Rialtas na hÉireann
Government of Ireland

Health in Ireland

Key Trends 2018

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health.gov.ie

Introduction

The 2018 edition of Health in Ireland: Key Trends provides summary statistics on health and health care over the past ten years. It highlights selected trends and topics and includes data from newly available sources. There are also several tables and graphs comparing Ireland with other countries in the EU or the OECD, to provide context for national performance and assess progress. The booklet is divided into seven chapters covering topics from population growth, life expectancy and health status to health service efficiency, 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 improving health and health services in Ireland.

Following the publication of results from Census 2016, the estimated population growth between 2016 and 2018 was 2.0%. The numbers and proportion of the population in the older age groups continues to grow, with the number of people over the age of 65 increasing by over 20,000 a year. By 2038, the number of people over the age of 85 is projected to increase to over 2.5 times the current figure. This will have a significant impact on the demand for health care services in Ireland.

Male life expectancy in Ireland has increased by 3 years and female life expectancy by almost 2 years since 2006. 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. Mortality rates across all major causes have declined since 2008. Age-standardised death rates for cancers and circulatory system diseases, the major causes of deaths in Ireland, have declined by 11% and 32% respectively over the past ten years. 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. However, 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.

From 2008 to 2012, the population eligible for a medical card increased steadily. More recently, however, these trends have reversed 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. The provision of GP visit cards to all children under 6 in 2015 is a step towards greater healthcare access across the population.

A new chapter has been added to Key Trends this year which focuses on the efficiency of Ireland's health system. This chapter covers topics such as hospital bed use, day surgeries and out of hours GP care, and shows that there have been increases in efficiency in many areas, but there are still improvements to be made. The contents of this booklet, from hospital capacity, primary care and community services to preventive services, reimbursement schemes and population change, illustrate the range and complexity of health care needs and the systems required to meet those needs.

The Sláintecare implementation Plan published in 2018 states that the successful implementation of the Sláintecare vision will require robust knowledge and information drawing on good quality, timely and relevant data sources. Key Trends 2018 and future editions will contribute to this vision and offer readers an evidence base for what is currently happening in our health service. The annual publication is a resource that will support Sláintecare's ongoing programme of evaluation and assess the contribution of the reform programme to the performance of the health system during the 10-year implementation period. Effective management will mean decision-making and planning based on the best possible evidence at all levels.

Introduction

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1. Population and Life Expectancy

The demographic data presented in this section shows rapidly changing population structures, both in Ireland and the European Union. Understanding the trends in fertility, demographics and mortality is vital for the planning and delivery of health care services now and into the future.

Based off the results of the 2016 Census, population estimates and projections have been updated in this year's publication with the latest information. The population in 2018 has grown by an estimated 2% since the 2016 Census. Since 2009, the population has increased by 7.1% to a figure of 4.86 million. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups (Table 1.2). The population aged 65 and over has increased by 35% since 2009, which is considerably higher than the EU average of 16%.

The latest population projections released by the Central Statistics Office indicate that this population growth is set to continue for at least the next two decades. Assuming moderate changes in migration and fertility rates, the total population is projected to reach 5.64 million by 2038. More than one in five people are expected to be aged 65 years or older by 2038 (Figure 1.5).

The total fertility rate has continued to decrease over the last decade, however Ireland still has the third highest fertility rate in the EU behind France and Sweden (Figure 1.4). Since 2009 there has been a gradual decrease in the number of live births (Table 1.3). This is due in part to the reduction in fertility rates but, more significantly, to the fact that the number of women in the child-bearing age groups has declined 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.

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 is continuing to increase, currently standing at 83.6 years for women and 79.9 years for men (Table 1.6). Life expectancy for women is higher than for men, as in most countries (Figure 1.6). However this gap has narrowed in the past decade, and male life expectancy in 2016 was 3.7 years below female life expectancy compared to 5.6 years in 1996 (Table 1.6). The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (Section 2). In addition to living longer, women in Ireland typically experience a slightly higher number 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 (Figure 1.8).

Overall, there are more people in Ireland and we are living longer lives than before. These trends are set to continue into the coming decades.

Table 1.1
Population Estimates ('000s) for Regional Authority Areas by Age Group, 2018

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
Male	201.2	151.1	228.1	670.2	353.4	240.8	213.8	347.1	2,405.8
Female	201.6	150.3	229.6	700.3	358.8	241.6	216.5	352.5	2,451.3
Total	**402.8**	**301.4**	**457.7**	**1,370.5**	**712.2**	**482.4**	**430.4**	**699.6**	**4,857.0**
Age Groups:									
0-14	86.9	69.2	93.9	262.5	164.2	98.3	91.2	142.3	1,008.8
15-24	50.3	38.1	56.3	169.7	89.6	61.3	53.5	86.6	605.5
25-34	43.7	35.6	52.3	225.6	82.4	54.6	48.6	84.2	626.9
35-44	58.2	46.3	68.7	234.0	116.6	71.5	64.1	108.8	768.2
45-54	54.3	40.4	61.6	170.7	100.9	65.8	59.3	95.0	647.9
55-64	46.5	32.7	53.5	135.3	73.8	56.0	49.5	79.3	526.4
65-74	36.6	23.6	41.0	97.9	52.0	44.1	37.6	60.6	393.5
75-84	19.2	11.8	21.7	54.8	24.5	22.8	20.0	31.8	207.0
85+	7.2	3.7	8.5	19.9	8.1	8.0	6.6	11.0	73.0
2016 Census	**394.3**	**292.3**	**453.1**	**1,347.4**	**688.9**	**473.3**	**422.1**	**690.6**	**4,762.0**
% change 2016-2018	**2.2**	**3.1**	**1.0**	**1.7**	**3.4**	**1.9**	**2.0**	**1.3**	**2.0**

Source: Central Statistics Office.
Notes:
(i) Data for 2017 and 2018 are preliminary.
(ii) Age groups may not sum to total due to rounding.
(iii) The composition of the NUTS regions changed in 2016 and took effect for the population estimates from 2018. The main changes at NUTS 3 level are the transfer of South Tipperary from the South-East into the Mid-West NUTS 3 region and the movement of Louth from the Border to the Mid-East NUTS 3 Region.

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, 2009 to 2018

Age Group	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	% change 2009-2018	% change 2017-2018
0-14	936.4	957.7	976.6	988.0	993.9	997.6	1,001.6	1,005.5	1,007.0	1,008.7	7.7	0.2
15-64	3,098.1	3,081.9	3,066.6	3,055.7	3,051.5	3,058.5	3,075.9	3,104.3	3,135.6	3,175.0	2.5	1.3
65 and over	498.9	515.0	531.6	549.9	569.2	589.5	610.3	629.8	649.9	673.4	35.0	3.6
All Ages	**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**	**4,857.1**	**7.1**	**1.3**

Source: Central Statistics Office.

Notes:
(i) Data for 2017 and 2018 are preliminary.
(ii) Age groups may not sum to total due to rounding.

Figure 1.1a

Old Age Dependency Ratio, by Electoral Divisions, 2016

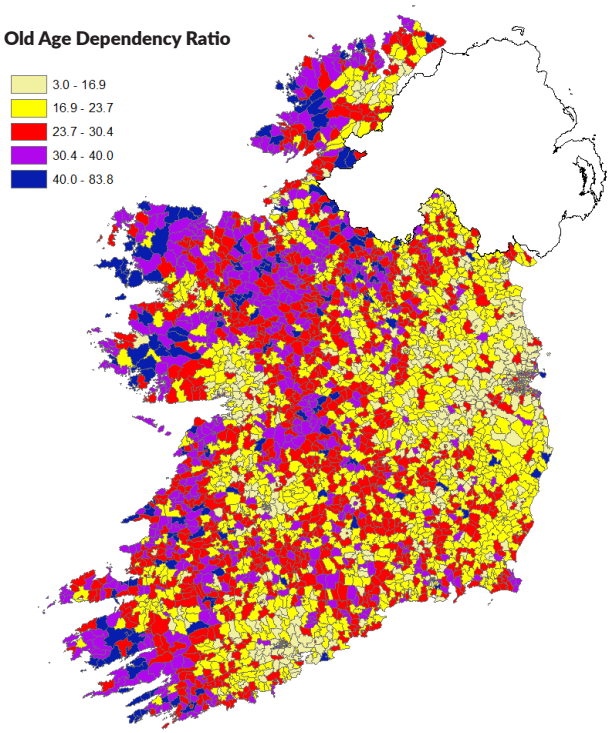
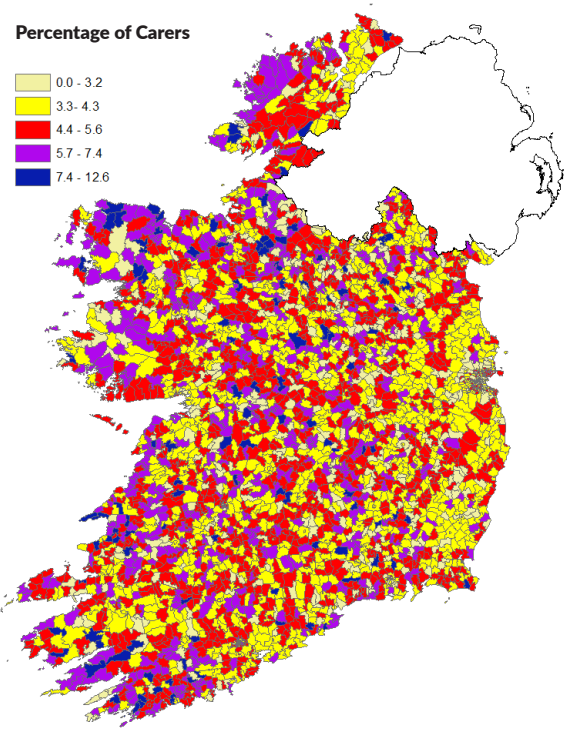


Figure 1.1b

Percentage of Carers in Population, by Electoral Divisions, 2016.

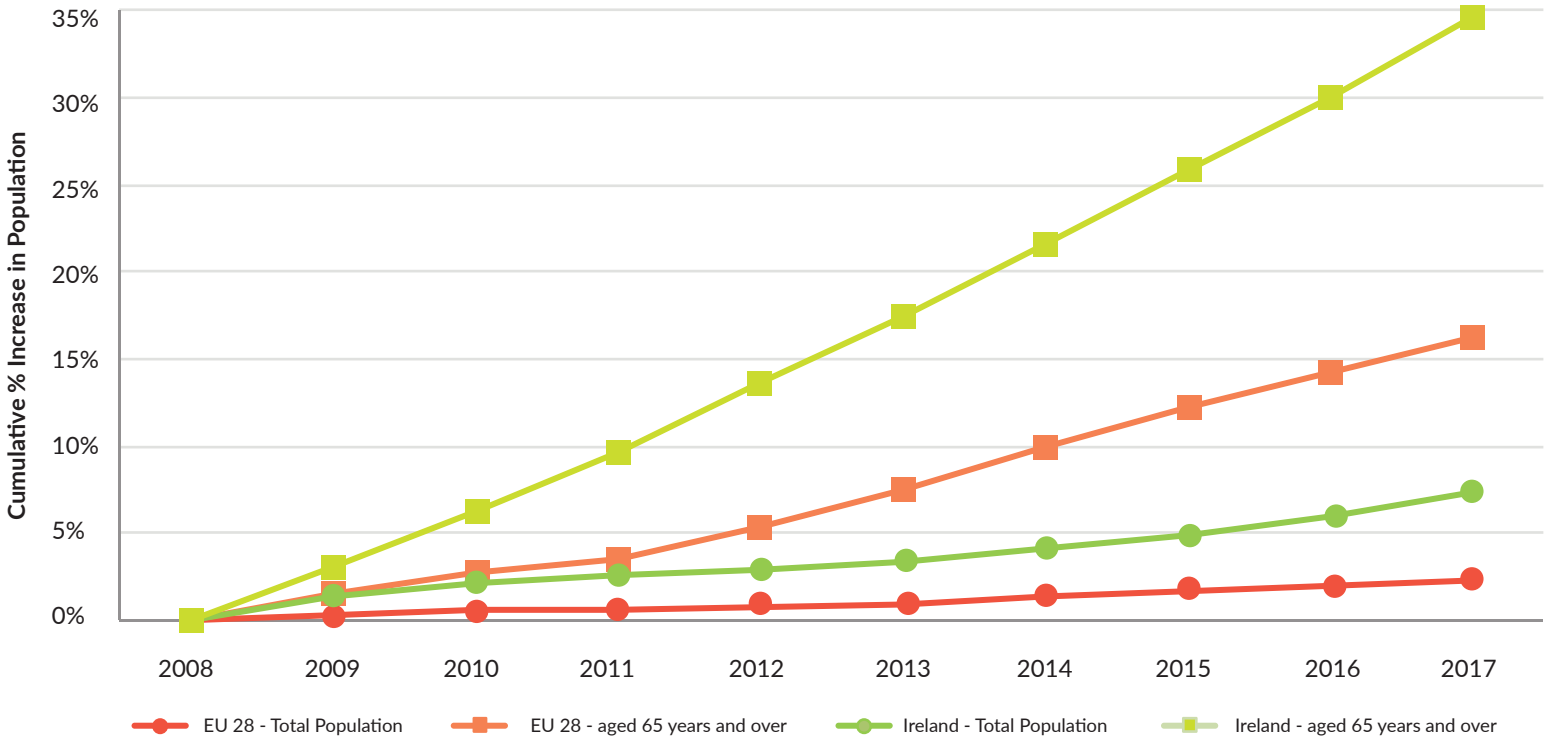


Source: Central Statistics Office.

Note: The old age dependency ratio is the population over 65 as a percentage of those aged 15-64.

Figure 1.2

Cumulative Percentage Increase in Population, All Ages and 65+, Ireland and EU-28, 2008 to 2017



Source: Eurostat.

Notes:

(i) Data for 2017 are provisional

Table 1.3

Live Births, Birth Rate and Total Fertility Rate, Ireland and EU-28, 2008-2017

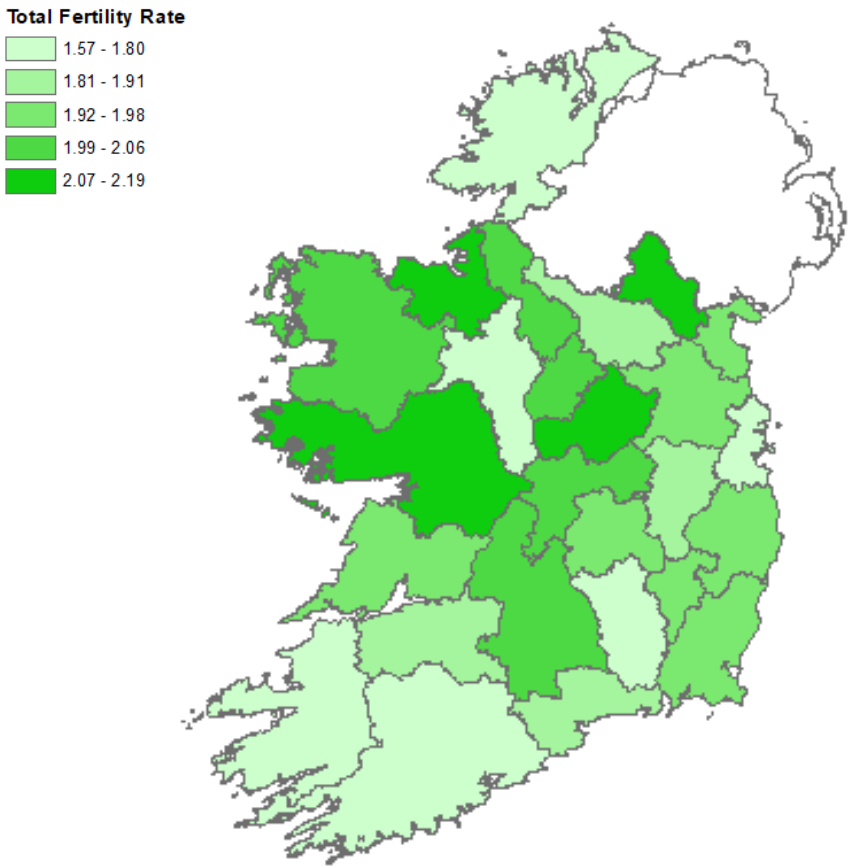
		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% Change 2008-2017	% Change 2016-2017
Number of live births		75,173	75,554	75,174	74,033	71,674	68,954	67,295	65,536	63,841	62,053	-17.5	-2.8
Birth rate (per 1,000 population)		16.8	16.7	16.5	16.2	15.6	15.0	14.6	14.0	13.5	12.9	-23.2	-4.4
Total fertility rate	**Ireland**	**2.07**	**2.06**	**2.06**	**2.02**	**1.98**	**1.93**	**1.90**	**1.86**	**1.81**	**1.80**	**-13.0**	**-0.60**
	EU28	**1.61**	**1.61**	**1.62**	**1.59**	**1.59**	**1.55**	**1.58**	**1.57**	**1.60**	**n/a**	**-0.60**	**1.90**

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 EU28 total fertility rate relates to 2008-2016 and 2015-2016.
(iii) There is a break in TFR data for EU28 between 2010-2012 and 2014-2015.
(iv) Data for 2017 are provisional.

Figure 1.3

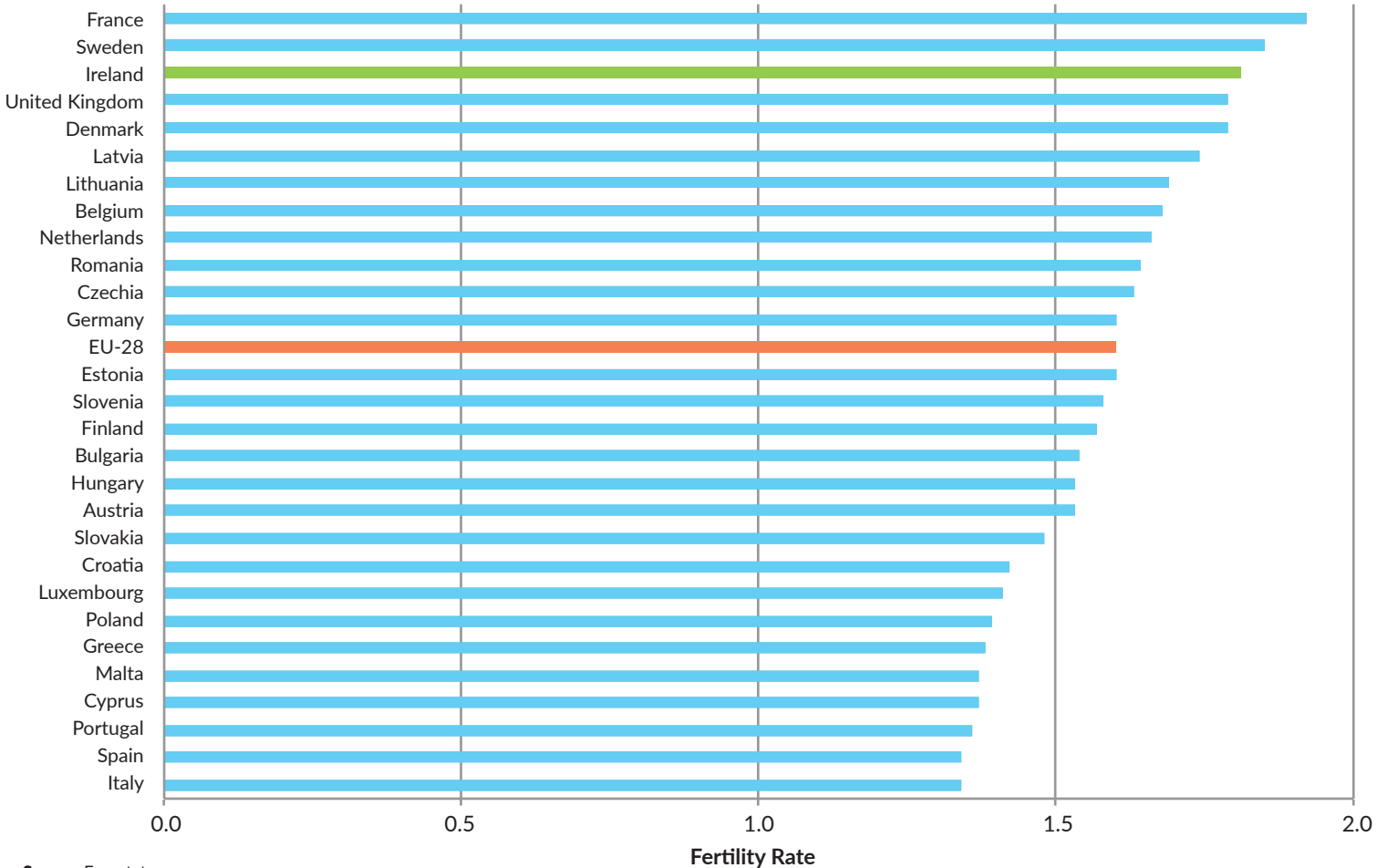
Total Fertility Rate by County, Ireland, 2017



Source: Central Statistics Office

Figure 1.4

Total Fertility Rates in Europe, 2016



Source: Eurostat.

Table 1.4

Population 2018 and Projected Population to 2038 ('000s) by Age Group, Ireland.

Age Group	2018(e.)	2023	2028	2033	2038	% Change 2018-2038
0-14	1008.7	986.0	907.0	863.0	855.0	-15.4
15-64	3175.0	3306.0	3458.0	3552.0	3590.0	13.6
65 and over	673.4	791.0	919.0	1052.0	1196.0	77.2
85 and over	73.0	90.0	112.0	150.0	191.0	163.5
Total	**4,857**	**5,082**	**5,284**	**5,466**	**5,641**	**16.4**

Source: Central Statistics Office.

Notes:
(i) Projections are based on the Central Statistics Office's M2F2 assumption of moderate growth in migration and a decrease in the total fertility rate to 1.6 by 2031, remaining constant thereafter.
(ii) The projections should not be considered as forecasts.
(iii) Projections were produced using data for 1 January 2016 as a starting point.
(iv) (e.): The current CSO population estimate was used for 2018 figures.

Table 1.5

Dependency Ratio Ireland, 2018 and Projected to 2038

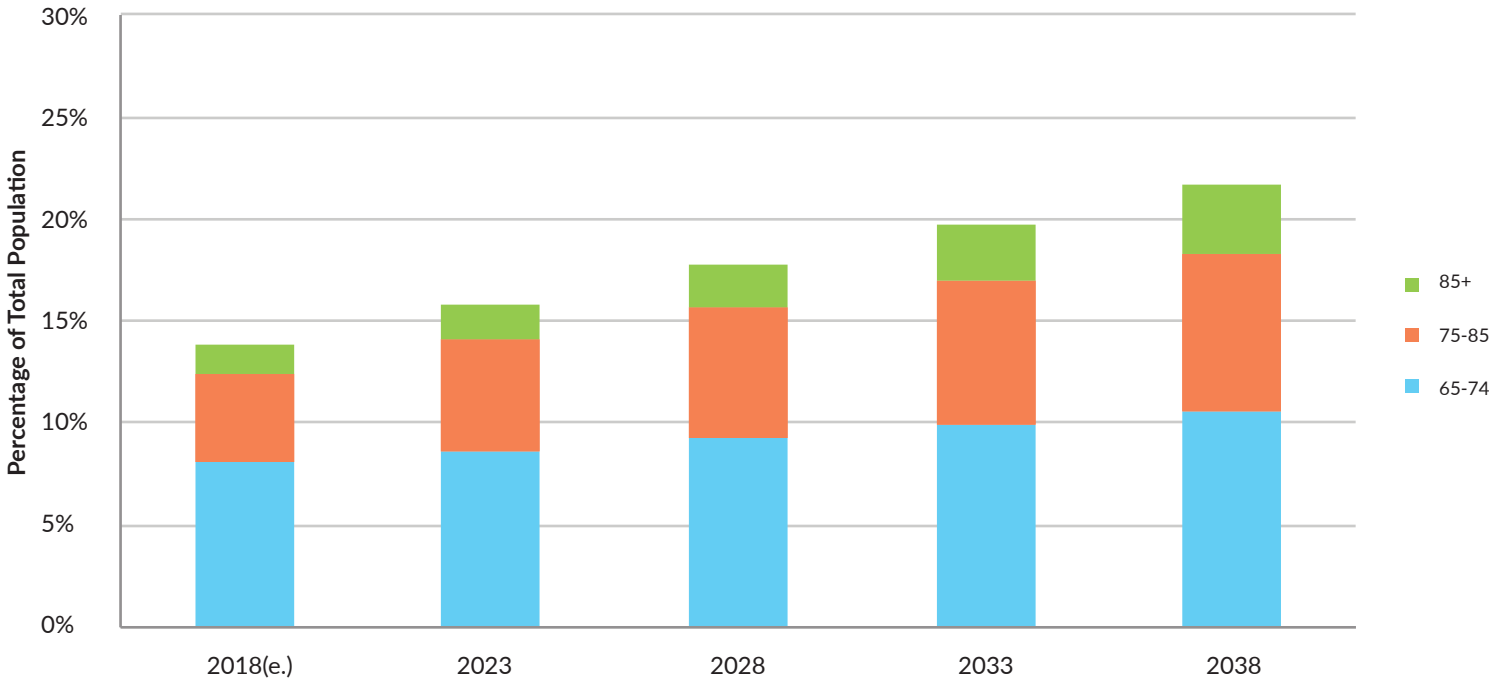
Age Group	2018 (e.)	2023	2028	2033	2038	% Change 2018-2038
0-14	31.8	29.8	26.2	24.3	23.8	-25.0
65 and over	21.2	23.9	26.6	29.6	33.3	57.0
All ages	**53.0**	**53.7**	**52.8**	**53.9**	**57.1**	**7.8**

Source: Central Statistics Office.

Notes:
(i) See notes under Table 1.4
(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.
(iii) (e.): The current CSO population estimate was used for 2018 figures.

Figure 1.5

Older Age Groups: Population 2018 and Projected Population 2023-2038



Source: Central Statistics Office.

Notes:
(i) See notes under Table 1.4
(ii) (e.): The current CSO population estimate was used for 2018 figures.

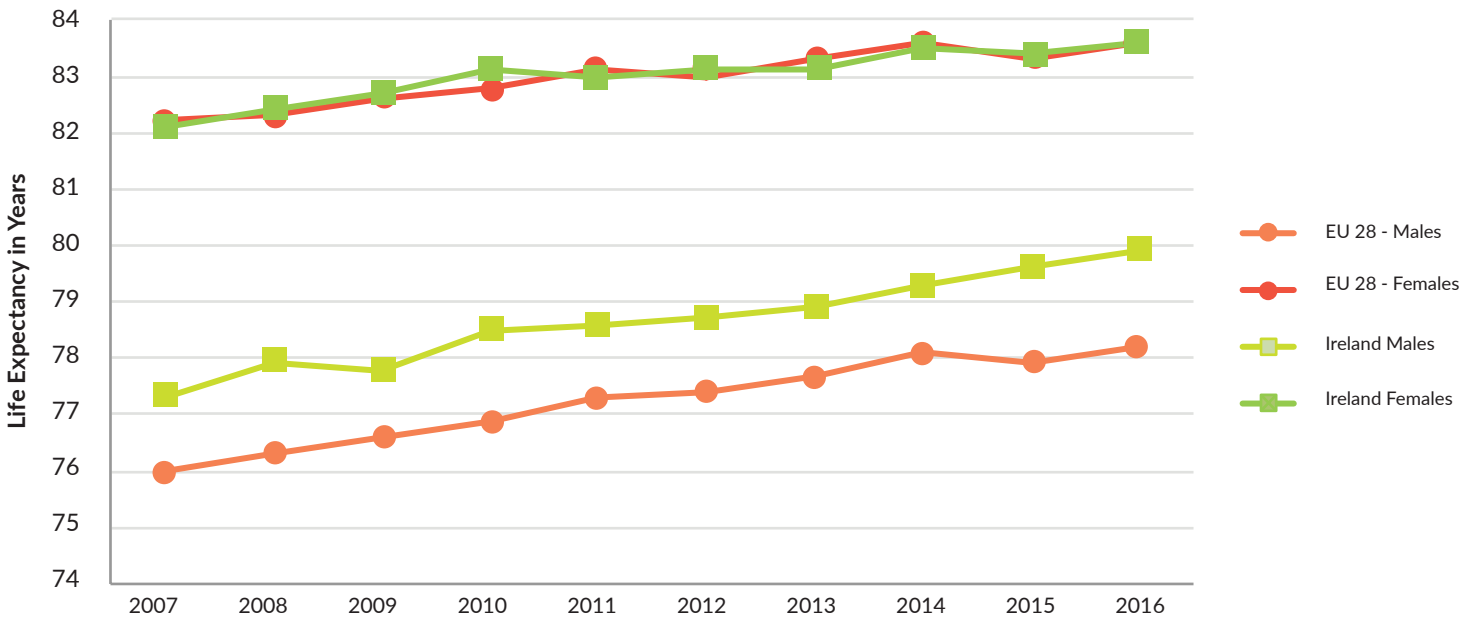
Table 1.6
Life Expectancy, Ireland, by Age and Gender, 1996, 2006 and 2016

	Life expectancy at age	1996	2006	2016	% Change 1996-2016
Male	0	73.1	76.9	79.9	9.3
	1	72.6	76.2	79.2	9.1
	40	35.2	38.5	41.0	16.5
	65	13.9	16.6	18.6	33.8
	75	8.1	9.7	11.2	38.3
Female	0	78.7	81.7	83.6	6.2
	1	78.2	80.9	82.8	5.9
	40	39.9	42.6	44.3	11.0
	65	17.4	19.9	21.1	21.3
	75	10.3	12.0	13.1	27.2

Source: Eurostat.

