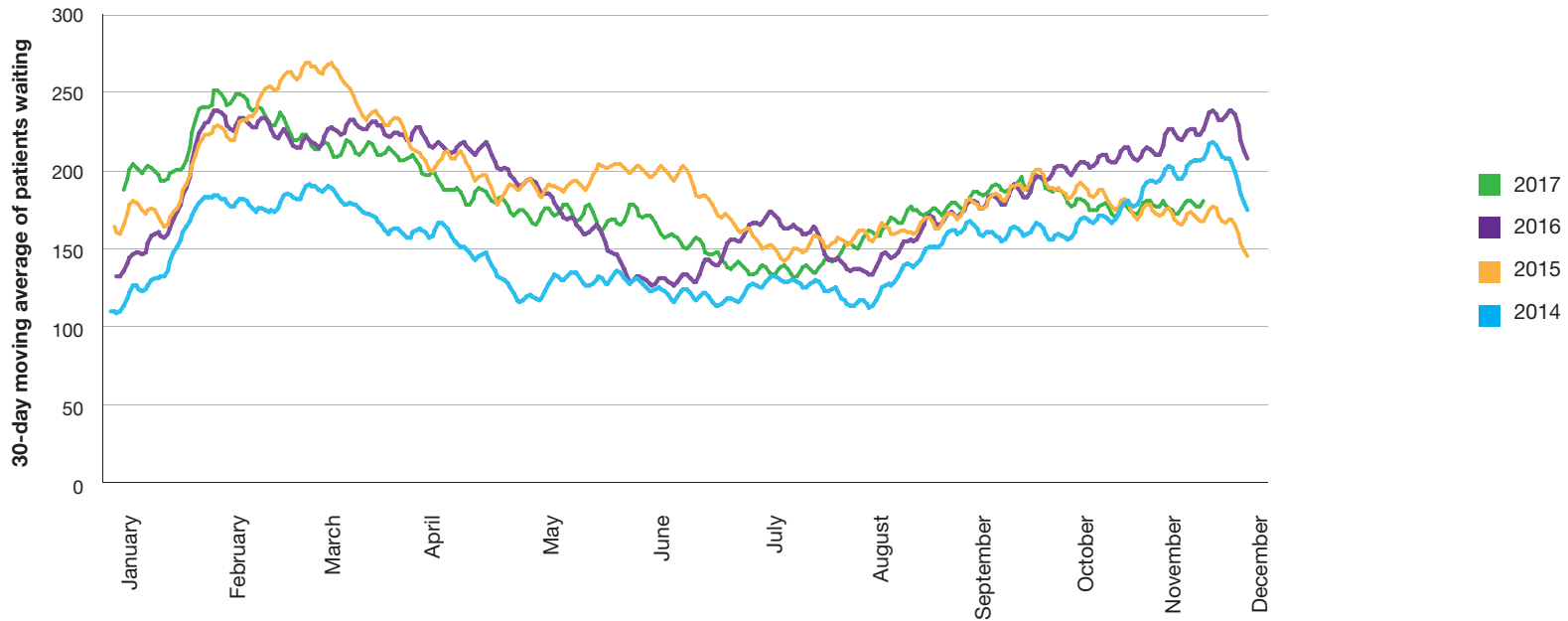
Note: Excludes patients waiting for GI endoscopy.

FIGURE 3.3
NUMBER OF PEOPLE WAITING 52 WEEKS OR LONGER FOR AN OUTPATIENT APPOINTMENT AND TOTAL NUMBER OF PEOPLE ON OUTPATIENT WAITING LIST, 2016-2017



Source: National Treatment Purchase Fund.

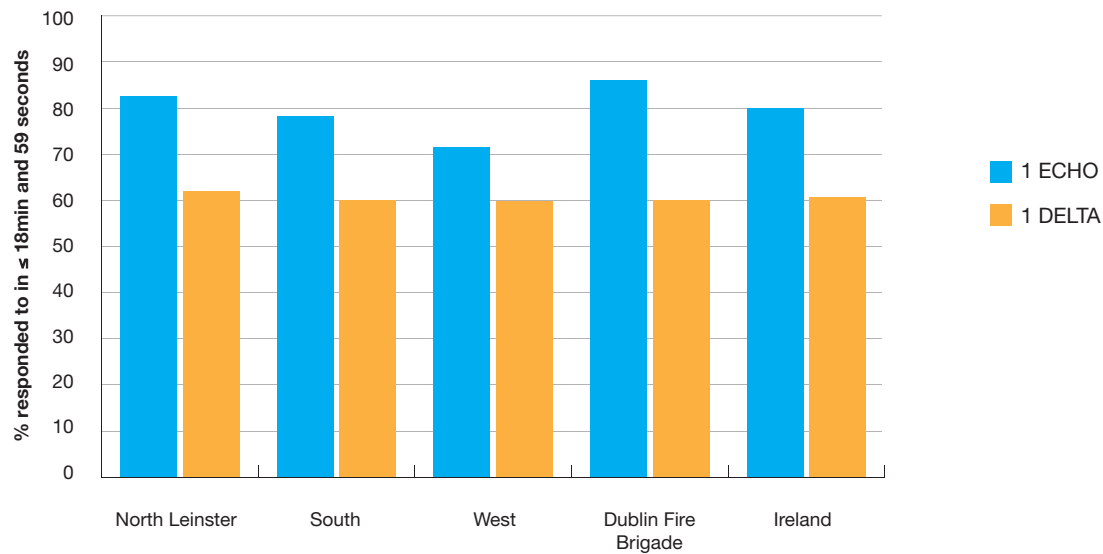
FIGURE 3.4
NATIONAL 30-DAY MOVING AVERAGE OF ADMITTED PATIENTS WAITING ON TROLLEYS IN EMERGENCY DEPARTMENTS IN PUBLIC ACUTE HOSPITALS, 2014 TO 2017



Source: TrolleyGar, HSE.

Note: Data relates to figures collected daily at 2pm, Monday to Sunday.

FIGURE 3.5
DELTA AND ECHO AMBULANCE RESPONSE TIMES, 2017

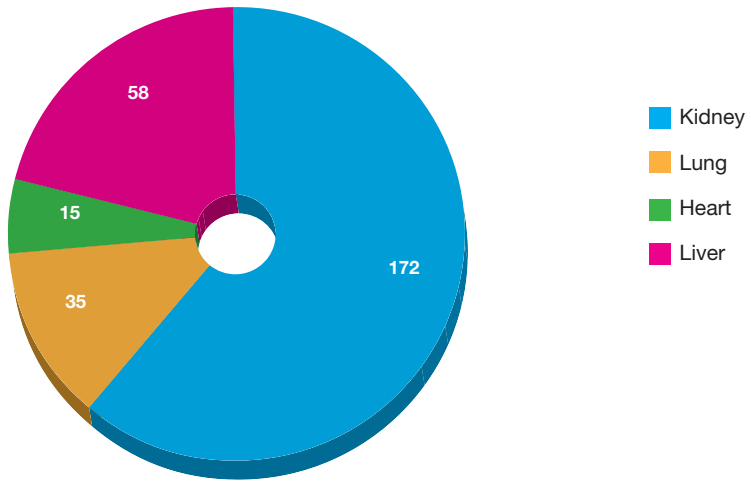


Source: HSE.

Notes:

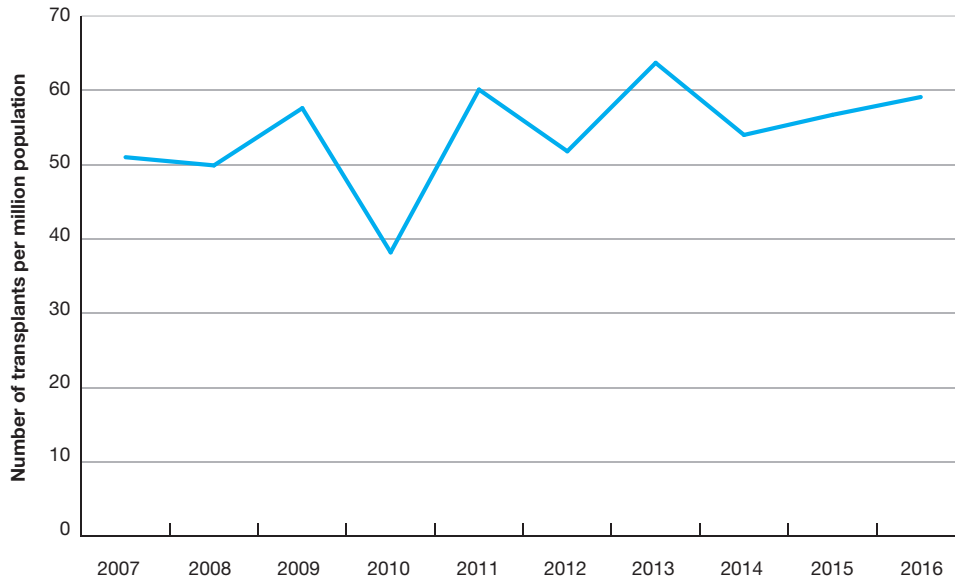
- (i) Clinical Status 1 ECHO refers to a life threatening cardiac or respiratory arrest.
- (ii) Clinical Status 1 DELTA refers to a life threatening emergency other than cardiac or respiratory arrest.
- (iii) Dublin Fire Brigade is included as it has ambulance service to support the HSE.
- (iv) Data refers to September 2017 year to date activity.

FIGURE 3.6
NUMBER OF TRANSPLANTS IN IRELAND BY TYPE, 2016



Source: National Organ Donation and Transplantation Office, HSE.

FIGURE 3.7
TOTAL TRANSPLANTS IN IRELAND PER MILLION POPULATION, 2007 TO 2016



Source: National Organ Donation and Transplantation Office, HSE.

