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Health in Ireland

Key Trends 2023

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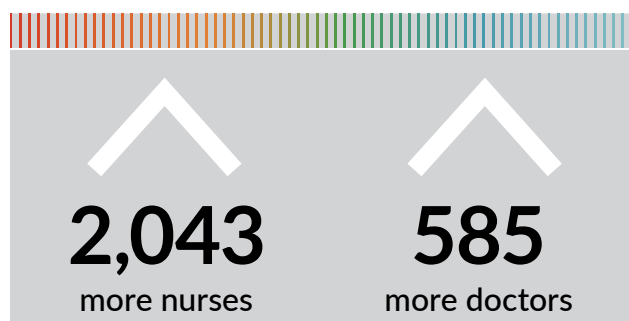
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Introduction

The 2023 edition of Health in Ireland: Key Trends compiles summary statistics on various aspects of health and healthcare over the past ten years, using national and international data to highlight national trends and situate Ireland among its European and global peers.

GROWTH IN HSE STAFF NUMBERS FROM 2021 TO 2022



There are seven chapters covering, inter alia, topics such as demographics, population health, healthcare activity; the final thematic chapter includes recently published data from census 2022 and visualises it at the level of the new HSE health regions.

In the introduction to the same publication in 2021, we said that it would be the first in a series examining the effects of the COVID-19 pandemic: This edition is very much a part of that series; even though all restrictions were lifted in 2022, the pandemic is still very evident in the data. It is likely that the pandemic had precipitated or accelerated changes that are more cultural in nature, so that we should not expect every aspect of health in Ireland to revert to its state in 2019.

Hospital activity was extensively affected by the pandemic, and inpatient discharges had still not returned to pre-pandemic levels in 2022 and were lower than in any of the years from 2013. Daycase discharges, on the other hand, are higher than they were in 2019, and the trend where they make up an ever-higher percentage of total discharges continues. The effects on hospital waiting lists continue to be significant: There were consistently over 60,00 adults waiting 12 months or less on an inpatient waiting list from the end of 2022, representing 84% of the adult list.

HSE staff numbers have continued to grow, so that by the end of 2022, there were almost 138,000 employed; indeed the percentage increase in employment between 2019 and 2022 is almost equal to that between 2013 and 2019. There were around 5,400 more nurses, and 1,800 more doctors, working in the HSE by the end of 2022, compared to the end of 2019. The increase in healthcare workers contributed to an expenditure increase of over €6.8bn between 2019 and 2022. Prior to the pandemic, it should be noted that health expenditure increased by a third between 2012 and 2019.

However, many of the principal demographic indicators are still very positive relative to our EU peers. Life expectancy in 2021, both at birth and at age-65, was only marginally below where it was in 2019, and Ireland is among a group of seven EU countries where life-expectancy is above 82. Healthy-life years at 65, the number of years after 65 that are spent in good health, reduced by a third between 2019 and 2021, but our ranking among the EU27 improved, so that we are now second highest, after Sweden, for this statistic.

Introduction continued



Even if the pandemic is not quite in the rear-view mirror, it is important to look ahead at some longer-term challenges. Ireland, like all developed countries, has been undergoing a demographic transition from high birth rates and high death rates to low birth rates and low death rates.

Our birth rate might higher than many other countries in Europe, but the population under 15 is still projected to decrease by 13% between 2023 and 2043 by contrast, the number of over-65s is projected to increase by around 66%, with the number of over 85s more than doubling. Given that the majority of the health expenditure on an individual occurs in the final years of their life, this will have serious implications for how we fund our health services. That our healthy-life years is so high, as discussed above, is encouraging, and there will have to be continued focus on what individuals can do to maintain their own health as long as possible, in addition to the work of government-leveraging all possible technological development-in ensuring the health service can meet the needs of an ageing population.

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 2023 contributes to this vision, underlying the importance of a clear evidence base for what is currently happening in our health service.

This annual publication in conjunction with the recently published HSPA, is a resource that supports Sláintecare’s ongoing programme of evaluation to assess the contribution of the reform programme to the performance of the health system during the 10-year implementation period.