Notes:
(i) Data for 2016 are provisional.

Figure 1.6
Life Expectancy at Birth by Gender, Ireland and EU-28, 2007 to 2016

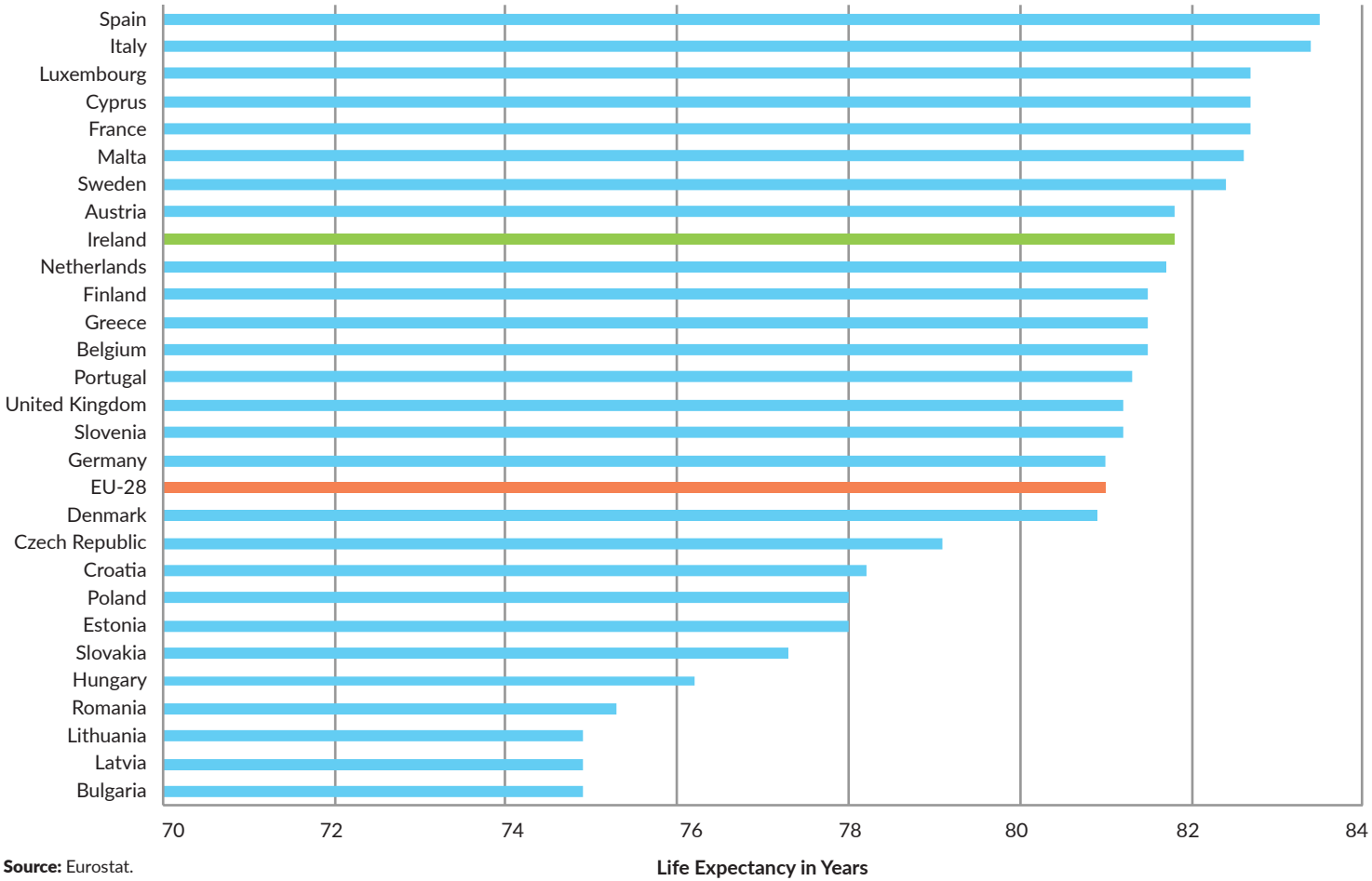


Source: Eurostat.

Notes:
(i) Data for 2015 and 2016 are provisional.
(ii) There is a break in data for EU-28 for 2010-2012.

Figure 1.7

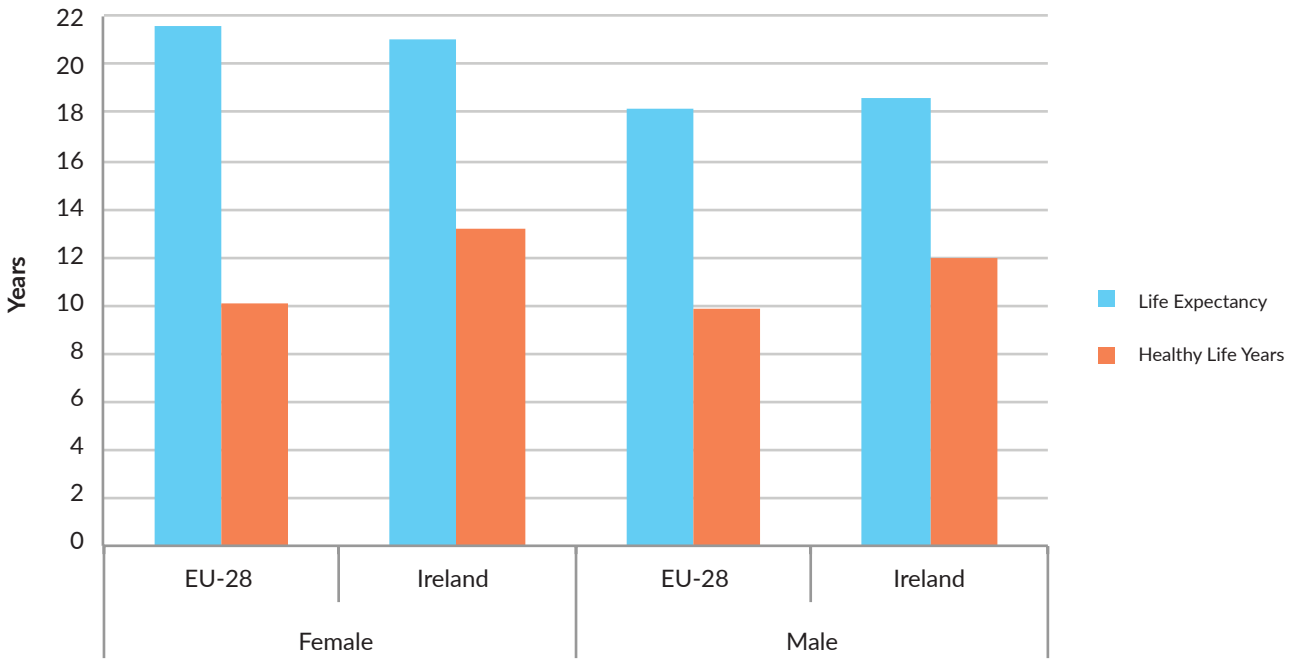
Life Expectancy at Birth for EU-28 Countries, 2016



Source: Eurostat.

Figure 1.8

Healthy Life Years and Life Expectancy at Age 65 by Gender, Ireland and EU-28, 2016



Source: Eurostat.

2. Health of the Population

Population health at the national level presents a picture of decreasing mortality rates and high self-perceived health over the past ten years. Figure 2.1 provides an overview of the chapter, comparing Ireland to the European average across various population health indicators. Ireland is among the top performers for life expectancy, self-perceived health status and stroke mortality rates, but is below the EU average for respiratory and acute myocardial infarction (AMI) mortality rates.

Ireland has the highest self-perceived health status in the EU, with 83% of people rating their health as good or very good (Figure 2.3). The number of people reporting a chronic illness or health problem is also better than the EU average, at around 27% of the population (Table 2.2). However, as shown in Figure 2.2, health status reflects income inequality, with fewer low income earners reporting good health both in Ireland and across the EU.

Table 2.4 shows that age-standardised mortality rates have declined for all causes over the past decade (Table 2.4). This decrease is particularly strong for mortality rates from stroke (-39%), breast cancer (-16%), suicide (-26%) and pneumonia (-39%). Infant mortality, measured as deaths per 1,000 live births, has also decreased by 26% since 2008 and remains below the EU average (Figure 2.10). Figure 2.8 shows that Ireland is currently below the EU average for suicide rates for both men and women. After a rise in the male suicide rate from 2008 to 2012, the three-year moving average has decreased and the latest figures (2015) have fallen below the EU average for the first time since 2010. However, improvements in mortality rates and high levels of self-rated health can mask variations between regions, age groups and other population subgroups. The variation in lung cancer mortality across can be seen in Figure 2.6, and the differing primary causes of deaths among over 65s and under 65s is shown in Figures 2.5a and 2.5b.

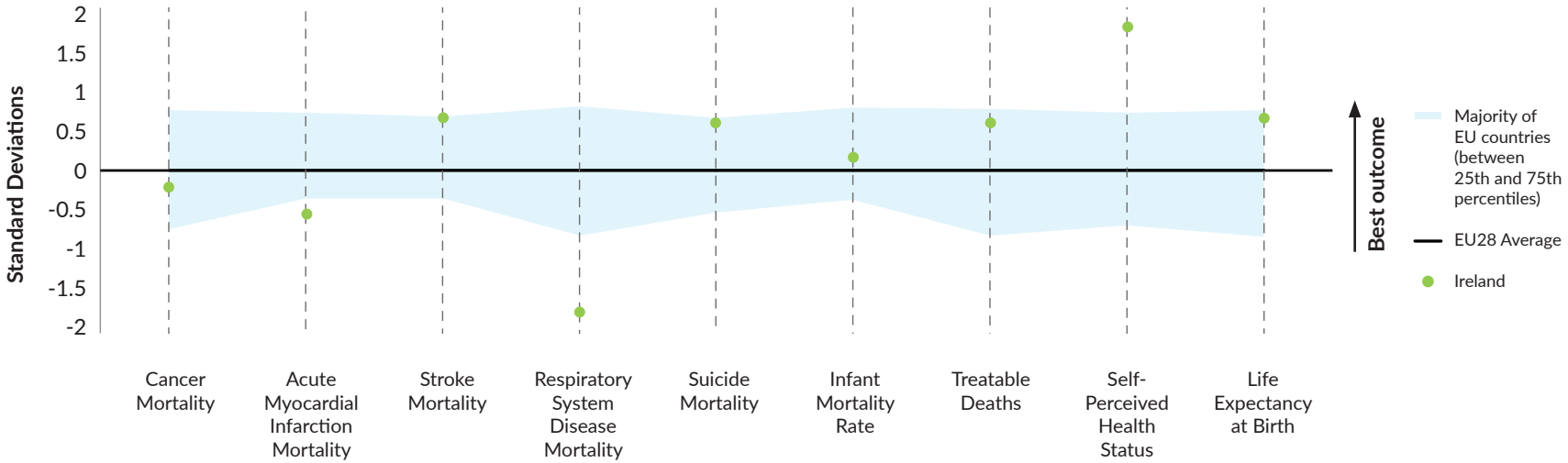
A death is considered treatable, or amenable, if it could have been avoided with optimal quality healthcare. For example, if a person under 50 years of age suffers from diabetes, then timely health care is very likely to successfully prevent this individual dying because of their diabetes. A death from diabetes among this group is therefore considered treatable. Figure 2.9 shows that Ireland performs better than the European average for treatable deaths, at 113 treatable male deaths and 88 treatable female deaths per 100,000. Breast, cervical, colon and rectal cancer survival rates have improved in Ireland but remain below the OECD average except in the case of rectal cancer (Figure 2.11).

Figure 2.12 presents the results of the Irish Sports Monitor surveys in 2015 and 2017 for sports participation among young people. Sports participation has declined for men and women in the 16-19 age group between 2015 and 2017. For the 20-24 age group sports participation has increased slightly, and 72.5% of men and 54.3% of women had participated in sport in the past week when surveyed. Cigarette consumption has decreased by almost 60% since 1997, as shown in Figure 2.13. Alcohol consumption has also decreased over the same period, but not as dramatically. In 2017, Irish people consumed 11 litres of alcohol per capita, based on Revenue figures.

Chapter 2 concludes with data from the latest Healthy Ireland survey. Figure 2.14 shows that almost 3 times as many men as women reported binge drinking on a typical day of drinking. Figure 2.15 shows oral health among smokers, with almost 10% of smokers in all age groups reporting bad or very bad oral health, except for 15-24 year olds, where 5% report bad or very bad oral health.

Figure 2.1

Summary of Population Health, Ireland and EU28 Average, 2015



Source: Eurostat

Notes:

(i) Standard deviation is a measure of how much an indicator value varies from the mean average.

(ii) Values have been adjusted so that the upper half of the graph is more desirable. For example, Ireland's stroke mortality rate is lower than the EU average, but as this is the more desirable outcome Ireland is positioned higher up on the graph.

(iii) For details on the measurement of these indicators, see: Table 2.4, Figure 1.6, Table 2.1 and Figure 2.9.

(iv) The blue area indicates the performance of the 25th - 75th percentiles, or the countries from 25% below to 25% above the median/middle value. Below this on the graph are the poorest performing 25% of countries and above are the highest performing 25% of countries.

Table 2.1

Self-Perceived Health Status, Ireland and EU-28, 2016

	Very Good		Good		Fair, Bad, Very Bad	
Age Group	% Male	% Female	% Male	% Female	% Male	% Female
16-24	65.4	64.4	30.5	30.3	4.1	5.3
25-34	56.6	54.8	34.3	37	9.1	8.2
35-44	45.8	47.2	42.5	41.9	11.7	10.9
45-64	33.2	36.1	45.9	42.8	20.9	21.1
65+	18.6	17.5	45.5	49.8	35.9	32.7
Total	41.6	41.5	41.1	41.3	17.3	17.2
EU-28	22.2	19	47.8	46.1	29.9	34.9

Source: EU-SILC, Eurostat.

Table 2.2

People with a Long-Standing Illness or Health Problem, Ireland and EU-28, 2016

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	13.0	13.5	87.0	86.5
25-34	19.1	13.4	80.9	86.6
35-44	17.8	18.2	82.2	81.8
45-64	30.9	30.4	69.1	69.6
65+	49.9	50.1	50.1	49.9
Total	27.1	26.9	72.9	73.1
EU-28	30.8	35.1	69.2	64.9

Source: EU-SILC, Eurostat.

Table 2.3

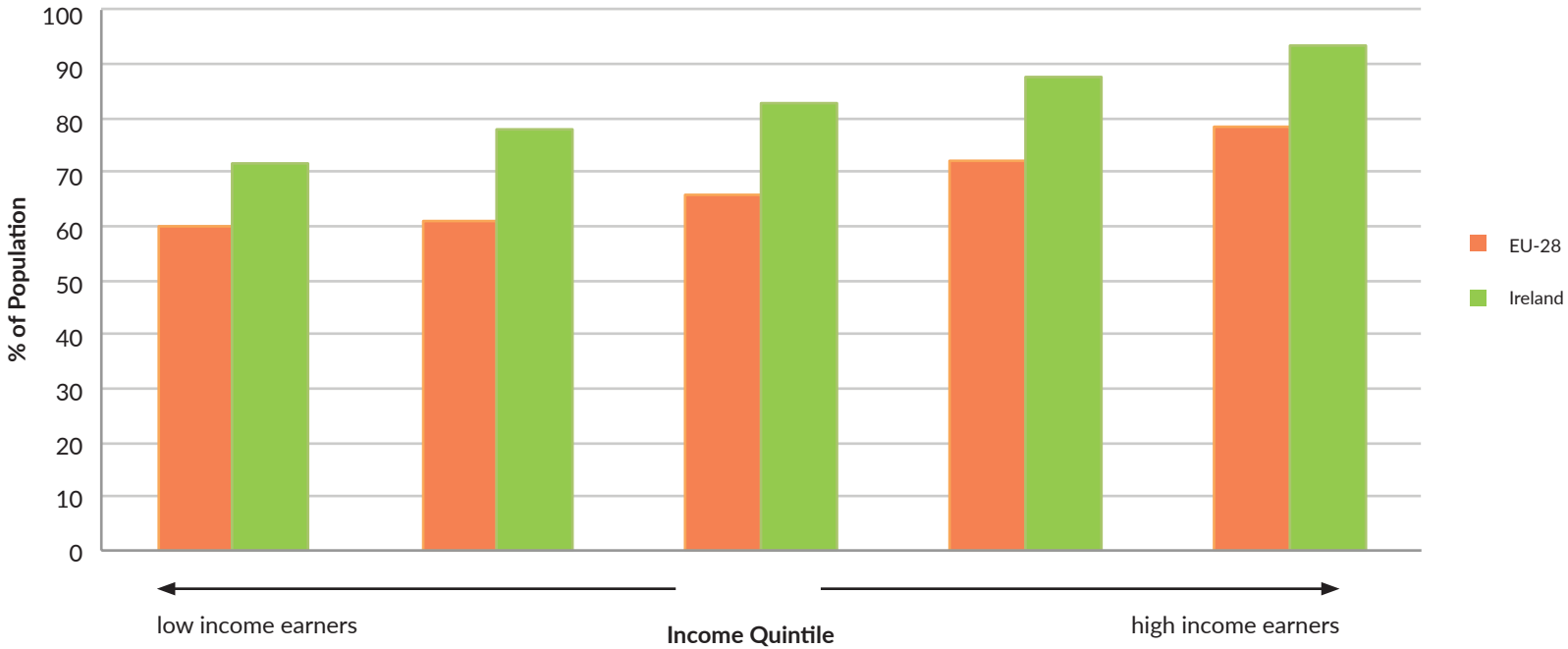
Self-Perceived Long-Standing Limitations in Usual Activities Due to Health Problems, Ireland and EU-28, 2016

Age Group	Some		Severe	
	% Male	% Female	% Male	% Female
16-44	6.4	5.7	3.2	1.4
45-64	12.4	14.5	5.7	6.2
65-74	20.7	19.2	7.2	8.8
75+	26.3	25.4	15.4	17.5
Total	11.2	11.7	5.3	5.0
EU-28	15.0	18.2	6.8	8.2

Source: EU-SILC, Eurostat.

Figure 2.2

Self-Perceived Health Rated Good or Very Good by Income Quintile, Ireland and EU-28, 2016

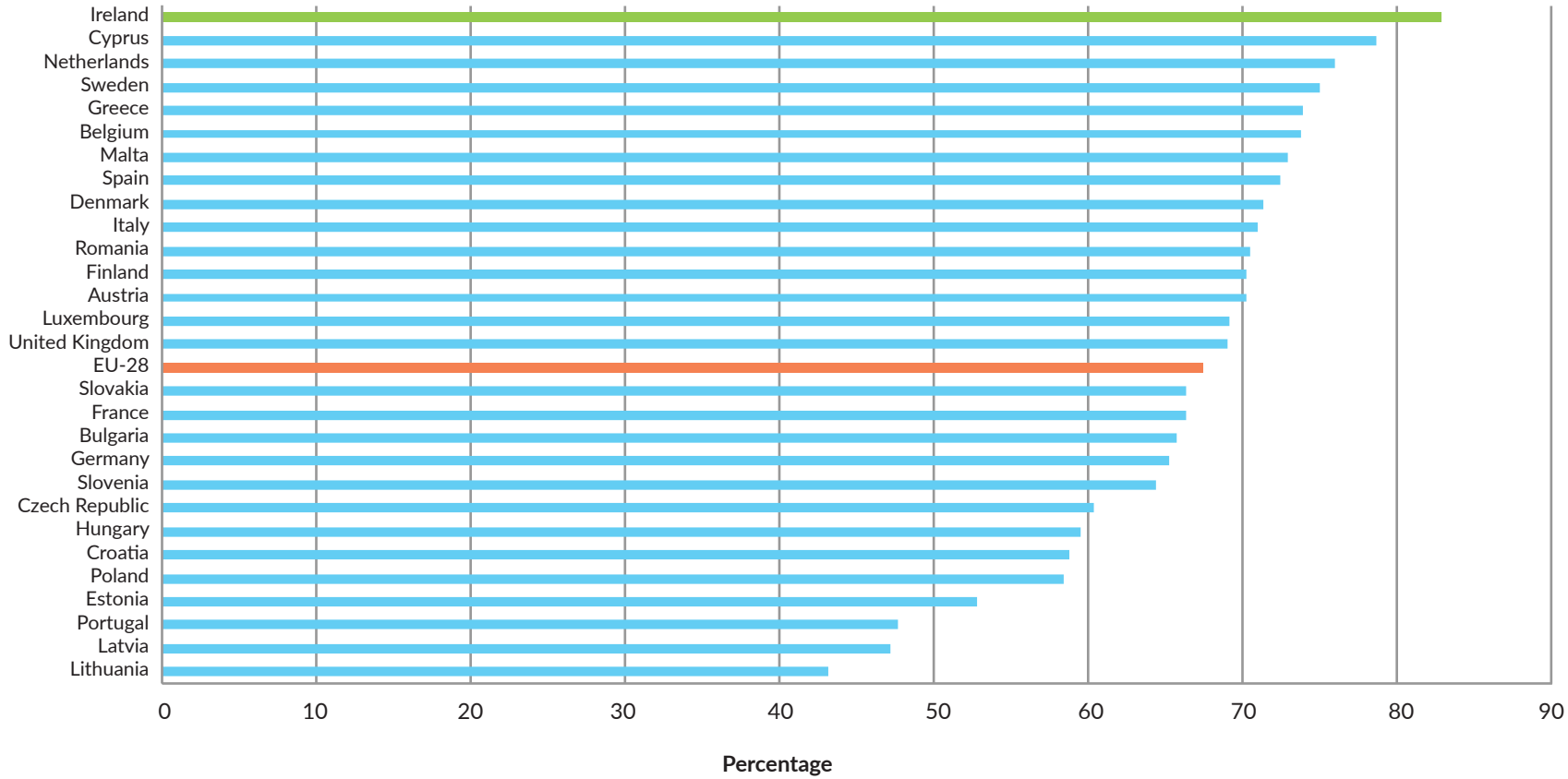


Source: Eurostat.

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

Figure 2.3

Percentage of the Population Reporting Good or Very Good Health in EU-28 countries, 2016



Source: EU-SILC, Eurostat.

Table 2.4

Principal causes of death and infant mortality rate: numbers and age-standardised death rates per 100,000 population, 2008-2017

						% change	
		2008	2012	2016	2017(p)	2008-2017	2016-2017
All Causes	Number	28,274	29,186	30,667	30,484	7.8	-0.6
	Rate	1125.0	1048.5	994.3	957.3	-14.9	-3.7
Diseases of the circulatory system							
All Circulatory System Diseases:	Number	9,956	9,480	9,237	8,927	-10.3	-3.4
	Rate	426.8	360.5	313.6	292.3	-31.5	-6.8
Ischaemic Heart Disease:	Number	5,185	4,758	4,449	4,238	-18.3	-4.7
	Rate	218.9	178.2	148.0	135.9	-37.9	-8.2
Stroke:	Number	2,142	1,935	1,830	1,710	-20.2	-6.6
	Rate	93.5	75.2	63.2	56.7	-39.4	-10.3
Cancer							
All Malignant Neoplasms:	Number	8,199	8,571	9,171	9,175	11.9	0.0
	Rate	306.2	290.1	279.7	271.7	-11.3	-2.9
Cancer of the Trachea, Bronchus and Lung:	Number	1,681	1,801	1,911	1,926	14.6	0.8
	Rate	62.2	60.6	57.6	56.7	-8.8	-1.6
Cancer of the Female Breast:	Number	736	689	755	752	2.2	-0.4
	Rate	46.8	40.2	40.7	39.3	-15.9	-3.4
Diseases of the Respiratory system*							
All Respiratory System Diseases:	Number	3,522	3,497	3,935	4,079	15.8	3.7
	Rate	156.4	137.6	135.8	136.7	-12.6	0.7
Chronic Lower Respiratory Disease	Number	1,365	1,587	1,712	1,610	17.9	-6.0
	Rate	57.3	59.8	57.3	52.3	-8.7	-8.6
Pneumonia	Number	1,356	1,086	1,086	1,109	-18.2	2.1
	Rate	63.9	45.8	39.9	39.1	-38.7	-1.8
External causes of injury and poisoning							
All Deaths from External Causes:	Number	1,721	1,577	1,323	1,315	-23.6	-0.6
	Rate	46.6	40.9	33.0	32.5	-30.1	-1.4
Transport Accidents:	Number	256	162	145	145	-43.4	0.0
	Rate	6.2	3.9	3.5	3.4	-44.5	-1.7
Suicide:	Number	506	541	437	392	-22.5	-10.3
	Rate	11.3	12.1	9.5	8.4	-26.0	-11.2
Infant deaths							
Infant Mortality Rate (per 1,000 live births)	Number	284	237	194	174	-38.7	-10.3
	Rate	3.8	3.3	3.0	2.8	-25.9	-6.7

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

Notes:

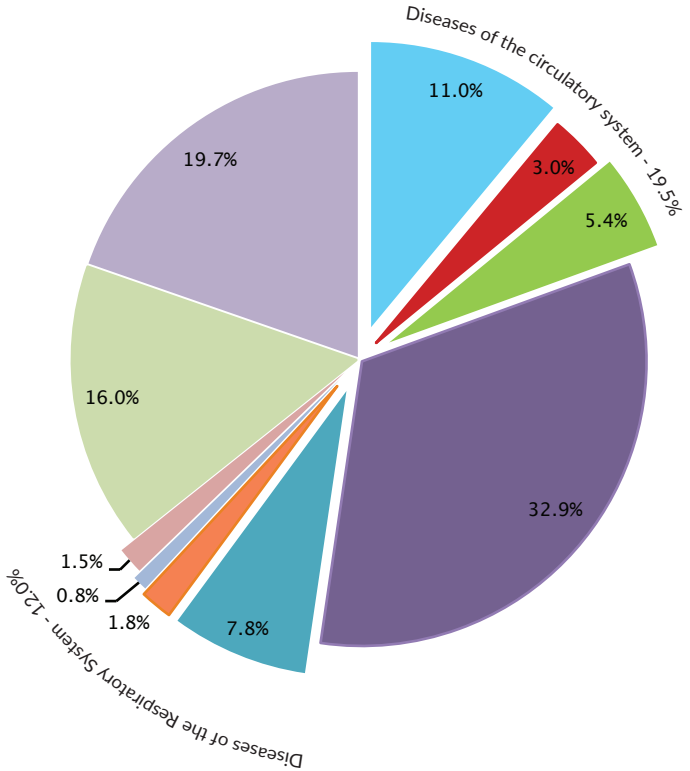
(i) (p) The figures for 2017 are provisional. They should be treated with caution as they refer to deaths registered in these years and may be incomplete.