TABLE 3.2
PSYCHIATRIC HOSPITALS AND UNITS SUMMARY STATISTICS, 2007 TO 2016

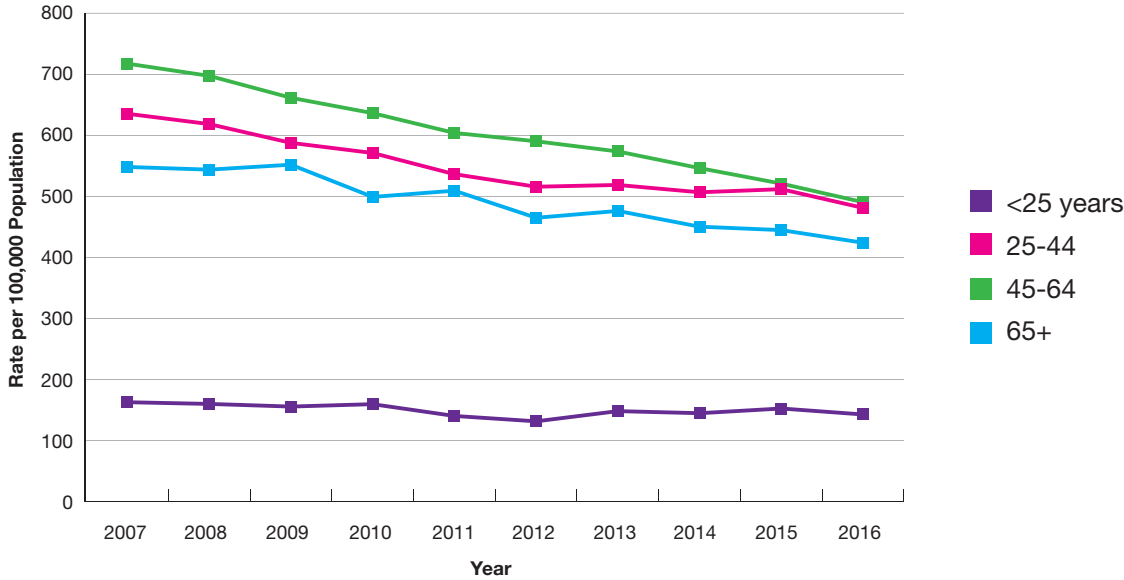
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change	
											2007 -2016	2015 -2016
Number of In-Patient Admissions	20,769	20,752	20,195	19,619	18,992	18,173	18,457	17,797	17,860	17,290	-16.8	-3.2
% Male	49.9	49.7	50.1	50.2	50.5	50.2	49.4	49.6	50.7	50.0	0.1	-1.5
% Female	50.1	50.3	49.9	49.8	49.5	49.8	50.6	50.4	49.3	50.0	-0.2	1.4
Admission Rate per 100,000 Population by Age Group												
<25 years	162.6	159.8	155.5	159.4	140.1	131.3	148.0	144.6	152.3	142.5	-12.4	-6.5
25-44	635.4	618.5	587.7	571.1	536.4	515.8	518.7	506.7	511.8	481.1	-24.3	-6.0
45-64	717.5	697.5	661.6	636.4	604.0	590.3	573.6	546.3	520.9	490.5	-31.6	-5.8
65+	548.2	543.8	551.9	499.1	509.3	464.9	476.1	450.3	444.7	424.0	-22.7	-4.7
Total	478.6	469.1	452.9	438.8	413.9	396.1	401.8	387.5	385.3	363.1	-24.1	-5.8
Total of In-Patient Census	3,314	-	-	2,812	-	-	2,401	2,228	2,337	2,408	-27.3	3.0

Source: Health Research Board and Mental Health Commission.

Notes:

- (i) Cases with an unspecified age were excluded from the age analysis.
- (ii) Since 2013, there has been an annual census recorded at midnight March 31st.

FIGURE 3.8
PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER 100,000 POPULATION BY AGE GROUP, 2007 TO 2016



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, community mental health and disability services, dental treatment, public health nursing, preventative services such as immunisation, reimbursement services such as the medical card and GP visit card schemes as well as drug payment and long term illness schemes.

Data on the number of people covered by medical cards shows that both volume and population-based rates started to decrease since 2012 (see Table 4.1). By April 2017 34.4% of the population had a medical card, compared with 30.1% in 2008. Figure 4.1 demonstrates an increase in medical card coverage for most age groups, except for the 0-4, 65-69 and over 70 age groups. 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 continued to decrease since 2008; numbers availing of the long-term illness scheme have steadily increased over the last 10 years. The numbers of people treated under the dental and ophthalmic schemes have increased by 61% and 51%, respectively.

Figure 4.4 shows that 43% of the population were covered by private health insurance in 2016. Percentage coverage has increased for age groups 18-29, 40-59 and over 70.

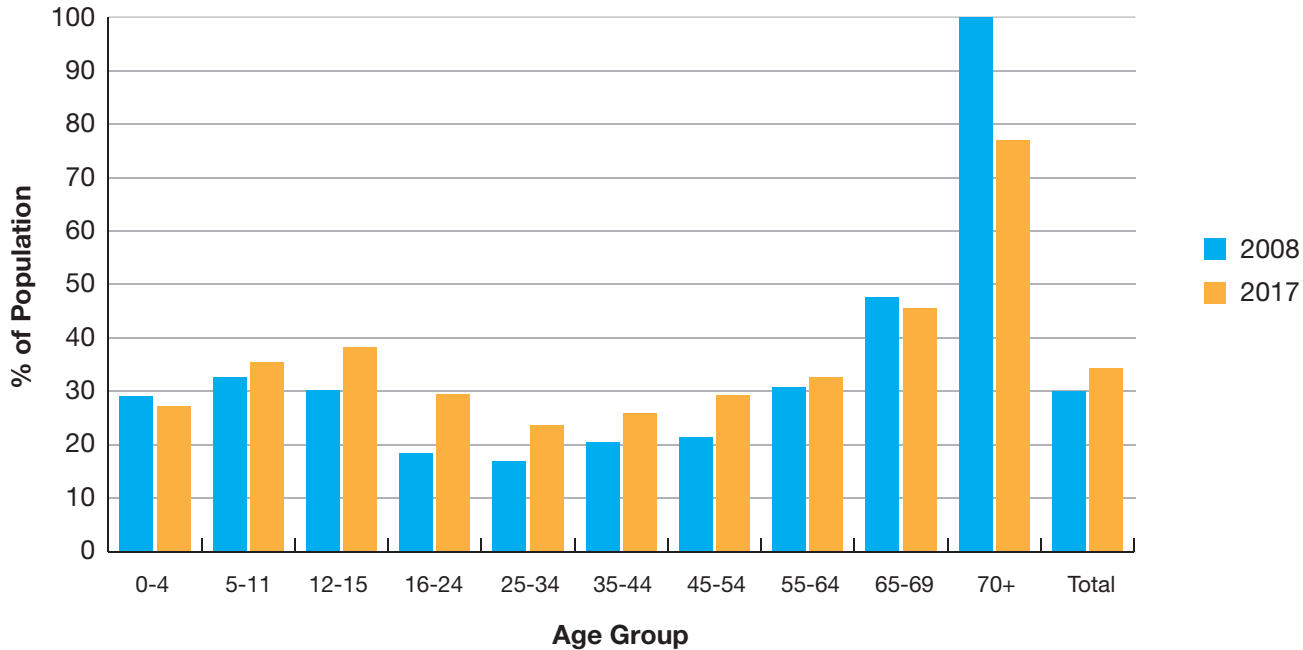
Table 4.2 summarises information obtained from the Nursing Homes Support Scheme. This data is obtained from the primary system of records of applicants, clients and nursing homes in the scheme. Since year end 2013, there has been an 8.2% increase in participants in the scheme. The proportion of patients under 65 has increased by 11.1% for the same period.

Immunisation rates remain stable for most vaccinations since 2015, except for a slight decrease in Meningococcal, MMR and Pneumococcal Conjugate (see Table 4.3). 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 number of people registered between 2015 and 2016. The data shows that of all persons registered in 2016, 51% had a physical disability only; 18% had a single form of sensory disability (i.e. hearing, visual, or primary speech and language); the remaining 31% had multiple disabilities.

People in receipt of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD) (see Table 4.5). Since 2007 the number of people availing of day services who are day attendees increased by 22% and the numbers who are full time residents decreased by 6.7%. 83% of full-time residents are assessed as having moderate, severe, or profound disability. Data is 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 the number of cases in treatment for problem drug use, including and excluding alcohol. There was an increase of almost 35% in the number of cases including alcohol treated between 2007 and 2016. There was also over a 70% increase in the number of cases treated, excluding alcohol for the same period. The number of new entries into treatment increased in both treatment groups, cases that included alcohol increased by 23%, and cases that excluded alcohol increased by over 40%.

FIGURE 4.1
PERCENTAGE OF POPULATION WITH A MEDICAL CARD BY AGE GROUP, 2008 AND 2017

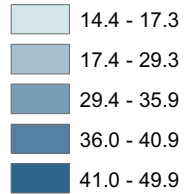


Source: Primary Care Reimbursement Service. CSO for Population data.

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, 2017

Percentage of population with a medical card



Source: Primary Care Reimbursement Service.