CURRENT LIFE EXPECTANCY

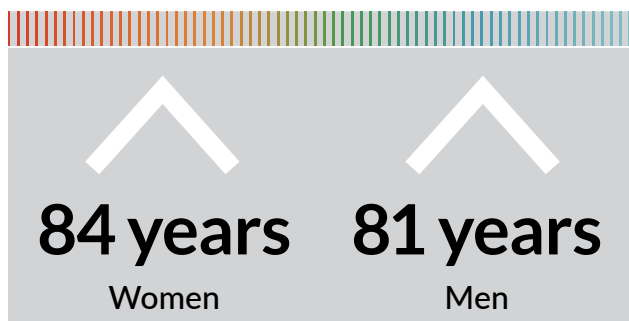


Table 1.6

Chapter 1

Population and Life Expectancy



Chapter 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 on the results of the 2022 Census, population estimates and projections have been updated in this year's publication with the latest information. The population in 2023 is estimated to be 5.15 million, an increase of 2.6% on Census 2022. 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 37% since 2014, which is considerably higher than the EU average increase of 16.5% (Figure 1.1).

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 (Table 1.4). Assuming moderate changes in migration and fertility rates, the total population is projected to reach 5.81 million by 2043. These population projections are based on Census 2016. Revised projections, based on Census 2022, will be released in 2024.

The total fertility rate, at 1.78 in 2021, has been below 2 since 2011. However, Ireland has the 4th highest fertility rate in the EU behind France, Czechia

and Romania (Figure 1.3). Final published figures for 2021 show 60,575 births in that year, a 12.2% decrease on 2013, but still higher than the 2019 figure of 59,294. Live births in 2020 were the lowest in a decade (Table 1.3). The reduction in fertility rates, and the fact that the number of women in the main child-bearing age groups has declined in recent years, are demographic features which are 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. According to the latest data – from 2021 – life expectancy at birth is 84.3 years for females and 80.5 years for males in 2021 (Table 1.6). Females who reach 65 can expect to live a further 21.8 years, with males living a further 19.2 years. The rate of increase of life expectancy has been declining. The increase in overall life expectancy at birth was under two years between 2011 and 2021, compared to almost four years between 2001 and 2011. In addition to living longer, women in Ireland typically experience a slightly higher number of healthy life years than men; however men at 65 experience a slightly higher proportion of their life expectancy in good health. Health life years at age 65- is higher for both men and women in Ireland compared to the EU average (Figure 1.7).

Common to many developed countries, Ireland exhibits low birth rates and low death rates (see section 2). The inevitable result of this, a higher old-age dependency ratio (projected to be 37.3 in 2043, Table 1.5) will pose a major challenge to the health service in years to come.

GROWTH IN POPULATION



5.15m

An increase in
population of 2.6%
since Census 2022

Table 1.1
Population estimates ('000s) for regional authority areas by age group, 2023

Sex	Border	Midland	West	Dublin	Mid.East	Mid.West	South.East	South.West	State
Male	214.9	161.3	247.9	735.8	385.8	255.7	231.1	373.6	2,606.2
Female	217.2	163.2	252.9	765.6	391.3	263.9	237.5	383.8	2,675.4
Both sexes	432.1	324.6	500.8	1,501.5	777.1	519.6	468.6	757.4	5,281.6
Age									
0-14	88.5	65.4	95.1	272.7	161.8	97	89.8	141.4	1,011.6
15-24	53.3	42.4	62.6	182.2	104	67.7	60.6	94.3	667.3
25-34	43.3	35.6	54.9	234.5	82.3	57.7	49.8	87.3	645.5
35-44	60.5	49.6	73.5	253.5	120.3	74.7	67.1	113	812.2
45-54	59.6	45.5	69.5	200.8	116.1	72.2	66.3	107.2	737.2
55-64	52.6	37.4	59.5	154.4	87	62.4	57.7	90.5	601.5
65-74	41.9	28	48.4	112.6	61.5	49.9	43.6	69.5	455.3
75-84	24.4	15.6	27.7	66.6	34.3	28.9	25.7	40.8	263.9
85+	8.1	4.9	9.6	24.2	9.8	9	8.1	13.4	87.1
2022	419.473	317.999	485.966	1,458.154	764.154	505.369	457.41	740.614	5,149.139
% change 2022-2023	3	2.1	3.1	3	1.7	2.8	2.4	2.3	2.6

Source: Central Statistics Office.