(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 2.5a

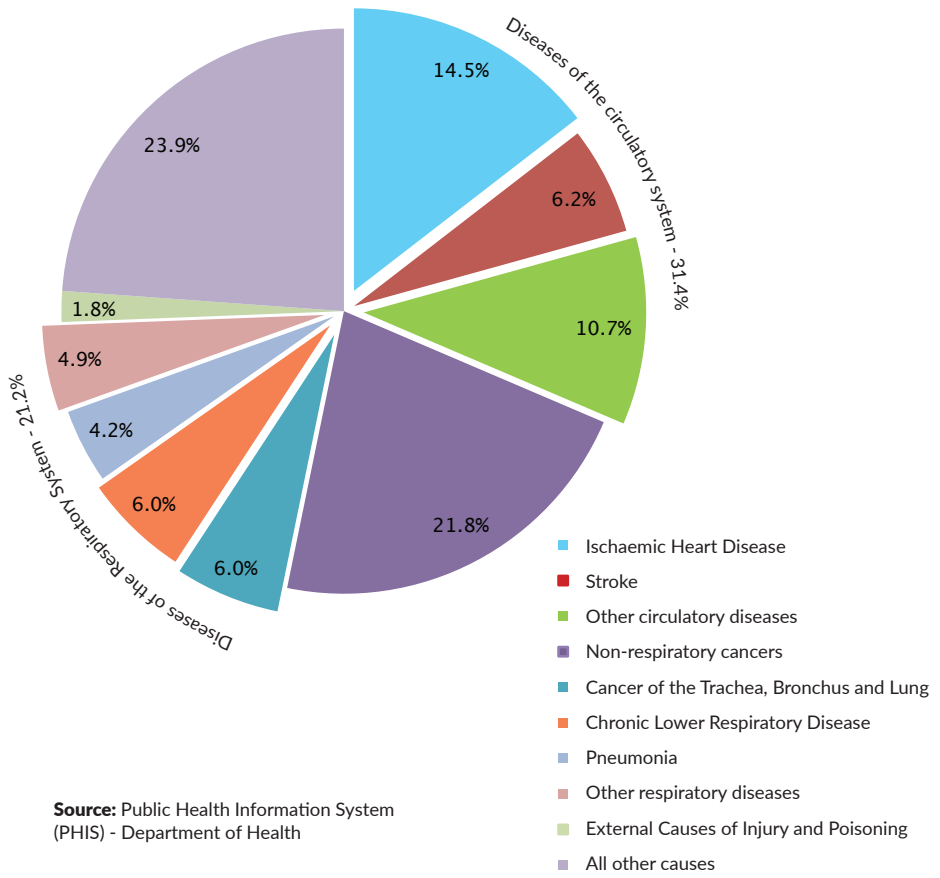
Deaths by principal causes, percentage distribution, 2017, ages 0-64



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

Figure 2.5b

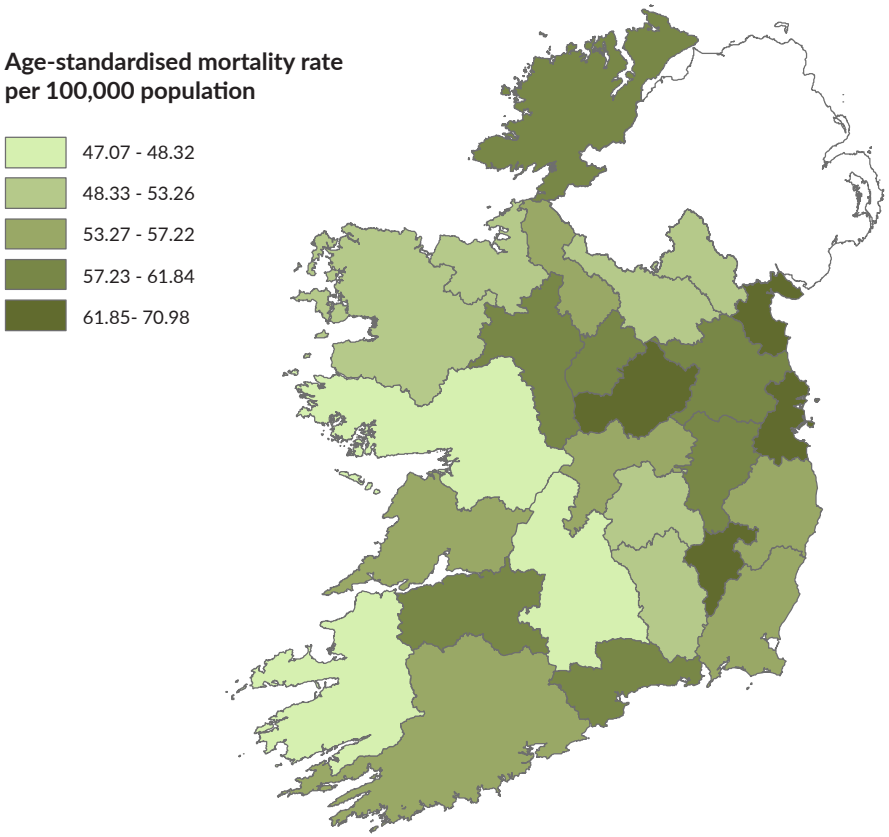
Deaths by Principal Causes, Percentage Distribution, 2017, Ages 65 and Over



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

Figure 2.6

5-Year Age-Standardised Mortality Rates from Lung Cancer by County, 2013-2017



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

Table 2.5

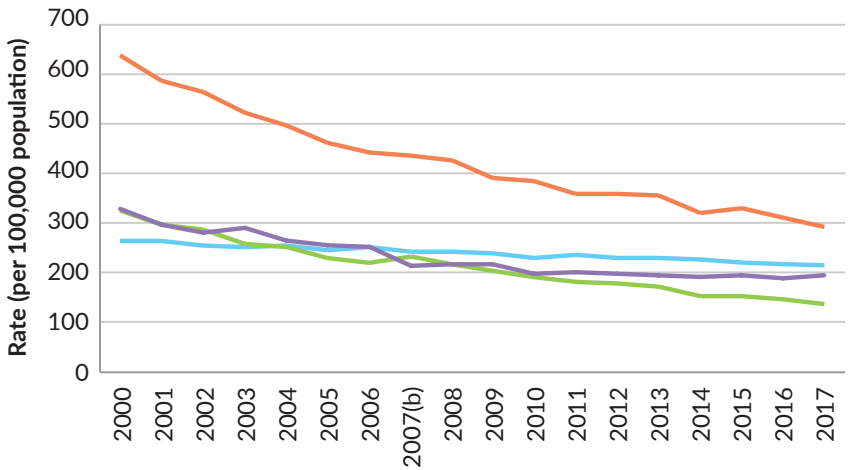
Age-Standardised Death Rates per 100,000 Population by Principal Causes of Death, Ireland and EU-28, 2015

Cause	Ireland	EU-28	% difference Ireland-EU
All causes	1008.9	1036.0	-2.6
Circulatory system diseases	330.0	381.4	-13.5
Non-respiratory cancers	221.0	206.6	6.9
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	195.5	142.3	37.4
External causes of injury and poisoning	33.5	46.7	-28.1

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

Figure 2.7

Age-standardised death rates for selected causes, Ireland, 2000 to 2017

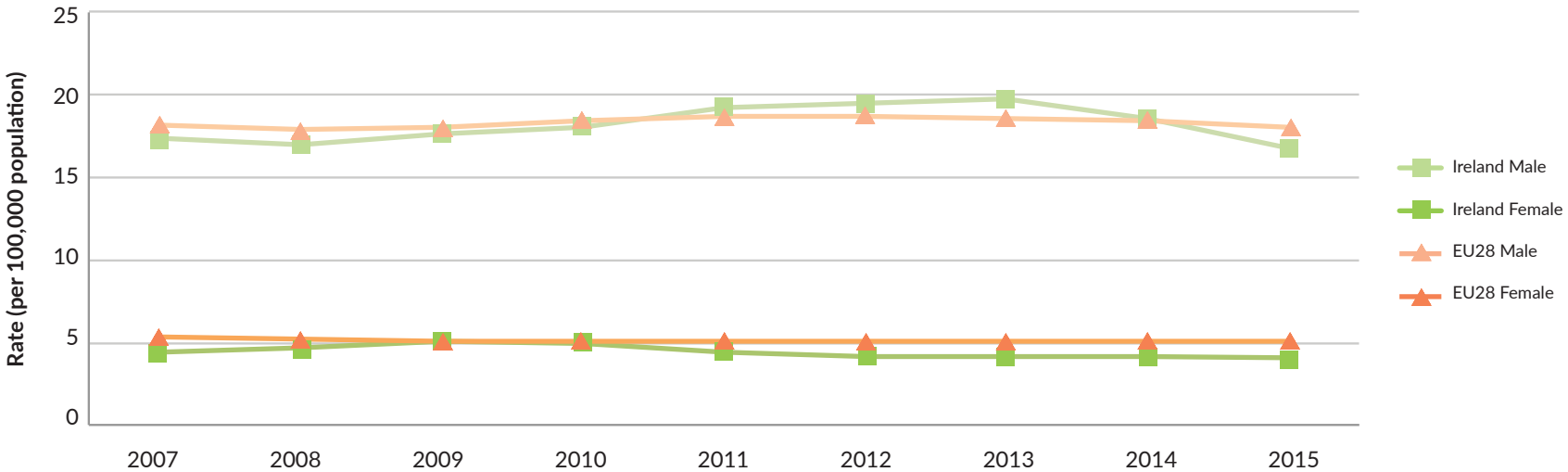


Source: Public Health Information System (PHIS) - Department of Health.

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 2.8

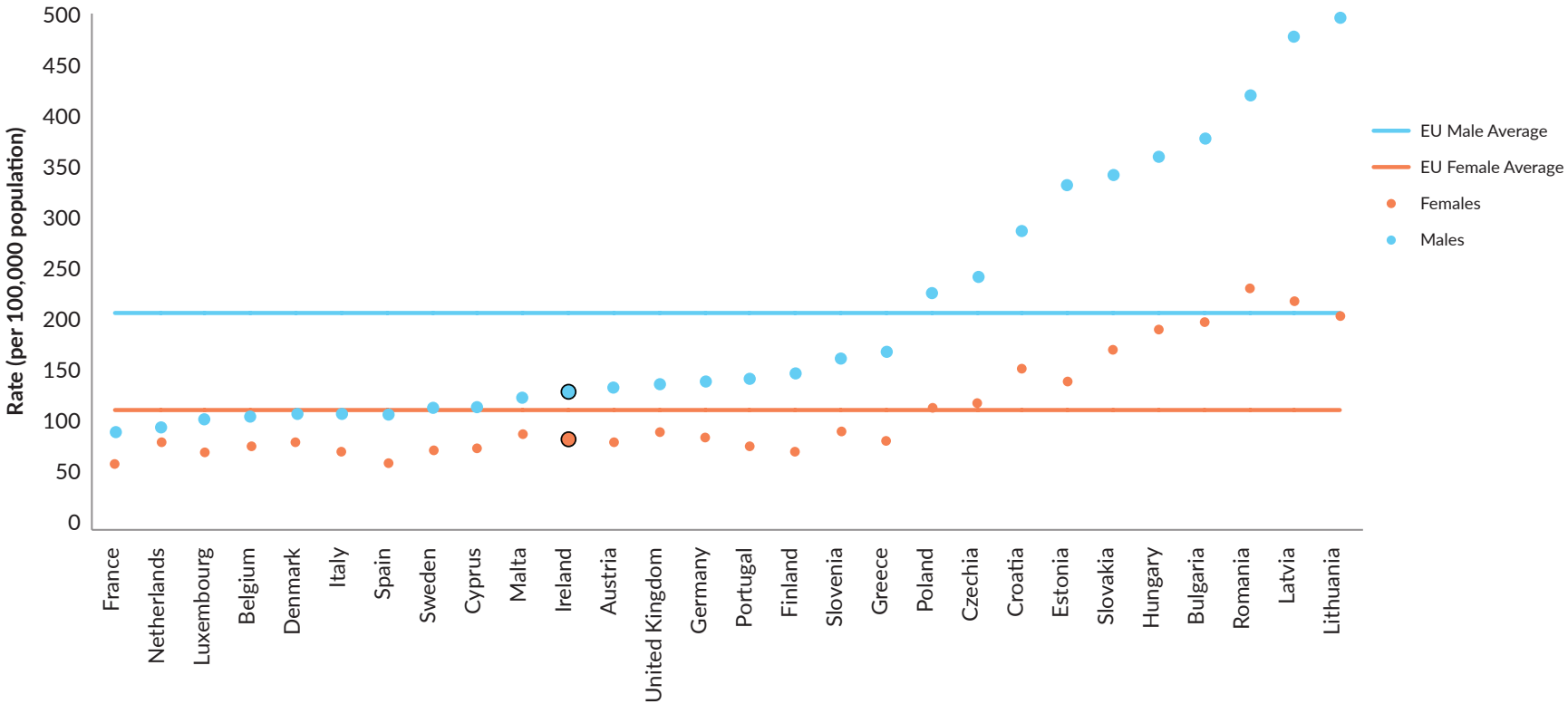
Age-Standardised Death Rate for Suicide by Gender, 3-year moving average, Ireland and EU28, 2007 to 2015



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

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

Figure 2.9
Treatable Mortality Rates for Ireland and EU-28, 2015

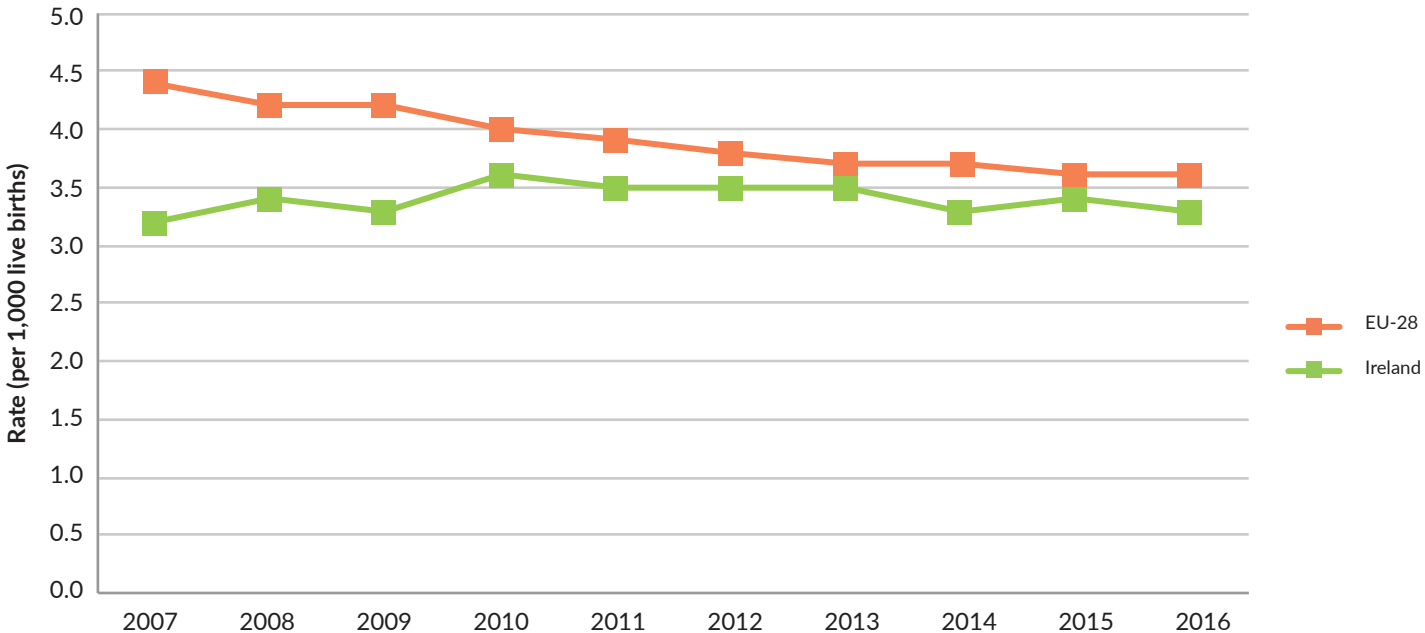


Source: Eurostat

Note:
(i) A death is considered treatable, or amenable, if it could have been avoided with optimal quality healthcare.

Figure 2.10

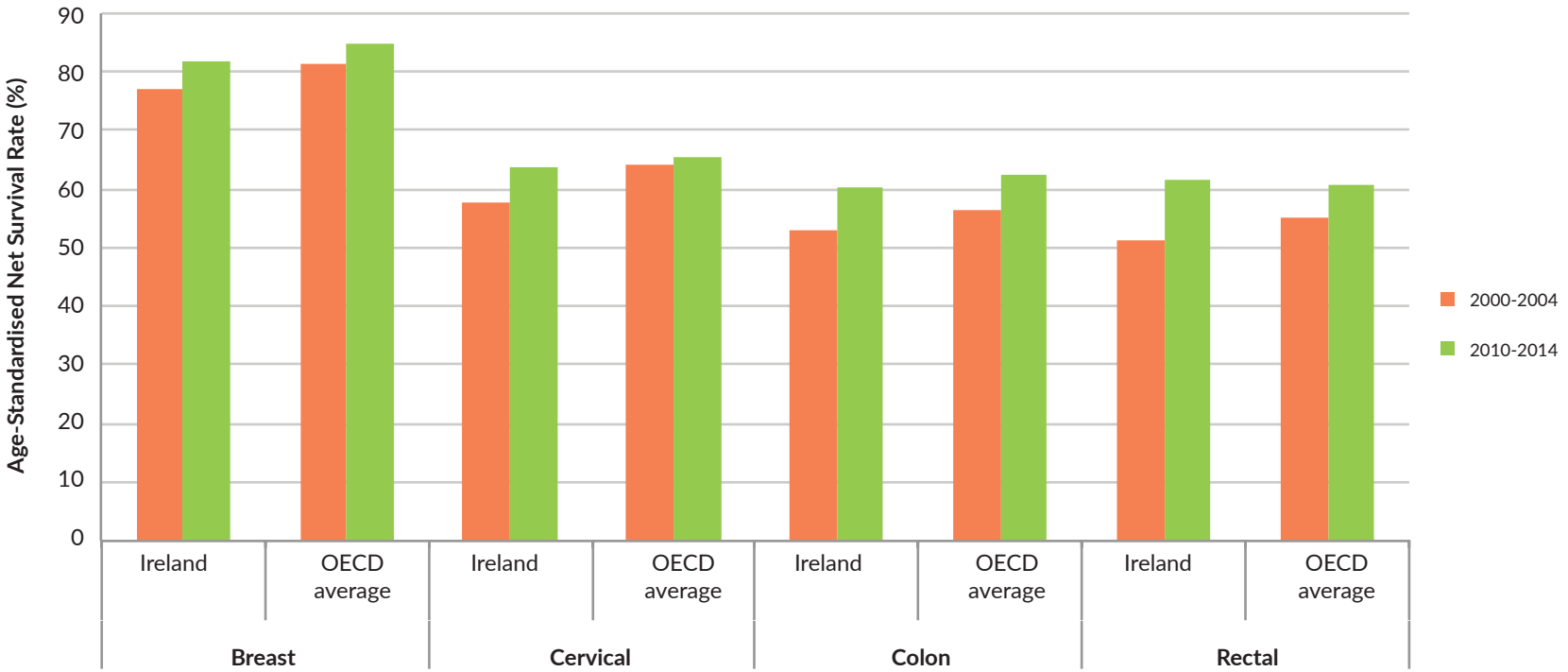
Infant Mortality Rates, Ireland and EU-28, 2007 to 2016



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

Figure 2.11

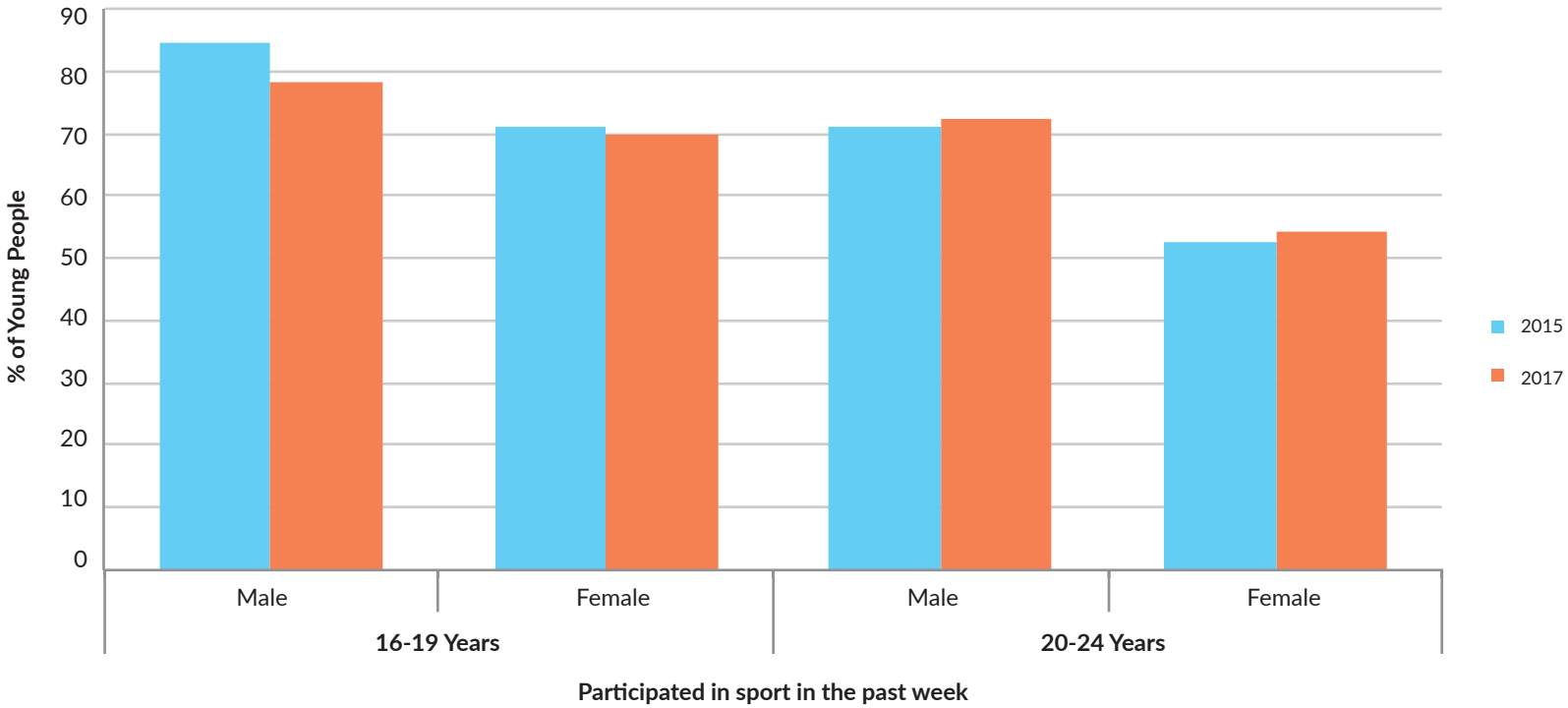
5-Year Age-Standardised Net Survival Rates for Selected Cancers 2000-2004 to 2010-2014, Ireland and OECD Average



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.

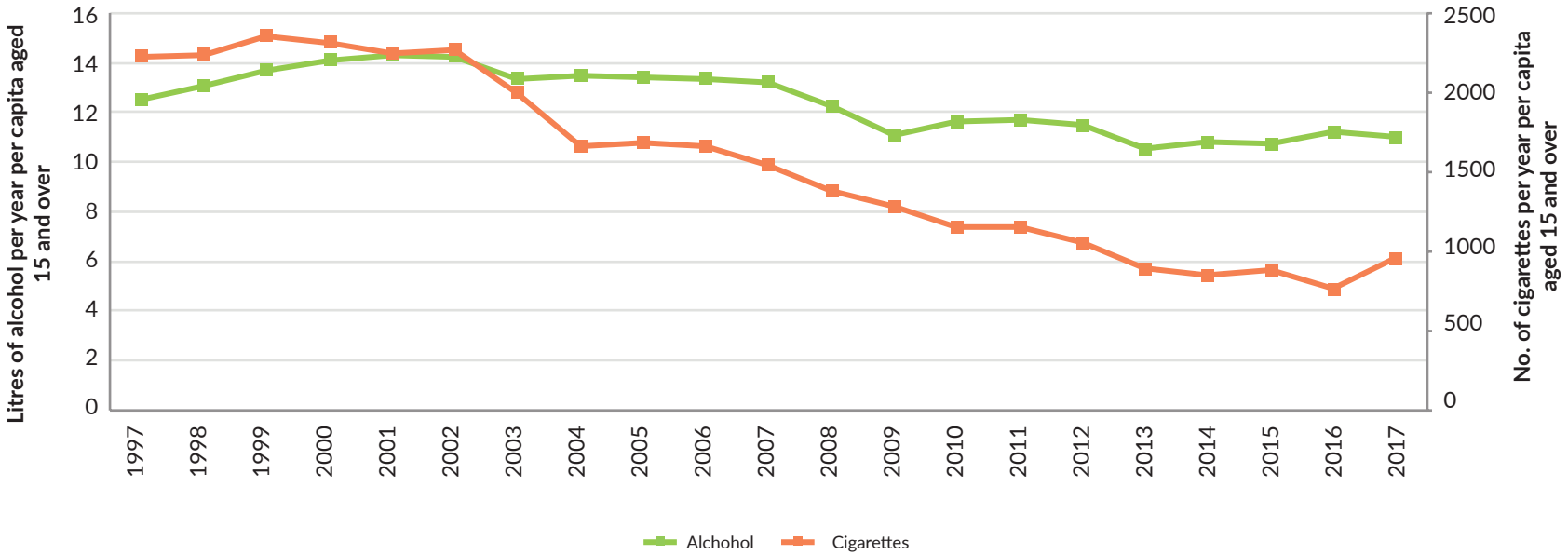
Figure 2.12
Sports Participation among Young People, 2015 and 2017



Source: Irish Sports Monitor Annual Report 2017

Figure 2.13

Alcohol and Cigarette Consumption per Annum, per Capita Aged 15 years and over, 1997 to 2017

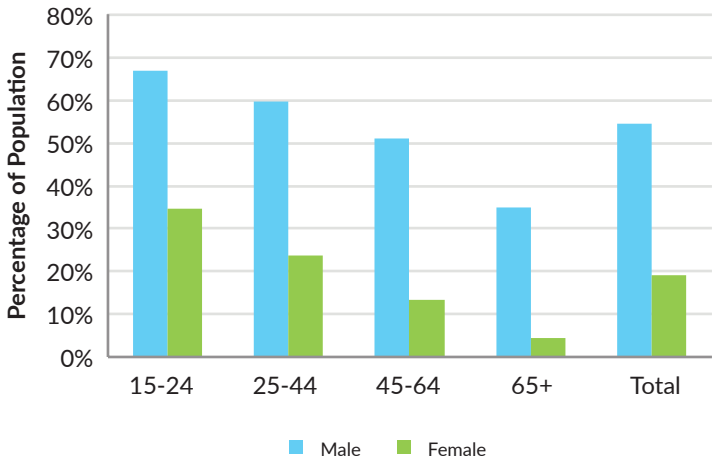


Source: Revenue Commissioners, CSO (population data).