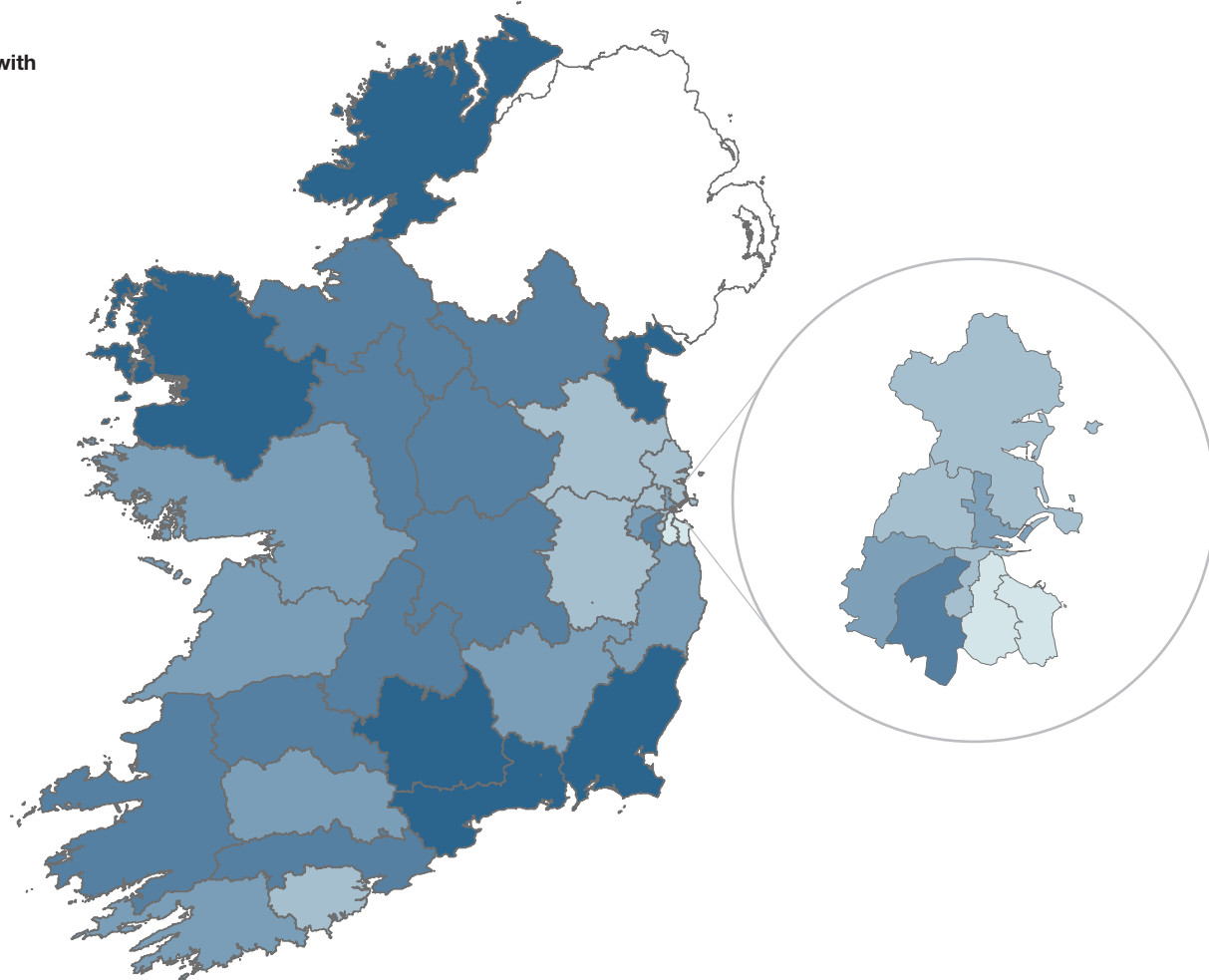


TABLE 4.1
PRIMARY CARE REIMBURSEMENT SERVICE SCHEMES, 2007 TO 2016

Scheme	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change	
											2007 -2016	2015 -2016
Medical Card												
Number	1,276,178	1,352,120	1,478,560	1,615,809	1,694,063	1,853,877	1,849,380	1,768,700	1,734,853	1,683,792	31.9	-2.9
% of population	29.2	30.1	32.6	35.5	37.0	40.4	40.1	38.1	37.0	35.5	21.7	-4.0
of which 0-15 years	278,419	299,666	335,297	370,354	388,098	432,082	427,961	403,027	390,730	371,819	33.5	-4.8
% of 0-15 years	29.6	30.9	33.8	36.5	37.6	41.3	40.6	38.1	36.8	34.9	17.8	-5.2
GP Visit Card^a												
Number	75,589	85,546	98,325	117,423	125,657	131,102	125,426	159,576	431,306	470,505	522.5	9.1
% of population	1.7	1.9	2.2	2.6	2.7	2.9	2.7	3.4	9.2	9.9	483.9	7.9
Drugs Payments Scheme												
Number	1,583,738	1,624,413	1,587,448	1,557,048	1,518,241	1,463,388	1,399,959	1,332,817	1,301,905	1,272,724	-19.6	-2.2
% of population	36.2	36.2	35.0	34.2	33.2	31.9	30.3	28.7	27.8	26.9	-25.7	-3.1
Long-term Illness Scheme												
Number	112,580	120,407	127,636	134,926	142,585	150,598	158,924	196,902	225,631	245,964	118.5	9.0
% of population	2.6	2.7	2.8	3.0	3.1	3.3	3.4	4.2	4.8	5.2	100.0	8.0
Dental												
Number of treatments	1,078,878	1,195,945	1,584,598	1,408,686	1,030,032	1,198,124	1,310,773	1,312,383	1,250,925	1,215,042	12.6	-2.9
Number of people treated	258,167	271,731	343,067	382,404	347,773	394,399	435,292	436,433	420,459	416,662	61.4	-0.9
Ophthalmic												
Number of treatments	493,504	530,282	564,606	637,850	675,841	730,629	758,275	756,305	756,036	767,280	55.5	1.5
Number of people treated	210,079	222,567	238,844	269,076	279,505	307,522	317,218	317,731	315,040	318,021	51.4	0.9

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

Notes:

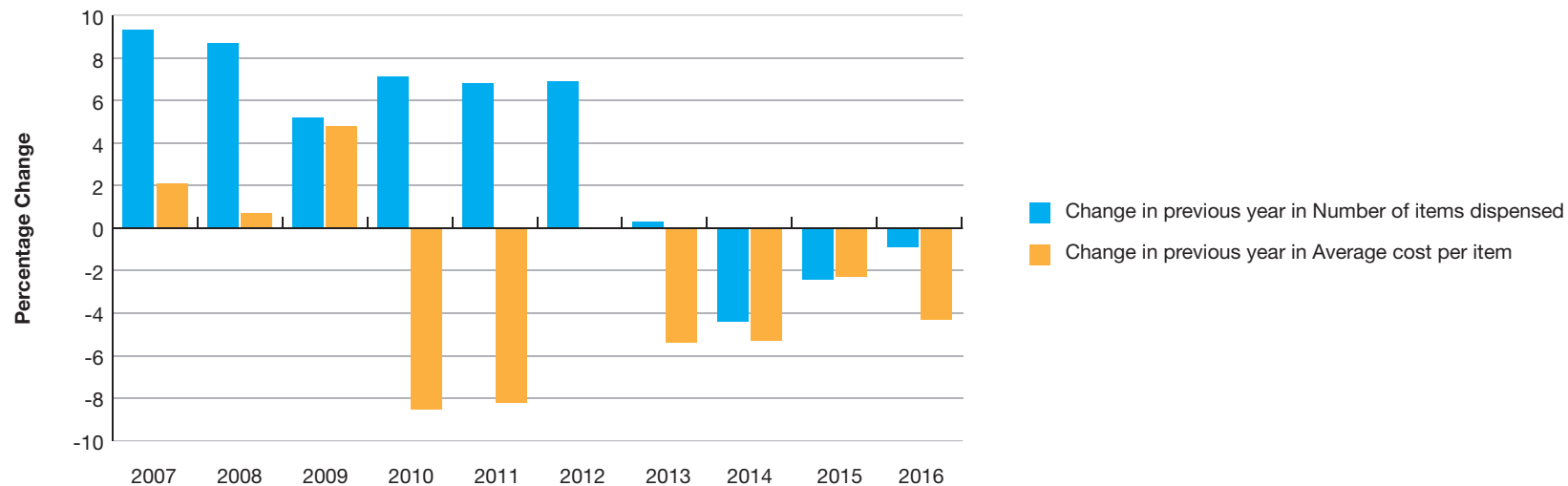
(i) Data as at 31st December each year.

(ii) Data for 2016 are provisional.

(iii) a: GP visit cards were introduced to all children under 6 in 2015. Because of this the percentage change should be viewed with caution.

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, 2007 TO 2016



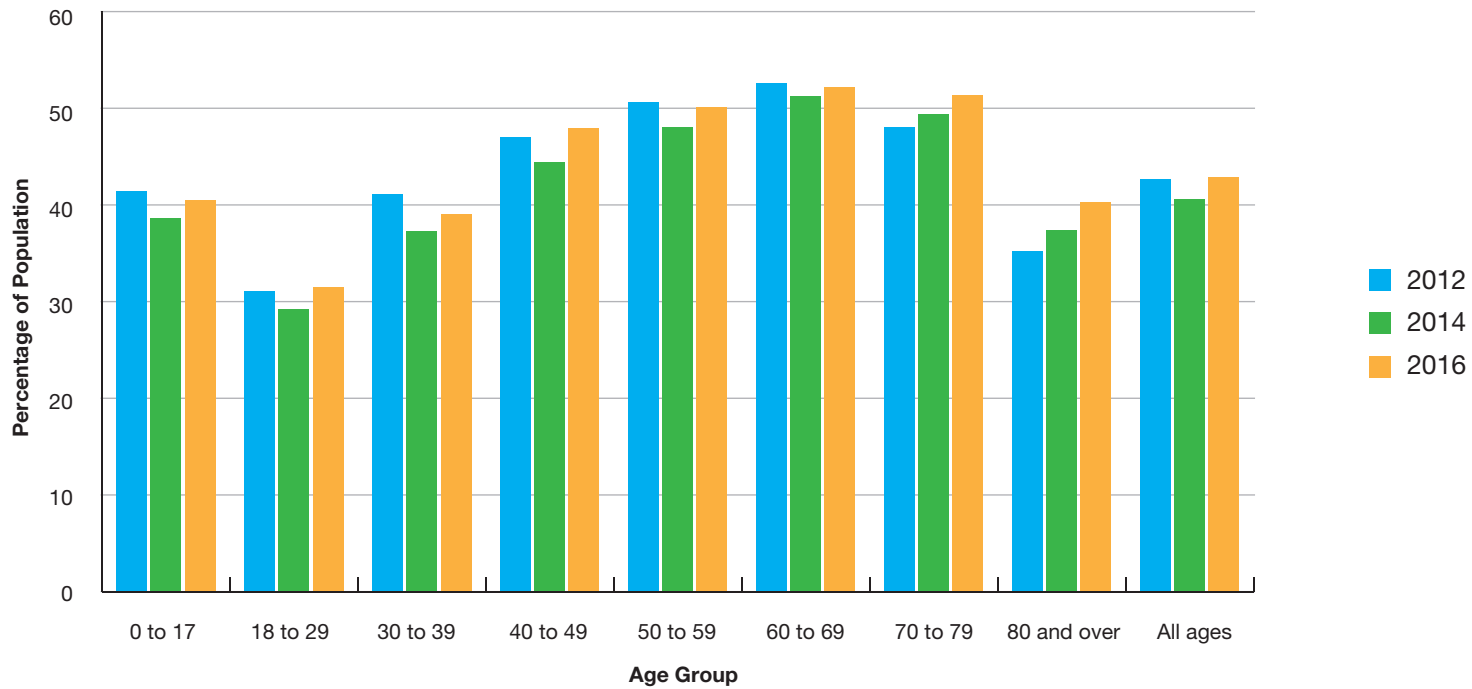
Source: General Medical Services (Payments) Board / Primary Care Reimbursement Service, HSE.

Notes:

- (i) Data on cost per item includes dispensing fee, ingredient cost and VAT.
- (ii) Number of prescription items excludes Stock Order Items.

FIGURE 4.4

PERCENTAGE OF POPULATION COVERED BY PRIVATE HEALTH INSURANCE IN IRELAND BY AGE GROUP, 2012, 2014 AND 2016



Source: Health Insurance Authority.

Note: Data excludes insurance offered by insurers with restricted membership undertakings.

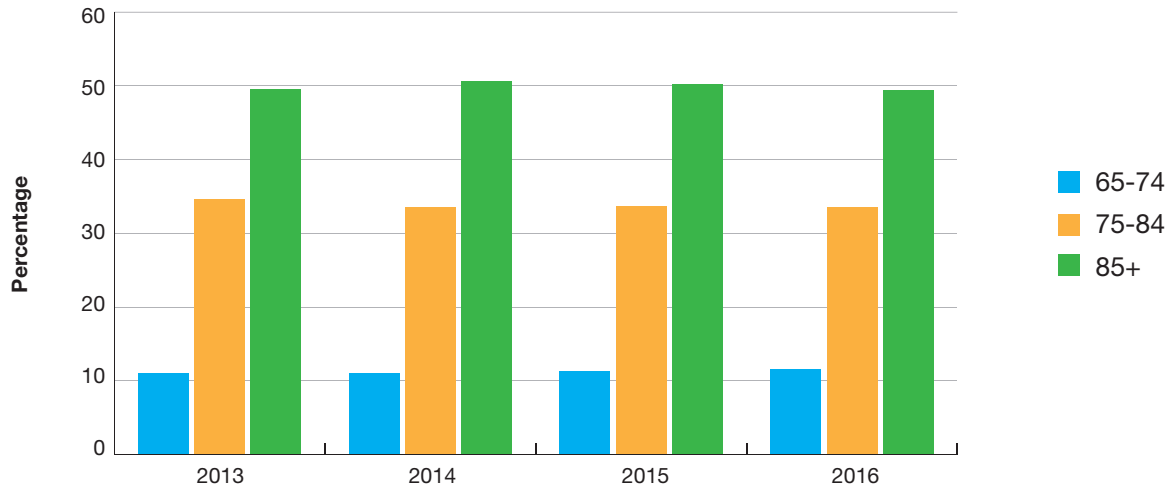
TABLE 4.2
LONG-STAY CARE SUMMARY STATISTICS, 2013 TO 2016

	2013	2014	2015	2016	% Change
					2013-2016
Number of Beds	27,827	28,705	30,106	30,396	9.2
Number of Patients Resident at 31/12	21,339	21,594	22,273	23,086	8.2
Average age of Resident	82.8	82.9	82.9	82.7	-0.1
Age Distribution (as % of total)					
Under 65	4.8	4.8	4.8	5.3	11.1
65-69	3.9	4.0	4.1	4.2	8.8
70-74	7.1	7.0	7.2	7.4	3.9
75-79	13.1	12.8	12.9	12.7	-3.1
80-84	21.6	20.8	20.8	20.9	-3.0
85+	49.6	50.7	50.2	49.4	-0.4

Source: HIQA (Number of beds), Nursing Homes Support Scheme, HSE.