Notes:

- (i) Data for 2023 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, 2014 to 2023

Age	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	% change 2014-2023	% change 2022-2023
0-14	997.6	1001.6	1005.6	1010.4	1014.4	1015.6	1013.6	1007.6	1014.3	1011.6	1.4	-0.3
0-64	3058.5	3075.9	3104.3	3148.1	3194	3241.6	3290.1	3319.7	3388.2	3463.7	13.2	2.2
65 and over	589.5	610.3	629.9	652.4	676.5	701.3	726.1	747.4	781.4	806.3	36.8	3.2
All ages	4645.4	4687.8	4739.6	4810.9	4884.9	4958.5	5029.9	5074.7	5184	5281.6	13.7	1.9

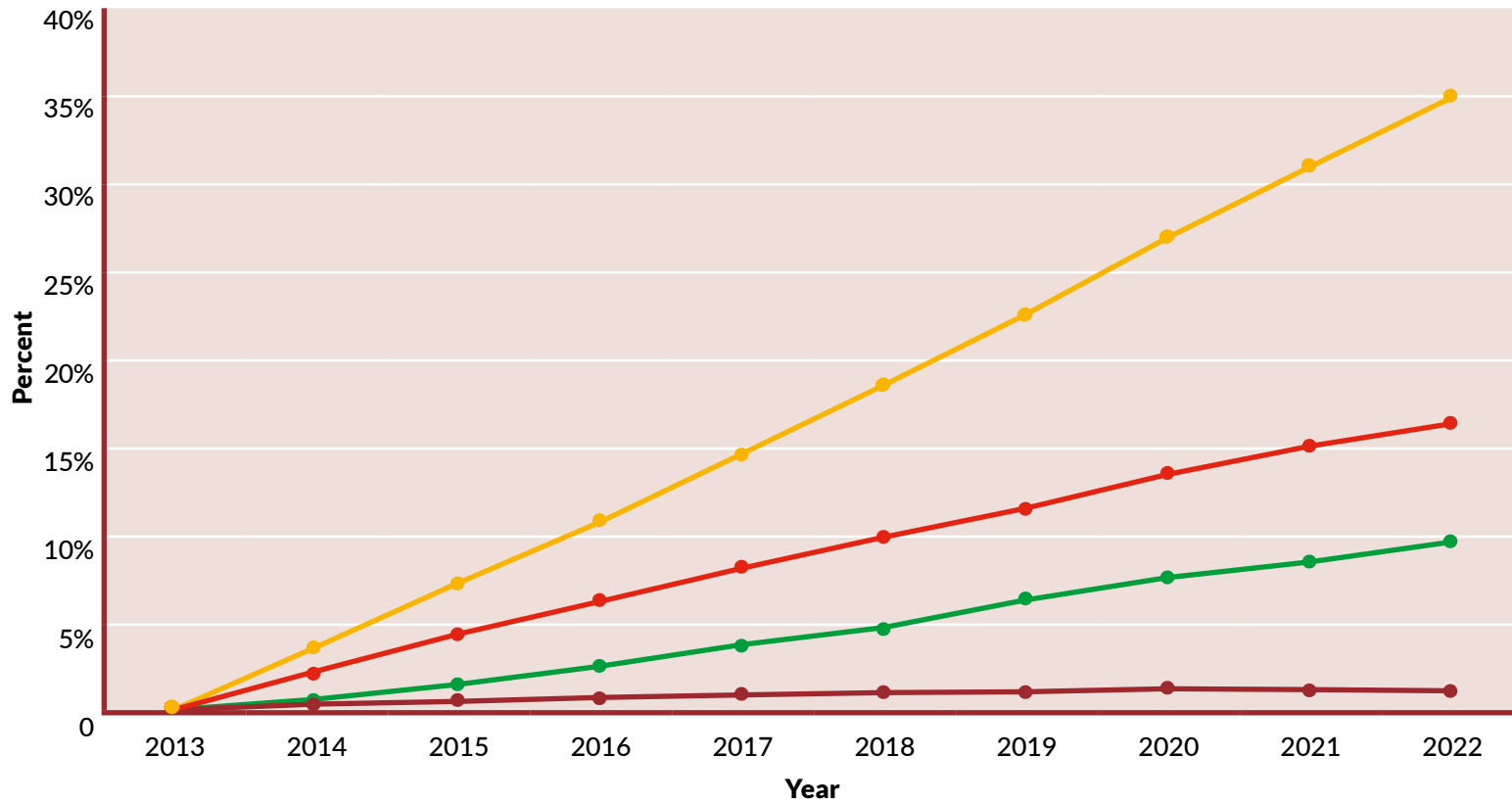
Source: Central Statistics Office.