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 2.14

Proportion of People who Binge Drink on a Typical Day of Drinking, by Gender and Age Category, Ireland, 2018

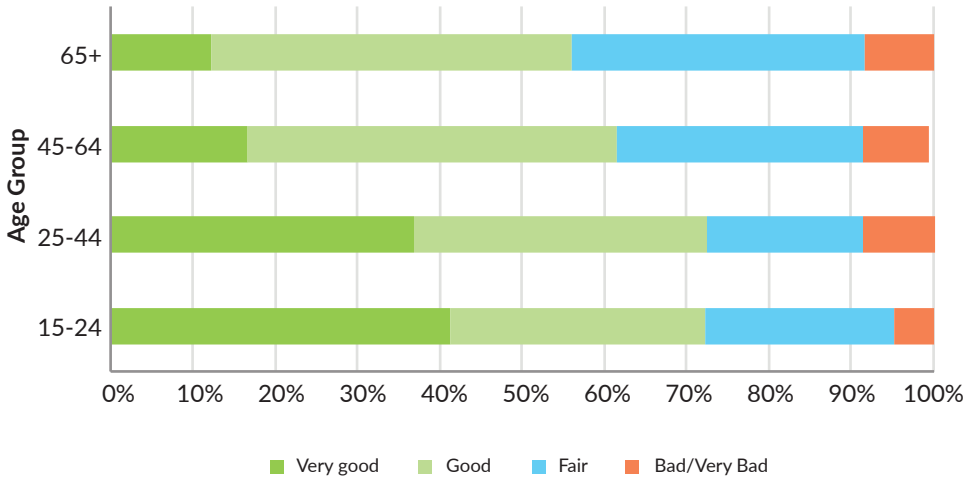


Source: Healthy Ireland Survey, 2018.

Notes:
(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 2.15

Self-Reported Oral Health among Smokers, by Age Group, 2018



Source: Healthy Ireland Survey, 2018.

3. Hospital Care

This section presents statistics on publicly-funded acute hospitals, psychiatric hospital sectors and private acute hospitals (Tables 3.1a and 3.1b). Within the public 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 this sector. Figure 3.1 shows emergency and elective hospital attendance in terms of bed days used in 2017. By far, the majority of bed days are used by those aged 65 and over. There is also a significant gender difference among the older age groups, owing to greater female life expectancy. The rises in discharge numbers across in-patients and day cases show an overall increase in hospital activity in recent years.

63% of hospital discharges are now for day case treatment, an increase of 11.2% since 2008 (Table 3.1a). In 2017, in-patients on average spent 5.6 days in hospital, an overall decrease of 7.4% since 2008 (Table 3.1a).

As of October 2018, there were 15,523 adults waiting 9 months or more for an elective procedure (Figures 3.2). This is a decrease of 24% on October last year. For children, we can also see a slight downward trend and in October 2018, there were 2,860 children waiting 6 months or more for elective procedures. The total number of people waiting for outpatient appointments has risen steadily over the last year, and the number of those waiting 52 weeks or more has risen 16% since October 2017 (Figure 3.3).

The number of people waiting on trolleys in emergency departments is illustrated in Figure 3.4. After a large spike in the first few months of this year, the 30-day moving average has largely followed previous years and is now at a similar level to this time last year.

Attendance volumes at Emergency departments are shown using a heat map (Figure 3.5). Highest attendances occur between 9am and 5pm on weekdays, with Monday mornings between 11am and 1pm seeing the highest attendance volumes across the week.

Figure 3.6 represents the percentage of emergency ambulance responses that occur within 18 minutes and 59 seconds. The national average response for life threatening cardiac or respiratory arrest (Clinical Status 1 ECHO) was 79.5% and for life threatening other than cardiac or respiratory arrest (Clinical Status 1 DELTA) was 58%.

Five pancreas transplants were performed in Ireland in 2017, with a total of 311 transplants undertaken (Figure 3.7). The rate of transplants per population seems to be increasing gradually (Figure 3.8).

According to the most recent census of Irish psychiatric units and hospitals, there were 2,324 patients resident on the census date in 2017, a decrease of 3.5% from 2016. Admissions to psychiatric hospitals and units have fallen by 19.3% in the decade 2008-2017 (Table 3.2). Admission rates are decreasing across all age groups, however admissions among the 65+ age group are decreasing at a much slower pace.

Table 3.1a

Public Acute Hospital Summary Statistics, 2008-2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% Change 2008-2017	% Change 2016-2017
In-Patients												
Acute Beds	11,847	11,369	10,990	10,694	10,337	10,411	10,480	10,473	10,592	10,665	-10.0	0.7
In-patient Discharges	592,133	583,488	583,017	583,053	616,934	615,211	622,763	625,541	635,353	633,155	6.9	-0.3
Bed Days Used	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	3,537,719	-1.0	1.0
% Bed Days Used by Patients Aged 65+	47.6	48.3	49.4	49.3	49.9	50.9	51.5	52.2	52.6	53.1	11.7	1.0
Average Length of Stay in Days	6.0	6.0	5.9	5.7	5.4	5.4	5.4	5.6	5.5	5.6	-7.4	1.4
Surgical In-Patients	143,431	140,694	139,269	134,654	135,202	134,022	134,118	134,240	132,858	133,531	-6.9	0.5
Day Cases												
Beds	1,737	1,772	1,857	1,936	2,049	2,021	2,006	2,026	2,140	2,170	24.9	1.4
Day Cases	770,617	819,254	857,654	883,422	915,254	931,381	957,258	1,025,797	1,056,656	1,072,902	39.2	1.5
% Day Cases Aged 65+	33.8	35.3	36.3	36.1	36.4	37.0	37.7	38.8	38.9	39.4	11.7	1.0
Surgical Day Cases	98,841	107,465	115,846	127,544	138,686	142,728	148,072	152,556	158,065	165,295	67.2	4.6
Total Discharges												
In-Patients and Day Cases	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	1,706,057	25.2	0.8
Daycases as a % of Total Discharges	56.5	58.4	59.5	60.2	59.7	60.2	60.6	62.1	62.4	62.9	11.2	0.7
Emergency Department Attendances	1,150,674	1,253,178	1,232,908	1,226,820	1,278,522	1,252,385	1,218,132	1,232,255	1,296,571	1,318,368	14.6	1.7
Out-patient Attendances	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	3,287,693	-0.0	-1.2

Source: 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 (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.

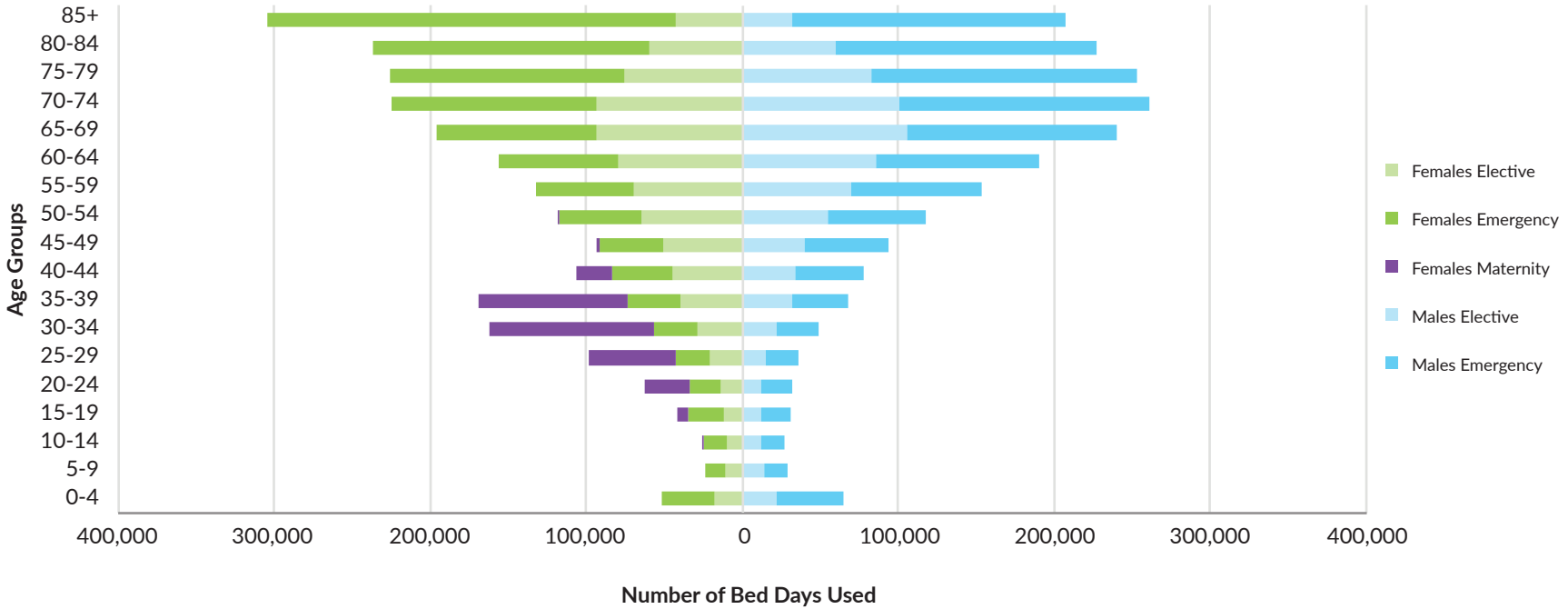
(vi) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments.

(vii) Outpatient data for 2011 was not available due to the development of a reformed set of OPD data.

(viii) 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 3.1

Public Hospital Bed Days Used by Admission Type, Age Group and Gender, 2017



Source: Hospital Inpatient Enquiry (HIPE).

Notes:
(i) Refer to notes under Table 3.1a
(ii) Emergency admissions relate to persons who attend the emergency department and were subsequently admitted to hospital as an in-patient.
(iii) Elective admissions relate to persons who were admitted to hospital for treatment as scheduled on an in-patient or day case basis.
(iv) Maternity admissions relate to all persons admitted related to their obstetrical experience, at any point from conception to 6 weeks post delivery.
(v) Newborns have been excluded from this analysis.

Table 3.1b

Private Acute Hospital Summary Statistics, 2016-2017

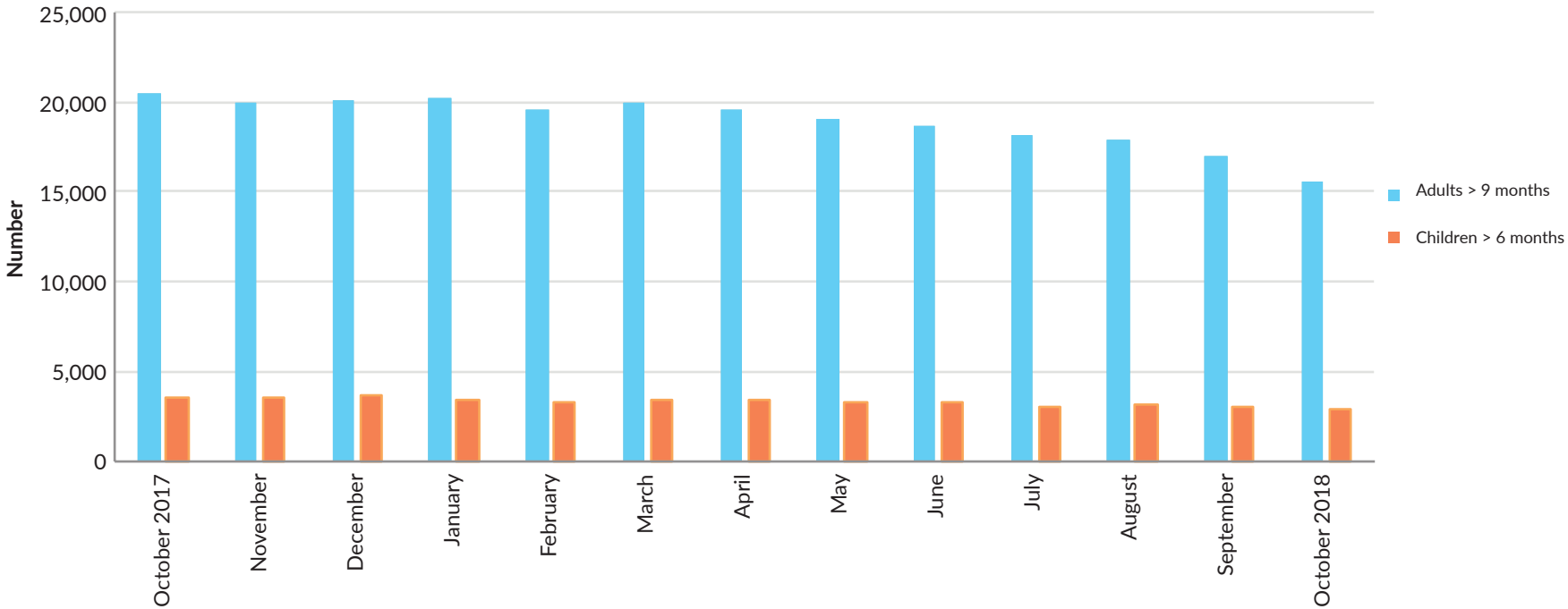
	2016	2017	% Change 2016-2017
Number of Private hospitals			
Acute hospitals	18	18	-
Psychiatric hospitals	3	3	-
In-Patients			
Acute Beds	1,907	1,796	-5.8
In-patient Discharges	102,312	104,077	1.7
Bed Days Used	489,372	465,876	-4.8
Average Length of Stay in Days	4.8	4.5	-5.9
Day Cases			
Day Case Discharges	289,964	305,653	5.4
Total Discharges			
In-Patients and Day Cases	392,276	409,730	4.4
Daycases as a % of Total Discharges	73.9%	74.6%	0.9

Source: Survey of Private Hospitals conducted by the Department of Health, 2016 and 2017.

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.
(iii) Survey questions have changed between the two years and data may not be strictly comparable.

Figure 3.2

Numbers of Adults and Children waiting for In-Patient and Daycase Elective Procedures, October 2017 - 2018

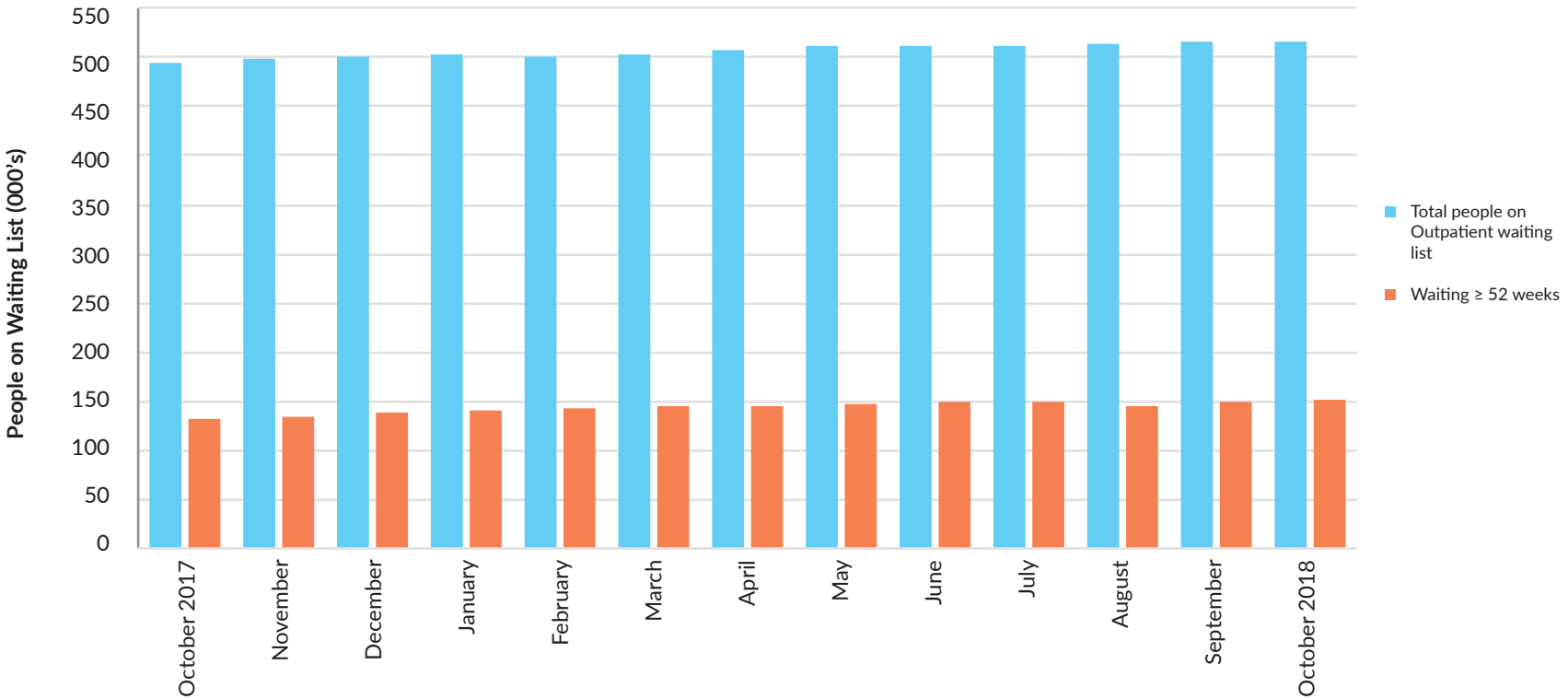


Source: National Treatment Purchase Fund.

Note: Excludes patients waiting for GI endoscopy.

Figure 3.3

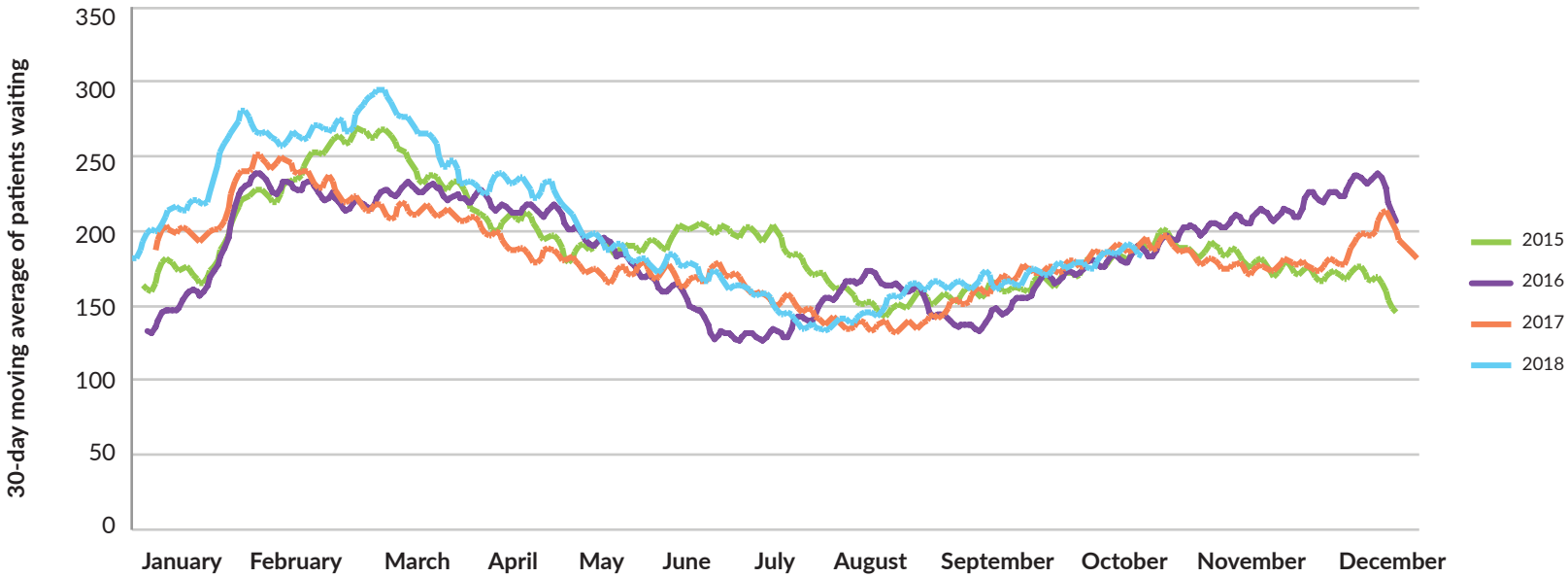
Number of People waiting 52 weeks or Longer for an Outpatient Appointment and Total Number of People on Outpatient Waiting List, 2017-2018



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, 2015 to 2018

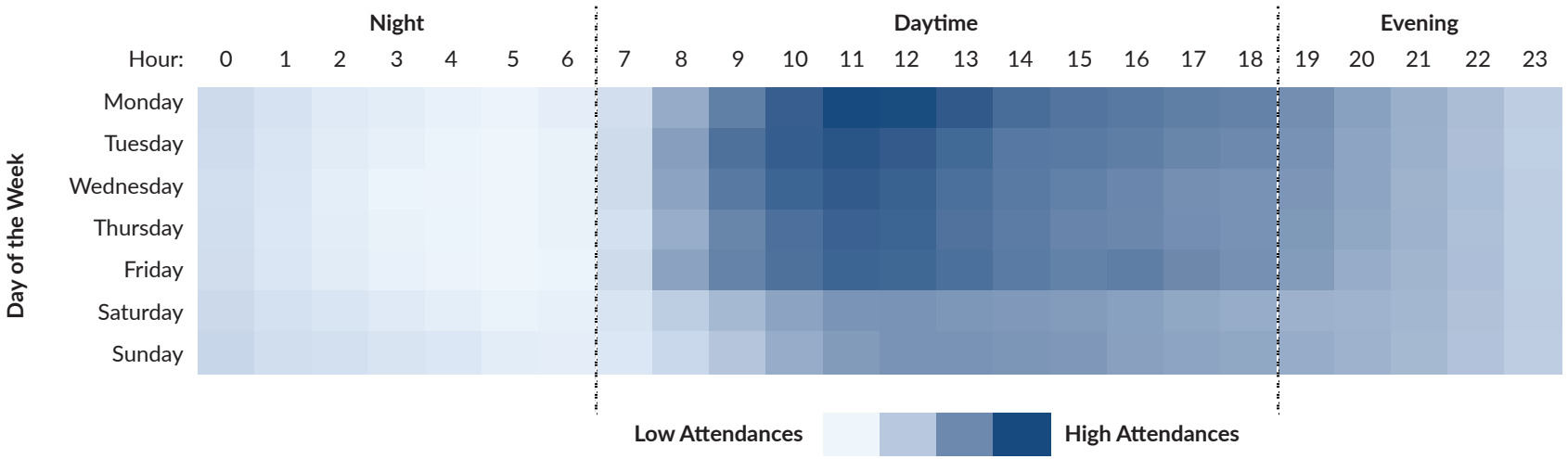


Source: TrolleyGar, HSE

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

Figure 3.5

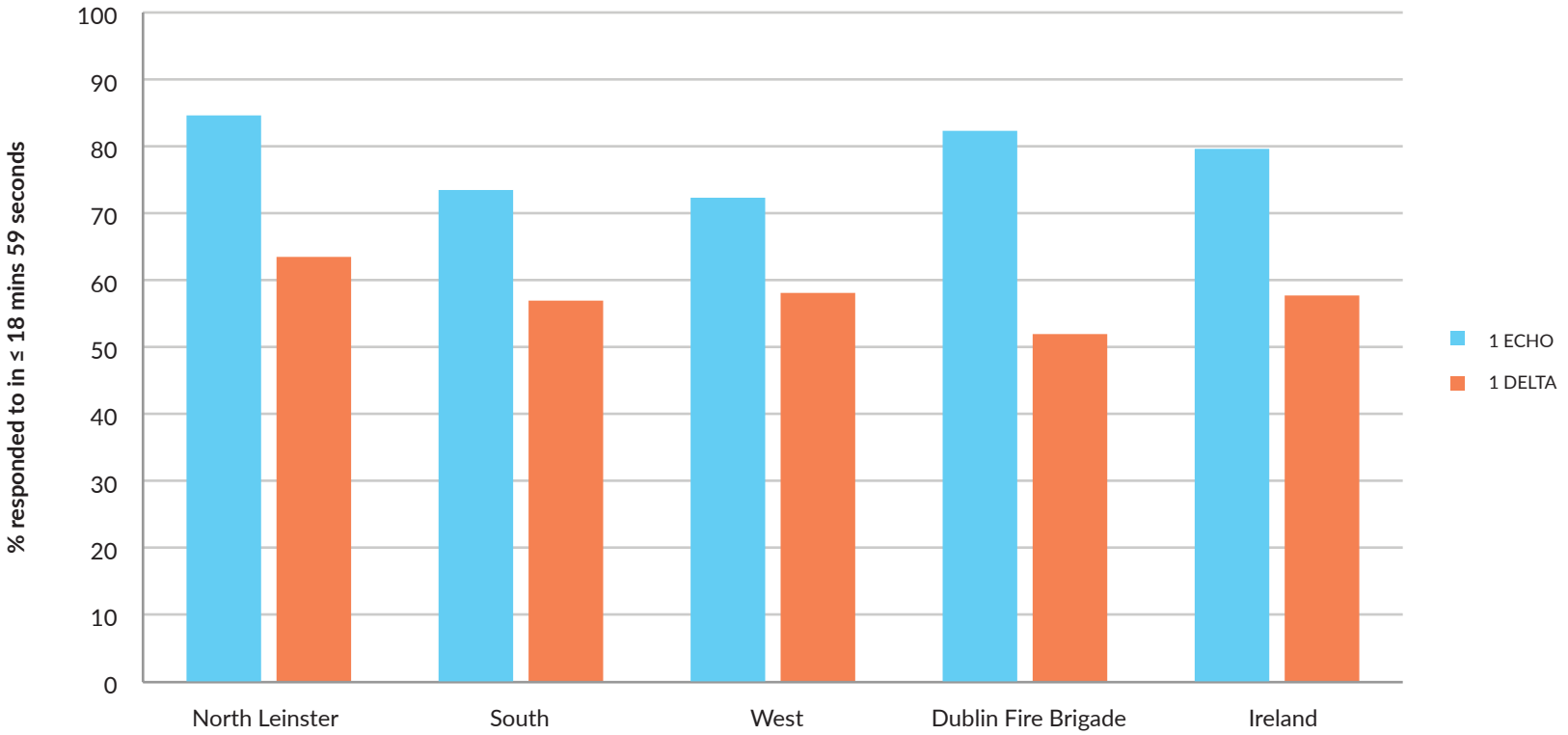
Emergency Hospital Attendances by Day and Time of Registration, October 2017 to October 2018



Source: Patient Experience Time database

Note: The time refers to all attendances within that hour, for example Hour 0 refers to all admissions between midnight and 00.59am, Hour 1 refers to admissions between 1am and 1.59am, and so on.

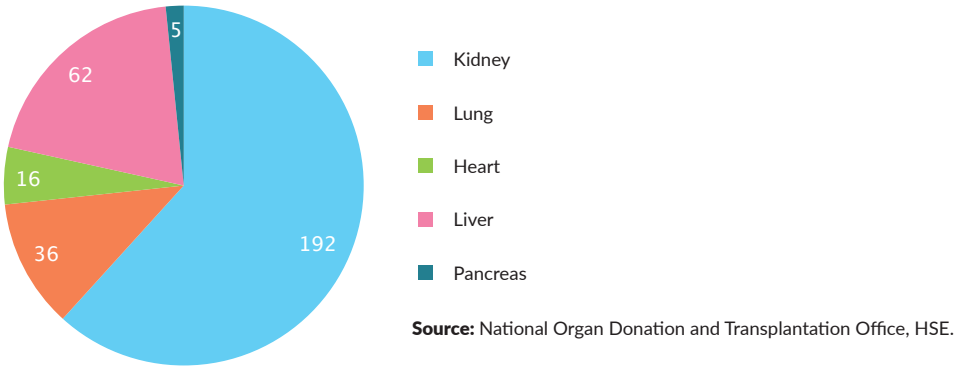
Figure 3.6
DELTA and ECHO Ambulance Response times, 2018



Source: HSE.