Notes:

- (i) The 'number of patients resident' is reported by the NHSS and is administrative data that captures all residents covered by the Nursing Home Support scheme (NHSS).
Those residents in long-stay units who are not covered by the scheme are not included here.
- (ii) The 'number of beds' refers to those registered with HIQA in designated centres for providing residential care for older people, therefore these data include those units not registered with the NHSS scheme and also includes beds used for short term stay.
- (iii) Age distribution data is based on those resident in December of each year.

FIGURE 4.5**LONG-STAY CARE: PERCENTAGE OF RESIDENTS AGED 65+ YEARS, BY AGE GROUP, 2013 TO 2016**

Source: Table 4.2.

TABLE 4.3
IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 2007 TO 2016

	2007	2008	2009 ^B	2010 ^B	2011	2012	2013	2014	2015	2016	% Change	
											2007-2016	2015-2016
Diphtheria	92	93	94	94	95	95	96	96	95	95	3.3	0.0
Pertussis	92	93	94	94	95	95	96	96	95	95	3.3	0.0
Tetanus	92	93	94	94	95	95	96	96	95	95	3.3	0.0
Haemophilus Influenzae Type B	92	93	93	94	95	95	95	96	95	95	3.3	0.0
Polio	92	93	94	94	95	95	96	96	95	95	3.3	0.0
Meningococcal ^D	91	92 ^A	93	86	84	85	87	88	88	87	-4.4	-1.1
Measles, Mumps & Rubella												
(MMR)	87	89	90	90	92	92	93	93	93	92	5.7	-0.9
Hepatitis B ^C	-	-	-	94	95	95	95	95	95	95	-	0.0
Pneumococcal Conjugate ^C	-	-	-	88	90	91	91	92	92	91	-	-1.1

Source: Health Protection Surveillance Centre (HPSC).

Notes:

- (i) A: Data for Q3 2008 were not available for 2 regions.
- (ii) B: The data for 2009 and 2010 are incomplete as data for some regions were incomplete.
- (iii) C: 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.
- (iv) D: In 2008, the Meningococcal immunisation schedule was changed, adding an additional visit to the GP. Caution is advised when comparing to previous years.
- (v) 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, 2007 TO 2016**

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change	
											2007-2016	2015-2016
Physical Disability Only	20,030	16,537	15,442	14,445	13,915	13,580	13,086	12,437	11,182	11,055	-44.8	-1.1
Hearing Loss / Deafness Only	1,634	1,618	1,575	1,448	1,376	1,298	1,336	1,316	1,346	1,291	-21.0	-4.1
Visual Disability Only	1,378	1,381	1,355	1,339	1,292	1,192	1,271	1,223	1,221	1,040	-24.5	-14.8
Primary Speech and Language only	1,152	2,736	2,565	2,527	2,714	2,611	2,388	1,897	1,979	1,640	42.4	-17.1
Multiple Disability	2,990	5,030	5,231	5,431	5,873	6,307	6,310	6,035	7,085	6,737	125.3	-4.9
Total (all ages)	27,184	27,302	26,168	25,190	25,170	24,988	24,391	22,908	22,813	21,763	-19.9	-4.6
Total (under 18)	8,373	8,546	8,043	7,627	8,034	8,000	7,568	6,522	6,230	6,730	-19.6	8.0

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

Notes:

- (i) 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.
- (ii) Registration with the NPSDD is voluntary.

TABLE 4.5
INTELLECTUAL DISABILITY SERVICES: NUMBER OF PERSONS AVAILING OF DAY SERVICES BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 2007 TO 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change		
											2007 -2016	2015 -2016	
Mild													
Day Attendees	6,781	6,972	7,069	7,212	7,446	7,540	7,611	7,551	7,614	7,665	13.0	0.7	
Full-Time Residents	1,285	1,345	1,374	1,382	1,428	1,393	1,376	1,357	1,308	1,281	-0.3	-2.1	
Moderate, Severe, Profound													
Day Attendees	7,610	8,102	8,343	8,571	8,930	9,249	9,480	9,742	9,896	10,002	31.4	1.1	
Full-Time Residents	6,668	6,787	6,758	6,721	6,673	6,632	6,543	6,482	6,372	6,274	-5.9	-1.5	
Not Verified													
Day Attendees	2,213	2,046	1,872	1,922	2,215	2,344	2,238	2,316	2,472	2,564	15.9	3.7	
Full-Time Residents	172	67	56	49	52	33	24	19	20	27	-84.3	35.0	
Total (all ages)													
Day Attendees	16,604	17,120	17,284	17,705	18,591	19,133	19,329	19,609	19,982	20,231	21.8	1.2	
Full-Time Residents	8,125	8,199	8,188	8,152	8,153	8,058	7,943	7,858	7,700	7,582	-6.7	-1.5	
Total (under 18)*	7,635	8,041	7,988	8,171	8,820	9,123	9,018	8,989	9,066	8,890	16.4	-1.9	

Source: National Intellectual Disability Database, Health Research Board.

Notes:

- (i) 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.
- (ii) * 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 AND ALCOHOL USE AND RATE PER 100,000 POPULATION AGED 15-64 YEARS, IRELAND, 2007-2016**

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change	
											2007-2016	2015-2016
Drugs including Alcohol												
All cases in treatment	12,099	13,638	14,292	16,413	16,828	16,125	16,314	17,075	16,930	16,319	34.9	-3.6
New entries into treatment each year†	5,625	6,088	7,181	7,734	7,720	7,115	6,899	7,234	7,006	6,921	23.0	-1.2
rate per 100,000 (15-64 year olds)	186.2	197.2	231.8	250.9	251.7	232.9	226.1	236.5	227.8	223.0	19.7	-2.1
Drugs excluding Alcohol												
All cases in treatment	5,259	6,149	6,863	8,692	8,283	7,903	8,894	9,670	9,710	9,094	72.9	-6.3
New entries into treatment each year	2,431	2,722	3,357	3,656	3,265	3,191	3,389	3,646	3,650	3,446	41.8	-5.6
rate per 100,000 (15-64 year olds)†	80.5	88.1	108.4	118.6	106.5	104.4	111.1	119.2	118.7	111.0	37.9	-6.5

Sources: National Drug Treatment Reporting System, Health Research Board, CSO for population data.

Notes:

- (i) Each record in the NDTRS database relates to a treatment episode (case), and not to a person. Therefore, 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.
- (ii) Data from prisons has been included this year, in line with national and EU reported figures.
- (iii) Data from the Central Treatment List has been excluded this year, to limit the number of duplicate cases reported.
- (iv) NDTRS data for 2016 is preliminary.
- (v) †National Drug Treatment Reporting System only.

5. Health Service Employment

The total number of whole time equivalent (WTE) staff employed in public health services during the past decade is displayed by grade category in Table 5.1. Figures from 2008 to 2016 show a decline in WTE's of approximately 3.5%. This trend has since reversed with a 9.8% increase in WTE's since 2014. All grade categories have seen a slight increase from 2016. It should be noted that data for 2017 refer to the end of September, whereas all other years refer to end of December. The nursing profession remains the single largest grade category with around 36,000 nurses employed in the public health service. 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 27% since 2008. Non-consultant hospital doctors have increased by around 25% during the same period, with consultant doctors also increasing by over 30% (see Table 5.2 and Figure 5.3).

Nurses registered for each nursing grade category as at September 2017 are represented in Figure 5.5. Staff nurses represent the largest proportion of the nursing grades at 67%, followed by 20% for nurse managers and just over 4% for specialised nurses; this may include nurse prescribers, midwives, children's nurses or advanced nurse practitioners.

TABLE 5.1
PUBLIC HEALTH SERVICE EMPLOYMENT (HSE & SECTION 38), 2008 TO 2017

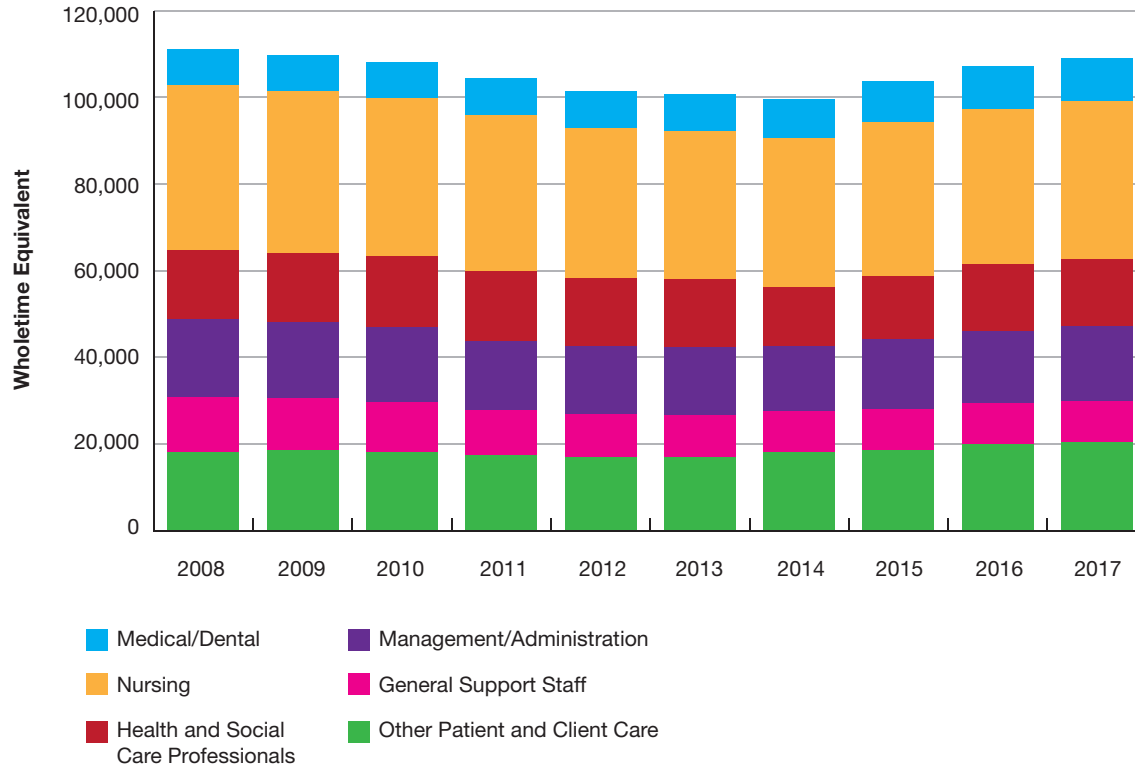
Grade Category	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017*	%Change	
											2008-2017	2016-2017
Medical/Dental	8,109	8,083	8,096	8,331	8,320	8,353	8,817	9,336	9,723	9,918	22.3	2.0
Nursing	38,108	37,466	36,503	35,902	34,637	34,178	34,509	35,353	35,835	36,278	-4.8	1.2
Health and Social Care Professionals#	15,980	15,973	16,355	16,217	15,717	15,844	13,640	14,578	15,364	15,564	-2.6	1.3
Management/Administration	17,967	17,611	17,301	15,983	15,726	15,503	15,112	16,164	16,767	17,376	-3.3	3.6
General Support Staff	12,631	11,906	11,421	10,450	9,978	9,700	9,419	9,494	9,448	9,465	-25.1	0.2
Other Patient and Client Care	18,230	18,714	18,295	17,508	17,129	16,883	17,829	18,960	19,949	20,495	12.4	2.7
Total	111,025	109,753	107,972	104,392	101,506	100,460	99,327	103,884	107,085	109,095	-1.7	1.9

Source: HSE's Health Service Personnel Census at 31st December (except for 2016 - see note (iv) below).