Notes:

- (i) Data for 2023 is preliminary and subject to revision after Census 2027
- (ii) Age groups may not sum to total due to rounding.

Figure 1.1

Cumulative percentage increase in population, all ages and 65+ for Ireland and EU-27, 2013 to 2022



Source: Eurostat.

- EU 27 - Total Population
- EU 27 - aged 65 years and over
- Ireland - Total Population
- Ireland - aged 65 years and over

Table 1.3
Live births, birth rate and total fertility rate, Ireland and EU 27, 2013-2022

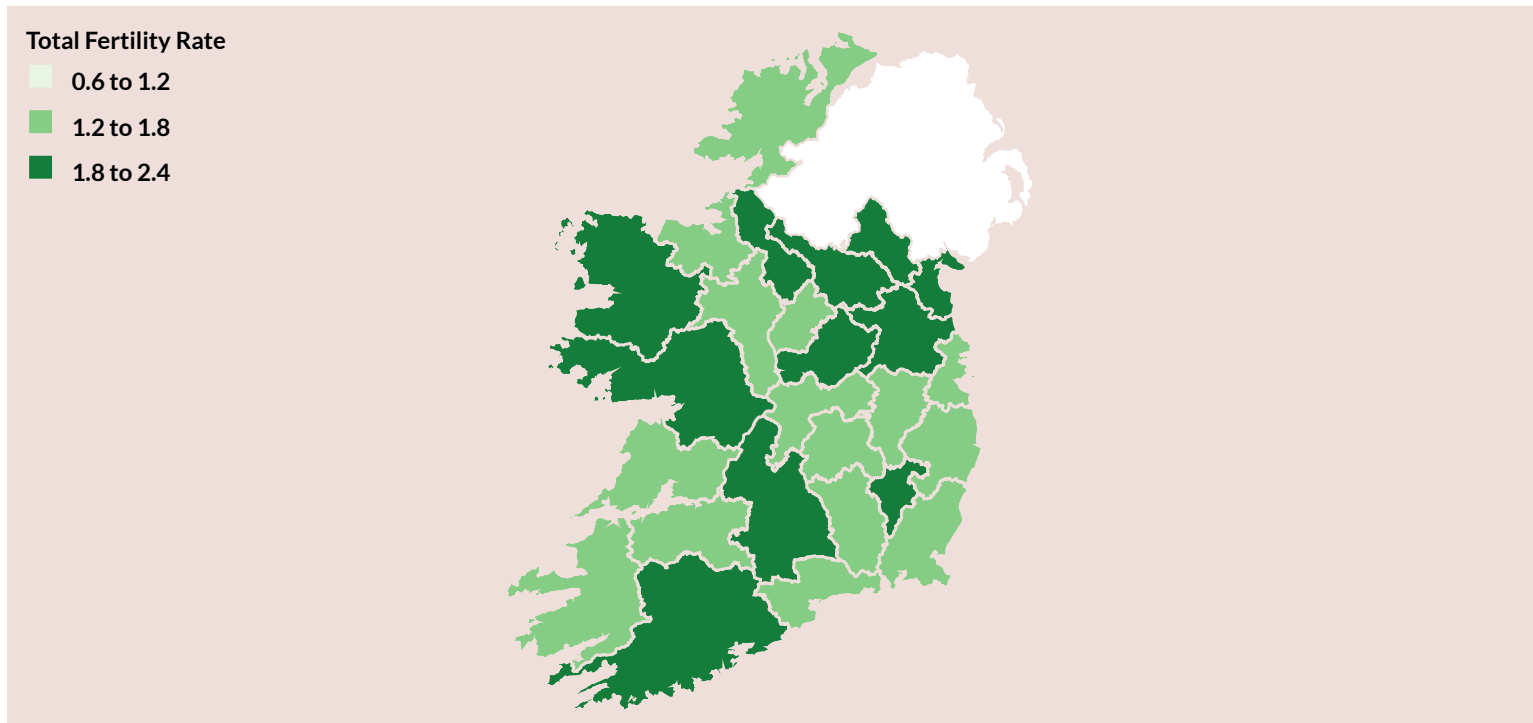
		2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% Change 2013-2022	% Change 2021-2022
Number of live births		68,954	67,295	65,536	63,841	61,824	61,022	59,294	56,812	60,575	57,540	-16.6	-5.0
Birth rate (per 1,000 population)		14.9	14.5	14	13.5	12.9	12.6	12	11.4	11.9	11.3	-24.2	-5.0
Total fertility rate	Ireland	1.93	1.89	1.85	1.81	1.77	1.75	1.71	1.63	1.73	1.7	-11.9	-1.7
	EU-27	1.51	1.54	1.54	1.57	1.56	1.54	1.53	1.5	1.53			