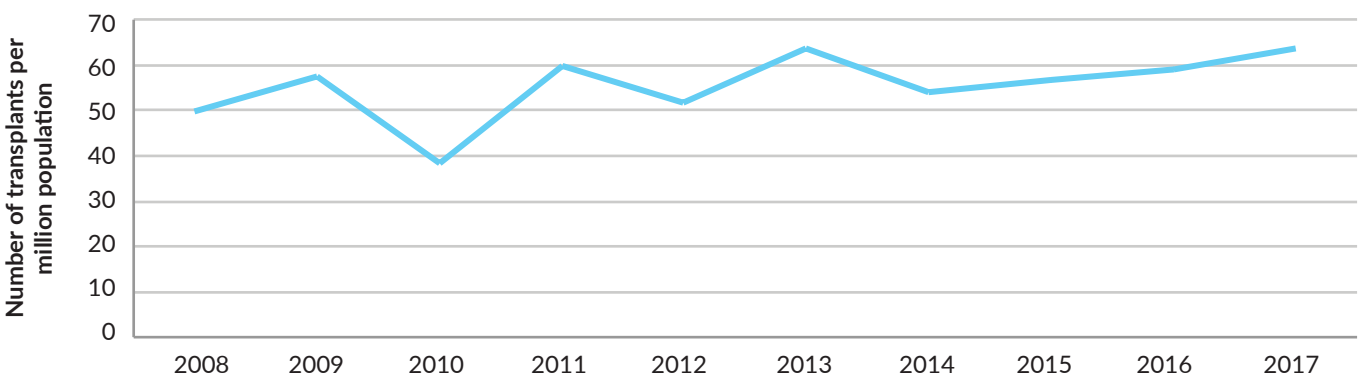
Notes:
(i) Clinical Status 1 ECHO refers to a life threatening cardiac or respiratory arrest.
(ii) Clinical Status 1 DELTA refers to a life threatening emergency other than cardiac or respiratory arrest
(iii) Dublin Fire Brigade is included as it has an ambulance service to support the health service executive.
(iv) Data refers to September 2018 year to date activity

Figure 3.7
Number of Transplants in Ireland by Type, 2017



Source: National Organ Donation and Transplantation Office, HSE.

Figure 3.8
Total Transplants in Ireland per Million Population, 2008 to 2017



Source: National Organ Donation and Transplantation Office, HSE.

Table 3.2

Psychiatric Hospitals and Units Summary Statistics, 2008 to 2017

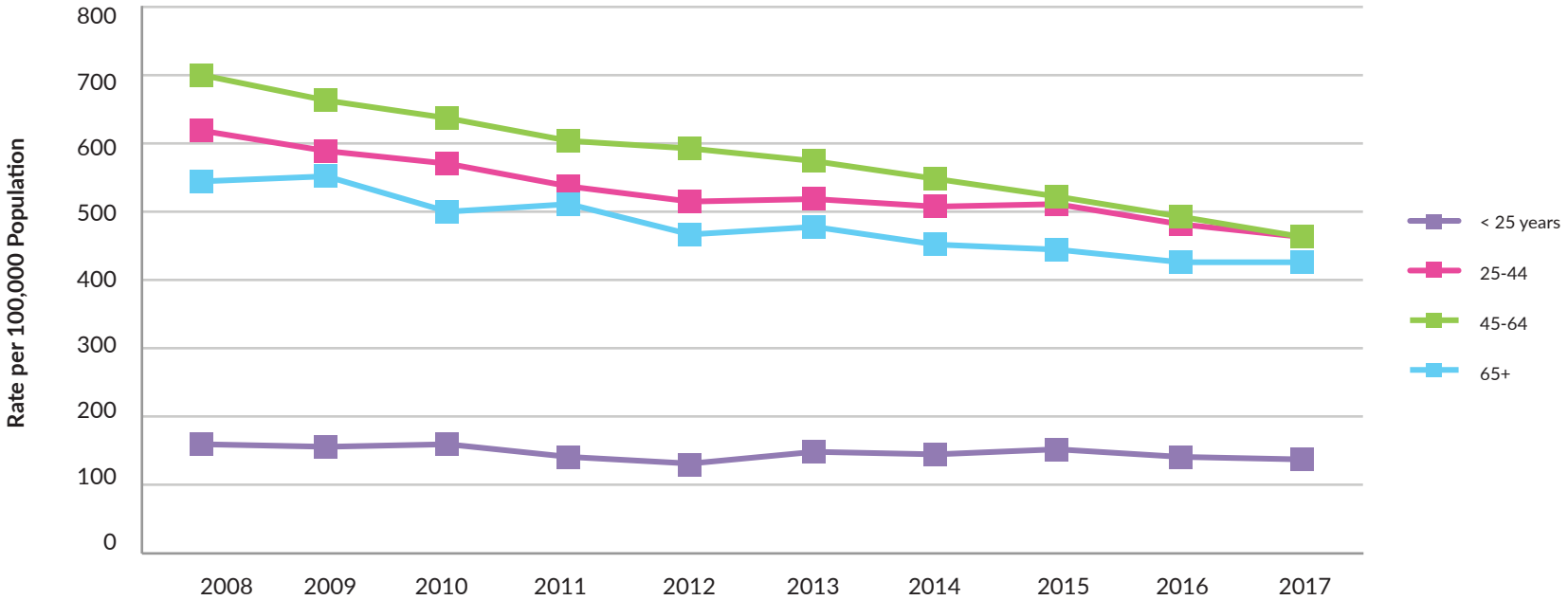
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% Change 2008-2017	% Change 2016-2017
Number of In-Patient Admissions	20,752	20,195	19,619	18,992	18,173	18,457	17,797	17,860	17,290	16,743	-19.3	-3.2
% Male	49.7	50.1	50.2	50.5	50.2	49.4	49.6	50.7	50.0	49.8	0.1	-0.4
% Female	50.3	49.9	49.8	49.5	49.8	50.6	50.4	49.3	50.0	50.2	-0.1	0.5
Admission Rate per 100,000 Population by Age Group												
<25 years	159.8	155.5	159.4	140.1	131.3	148.0	144.6	152.3	142.5	138.4	-13.4	-2.8
25-44	618.5	587.7	571.1	536.4	515.8	518.7	506.7	511.8	481.1	460.6	-25.5	-4.3
45-64	697.5	661.6	636.4	604.0	590.3	573.6	546.3	520.9	490.5	462.1	-33.7	-5.8
65+	543.8	551.9	499.1	509.3	464.9	476.1	450.3	444.7	424.0	426.7	-21.5	0.6
Total	469.1	452.9	438.8	413.9	396.1	401.8	387.5	385.3	363.1	349.4	-25.5	-3.8
Total of In-Patient Census	-	-	2,812	-	-	2,401	2,228	2,337	2,408	2,324	-17.4*	-3.5

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 as been an annual census recorded at midnight March 31st.
(iii) *This figure shows percent change 2010-2017, as 2008 data is not available.

Figure 3.9

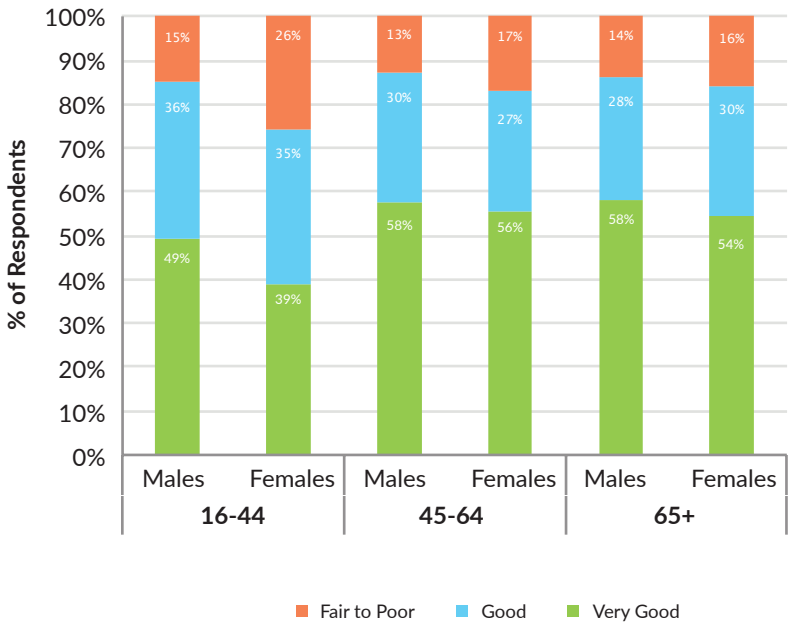
Psychiatric Hospitals and Units: Admission Rate per 100,000 Population by Age Group, 2008 to 2017



Source: Table 3.2.

Figure 3.10

Hospital Inpatient Experience Rating, by Age Group and Gender, 2018



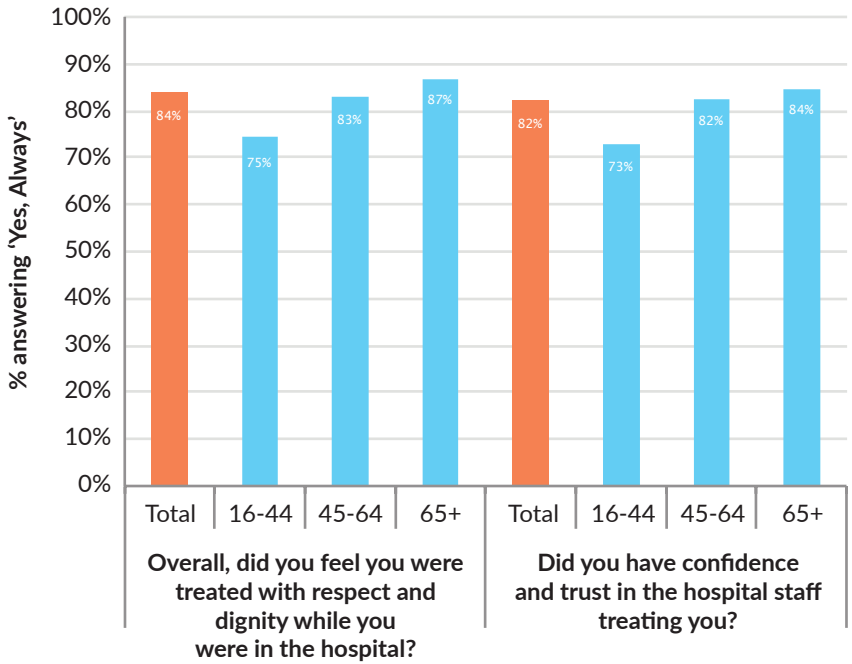
Source: National Patient Experience Survey

Notes:

(i) All patients aged 16 and over discharged in May 2018, who spend 24 hours or more in a public acute hospital and have a postal address in the Republic of Ireland were asked to complete the survey.

Figure 3.11

Patient Experience Survey, Confidence in Staff and Dignity of Patients by Age Group, 2018



Source: National Patient Experience Survey

Notes:

(i) See notes under Figure 3.10

4. Primary Care and Community Services

This chapter provides an overview of the extensive primary care sector, including a broad range of services. General Practitioner (GP) care, intellectual and physical disability services, immunisation rates, blood donations, drug treatment and reimbursement services such as the medical card, GP visit card, Drug Payment and Long-Term Illness (LTI) schemes are discussed here.

The number of medical card holders peaked in 2012 and has slowly decreased since (Table 4.1). 33% of the population had a medical card in December 2017, compared to 40% in 2012 and 30% in 2008. When broken down by age group (Figure 4.1), the percentage of people with a medical card has decreased among the older and younger age groups. The decrease among the youngest age groups could be partly due to the introduction of free GP visit cards for children under 6 from 2015. Galway, Donegal and the south-east have the highest percentages of medical card holders (Figure 4.2).

The number of people participating in the Drugs Payment Scheme has decreased by 22.5% since 2008, while numbers for the Long-Term Illness scheme have more than doubled (Table 4.1).

Data from the Healthy Ireland survey shows that 79% of women and 68% of men have visited a GP in the last 12 months. Among the under 45s, women are much more likely to have visited a GP than men, likely due to contraception and fertility issues. The percentage of men who reported visiting a GP in the last 12 months jumps 18% between the 25-44 and the 45-64 age groups.

The percentage of the population covered by private health insurance has risen slightly in the past five years, from 41.4% to 42.8% (Figure 4.5). This increase can be seen across most age groups and is particularly large among those aged 80 and over (+5% since 2013).

There has been a 7.2% rise in the number of people residing in long-stay care facilities since 2014, and almost half of these residents are over the age of 85 (Table 4.2, Figure 4.6). There has been a 15.8% increase in the percentage of long-stay residents aged under 65 during this period.

Included for the first time this year are statistics on Human Papillomavirus (HPV) immunisation rates among girls in second-level schools (Table 4.3). There has been a large drop in HPV vaccine uptake since the introduction of the vaccine, from 82% in 2011 to 51% in 2017. Immunisation uptake rates for most other major illnesses have remained mostly stable and above 90%, with the exception of Meningococcal vaccination uptake at 88%.
The number of people registered with the National Physical and Sensory Disability Database (NPSDD) has decreased in the past ten years (Table 4.4). Over 20,600 people reported having a physical or sensory disability; of these more than half had a physical disability only and almost a quarter were aged under 18.

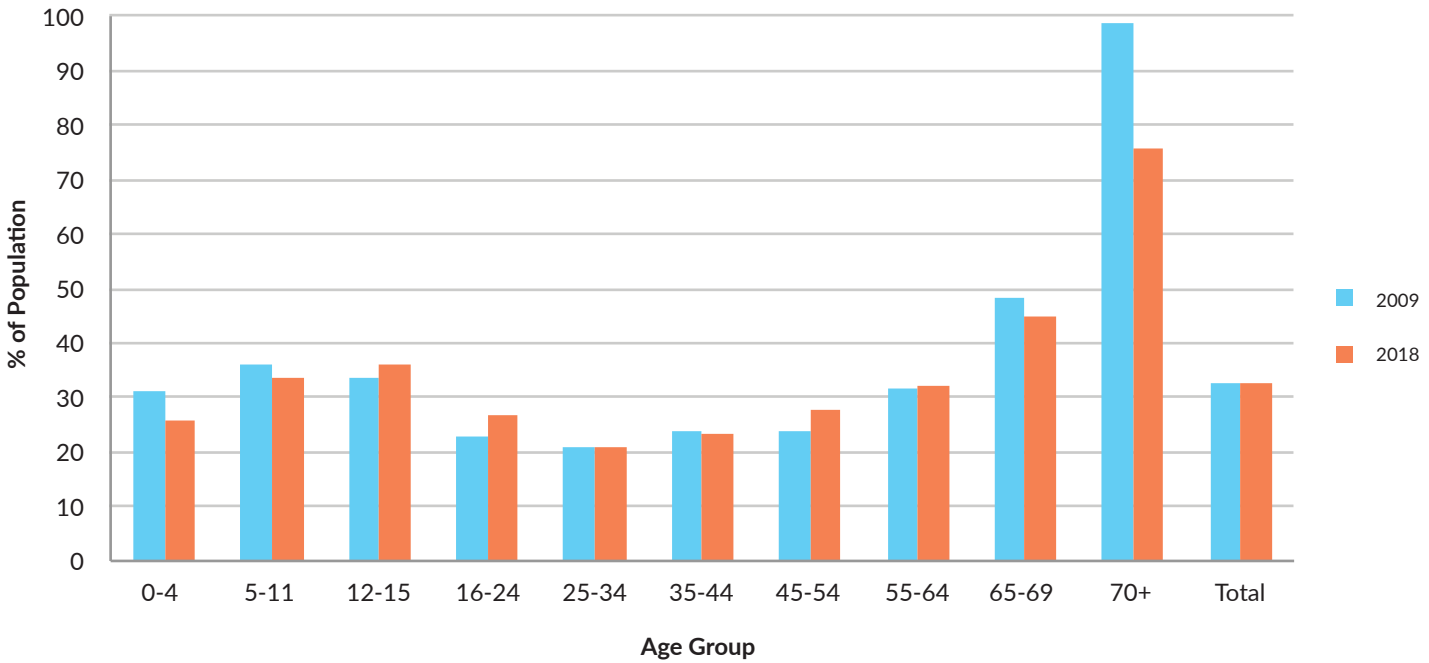
Users of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD) (Table 4.5). More than 20,400 people use day services and there are almost 7,500 full-time residents. This represents an increase in day attendees of almost 20% since 2008. Data is also displayed 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.

Table 4.6 and Figure 4.7 present data on the treatment of problem drug and alcohol use. There were 15,742 cases treated in 2017, representing a rate of 207 people per 100,000 aged 15-64 (Table 4.6). Figure 4.7 shows that this rate peaked in 2011 at 251.7 and has been slowly decreasing since.

Finally, Figure 4.8 shows a downward trend in blood donations since 2013. The percentage of blood donors in the population has decreased from 2.1% to 1.7% and the number of whole blood donations per year has decreased by almost 5,000 since 2013.

Figure 4.1

Percentage of Population with a Medical Card by Age Group, 2009 and 2018



Source: Primary Care Reimbursement Service, CSO (for population data).

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

Table 4.1
Primary Care Reimbursement Service Schemes, 2008 to 2017

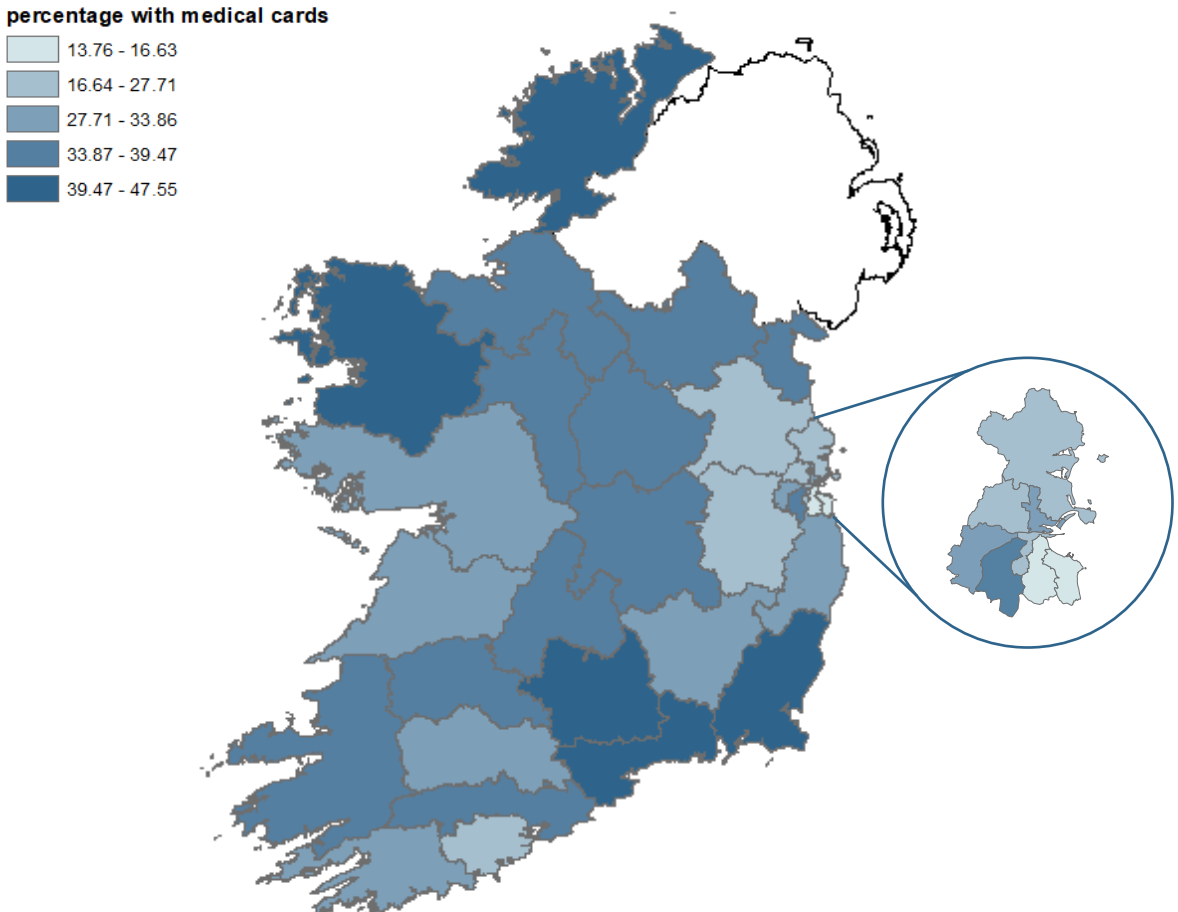
Scheme	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% change 2008-2017	% change 2016-2017
Medical Card												
Number	1,352,120	1,478,560	1,615,809	1,694,063	1,853,877	1,849,380	1,768,700	1,734,853	1,683,792	1,581,526	17.0	-6.1
% of population	30.1	32.6	35.5	37.0	40.4	40.1	38.1	37.0	35.5	33.0	9.6	-7.1
of which 0-15 years	299,666	335,297	370,354	388,098	432,082	427,961	403,027	390,730	371,819	340,167	13.5	-8.5
% of 0-15 years	30.9	33.8	36.5	37.6	41.3	40.6	38.1	36.8	34.9	31.8	2.9	-8.8
GP Visit Card [a]												
Number	85,546	98,325	117,423	125,657	131,102	125,426	159,576	431,306	470,505	486,920	469.2	3.5
% of population	1.9	2.2	2.6	2.7	2.9	2.7	3.4	9.2	9.9	10.2	434.7	2.3
Drugs Payments Scheme												
Number	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	1,259,410	-22.5	-1.0
% of population	36.2	35.0	34.2	33.2	31.9	30.3	28.7	27.8	26.9	26.3	-27.4	-2.3
Long-term Illness Scheme												
Number	120,407	127,636	134,926	142,585	150,598	158,924	196,902	225,631	245,964	263,336	118.7	7.1
% of population	2.7	2.8	3.0	3.1	3.3	3.4	4.2	4.8	5.2	5.5	103.7	5.8
Dental												
Number of treatments	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	1,194,730	-0.1	-1.7
Number of people treated	271,731	343,067	382,404	347,773	394,399	435,292	436,433	420,459	416,662	413,133	52.0	-0.8
Ophthalmic												
Number of treatments	530,282	564,606	637,850	675,841	730,629	758,275	756,305	756,036	767,280	770,741	45.3	0.5
Number of people treated	222,567	238,844	269,076	279,505	307,522	317,218	317,731	315,040	318,021	318,570	43.1	0.2

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

Notes:
(i) Data as at 31st December each year.
(ii) Data related to the population for 2017 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 4.2

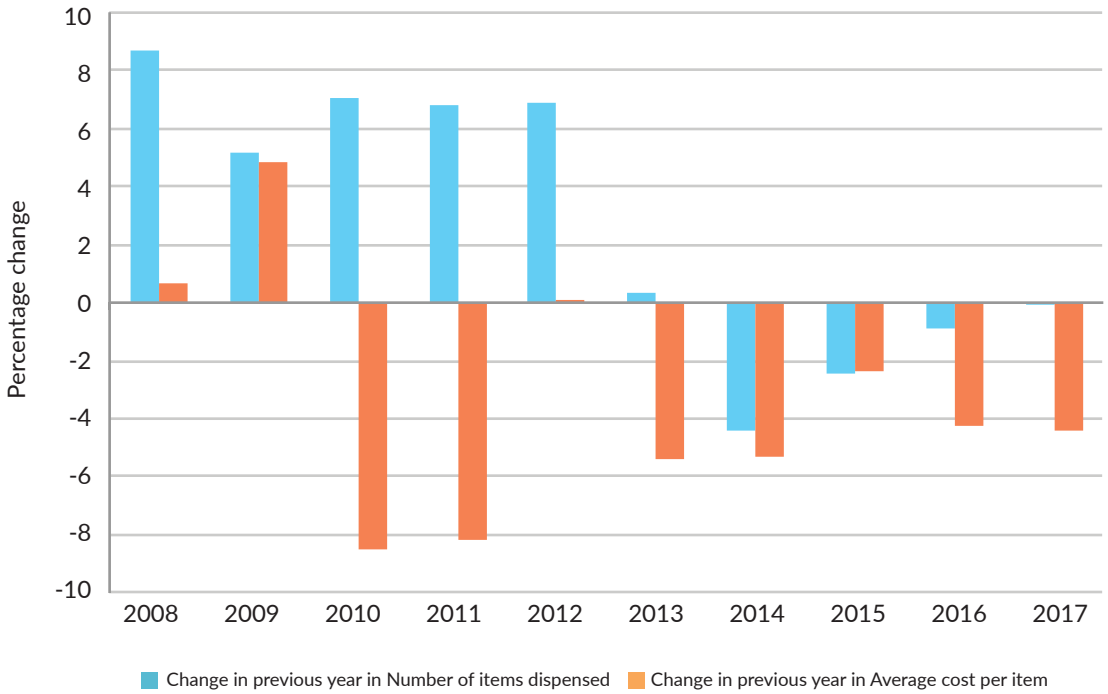
Percentage of Total Population with a Medical Card by Local Health Office, 2018



Source: Primary Care Reimbursement Service

Figure 4.3

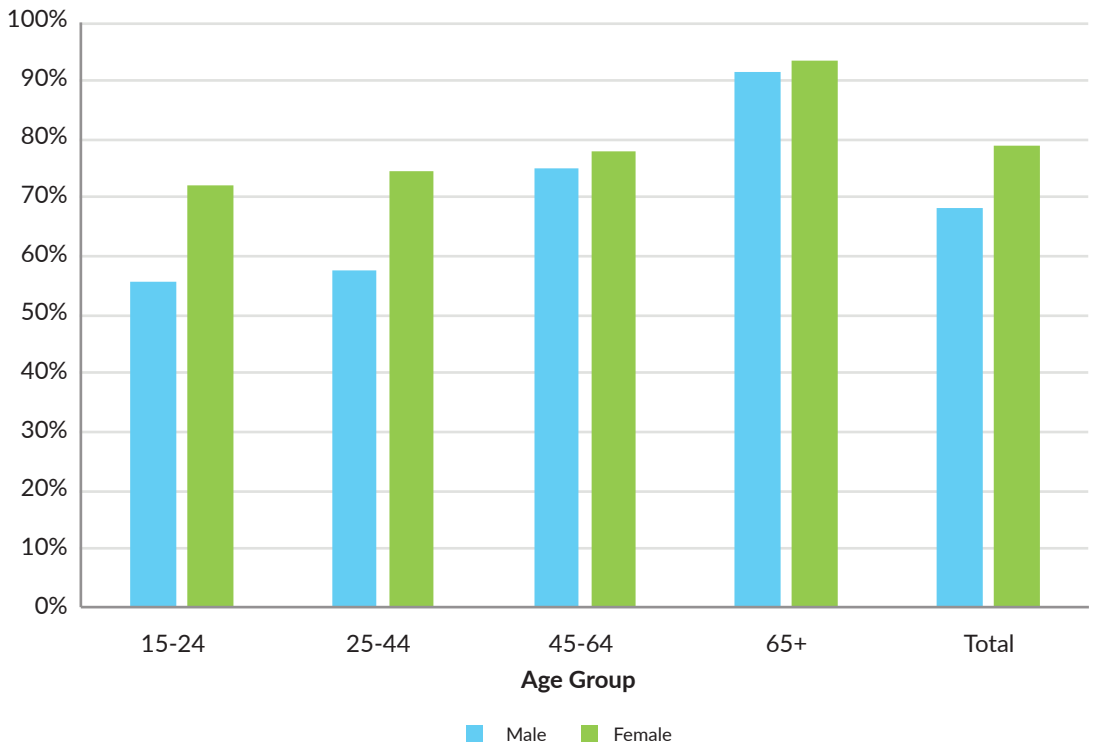
Prescription items dispensed under the General Medical Services (GMS) scheme: % change from previous year in number of items dispensed and average cost per item paid to pharmacies, 2008 to 2017



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.