Notes:

- (i) Figures refer to 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 2017 data refers to September 2017 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 2008 TO 2017

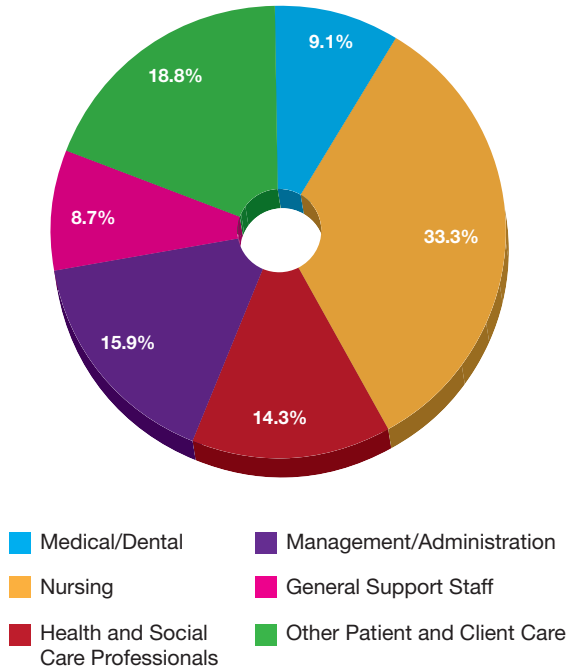


Source: Table 5.1.

Notes:

- (i) See notes under Table 5.1.
- (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.

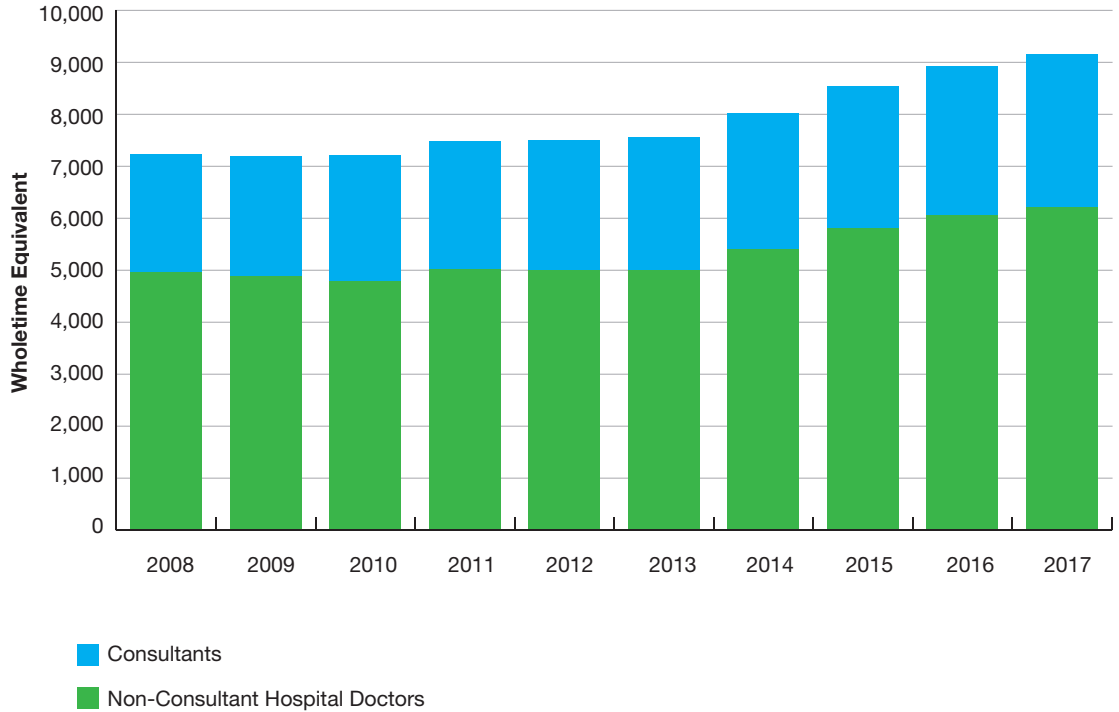
FIGURE 5.2
PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICE IN EACH GRADE CATEGORY, SEPTEMBER 2017



Source: Table 5.1.

Note: See notes under Table 5.1.

FIGURE 5.3
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS (HSE & SECTION 38), 2008 TO 2017



Source: Table 5.2.

Note: See notes under Table 5.2.

TABLE 5.2
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2008 TO 2017

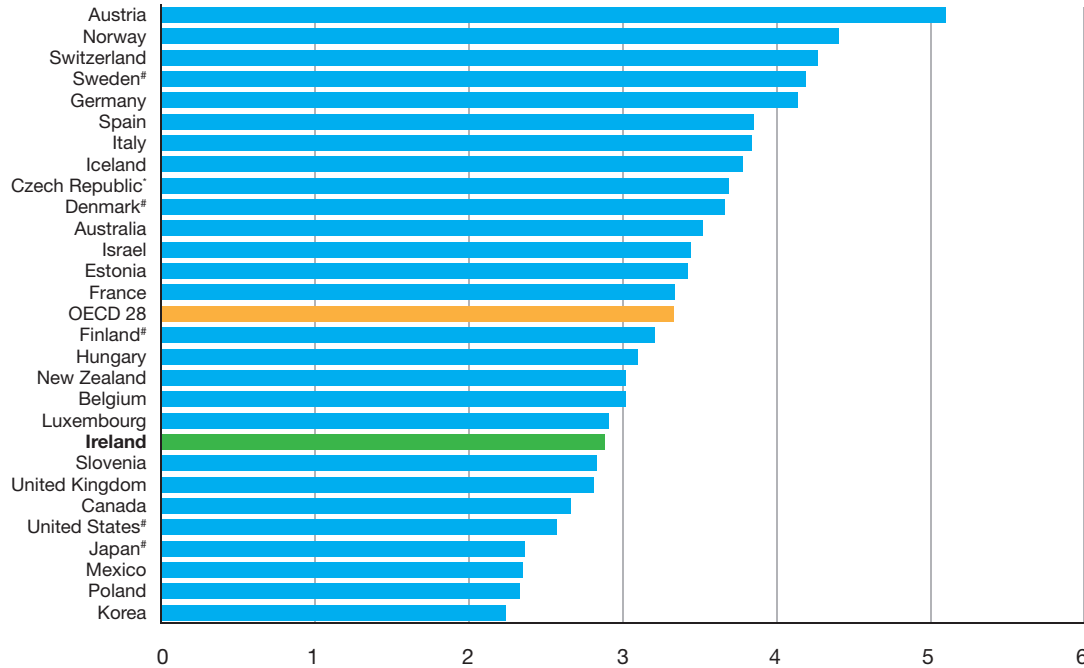
Grade Category	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017*	%Change	
											2008-2017	2016-2017
Consultant Hospital Doctors	2,261	2,317	2,412	2,474	2,514	2,555	2,635	2,724	2,862	2,951	30.5	3.1
Non-Consultant Hospital Doctors:												
House Officer/Senior House Officer	1,876	1,825	1,709	1,812	1,807	1,808	2,034	2,158	2,217	2,266	20.8	2.2
Intern	505	502	532	597	565	631	674	712	713	720	42.6	1.0
Registrar	1,725	1,668	1,667	1,694	1,733	1,683	1,689	1,869	1,980	2,024	17.4	2.2
Senior Registrar/Specialist	856	885	882	908	890	885	1,000	1,074	1,150	1,243	45.2	8.1
Sub-Total -												
Non-Consultant Hospital Doctors	4,963	4,879	4,791	5,012	4,995	5,007	5,397	5,814	6,060	6,209	25.1	2.5
Total	7,224	7,196	7,203	7,486	7,509	7,562	8,032	8,538	8,921	9,160	26.8	2.7

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 2017 data refers to September 2017 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.
- (iv) All figures for registrars have been revised to include Registrars in General Practice.

FIGURE 5.4
PRACTISING DOCTORS PER 1,000 POPULATION, 2015

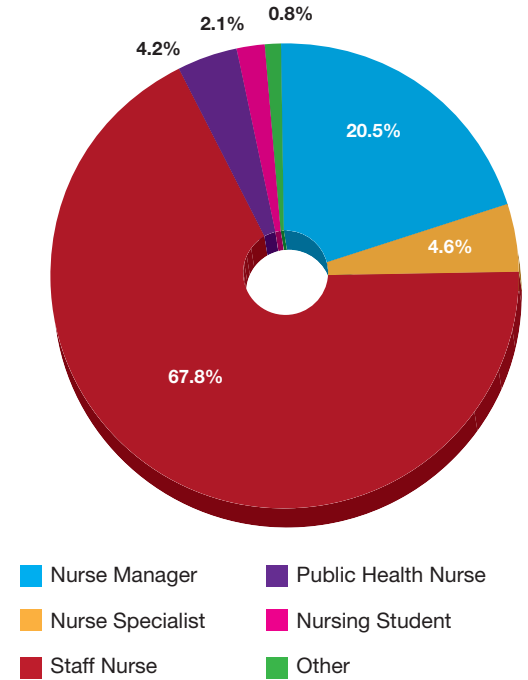


Source: OECD.

Notes:

- (i) * Data is from 2013.
- (ii) # Data is from 2014.
- (ii) Practising doctors are defined as those who are providing care directly to patients.

FIGURE 5.5
PROPORTION OF NURSING STAFF EMPLOYED IN IRELAND IN THE PUBLIC HEALTH SERVICE IN EACH CATEGORY, SEPTEMBER 2017



Source: HSE's Health Service Personnel Census.

6. Health Service Expenditure

This section summarises data and trends in spending on health services during the past decade. It also presents a profile of current health spending for Ireland according to the System of Health Accounts methodology which was developed to allow better cross-country analysis of trends in health expenditure.