Source: Central Statistics Office, Eurostat.

Notes:

- (i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
- (ii) % change for EU-27 total fertility rate relates to 2013-2021 and 2020-2021.
- (iii) There is a break in TFR data for EU-27 between 2010-2012 and 2014-2015.

Figure 1.2
Total fertility rate by county, Ireland, 2022

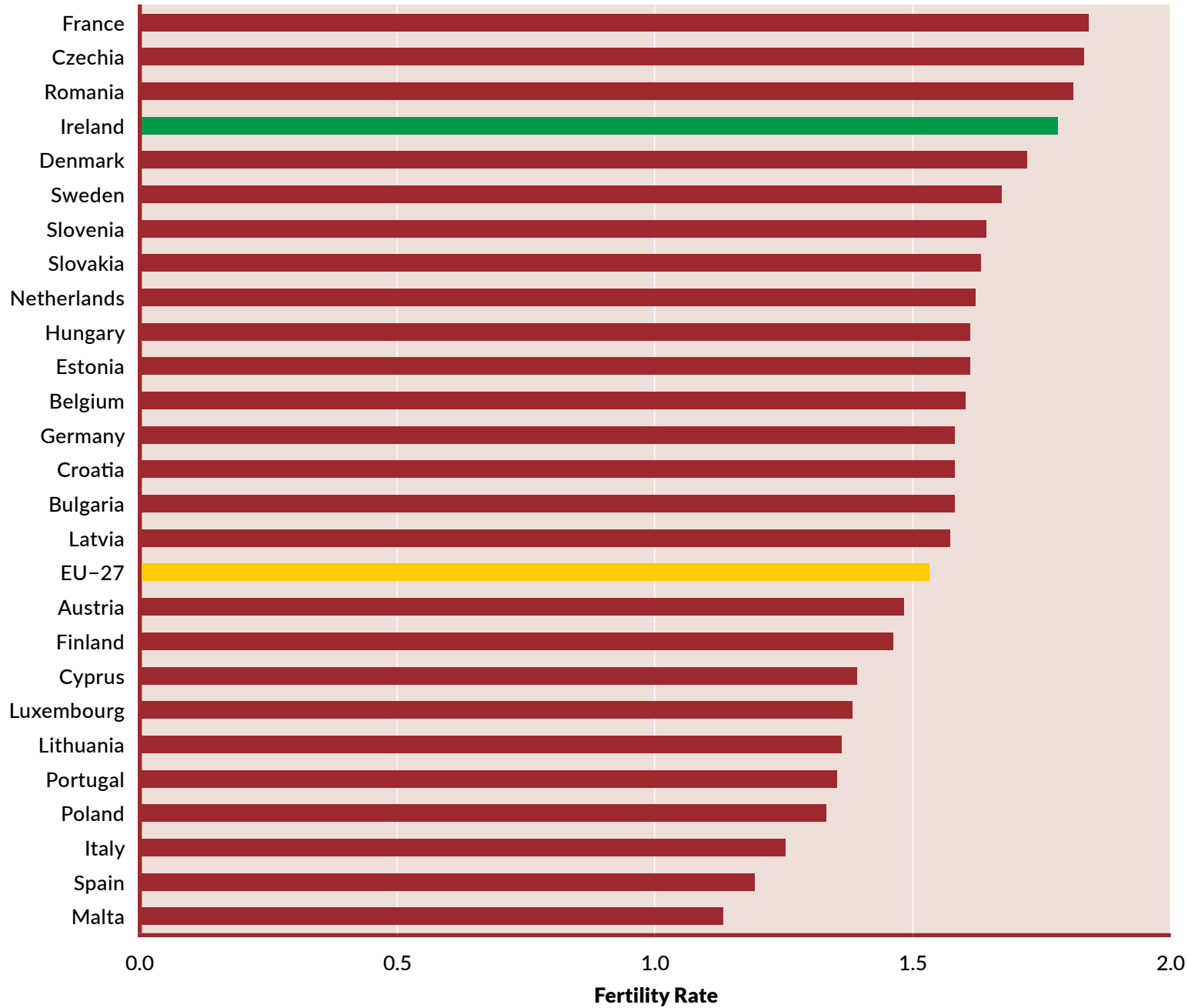


Source: Central Statistics Office.

Note:

- (i) Total fertility rate at county level based on calculations by the Department of Health.

Figure 1.3
Total fertility rates in Europe, 2021



Source: Eurostat.

Table 1.4
Population 2023 and projected population to 2043 ('000s) by age group, Ireland

Age Group	2023 (e)	2028	2033	2038	2043	% change 2023–2043
0–14	1011.6	907.2	862.8	855.4	881.7	-12.84
15–64	3463.6	3457.9	3551.5	3590.3	3587.3	3.57
65–84	719.2	807	901.8	1004.9	1109.3	54.24
85 and over	87.1	111.8	149.7	190.7	230	164.06
Total	5281.6	5283.9	5465.7	5641.4	5808.2	9.97

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 are based on Census 2022. Revised estimates, based on Census 2022, will be produced in 2024.
- (iv) The current CSO population estimate was used for 2023 figures.

Table 1.5
Dependency ratio Ireland, 2023 and projected to 2043

Age Group	2023 €	2028	2033	2038	2043	% change 2023–2043
0–14	29.2	26.2	24.3	23.8	24.6	-15.75
65 and over	23.3	26.6	29.6	33.3	37.3	60.09
All ages	52.5	52.8	53.9	57.1	61.9	17.9