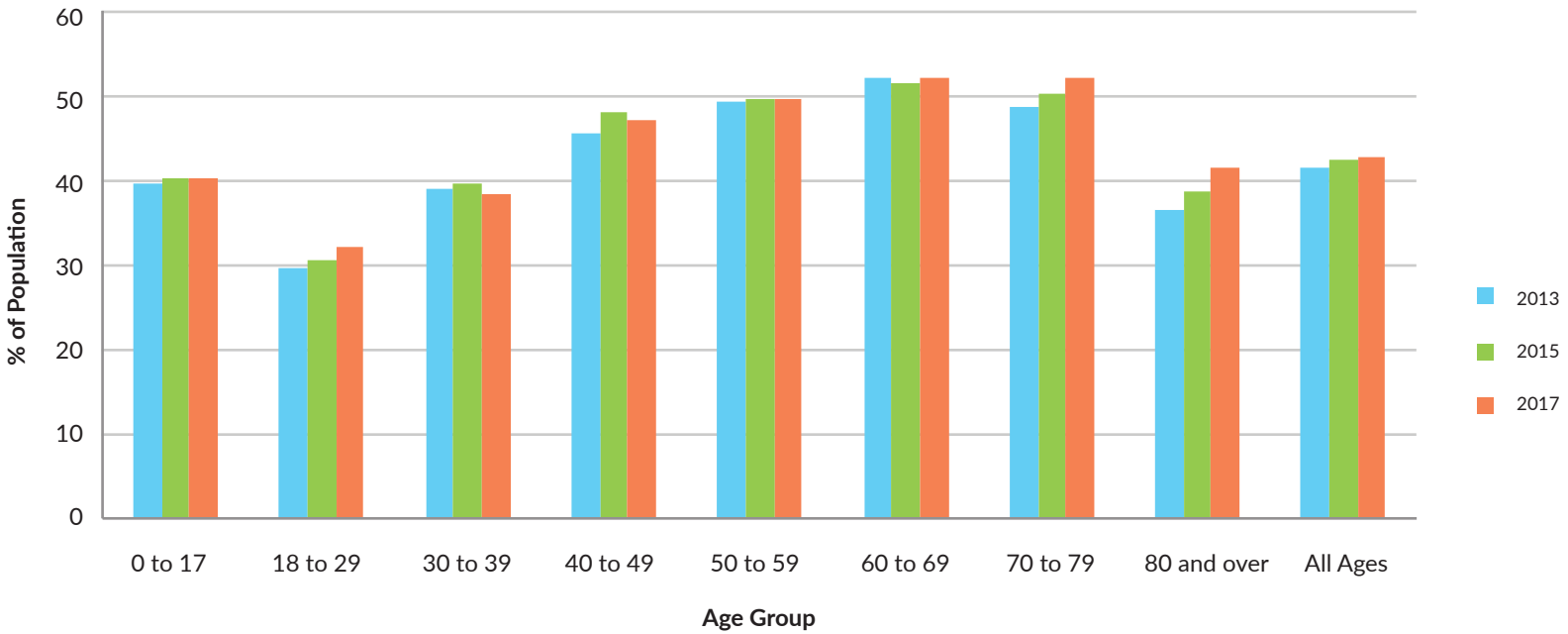
Figure 4.4
Visited a GP in the Last 12 Months, by Age Group and Gender, 2018



Source: Healthy Ireland Survey, 2018.

Figure 4.5

Percentage of Population Covered by Private Health Insurance in Ireland by age group, 2013, 2015 and 2017



Source: Health Insurance Authority.

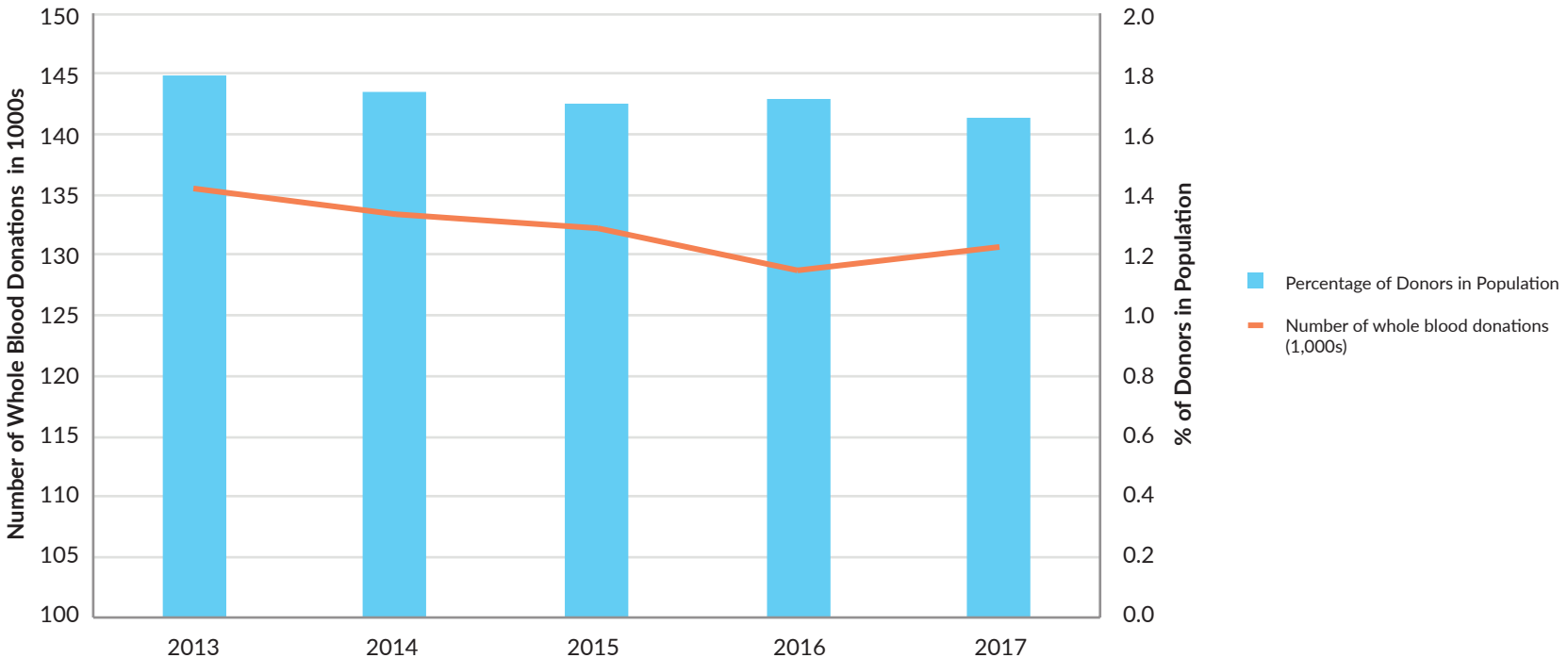
Note: Data excludes insurance offered by insurers with restricted membership undertakings.

Table 4.2
Long-Stay Care Summary Statistics, 2014 to 2017

	2014	2015	2016	2017	% change 2014-2017
Number of Beds	28,705	30,106	30,396	30,674	6.9
Number of Patients Resident at 31/12	21,594	22,273	23,086	23,154	7.2
Average age of Resident	82.9	82.9	82.7	82.6	-0.4
Age Distribution (as % of total)					
Under 65	4.8	4.8	5.3	5.5	15.8
65-69	4.0	4.1	4.2	4.2	4.7
70-74	7.0	7.2	7.4	7.6	8.9
75-79	12.8	12.9	12.7	12.7	-0.5
80-84	20.8	20.8	20.9	20.5	-1.6
85+	50.7	50.2	49.4	49.5	-2.3

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 care.
(iii) Age distribution data is based on those resident in December of the year in question.

Figure 4.6
Blood Donations and Percentage of Blood Donors in Population, 2013 to 2017



Source: Irish Blood Transfusion Service, CSO for population data.

Table 4.3

Immunisation rates, percentage uptake, 2008 to 2017

	2008	2009[B]	2010[B]	2011	2012	2013	2014	2015	2016	2017	% change 2008-2017	% change 2016-2017
Diphtheria	93	94	94	95	95	96	96	95	95	95	2.2	0.0
Pertussis	93	94	94	95	95	96	96	95	95	95	2.2	0.0
Tetanus	93	94	94	95	95	96	96	95	95	95	2.2	0.0
Haemophilus Influenzae Type B	93	93	94	95	95	95	96	95	95	95	2.2	0.0
Polio	93	94	94	95	95	96	96	95	95	95	2.2	0.0
Meningococcal[D]	92[A]	93	86	84	85	87	88	88	87	88	-4.3	1.1
Measles, Mumps & Rubella (MMR)	89	90	90	92	92	93	93	93	92	92	3.4	0.0
Hepatitis B [C]	-	-	94	95	95	95	95	95	95	95	-	0.0
Pneumococcal Conjugate[C]	-	-	88	90	91	91	92	92	91	91	-	0.0
Human Papillomavirus	-	-	-	82[E]	87	86	88	87	72	51	-	-29.5

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.
(vi) Meningococcal vaccine data for Q3 and Q4 2017 was not available
(vii) Human Papillomavirus figures refer to the percentage uptake among girls in second level schools and their age equivalents in special schools and home schooled who were recorded as having received at least HPV stage 2. Figures are collected in reference to the academic year, so 2017 figures refer to those vaccinated during the 2016/2017 academic year, etc.
(viii) E: Human Papillomavirus uptake for academic years 2009/2010 and 2010/2011 was manually reported, and national uptake for the combined cohort was estimated at 82.1%

Table 4.4

Number of people in Ireland registered with the Physical and Sensory Disability Database, 2008 to 2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% change 2008-2017	% change 2016-2017
Physical Disability Only	16,537	15,442	14,445	13,915	13,580	13,086	12,437	11,182	11,055	10,399	-37.1	-5.9
Hearing Loss / Deafness Only	1,618	1,575	1,448	1,376	1,298	1,336	1,316	1,346	1,291	1,236	-23.6	-4.3
Visual Disability Only	1,381	1,355	1,339	1,292	1,192	1,271	1,223	1,221	1,040	995	-28.0	-4.3
Primary Speech and Language only	2,736	2,565	2,527	2,714	2,611	2,388	1,897	1,979	1,640	1,619	-40.8	-1.3
Multiple Disability	5,030	5,231	5,431	5,873	6,307	6,310	6,035	7,085	6,737	6,427	27.8	-4.6
Total (all ages)	27,302	26,168	25,190	25,170	24,988	24,391	22,908	22,813	21,763	20,676	-24.3	-5.0
Total (under 18)	8,546	8,043	7,627	8,034	8,000	7,568	6,522	6,230	6,730	5,041	-41.0	-25.1

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

Notes:

(i) For an individual to be eligible to register on the NPSDD, they 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, 2008 to 2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% change 2008-2017	% change 2016-2017
Mild												
Day Attendees	6,972	7,069	7,212	7,446	7,540	7,611	7,551	7,614	7,665	7,625	9.4	-0.5
Full-Time Residents	1,345	1,374	1,382	1,428	1,393	1,376	1,357	1,308	1,281	1,286	-4.4	0.4
Moderate, Severe, Profound												
Day Attendees	8,102	8,343	8,571	8,930	9,249	9,480	9,742	9,896	10,002	10,224	26.2	2.2
Full-Time Residents	6,787	6,758	6,721	6,673	6,632	6,543	6,482	6,372	6,274	6,187	-8.8	-1.4
Not Verified												
Day Attendees	2,046	1,872	1,922	2,215	2,344	2,238	2,316	2,472	2,564	2,555	24.9	-0.4
Full-Time Residents	67	56	49	52	33	24	19	20	27	25	-62.7	-7.4
Total (all ages)												
Day Attendees	17,120	17,284	17,705	18,591	19,133	19,329	19,609	19,982	20,231	20,404	19.2	0.9
Full-Time Residents	8,199	8,188	8,152	8,153	8,058	7,943	7,858	7,700	7,582	7,498	-8.5	-1.1
Total (under 18)*	8,041	7,988	8,171	8,820	9,123	9,018	8,989	9,066	8,890	8,785	9.3	-1.2

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

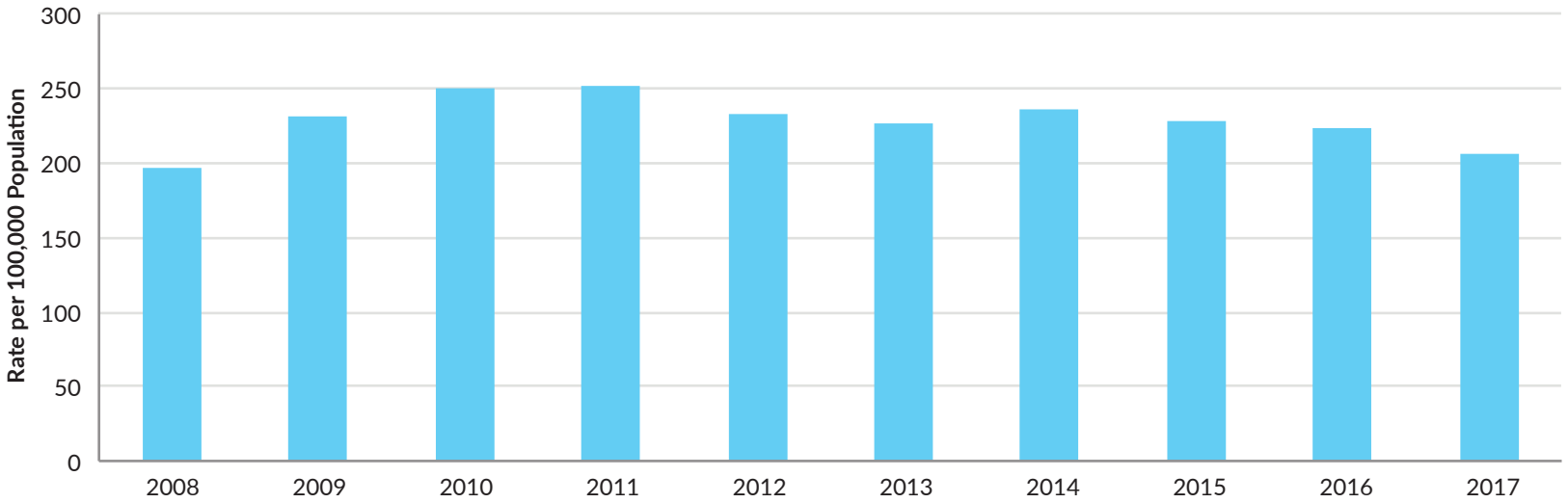
Number of Cases in Treatment for Problem Drug and Alcohol Use and Rate per 100,000 Population Aged 15-64 years, Ireland, 2008-2017

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% Change 2008-2017	% Change 2016-2017
Drugs including Alcohol												
All cases in treatment	13,638	14,292	16,413	16,828	16,125	16,314	17,075	16,930	16,319	15,742	15.4	-3.5
New entries into treatment each year†	6,088	7,181	7,734	7,720	7,115	6,899	7,234	7,006	6,921	6,482	6.5	-6.3
Rate per 100,000 (15-64 year olds)	197.2	231.8	250.9	251.7	232.9	226.1	236.5	227.8	223.0	206.7	4.9	-7.3
Drugs excluding Alcohol												
All cases in treatment	6,149	6,863	8,692	8,283	7,903	8,894	9,670	9,710	9,094	8,772	42.7	-3.5
New entries into each treatment year	2,722	3,357	3,656	3,265	3,191	3,389	3,646	3,650	3,446	3,168	16.4	-8.1
Rate per 100,000 (15-64 year olds)†	88.1	108.4	118.6	106.5	104.4	111.1	119.2	118.7	111.0	101.0	14.6	-9.0

Source: 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 calender year if they had more than one treatment episode in that year.
(ii) Data from prisons has been included since 2016, in line with national and EU reported figures.
(iii) Data from the Central Treatment List has been excluded from 2016 onwards, to limit the number of duplicate cases reported.
(iv) NDTRS data for 2017 is preliminary.
(v) †National Drug Treatment Reporting System only.

Figure 4.7

Number of Cases in Treatment for Problem Drug and Alcohol Use and Rate per 100,000 Population ages 15-64, 2008 - 2017



Source: Table 4.6

5. Health Service Employment

This chapter shows fluctuations and trends in Irish health service employment over the past decade. The total number of whole time equivalent (WTE) staff employed has increased by 4.3% since 2009 (Table 5.1). After dropping almost 10% between 2009 and 2013, this trend has reversed and numbers have been growing steadily since. All grade categories have increased since 2017, and total public health employment now stands at almost 116,500. However, it should be noted that data for 2018 in this chapter refer to the end of September 2018, whereas figures for all other years refer to the end of December, meaning they are not strictly comparable due to seasonal fluctuations in employment such as student nurses. Nursing remains the single largest grade category with over 37,000 nurses currently employed in the public health service in Ireland. Nurses account for almost a third (31.9%) of the total public health service workforce (Figure 5.2). This proportion has remained relatively constant over the past decade, and the numbers of nurses has only seen a marginal percentage change between 2009 and 2018 (-0.6%).

A new addition to this year's Key Trends is a breakdown of consultant hospital doctors by speciality (Table 5.2). All specialities have seen an increase in the past ten years, and the total number of consultant hospital doctors now stands at 3,065. The largest consultant categories are medical and surgical, as illustrated in Figure 5.5.

The total number of consultant and non-consultant hospital doctors in Ireland is 9,602, an increase of a third since 2009 (33.7%). The rapid rate of growth among hospital doctors since 2013 can be seen in Figure 5.3.

Despite these increases, our rate of doctors per 1,000 population is low compared to other OECD countries. Out of the 30 countries for which data is available, Ireland is placed 22nd between Luxembourg and New Zealand (Figure 5.4).

Table 5.1

Public Health Service Employment (HSE & Section 38), 2009 to 2018

Grade Category	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*	% change 2009-2018	% change 2017-2018
Medical/Dental	8,065	8,077	8,313	8,319	8,353	8,817	9,336	9,723	10,121	10,400	28.9	2.8
Nursing	37,441	36,475	35,872	34,610	34,147	34,509	35,353	35,835	36,777	37,220	-0.6	1.2
Health and Social Care Professionals#	14,143	13,842	13,704	12,991	13,197	13,640	14,578	15,364	15,950	16,193	14.5	1.5
Management/ Administration	17,343	16,978	15,692	15,336	15,045	15,112	16,164	16,767	17,714	18,196	4.9	2.7
General Support Staff	11,842	11,358	10,397	9,930	9,655	9,419	9,494	9,448	9,454	9,476	-20.0	0.2
Other Patient and Child Care	22,845	22,310	21,546	20,648	20,293	21,532	22,350	23,122	24,281	25,011	9.5	3.0
Total	111,679	109,041	105,524	101,835	100,692	103,030	107,274	110,258	114,297	116,496	4.3	1.9

Source: HSE Health Service Personnel Census at 31st December (except for 2018 - see note (v) below).

Notes:

(i) Figures refer to wholetime equivalents (WTE). Previous figures have been revised to comply with current methodologies around Graduate Nurses and Support/Care interns. Pre-registration Student Nurses on clinical placement are recorded at 50% actual WTE, in line with a WRC agreement.

(ii) #It is not possible to make valid staffing comparisons over extended timeframes due to changes in the configuration of the health sector. 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.

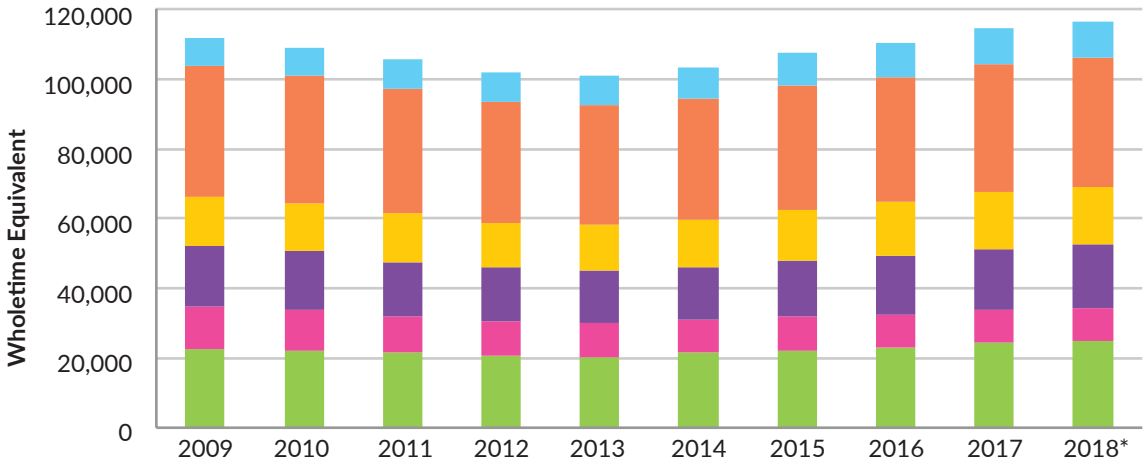
(iii) Management/Administration includes staff who are of direct service to the public and include consultant's secretaries, out-patient departmental personnel, medical records personnel, telephonists and other staff who are engaged in frontline duties.

(iv) Directly employed home help staff are included under General Support Staff w.e.f. 2018 and historical figures have been restated to reflect this methodology change.

(v) *The 2018 data refers to September 2018 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, 2009 to 2018



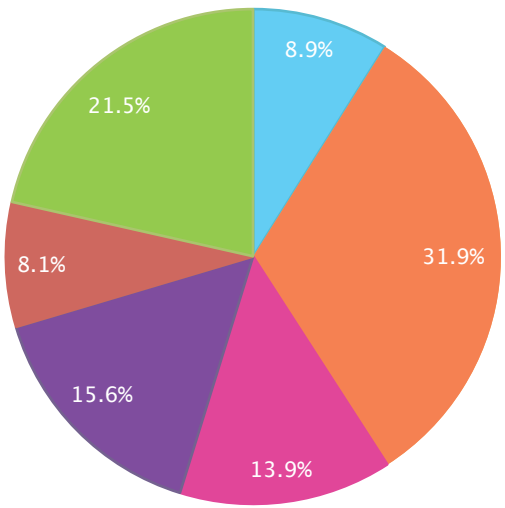
- Medical/Dental
- Nursing
- Health and Social Care Professionals#
- Management/Administration
- General Support Staff
- Other Patient and Child Care

Source: Table 5.1.

Notes:
See notes under Table 5.1.

Figure 5.2

Proportion of Staff Employed in the Public Health Service in each Grade Category, September 2018



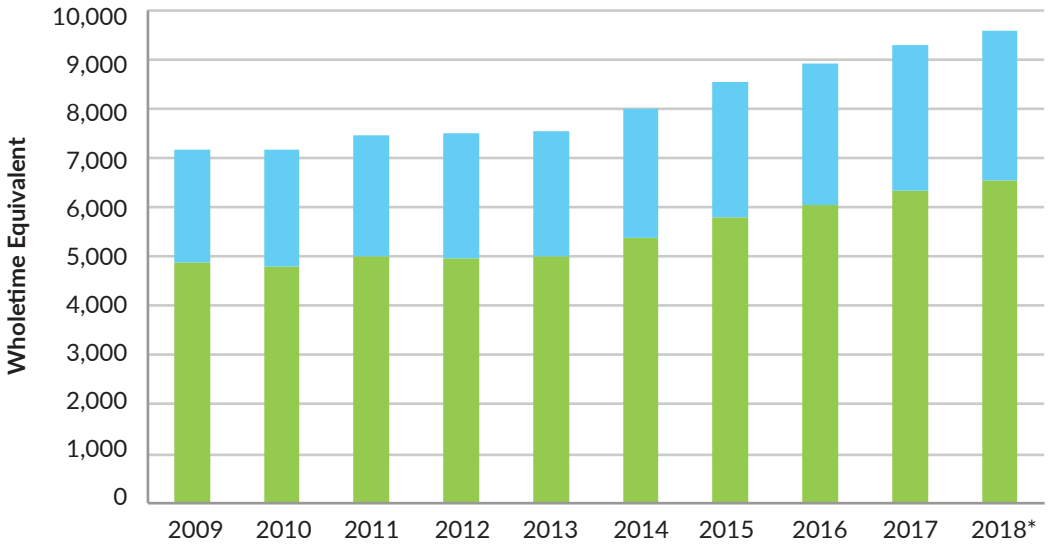
- Medical/Dental
- Nursing
- Health and Social Care Professionals#
- Management/Administration
- General Support Staff
- Other Patient and Child Care

Source: Table 5.1.

Notes:
See notes under Table 5.1.

Figure 5.3

Consultant and Non-Consultant Hospital Doctors (HSE & Section 38), 2009 to 2018



Consultants

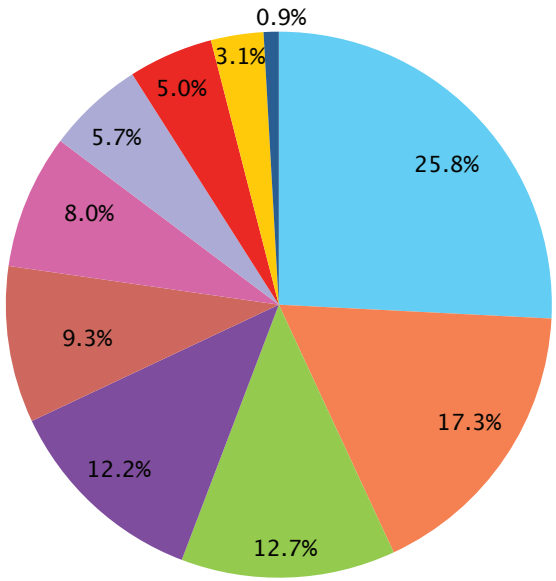
Non-Consultant Hospital Doctors

Source: Table 5.2.

Notes:
See notes under Table 5.2.

Figure 5.4

Consultant Hospital Doctors Employed in the Public Health Service by Category, September 2018



Medicine
Surgery
Anaesthesia
Psychiatry
Radiology
Pathology
Paediatrics
Obstetrics & Gynaecology
Emergency Medicine
Other

Source: HSE Health Service Personnel Census.

Notes: See notes under Table 5.2.

Table 5.2

Consultant and Non-Consultant Hospital Doctors Employed in the Public Health Service, 2009 to 2018

Grade Category	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018*	% change 2009-2018	% change 2017-2018
Consultant Hospital Doctors:												
Consultant Anaesthesia	343	348	356	353	351	348	350	373	389	389	13.6	0.0
Consultant Emergency Medicine	52	56	63	72	75	75	83	92	98	95	84.5	-2.7
Consultant Medicine	520	518	543	563	601	654	675	723	756	791	52.2	4.7
Consultant Obstetrics & Gynaecology	118	118	119	125	122	124	135	140	151	154	30.2	2.0
Consultant Paediatrics	113	136	138	144	135	148	151	157	172	176	55.6	2.6
Consultant Pathology	173	182	200	203	206	207	213	230	239	244	41.0	2.3
Consultant Psychiatry	344	360	350	356	356	351	362	362	364	374	8.8	2.9
Consultant Radiology	205	227	238	239	240	244	249	268	270	284	38.4	5.2
Consultant Surgery	416	433	435	440	451	465	488	498	511	530	27.3	3.7
Consultant, Other	25	30	27	18	19	20	19	19	21	27	11.5	28.1
Sub-Total Consultant Hospital Doctors	2,309	2,409	2,470	2,514	2,555	2,635	2,724	2,862	2,971	3,065	32.8	3.2
Non-Consultant Hospital Doctors:												
Interns	502	532	597	565	631	674	712	713	720	733	46.1	1.9
Registrar	1,663	1,665	1,693	1,733	1,683	1,689	1,869	1,980	2,074	2,169	30.4	4.6
Senior House Officer	1,825	1,708	1,811	1,807	1,808	2,034	2,158	2,217	2,295	2,333	27.9	1.7
Senior Registrar	140	140	140	105	93	146	141	186	175	202	44.6	15.1
Specialist Registrar	742	741	768	785	792	854	933	964	1,067	1,099	48.2	3.0
Sub-Total Non-Consultant Hospital Doctors	4,871	4,787	5,010	4,995	5,007	5,397	5,814	6,060	6,331	6,537	34.2	3.3
Total	7,180	7,196	7,479	7,508	7,563	8,032	8,538	8,921	9,301	9,602	33.7	3.2

Source: HSE Health Service Personnel Census.