Table 6.1 shows total public expenditure on health, capital and non-capital, each year from 2008 to estimates for 2017. There was an increase in total public health expenditure of 3% in 2017 from the 2016 estimate. Capital expenditure, which accounted for 3% of total expenditure in 2016, was 28% lower in 2016 than in 2007 (see Table 6.3). Table 6.2 and Figure 6.2 provide a more detailed breakdown on non-capital expenditure by area of care.

The Systems of Health accounts data provided in Tables 6.4, 6.5 and 6.6 presents an opportunity for the analysis of health expenditure in Ireland (both public and private) by financing source, health care provider and type of health care. Table 6.4 shows that the majority of health care expenditure (70%) is financed by Government schemes and compulsory contributory health care financing schemes. Curative and rehabilitative care

accounts for the majority of health care expenditure at 54% (see Table 6.5); while Hospitals account for over a third (35%) - see Table 6.6.

Figure 6.3 presents the health expenditure per capita from 2006 to 2016, adjusted for inflation. Table 6.7 compares Ireland's health expenditure with selected OECD countries. Ireland has the 6th highest spend per capita across selected OECD countries. Using modified Growth National Income (GNI*) for Ireland as a comparator with GDP from other countries (as recommended by the Economic Statistics Review Group), Ireland's total current health expenditure as a percentage of GDP/GNI* ranks joint 4th alongside France and Sweden. This position changes to 12th when looking at public expenditure only (see Figure 6.4).

Chapter 6 concludes with a comparison of Ireland's health expenditure by type of care as a percentage of total health expenditure with that of the EU15 countries (Figure 6.5) and total health expenditure per capita for the same EU15 countries (Figure 6.6).

TABLE 6.1
PUBLIC HEALTH EXPENDITURE IN MILLIONS OF EURO, 2008 TO 2017

	2008	2009	2010	2011	2012	2013	2014	2015 ^A	2016 ^A	2017	% Change	
											2008 -2017	2016 -2017
Total Public Non-Capital Expenditure on Health	13,935	14,431	13,818	13,181	13,218	13,084	13,276	13,879	14,581	15,009	7.7	2.9
<i>Public Non-Capital Expenditure on Health (excluding treatment benefits)</i>	13,828	14,321	13,762	13,156	13,197	13,063	13,246	13,846	14,548	14,956	8.2	2.8
Total Public Capital Expenditure on Health	598	447	366	347	350	347	386	398	423	454	-24.1	7.3
Total Public Expenditure	14,533	14,878	14,184	13,528	13,568	13,431	13,662	14,277	15,004	15,463	6.4	3.1

Sources: Non-capital expenditure - Revised Estimates for Public Services and HSE Performance Assurance Reports.
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). For comparison purposes, this table has been revised for the period 2007-2013 to exclude expenditure in respect of children and family services. Data for 2015 and 2016 also excludes expenditure in respect of children and family services.
- (ii) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. For comparison purposes, the figures for 2015 and 2016 above include these income figures - € 1.085bn in 2015 and € 1.080bn in 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 expenditure in respect of children & family services and 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) 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).
- (vi) Figures for 2017 are estimated.

TABLE 6.2
HSE NON-CAPITAL VOTE ALLOCATION IN MILLIONS OF EURO, 2010 TO 2016

	2010	2011	2012	2013	2014 ^A	2015 ^A	2016	% Change 2015-2016
Care of Older People	1,684	1,433	1,366	1,366	1,468	1,569	1,620	3.3
Care for Persons with Disabilities	1,455	1,576	1,554	1,535	1,554	1,654	1,773	7.2
Mental Health	963	712	711	737	754	780	804	3.1
Primary Care & Community Health*	3,811	2,835	3,129	3,352	3,462	3,506	3,892	11.0
Multi Care Group Services^	-	486	482	113	-	-	-	-
Palliative Care & Chronic Illness^	-	81	73	72	75	78	-	-
Social Inclusion^	-	119	115	-	-	129	-	-
Health and Wellbeing	-	-	-	228	214	185	191	3.2
Other^	-	79	81	-	-	-	-	-
Primary, Community and Continuing Care Total	7,913	7,321	7,510	7,403	7,527	7,901	8,280	4.8
Acute Division	5,428	4,207	3,978	4,286	4,496	4,701	4,929	4.9
Long Term Charges Repayment Scheme	20	11	2	8	8	4	2	-50.0
Statutory Pensions #	-	606	737	678	597	626	670	7.0
Other #	171	877	850	647	628	667	708	6.1
HSE Gross Non-Capital Total	13,532	13,022	13,077	13,022	13,256	13,899	14,589	5.0
Total Appropriations-in-Aid	3,544	1,440	1,485	1,354	1,043	1,075	1,061	-1.3
HSE Net Non-Capital Total	9,988	11,582	11,592	11,668	12,213	12,824	13,528	5.5

Source: Revised Estimates for Public Services (2010 - 2015); HSE National Service Plans (2012 - 2015); and HSE Performance Assurance Reports (2014-2015).

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). For comparison purposes, expenditure in respect of children and family services has been excluded from the Table.
- (ii) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is now collected directly by the HSE and shown in the HSE accounts but

no longer incorporated in Vote terms. The 2014 estimate was also revised for comparison purposes. The allocation of this income of €1.043bn in 2014, and €1.085bn in 2015, across the above HSE programmes is provisional.

- (iii) 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 from 2014 refers to those sections of the Health Vote in the Revised Estimates for Public Services relevant to the HSE. Allocations across the HSE programmes above are provisional for 2014 and 2015.
- (iv) * Includes Medical Card Services Schemes.
- (v) ^ Costs formerly apportioned across other programmes within Primary, Community and Continuing Care. Elements of Multi Care Group Services costs reflected across programmes in 2013 and after. Social Inclusion costs included in Primary, Community and Continuing Care in 2013 & 2014.
- (vi) # 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.
- (vii) The reduction in Appropriations-in-Aid from 2011 is due to the abolition of the health contribution wef 2011.

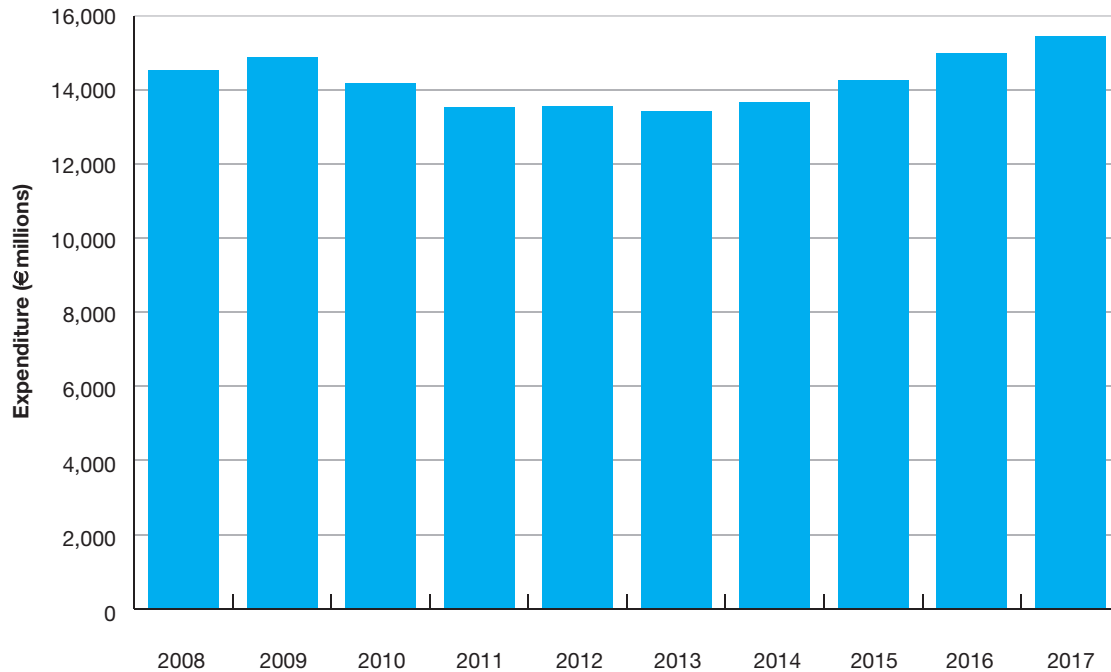
TABLE 6.3**CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME IN MILLIONS OF EURO, 2007 TO 2016**

Programme	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	% Change	
											2007-2016	2015-2016
Acute Hospitals	312	273	209	220	202	208	203	197	185	237	-24.0	27.8
Community Health	138	178	161	97	71	53	62	79	100	79	-42.6	-20.8
Mental Health	34	40	25	27	39	54	23	50	38	21	-37.9	-44.8
Disability Services	45	69	27	5	11	6	8	6	8	16	-64.6	98.0
ICT	30	20	13	7	16	22	41	41	55	54	78.7	-1.6
Miscellaneous	26	18	12	10	8	7	11	14	12	16	-38.9	36.8
Total Public Capital Expenditure	585	598	447	366	347	350	347	386	398	423	-27.7	6.3

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

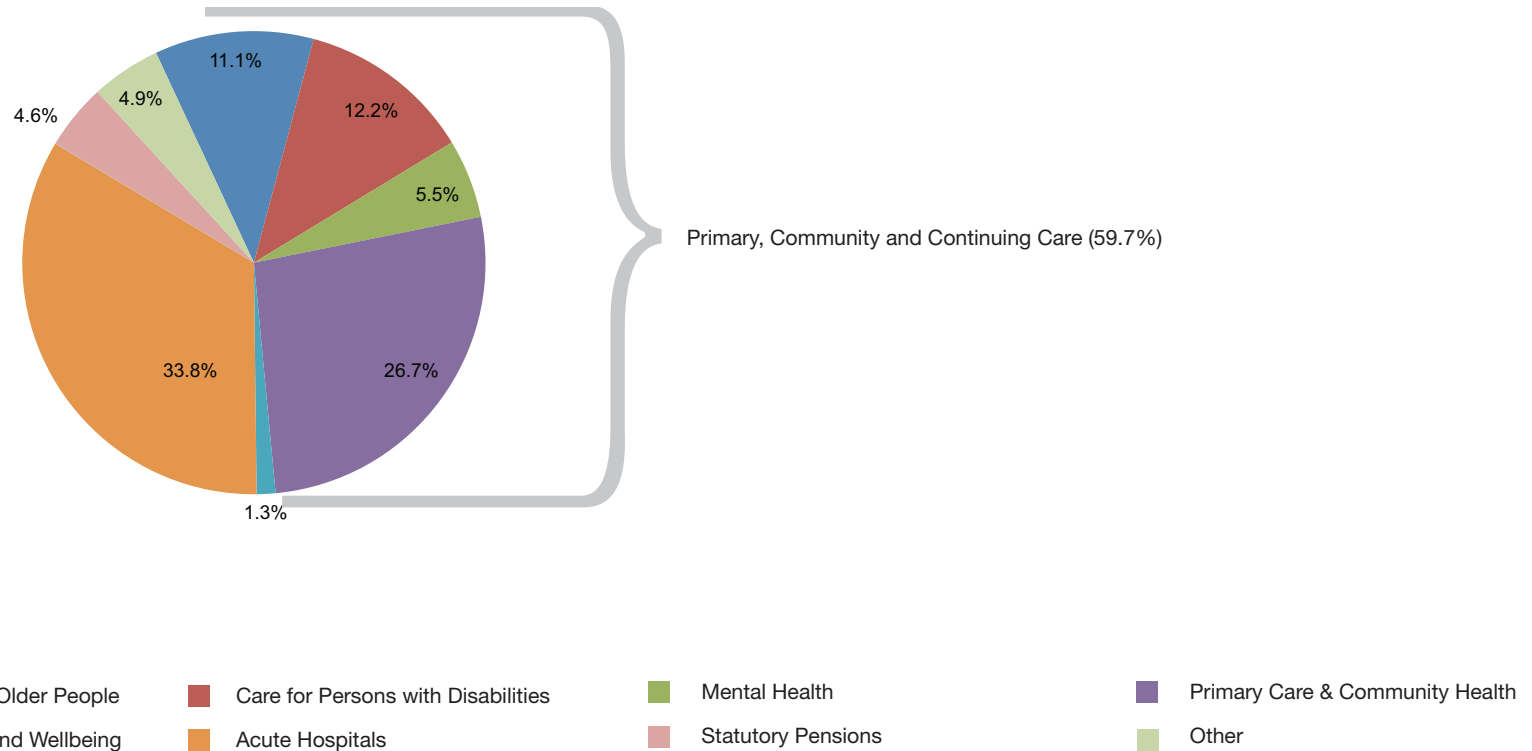
Note: Excludes capital expenditure by the Office of the Minister for Children & Youth Affairs.