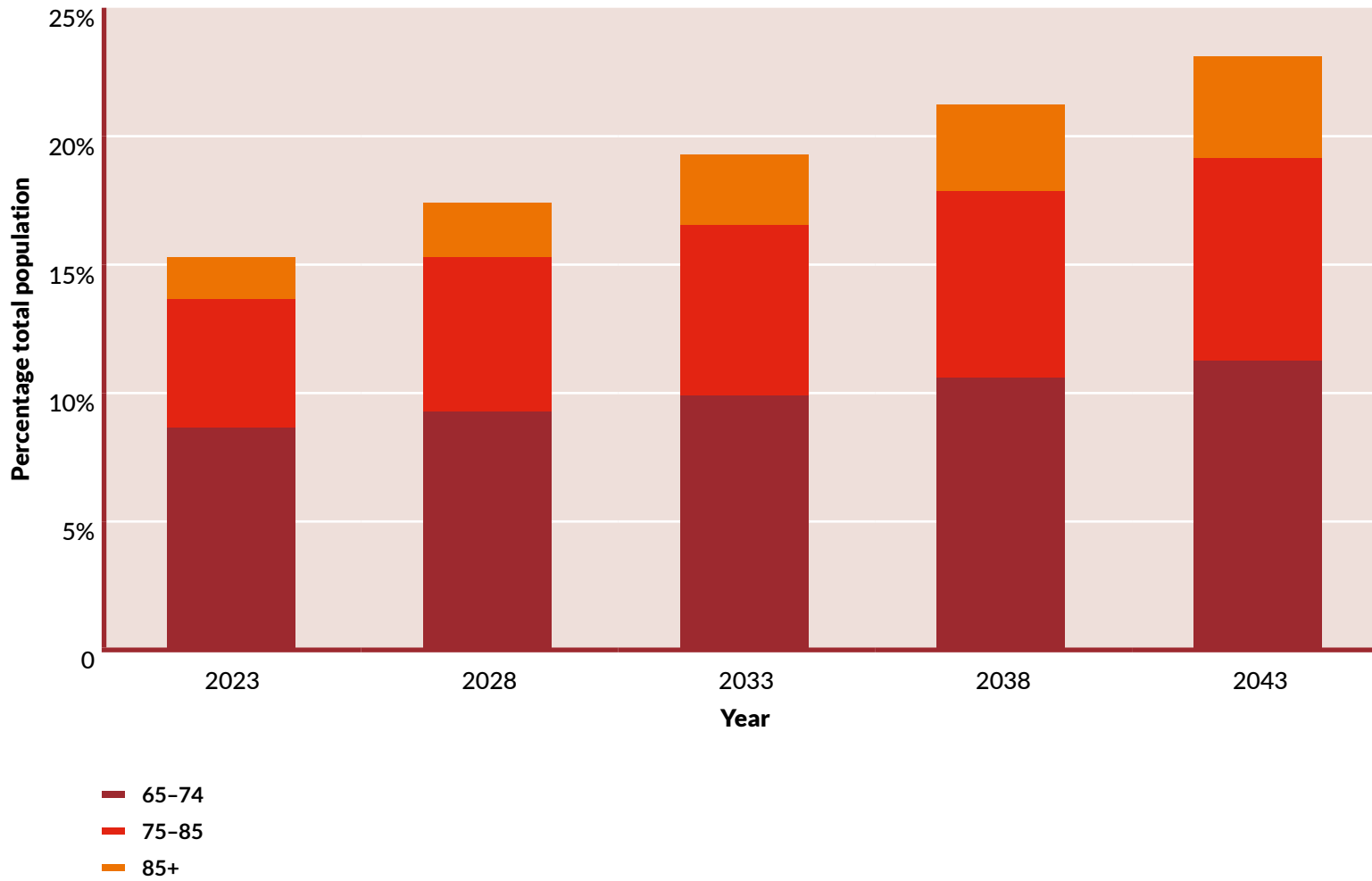
Source: Central Statistics Office.

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 2022 figures.

Figure 1.4

Older age groups: population 2023 and projected population 2028–2043



Source: Central Statistics Office.

Notes:

(i) See notes under Table 1.4.