Notes:
(i) Figures refer to wholetime equivalents (WTE), excluding staff on career break.
(ii) *The 2018 data refers to September 2018 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.
(iii) Consultants includes Masters of Maternity Hospitals.
(iv) All figures for registrars have been updated to include Registrars in General Practice.
(v) Consultants, Other includes consultants in Dentistry and Intensive Care Medicine.

Figure 5.5

Practising Doctors per 1,000 Population, 2016

Source: OECD.

Notes:
(i) Practising doctors are defined as those who are providing care directly to patients.
(ii) *Data is from 2015

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 2009 to estimates for 2018. There was an increase in total public health expenditure of 6.3% from 2017 to 2018. Capital expenditure, which accounted for 2.9% of total expenditure in 2017, was 9.9% lower in 2017 than in 2016 (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 public and private health expenditure in Ireland by financing source, health care provider and type of health care. Table 6.4 shows that the majority of health care expenditure (72%) was financed by Government schemes and compulsory contributory health care financing schemes in 2016. Curative and rehabilitative care accounts for the majority of health care expenditure at 55% (Table 6.5); while Hospitals account for over a third (36%) (Table 6.6).

Figure 6.3 presents the health expenditure per capita from 2007 to 2017, adjusted for inflation. Table 6.7 compares Ireland's health expenditure with selected OECD countries. Ireland has the 7th highest spend per capita across selected OECD countries. Using modified 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 3rd behind Switzerland and the United States. This position changes to 8th when looking at public expenditure only (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).

Table 6.1
Public Health Expenditure in Millions of Euro, 2009 to 2018

	2009	2010	2011	2012	2013	2014	2015A	2016 A	2017	2018	% change 2009-2018	% change 2017-2018
Total Public Non-Capital Expenditure on Health	14,431	13,818	13,181	13,218	13,084	13,276	13,879	14,581	15,316	16,287	12.9	6.3
Public Non-Capital Expenditure on Health (excluding treatment benefits)	*14,321*	*13,762*	*13,156*	*13,197*	*13,063*	*13,246*	*13,846*	*14,548*	*15,263*	*16,204*	*13.2*	*6.2*
Total Public Capital Expenditure on Health	447	366	347	350	347	386	398	414	465	493	10.3	6.0
Total Public Expenditure	14,878	14,184	13,528	13,568	13,431	13,662	14,277	14,995	15,781	16,780	12.8	6.3

Source: 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 2009-2013 to exclude expenditure in respect of children and family services. Data for 2015 and 2016 also exludes 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 & Youth Affairs.
(v) Total public capital expenditure excludes capital expenditure by the Office of the Minister for Children & Youth Affairs.
(vi) Figures for 2018 are estimated.

Table 6.2

HSE Non-Capital Vote Allocation in Millions of Euro, 2011-2017

	2011	2012	2013	2014 [A]	2015 [A]	2016	2017	% change 2016-2017
Care of Older People	1,433	1,366	1,366	1,468	1,569	1,620	1,693	4.5
Care for Persons with Disabilities	1,576	1,554	1,535	1,554	1,654	1,773	1,858	4.8
Mental Health	712	711	737	754	780	804	860	7.0
Primary Care & Community Health*	2,835	3,129	3,352	3,462	3,506	3,892	4,009	3.0
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	211	10.7
Other^	79	81	-	-	-	-	-	-
Primary, Community and Continuing Care Total	7,321	7,510	7,403	7,527	7,901	8,280	8,633	4.3
Acute Division	4,207	3,978	4,286	4,496	4,701	4,929	5,243	6.4
Long Term Charges Repayment Scheme	11	2	8	8	4	2	2	0.0
Statutory Pensions #	606	737	678	597	626	670	686	2.4
Other #	877	850	647	628	667	708	812	14.7
HSE Gross Non-Capital Total	13,022	13,077	13,022	13,256	13,899	14,589	15,376	5.4
Total Appropriations-in-Aid	1,440	1,485	1,354	1,043	1,075	1,061	1,054	-0.7
HSE Net Non-Capital Total	11,582	11,592	11,668	12,213	12,824	13,528	14,322	5.9

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.

Table 6.3

Capital Public Health Expenditure by Programme in Millions of Euro, 2008 to 2017

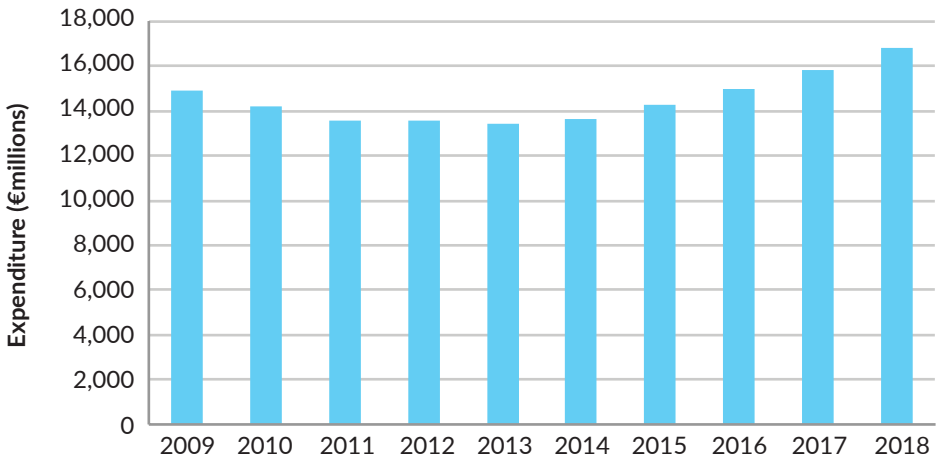
Programme	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	% change 2008-2017	% change 2016-2017
Acute Hospitals	273	209	220	202	208	203	197	185	237	253	-7.3	6.8
Community Health	178	161	97	71	53	62	79	100	79	79	-55.5	0.0
Mental Health	40	25	27	39	54	23	50	38	21	38	-4.3	81.0
Disability Services	69	27	5	11	6	8	6	8	16	26	-62.4	62.5
ICT	20	13	7	16	22	41	41	55	54	56	173.8	3.7
Miscellaneous	18	12	10	8	7	11	14	12	16	13	-27.3	-18.8
Total Public Capital Expenditure	598	447	366	347	350	347	386	398	423	465	-22.2	9.9

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

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

Figure 6.1

Total public health expenditure, 2009 to 2018

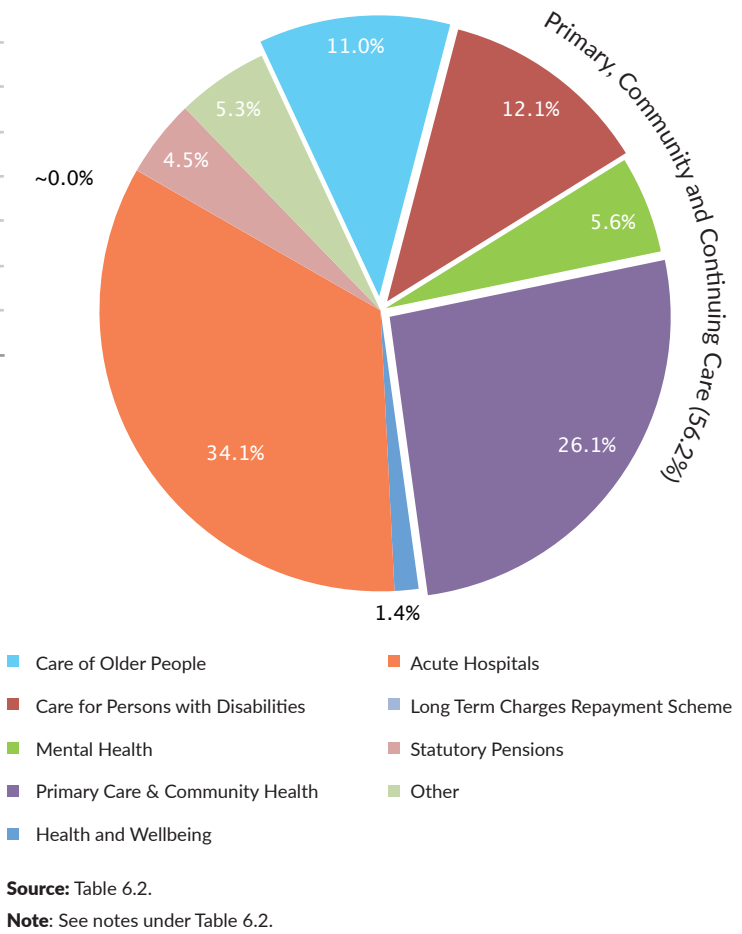


Source: Table 6.1.

Note: See notes under Table 6.1.

Figure 6.2

Percentage gross non-capital voted expenditure by programme, HSE 2017



Source: Table 6.2.

Note: See notes under Table 6.2.

Table 6.4
Current Health Care Expenditure by Financing Scheme, 2011 to 2016

Financing Scheme	2011		2012		2013		2014		2015		2016	
	€m	%	€m	%	€m	%	€m	%	€m	%	€m	%
Govt. Financing Schemes and Compulsory Contributory Health Care Financing Schemes	13,168	71.5	13,425	70.9	13,096	70.5	13,264	70.4	13,891	71.2	14,653	72.1
Voluntary Health Care Payment Schemes (e.g. Health insurance)	2,753	14.9	2,908	15.3	2,850	15.3	2,909	15.4	2,971	15.2	3,038	14.9
Household Out-of-Pocket Payments	2,494	13.5	2,579	13.6	2,626	14.1	2,671	14.2	2,650	13.6	2,641	13.0
Total Current Health Care Expenditure	18,415	100.0	18,912	100	18,572	100.0	18,844	100.0	19,512	100.0	20,332	100.0

Source: System of Health Accounts, Central Statistics Office.

Table 6.5
Current Health Care Expenditure by Health Care Function, 2011 to 2016

Health care function	2011		2012		2013		2014		2015		2016	
	€m	%	€m	%	€m	%	€m	%	€m	%	€m	%
Curative and Rehabilitative Care	9,945	54.0	10,068	53.2	10,008	53.9	10,142	53.8	10,626	54.5	11,126	54.7
Long-Term Care (Health)	3,974	21.6	4,188	22.1	3,994	21.5	4,153	22.0	4,301	22.0	4,499	22.1
Ancillary Services	535	2.9	514	2.7	569	3.1	545	2.9	581	3.0	603	3.0
Medical Goods (Non-Specified by Function)	2,908	15.8	3,029	16.0	2,804	15.1	2,745	14.6	2,790	14.3	2,912	14.3
Preventive Care	633	3.4	616	3.3	622	3.3	624	3.3	642	3.3	666	3.3
Governance and Health System Administration and Financing	418	2.3	490	2.6	568	3.1	629	3.3	564	2.9	519	2.6
Health Care Services N.E.C	4	0.0	6	0.0	6	0.0	6	0.0	6	0.0	7	0.0
Total Current Health Care Expenditure	18,417	100.0	18,911	100.0	18,571	100.0	18,844	100.0	19,510	100.0	20,332	100.0

Source: System of Health Accounts, Central Statistics Office.

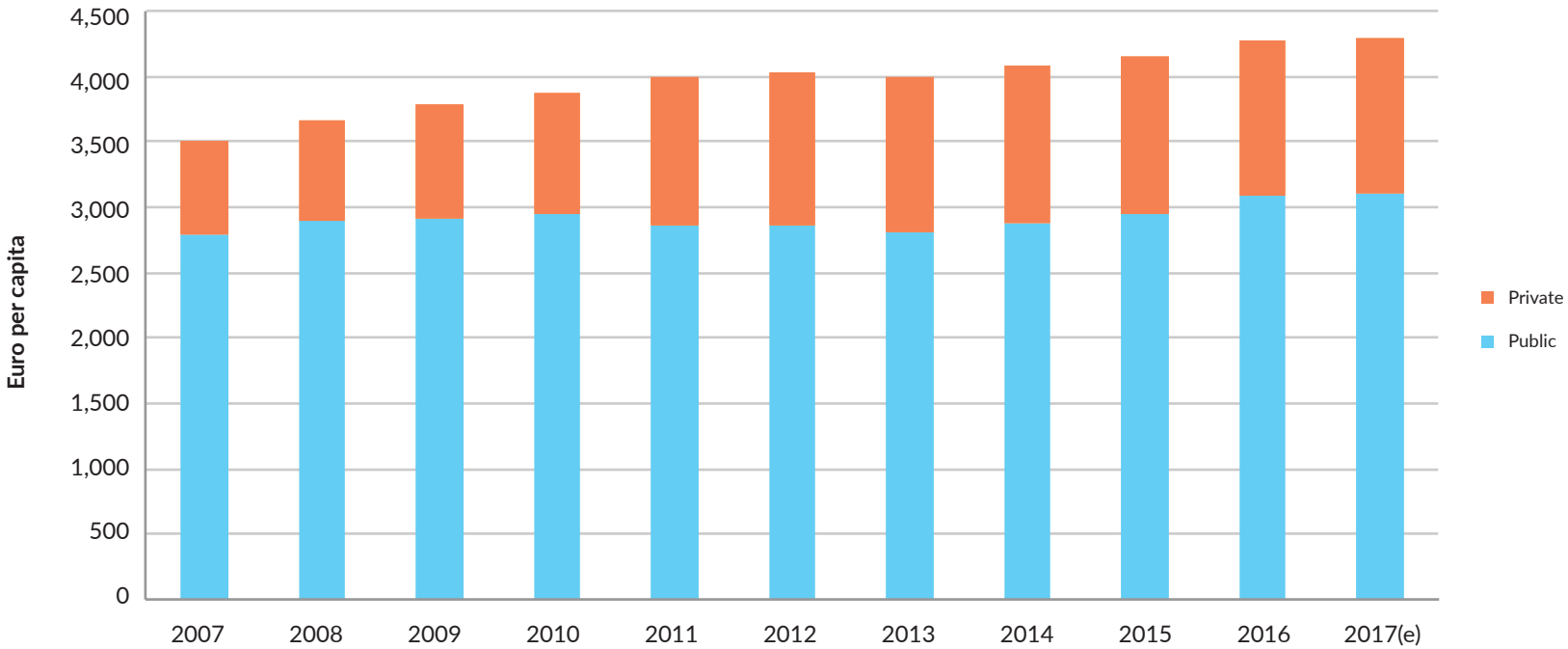
Table 6.6
Current Health Care Expenditure by Provider, 2011 to 2016

Provider	2011		2012		2013		2014		2015		2016	
	€m	%	€m	%	€m	%	€m	%	€m	%	€m	%
Hospitals	6,637	36.0	6,672	35.3	6,536	35.2	6,663	35.4	6,976	35.8	7,377	36.3
Long-Term Residential Facilities	3,407	18.5	3,627	19.2	3,453	18.6	3,529	18.7	3,627	18.6	3,760	18.5
Ambulatory Health Care Providers	3,612	19.6	3,667	19.4	3,742	20.1	3,780	20.1	3,985	20.4	4,113	20.2
Ancillary Health Care Providers	308	1.7	283	1.5	284	1.5	278	1.5	303	1.6	308	1.5
Retailers of Medical Goods	2,828	15.4	2,948	15.6	2,738	14.7	2,677	14.2	2,703	13.9	2,821	13.9
Providers of Preventative Care	246	1.3	238	1.3	230	1.2	228	1.2	228	1.2	233	1.1
Providers of Health Care Administration and Financing	413	2.2	485	2.6	563	3.0	625	3.3	558	2.9	513	2.5
Rest of the Economy	940	5.1	953	5.0	988	5.3	1,032	5.5	1,092	5.6	1,162	5.7
Rest of the World	24	0.1	26	0.1	26	0.1	28	0.1	36	0.2	42	0.2
Providers N.E.C.	1	0.0	13	0.1	12	0.1	3	0.0	4	0.0	4	0.0
Total Current Health Care Expenditure	18,416	100.0	18,912	100.0	18,572	100.0	18,843	100.0	19,512	100.0	20,333	100.0

Source: System of Health Accounts, Central Statistics Office.

Figure 6.3

Total Health Expenditure per Capita in Ireland in Real Terms, 2007 to 2017



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 2016.
(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, 2017# (or nearest year)

	Per Capita			% GDP/GNI*		
Country	Public	Private	Total	Public	Private	Total
Australia	3,109.5	1,433.6	4,543.1	6.3	2.9	9.1
Austria	4,043.5	1,396.5	5,440.0	7.7	2.6	10.3
Belgium	3,760.7	1,013.6	4,774.3	7.9	2.1	10.0
Canada	3,382.0	1,444.3	4,826.3	7.3	3.1	10.4
Chile	1,164.4	750.4	1,914.8	4.9	3.2	8.1
Czech Republic	2,149.9	479.7	2,629.6	5.8	1.3	7.1
Denmark	4,363.4	819.5	5,182.8	8.6	1.6	10.2
Estonia	1,616.2	509.1	2,125.3	5.1	1.6	6.7
Finland	3,053.4	1,122.3	4,175.7	6.7	2.5	9.2
France	4,068.4	833.7	4,902.1	9.5	1.9	11.5
Germany	4,869.4	859.0	5,728.5	9.6	1.7	11.3
Greece	1,423.4	901.5	2,324.8	5.1	3.2	8.4
Hungary	1,365.1	679.6	2,044.6	4.8	2.4	7.2
Iceland	3,758.0	822.7	4,580.7	7.0	1.5	8.5
Ireland (GNI*)	3,954.5	1,492.4	5,446.9	8.4	3.2	11.6
Israel	1,780.4	1,053.2	2,833.6	4.6	2.7	7.4
Italy	2,622.0	919.8	3,541.7	6.6	2.3	8.9
Japan	3,970.6	746.7	4,717.3	9.0	1.7	10.7
Korea	1,686.7	1,210.3	2,897.1	4.4	3.2	7.6
Latvia	933.4	789.0	1,722.4	3.4	2.9	6.3
Lithuania	1,341.4	663.6	2,005.2	4.2	2.1	6.3
Luxembourg	5,755.1	1,293.7	7,048.9	5.0	1.1	6.1
Mexico	533.3	501.0	1,034.4	2.8	2.6	5.4
Netherlands	4,377.7	1,008.0	5,385.7	8.2	1.9	10.1
New Zealand	2,894.2	788.6	3,682.7	7.1	1.9	9.0
Norway	5,399.0	952.4	6,351.3	8.8	1.6	10.4
Poland	1,352.2	602.8	1,955.1	4.6	2.1	6.7
Portugal	1,924.8	963.3	2,888.2	6.0	3.0	9.0
Slovak Republic	1,826.9	442.0	2,268.9	5.7	1.4	7.1
Slovenia	2,088.3	796.3	2,884.6	6.0	2.3	8.3
Spain	2,385.7	985.2	3,370.9	6.3	2.6	8.8
Sweden	4,606.4	904.3	5,510.7	9.1	1.8	10.9
Switzerland	5,030.4	2,978.8	8,009.2	7.7	4.6	12.3
Turkey	934.2	259.6	1,193.9	3.3	0.9	4.2
United Kingdom	3,341.4	922.9	4,264.3	7.6	2.1	9.7
United States	8,047.3	1,785.0	10,209.4	14.0	3.1	17.2

Source: OECD, Eurostat.

Notes:

(i) #Data for 2017 are provisional.

(ii) Per Capita Expenditure is expressed in US$ Purchasing Power Parities (US$PPPs).

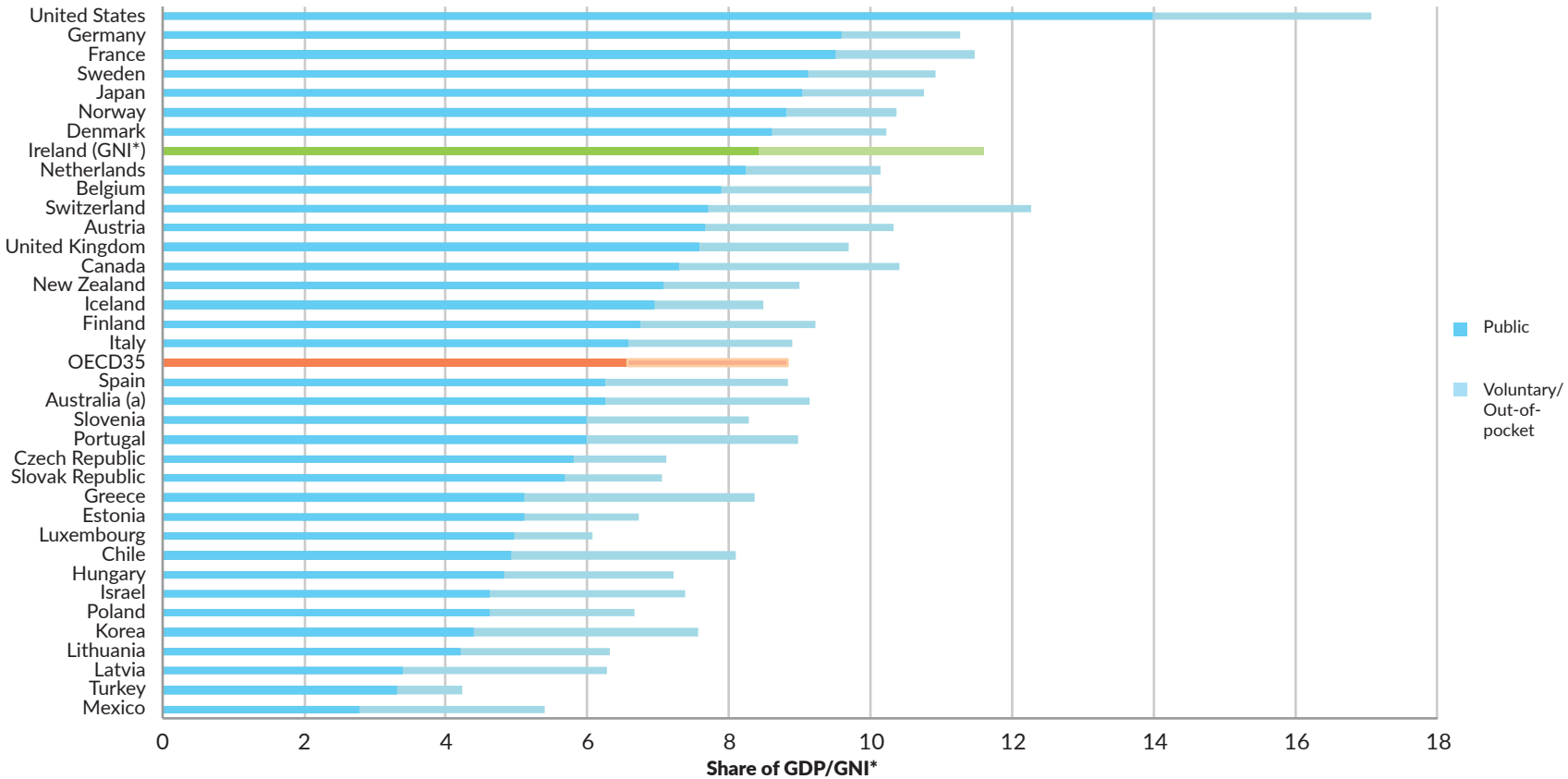
(iii) GDP: Gross Domestic Product.

(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, 2017 (or nearest year)

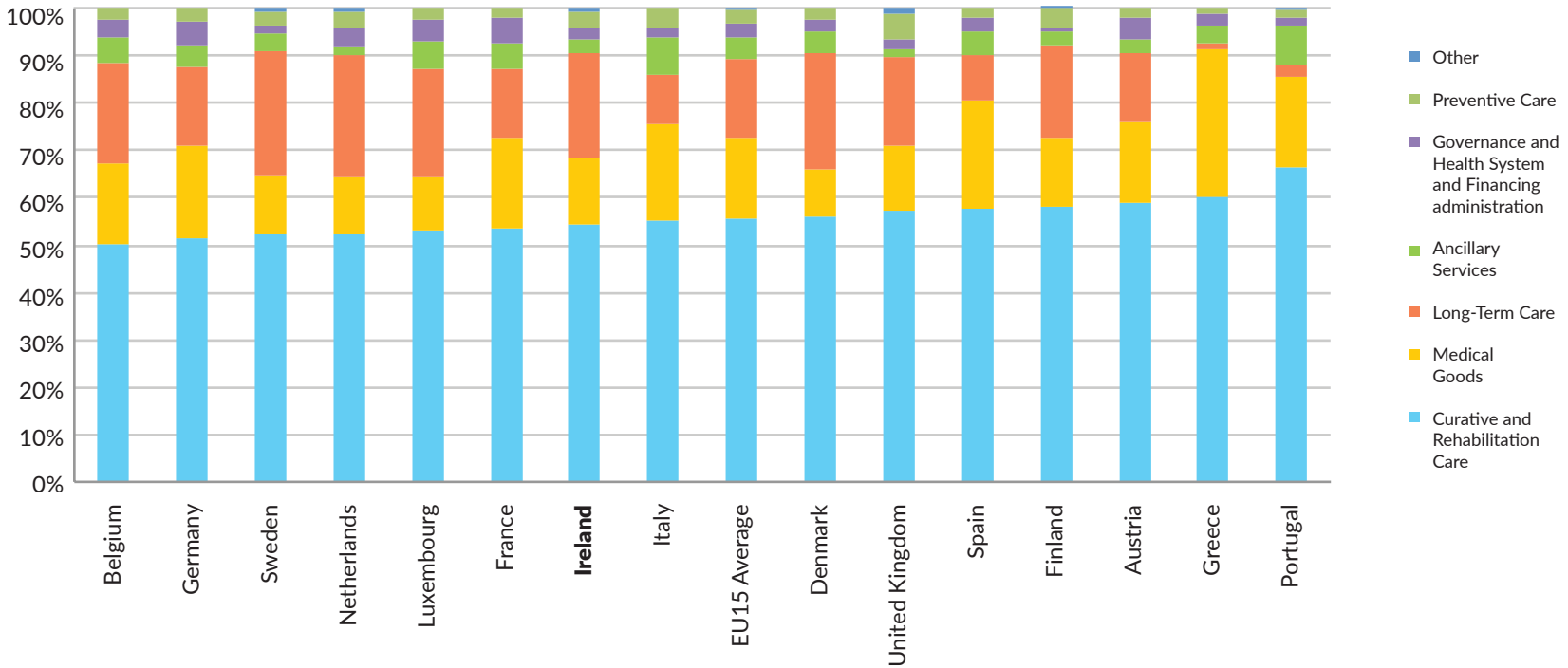


Source: OECD Health Statistics

Notes:
(i) a: Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.
(ii) Modified Gross National Income (GNI*): adjusted for retained earnings of redomiciled firms and depreciation on foreign-owned domestic capital assets.
(iii) Voluntary/Out-of-pocket includes private insurance.

Figure 6.5

Health Expenditure by Type of Care as a % of Total Health Expenditure, EU15, 2016



Source: OECD.

7. Efficiency Indicators

This section, a new addition to Key Trends in 2018, looks at the efficiency of Ireland's public health system with a focus on throughput indicators.

Figure 7.1 shows the number of in-patient discharges per acute hospital bed over the past ten years. This shows a general trend towards greater utilisation of hospital beds. After increasing steadily from 2008 to 2013, the chart shows a decrease in the past few years to just under 60 discharges per inpatient bed in 2017.

The lengths of stay for selected Ambulatory Care Sensitive Conditions are illustrated in Figure 7.2. These are conditions which could be more appropriately treated in a primary care setting or prevented with early primary care interventions, thus reducing strain on hospital inpatient resources. The OECD has noted these four conditions - chronic obstructive pulmonary disease (COPD), asthma, hypertension and heart failure - to be particularly relevant in the European context as conditions which would benefit from improved primary care alternatives to hospital admission. The graph shows that these conditions account for over 150,000 bed days used each year, and since 2011 this rate has been increasing.

Day surgeries reduce strain on hospital resources and also allow patients to spend less time in hospital and return home faster. Figure 7.3 looks at three high-volume surgical procedures that can safely be performed as day cases and compares Ireland's rate of day case surgeries with the OECD average. 94% of cataract surgeries in Ireland are performed as day cases, above the European average of 84%. However only 4.8% of Irish tonsillectomies are day cases compared to almost 30% across the OECD, showing that significant improvements can be made in this area.