FIGURE 6.1
TOTAL PUBLIC HEALTH EXPENDITURE, 2008 TO 2017



Source: Table 6.1.

Note: See notes under Table 6.1.

FIGURE 6.2**PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2016**

Source: Table 6.2.

Note: See Notes under Table 6.2

TABLE 6.4
CURRENT HEALTH CARE EXPENDITURE BY FINANCING SCHEME, 2013-2015

Financing Scheme	2013		2014		2015	
	€m	%	€m	%	€m	%
Govt. Financing Schemes and Compulsory Contributory Health Care Financing Schemes	13,096	69.7	13,265	69.3	13,896	70.0
Voluntary Health Care Payment Schemes (e.g. Health Insurance)	2,858	15.2	2,927	15.3	2,948	14.8
Household Out-of-Pocket Payments	2,822	15.0	2,956	15.4	3,011	15.2
Total Current Health Care Expenditure	18,776	100	19,148	100.0	19,855	100

Source: System of Health Accounts, Central Statistics Office.

TABLE 6.5
CURRENT HEALTH CARE EXPENDITURE BY HEALTH CARE FUNCTION, 2013-2015

Health care function	2013		2014		2015	
	€m	%	€m	%	€m	%
Curative and Rehabilitative Care	10,144	54.0	10,291	53.7	10,777	54.3
Long-Term Care (Health)	4,100	21.8	4,263	22.3	4,513	22.7
Ancillary Services	560	3.0	548	2.9	568	2.9
Medical Goods (Non-Specified by Function)	2,872	15.3	2,838	14.8	2,869	14.4
Preventive Care	525	2.8	525	2.7	541	2.7
Governance and Health System Administration and Financing	569	3.0	674	3.5	570	2.9
Health Care Services N.E.C	7	0	9	0	17	0.1
Total Current Health Care Expenditure	18,776	100	19,148	100	19,855	100

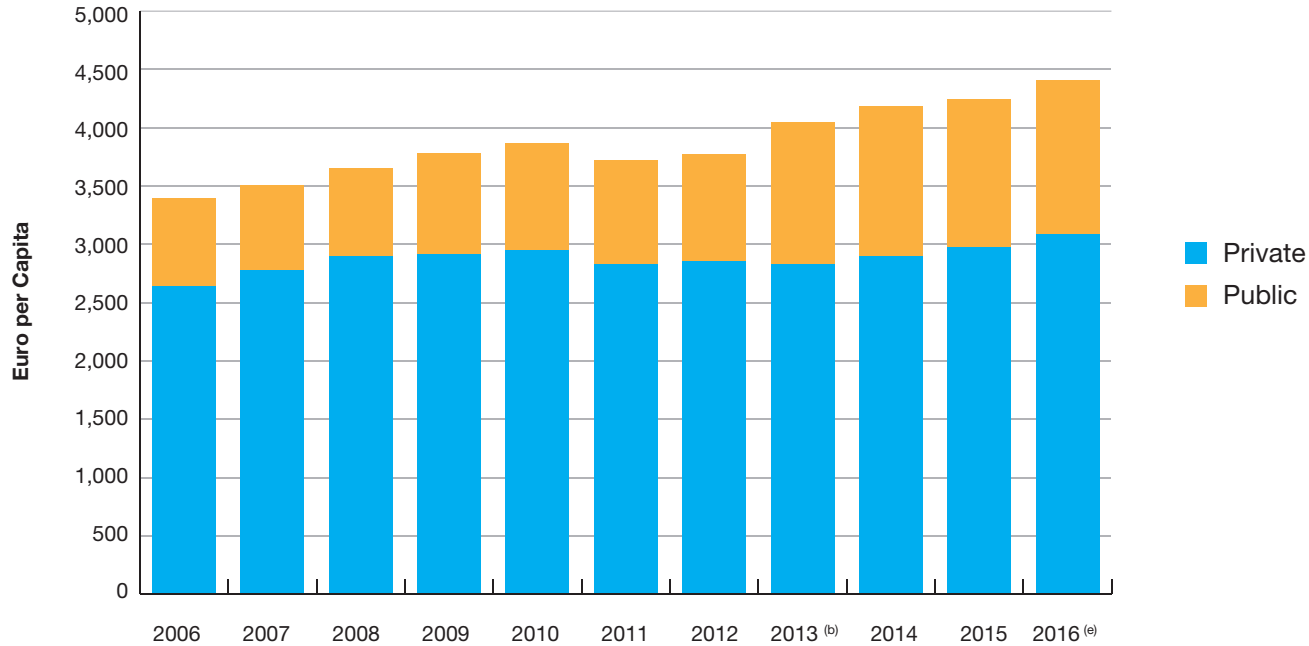
Source: System of Health Accounts, Central Statistics Office.

TABLE 6.6
CURRENT HEALTH CARE EXPENDITURE BY PROVIDER, 2013-2015

Provider	2013		2014		2015	
	€m	%	€m	%	€m	%
Hospitals	6,596	35.1	6,648	34.7	6,980	35.2
Long-Term Residential Facilities	3,536	18.8	3,640	19.0	3,839	19.3
Ambulatory Health Care Providers	3,767	20.1	3,842	20.1	4,029	20.3
Ancillary Health Care Providers	249	1.3	278	1.5	290	1.5
Retailers of Medical Goods	2,753	14.7	2,716	14.2	2,726	13.7
Providers of Preventative Care	230	1.2	228	1.2	228	1.1
Providers of Health Care Administration and Financing	564	3.0	670	3.5	565	2.8
Rest of the Economy	1,041	5.5	1,087	5.7	1,147	5.8
Rest of the World	27	0.1	28	0.1	36	0.2
Providers N.E.C.	12	0.1	11	0.1	14	0.1
Total Current Health Care Expenditure	18,776	100	19,148	100	19,855	100

Source: System of Health Accounts, Central Statistics Office.

FIGURE 6.3
TOTAL HEALTH EXPENDITURE PER CAPITA IN IRELAND IN REAL TERMS, 2006 TO 2016



Source: OECD, CSO.

Notes:

- (i) Total Current 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 2014.
- (ii) b: break in series.
- (iii) e: OECD estimate.

TABLE 6.7

TOTAL CURRENT HEALTH EXPENDITURE PER CAPITA (US\$PPPS) AND AS % OF GDP/GNI* FOR SELECTED OECD COUNTRIES, 2016# (OR NEAREST YEAR)

Country	Per Capita			% GDP/GNI*		
	Public	Private	Total	Public	Private	Total
Australia	3,189.9	1,518.2	4,708.1	6.5	3.1	9.6
Austria	3,957.4	1,270.0	5,227.3	7.8	2.5	10.4
Belgium	3,740.0	1,099.8	4,839.8	8.0	2.4	10.4
Canada	3,340.8	1,411.9	4,752.8	7.4	3.1	10.6
Chile	1,200.0	776.9	1,977.0	5.1	3.3	8.5
Czech Republic	2,097.0	447.3	2,544.3	6.0	1.3	7.3
Denmark	4,373.9	831.1	5,205.0	8.7	1.7	10.4
Estonia	1,512.9	476.0	1,989.0	5.1	1.6	6.7
Finland	3,016.8	1,016.6	4,033.4	7.0	2.4	9.3
France	3,626.3	974.1	4,600.4	8.7	2.3	11.0
Germany	4,694.8	855.9	5,550.6	9.5	1.7	11.3
Greece	1,295.9	927.1	2,223.0	4.8	3.5	8.3
Hungary	1,434.3	666.8	2,101.1	5.2	2.4	7.6
Iceland	3,592.7	783.6	4,376.3	7.1	1.5	8.6
Ireland (GNI*)	3,878.6	1,649.8	5,528.4	7.7	3.3	11.0
Israel	1,702.2	1,120.2	2,822.3	4.5	2.9	7.4
Italy	2,544.7	846.5	3,391.2	6.7	2.2	8.9
Japan	3,801.1	718.2	4,519.3	9.1	1.7	10.9
Korea	1,538.1	1,190.7	2,728.8	4.3	3.3	7.7
Latvia	827.6	638.6	1,466.3	3.2	2.5	5.7
Luxembourg	6,193.5	1,269.3	7,462.8	5.3	1.1	6.3
Mexico	558.1	522.3	1,080.3	3.0	2.8	5.8
Netherlands	4,353.6	1,031.8	5,385.4	8.5	2.0	10.5
New Zealand	2,879.0	710.6	3,589.6	7.4	1.8	9.2
Norway	5,664.1	983.3	6,647.5	8.9	1.5	10.5
Poland	1,239.9	557.8	1,797.8	4.4	2.0	6.4
Portugal	1,811.4	923.0	2,734.4	5.9	3.0	8.9
Slovak Republic	1,714.8	434.7	2,149.5	5.5	1.4	6.9
Slovenia	2,035.8	798.9	2,834.8	6.1	2.4	8.6
Spain	2,293.2	955.2	3,248.4	6.3	2.6	9.0
Sweden	4,603.3	884.2	5,487.5	9.2	1.8	11.0
Switzerland	5,038.4	2,880.6	7,919.0	7.9	4.5	12.4
Turkey	863.4	224.1	1,087.5	3.4	0.9	4.3
United Kingdom	3,320.1	872.3	4,192.5	7.7	2.0	9.7
United States	4,860.1	5,032.1	9,892.3	8.5	8.8	17.2

Source: OECD, Eurostat.

Notes:

- (i) #Data for 2016 are provisional
- (ii) Per Capita Expenditure is expressed in US\$ Purchasing Power Parities (US\$PPPs).
- (iii) GDP: Gross Domestic Product.
- (iv) As PPPs are statistical constructs rather than precise measures, minor differences between countries should be interpreted with caution.
- (v) Modified Gross National Income (GNI*): adjusted for retained earnings of re-domiciled firms and depreciation on foreign-owned domestic capital assets.

FIGURE 6.4

HEALTH EXPENDITURE AS A SHARE OF GDP FOR SELECTED OECD COUNTRIES AND GNI* FOR IRELAND, 2016 (OR NEAREST YEAR)

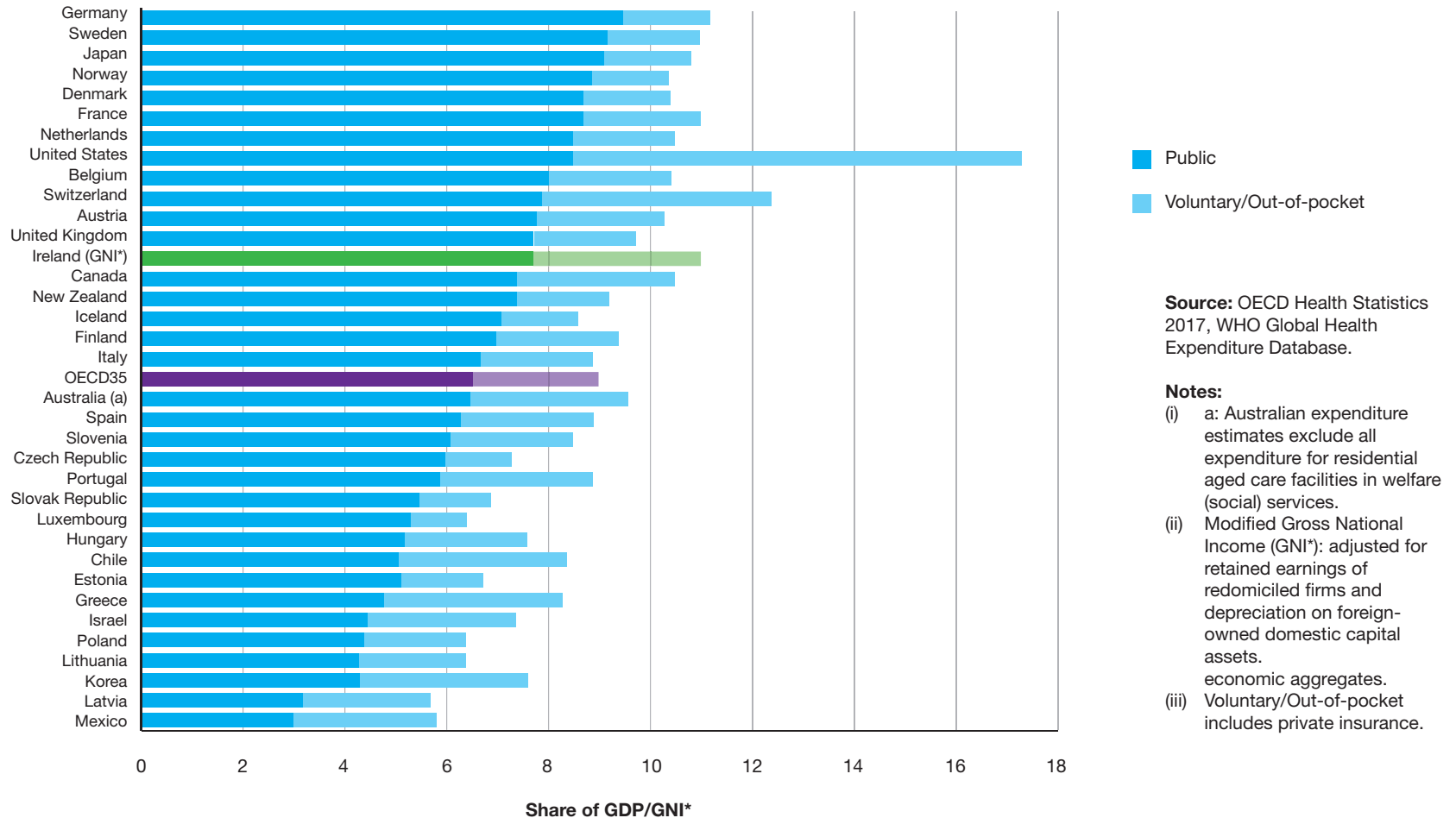
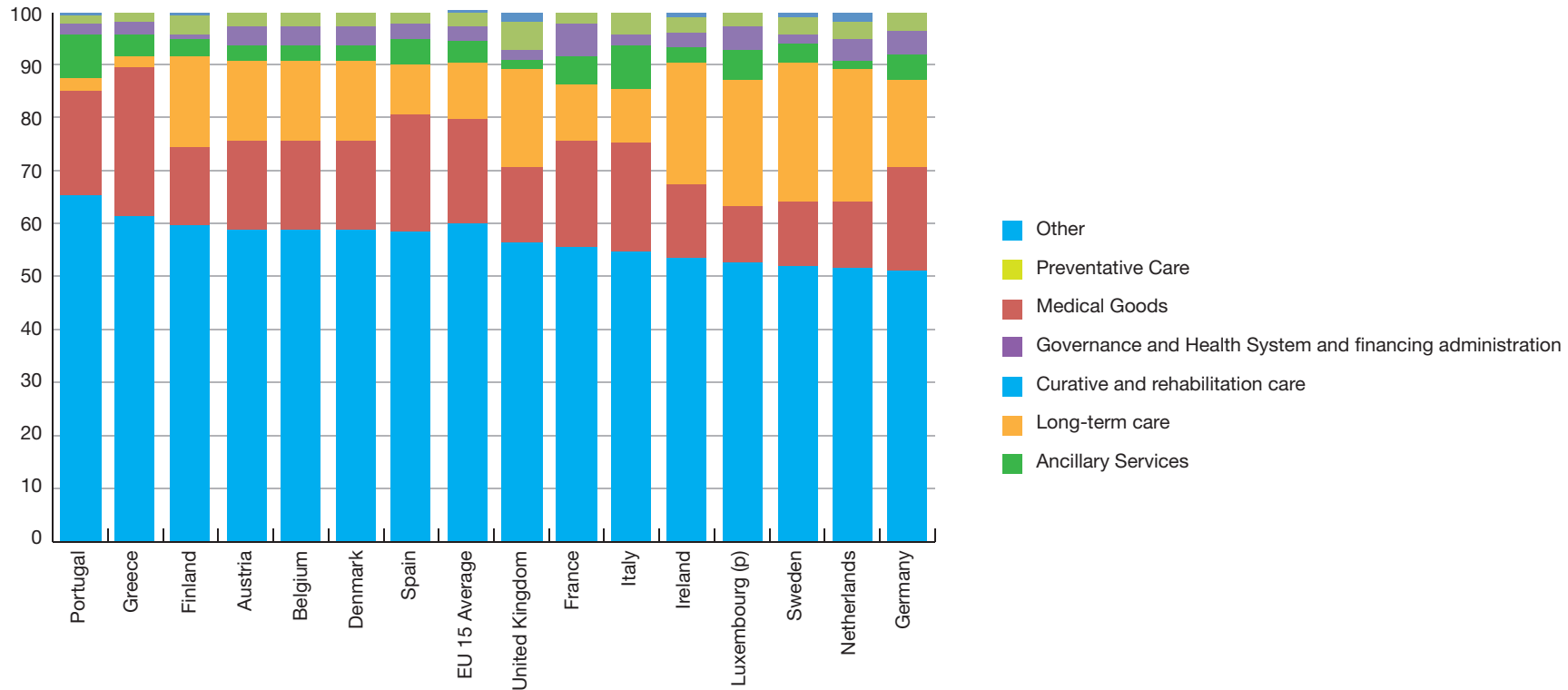
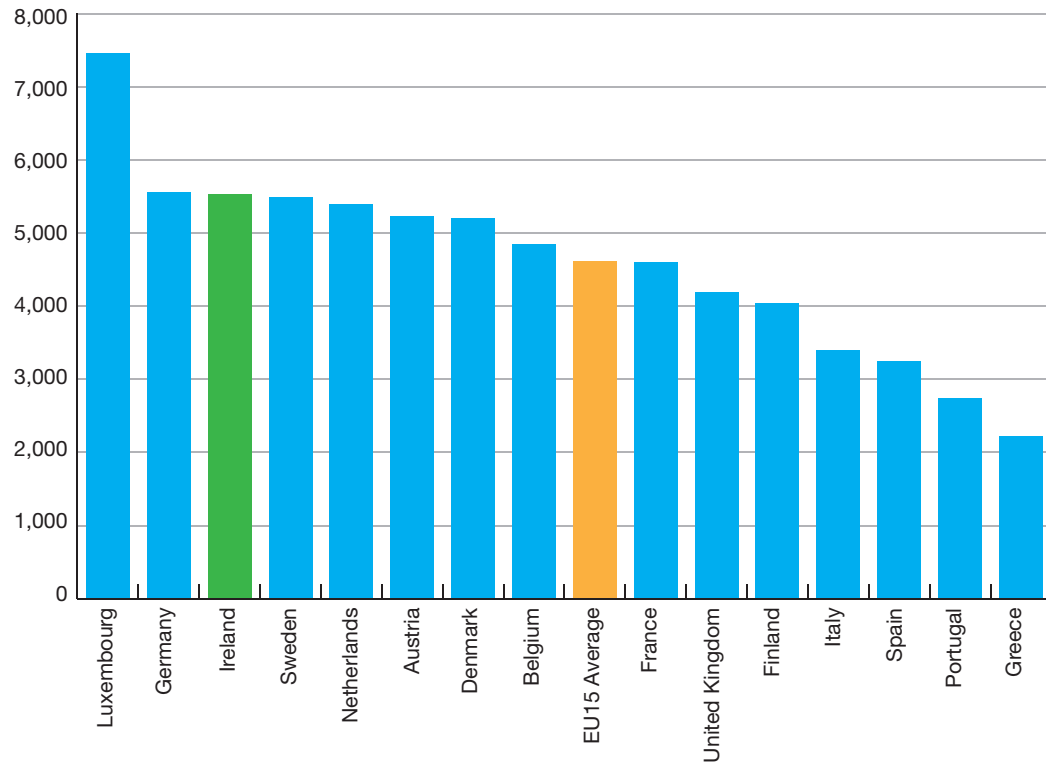


FIGURE 6.5
HEALTH EXPENDITURE BY TYPE OF CARE AS A % OF TOTAL HEALTH EXPENDITURE, EU-15 COUNTRIES, 2015



Source: OECD.

FIGURE 6.6
TOTAL HEALTH EXPENDITURE PER CAPITA (US\$PPPS), EU-15 COUNTRIES, 2016*



Source: OECD.

Notes:

- (i) *Data for 2016 are estimated
- (ii) Per Capita expenditure is expressed in US\$ Purchasing power parities (US\$PPPs)
- (iii) As PPPs are statistical constructs rather than precise measures, minor differences between countries should be interpreted with caution.



An Roinn Sláinte

DEPARTMENT OF HEALTH

Department of Health,
Statistics and Analytics Unit,
Hawkins Street, Dublin 2,
D02 VW90, Ireland.

Ph: +353 1 6354000

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