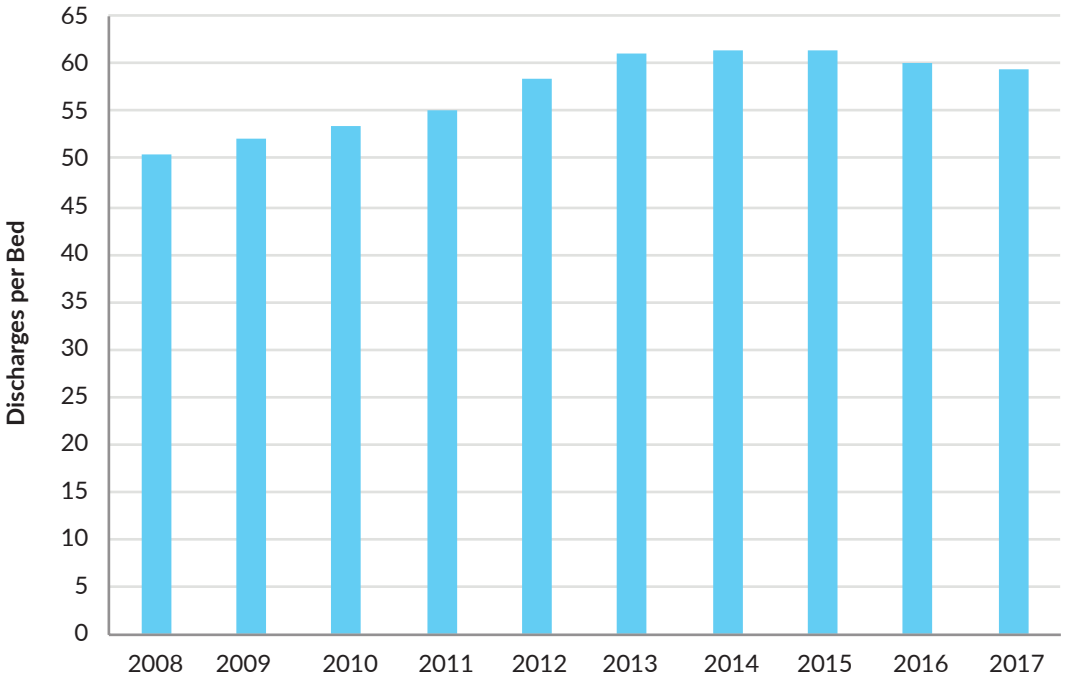
Proportionally, the over 65 age group were the most frequent users of emergency departments in Ireland in 2017, as seen in Figure 7.4. There is a notable rise in attendances among the oldest and youngest age groups in January-February and December, perhaps attributable to greater incidences of flu in the Winter months.

An 'Out-of-Hours' fee is payable for non-routine consultations when a GMS cardholder is seen by their GP or another GP acting on their behalf between 5pm and 9am on weekdays and all hours on Saturdays, Sundays and Bank Holidays. Figure 7.5 shows that the number of out of hours contacts with GPs has increased by over 90,000 between 2012 to 2017, allowing for increased access to primary care around the clock.

In terms of pharmaceuticals, the use of generics is an important measure of cost-effectiveness and efficiency in health care provision and spending. Measured here by percentage share of the pharmaceutical market, Figure 7.7 shows that Ireland is significantly below other OECD countries for use of generics. While this indicates that there is room for increased efficiency in this area, Figure 7.8 shows that we have been on an upward trend. Percent share of generics has more than doubled since 2008, while the OECD average has increased by 36.6% in the same period. However, it should be noted that there is some variety in the definition of generics across countries, due mostly to differing requirements for the registration of generics.

Figure 7.1

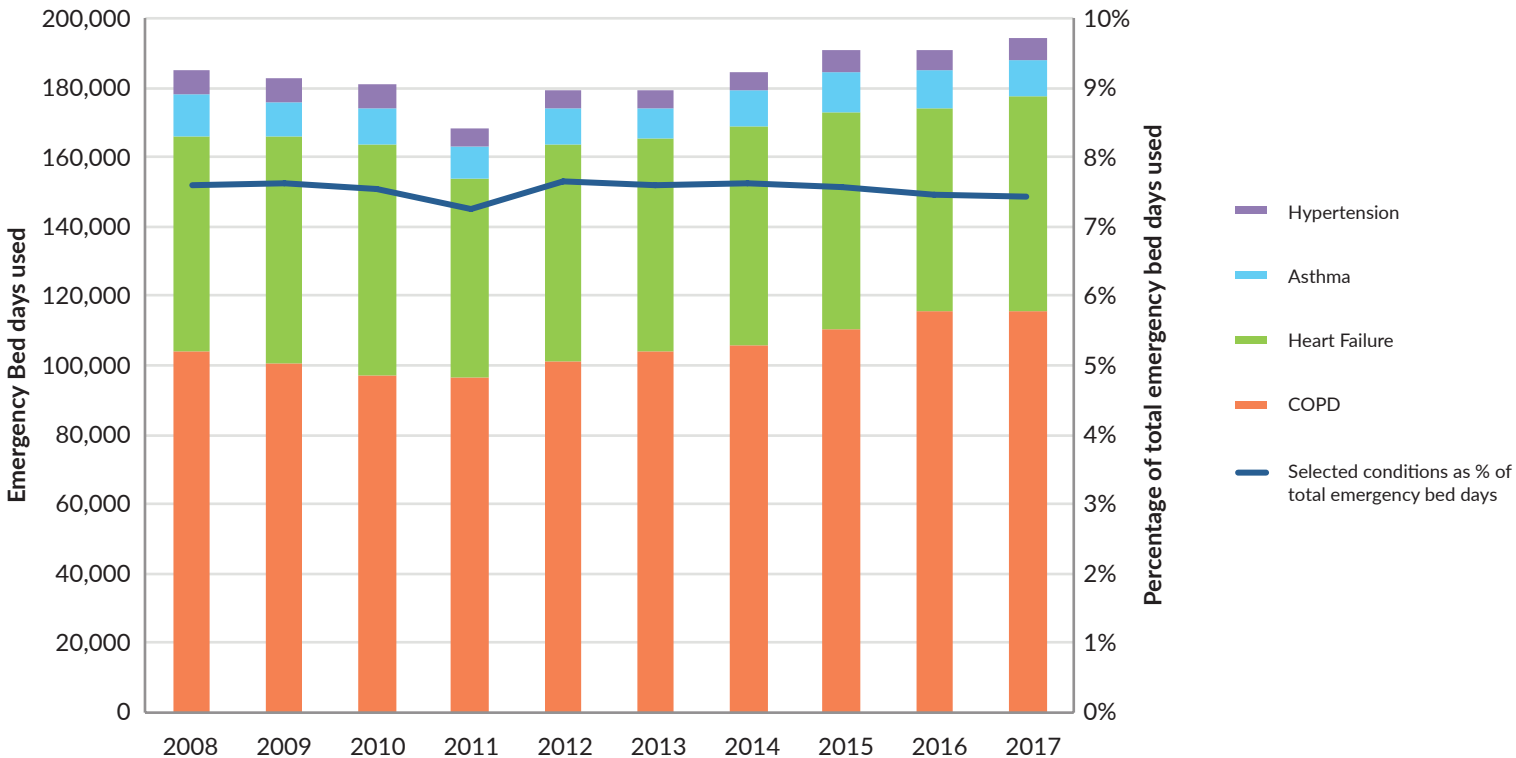
In-Patient Discharges per Bed, 2008 to 2017



Source: Table 3.1a

Figure 7.2

Bed Days Used by Selected Ambulatory Care Sensitive Conditions, 2008-2017



Source: Hospital In-Patient Enquiry (HIPE).

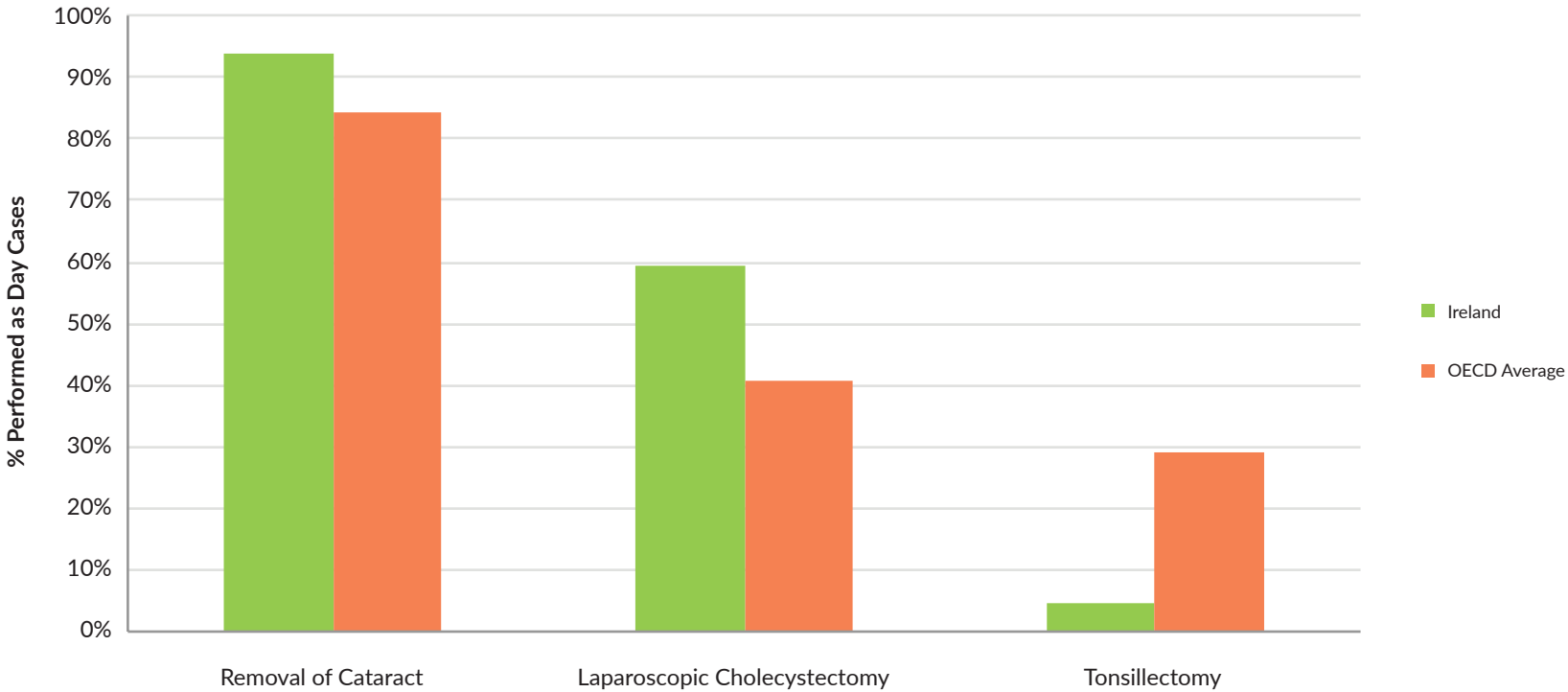
Notes:

(i) Ambulatory Care Sensitive Conditions are conditions for which accessible and effective primary care can generally reduce the risk of complications and prevent the need for hospitalisation. The above conditions have been identified by the OECD as being particularly relevant examples of potentially avoidable hospital admissions in Europe.

(ii) From 2012, data on discharges includes additional activity in acute medical assessment units (AMAUs) which would previously have been excluded. Therefore the changes in bed days used should be viewed with caution.

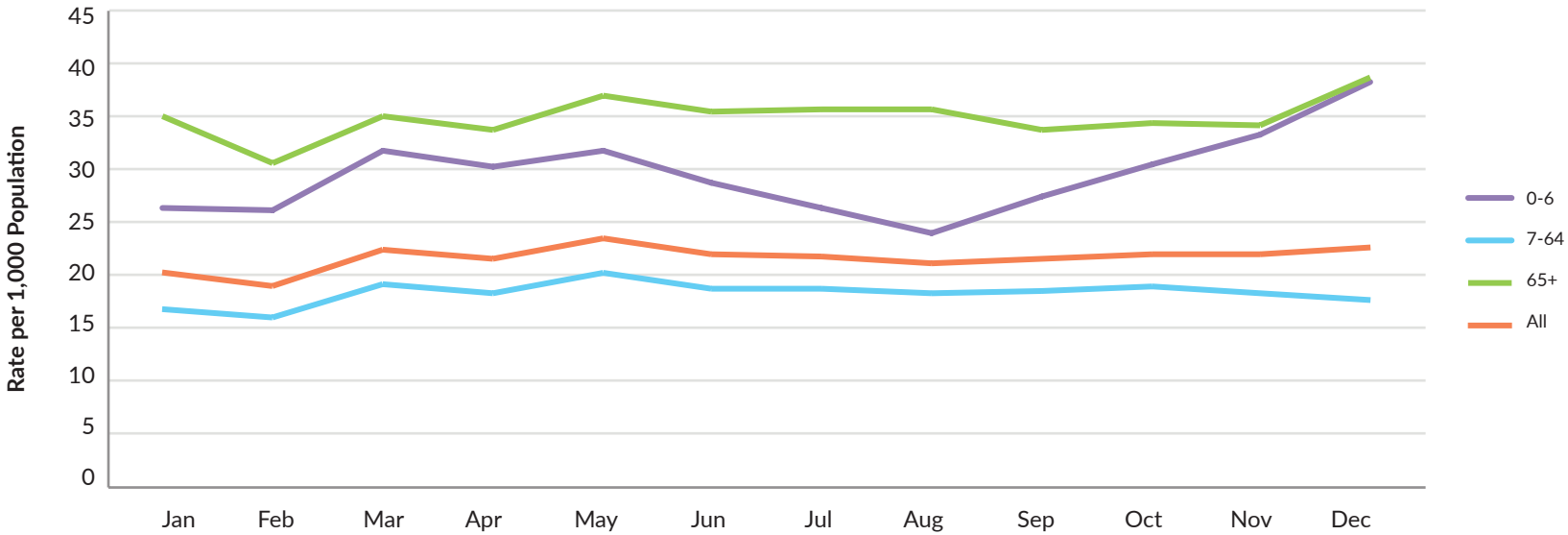
Figure 7.3

Percent Performed as Day Cases, Selected Procedures, Ireland and OECD, 2016.



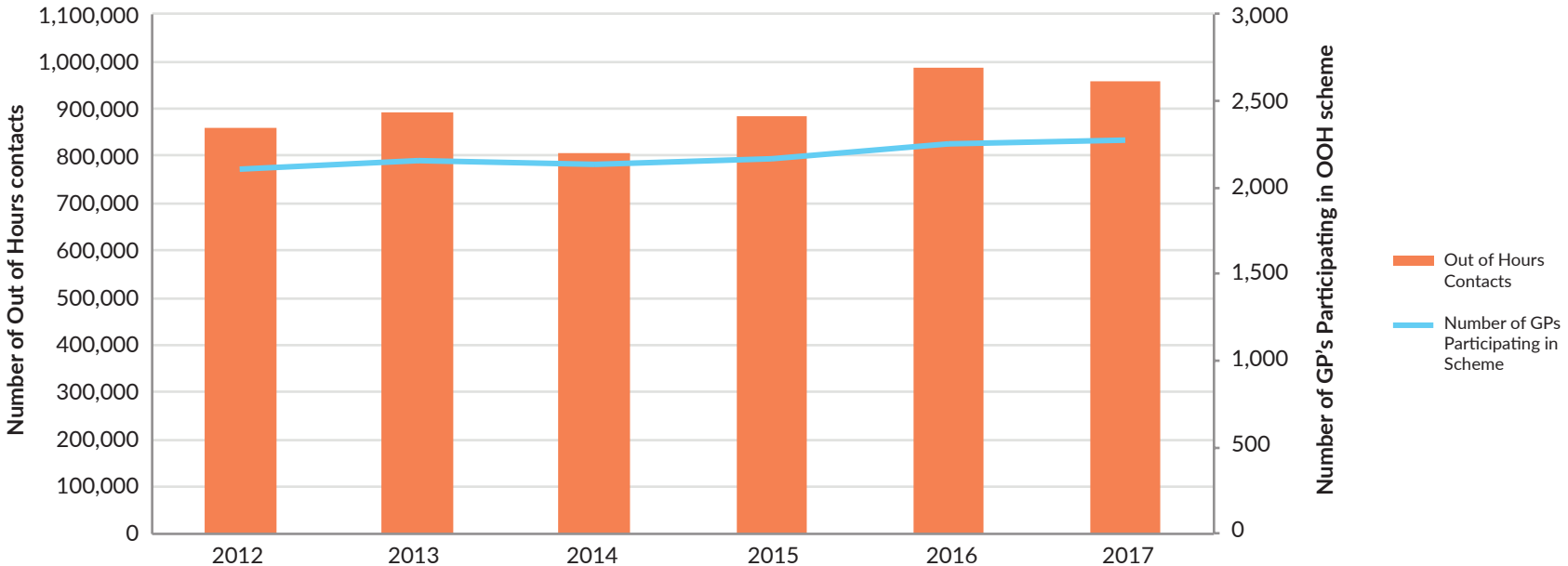
Source: OECD Health at a Glance 2018

Figure 7.4
Emergency Department Attendances per 1,000 Population, 2017



Source: Patient Experience Time dataset, CSO for population data.

Figure 7.5
Out of Hours GP Contacts, 2012-2017



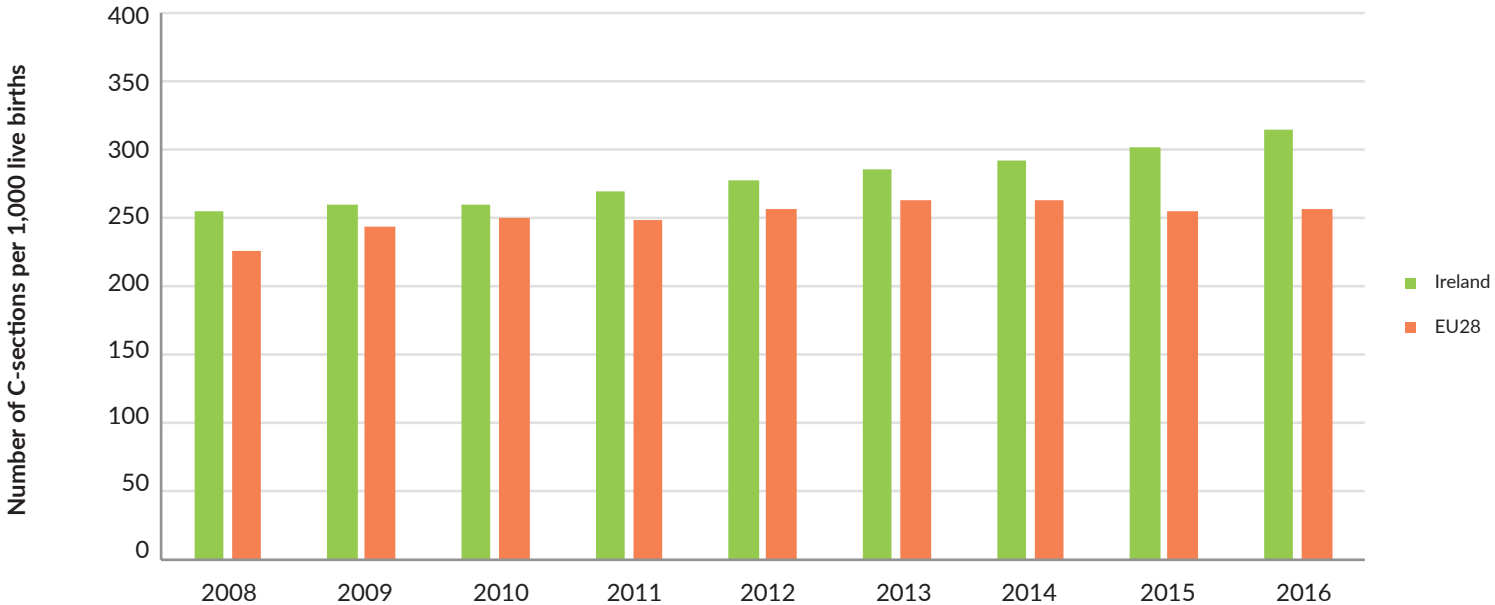
Source: Primary Care Reimbursement Service (PCRS)

Notes:

(i) An 'Out-of-Hours' fee is payable for non routine consultations when a GMS cardholder is seen by their GP or another GP acting on his/her behalf from 5 pm in the evening to 9 am on the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays. Special fees are payable for a range of additional services such as excisions, suturing, vaccinations, catheterization, family planning etc.

Figure 7.6

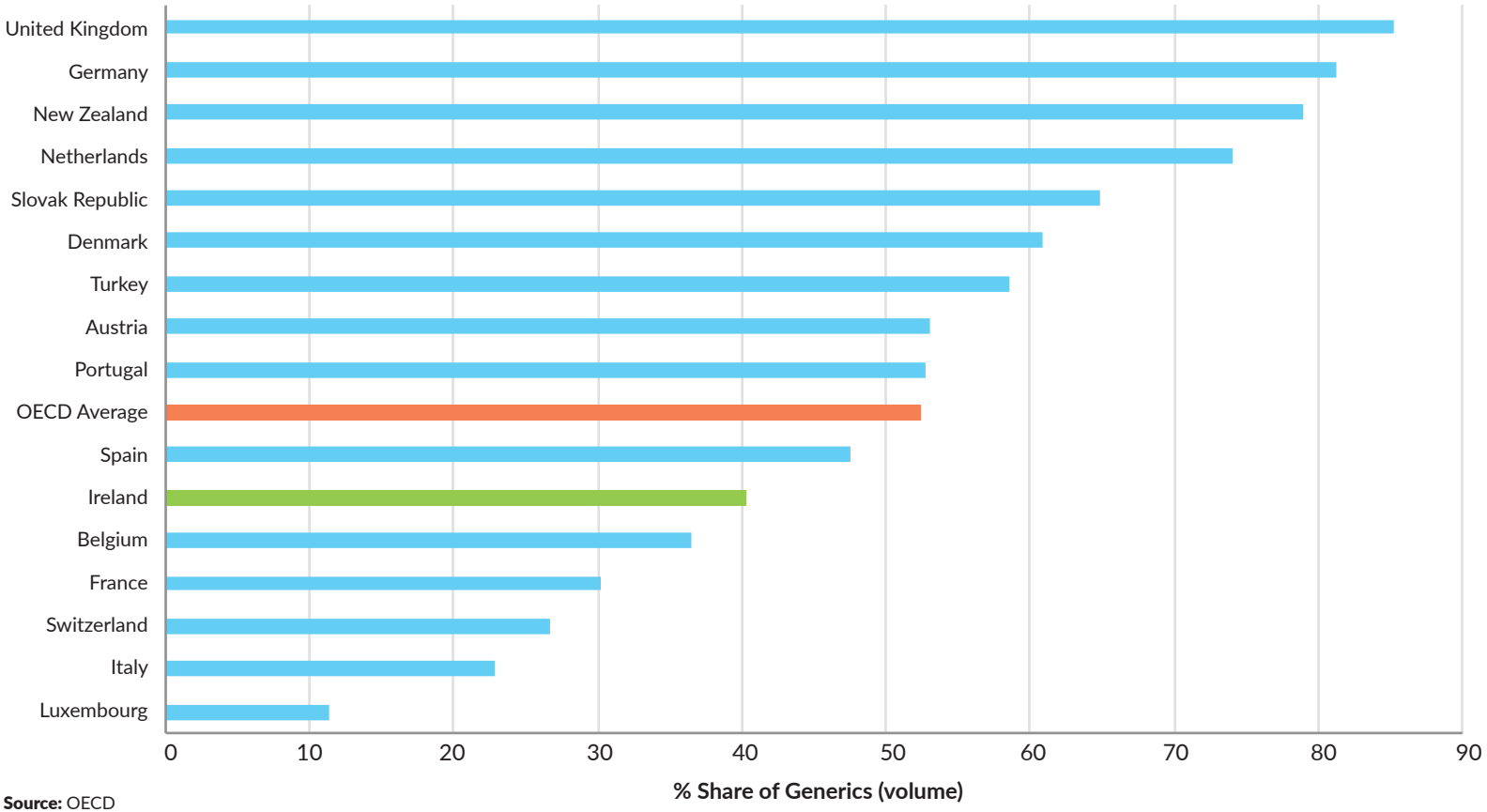
C-Sections per 1,000 Live Births, Ireland and EU28, 2008-2016



Source: Eurostat

Figure 7.7

Share of Generics in Re-Imbursed Pharmaceutical Market, OECD countries, 2016

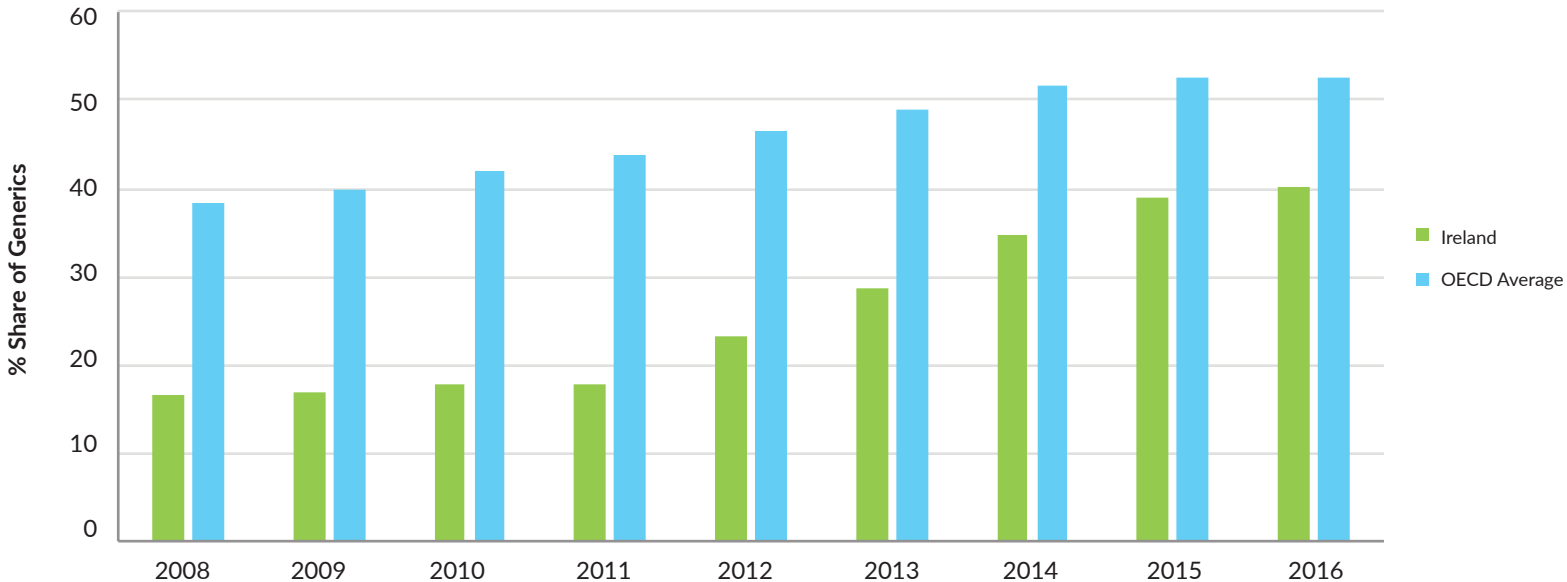


Source: OECD

Notes:
(i) Includes only selected OECD countries where data was available.
(ii) It should be noted that there is some variety in the definitions of generics across countries and in methods of data collection, due mostly to differing requirements for the registration of generics.

Figure 7.8

Share of Generics in Re-Imbursed Pharmaceutical Market, Ireland and OECD Average, 2008 to 2016



Source: OECD

Notes: See notes under Figure 7.5.

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