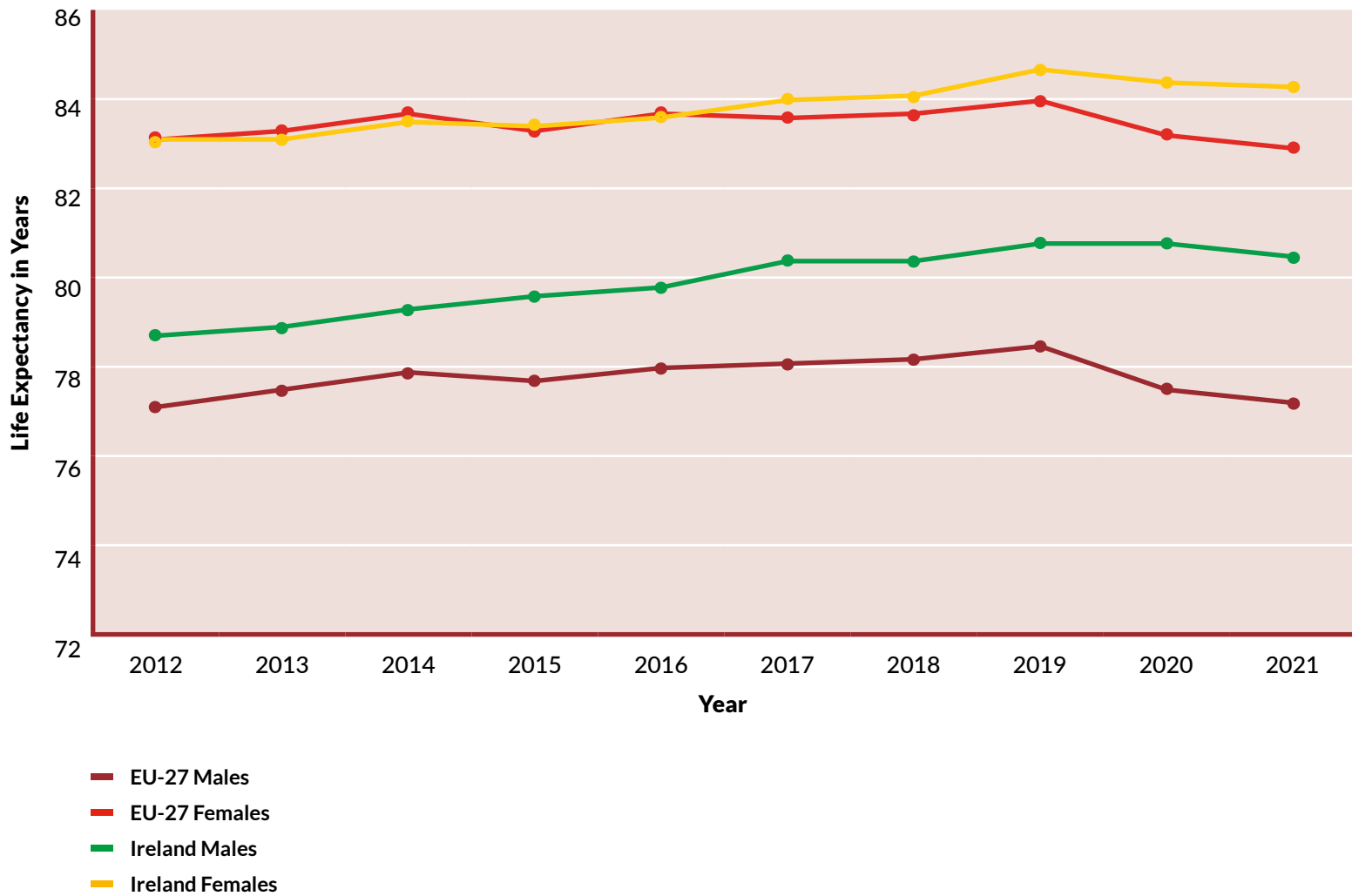
(ii) (e.): The current CSO population estimate was used for 2022 figures.

Table 1.6
Life expectancy, Ireland, by age and gender, 2001, 2011 and 2021

		2001	2011	2021	% Change 2001–2021
Male	Life expectancy at age				
	0	74.5	78.6	80.5	8.1
	1 year	74.0	78.0	79.8	7.8
	40 years	36.6	40.1	41.5	13.4
	65 years	15.0	17.9	19.2	28.0
Female	75 years	8.7	10.7	11.8	35.6
	0	79.9	83.0	84.3	5.5
	1 year	79.3	82.3	83.5	5.3
	40 years	41.1	43.8	44.9	9.3
	65 years	18.5	20.9	21.8	17.8
75 years	11.1	13.0	13.8	24.3	

Source: Eurostat.

Figure 1.5
Life expectancy at birth by gender, Ireland and EU-27, 2012 to 2021



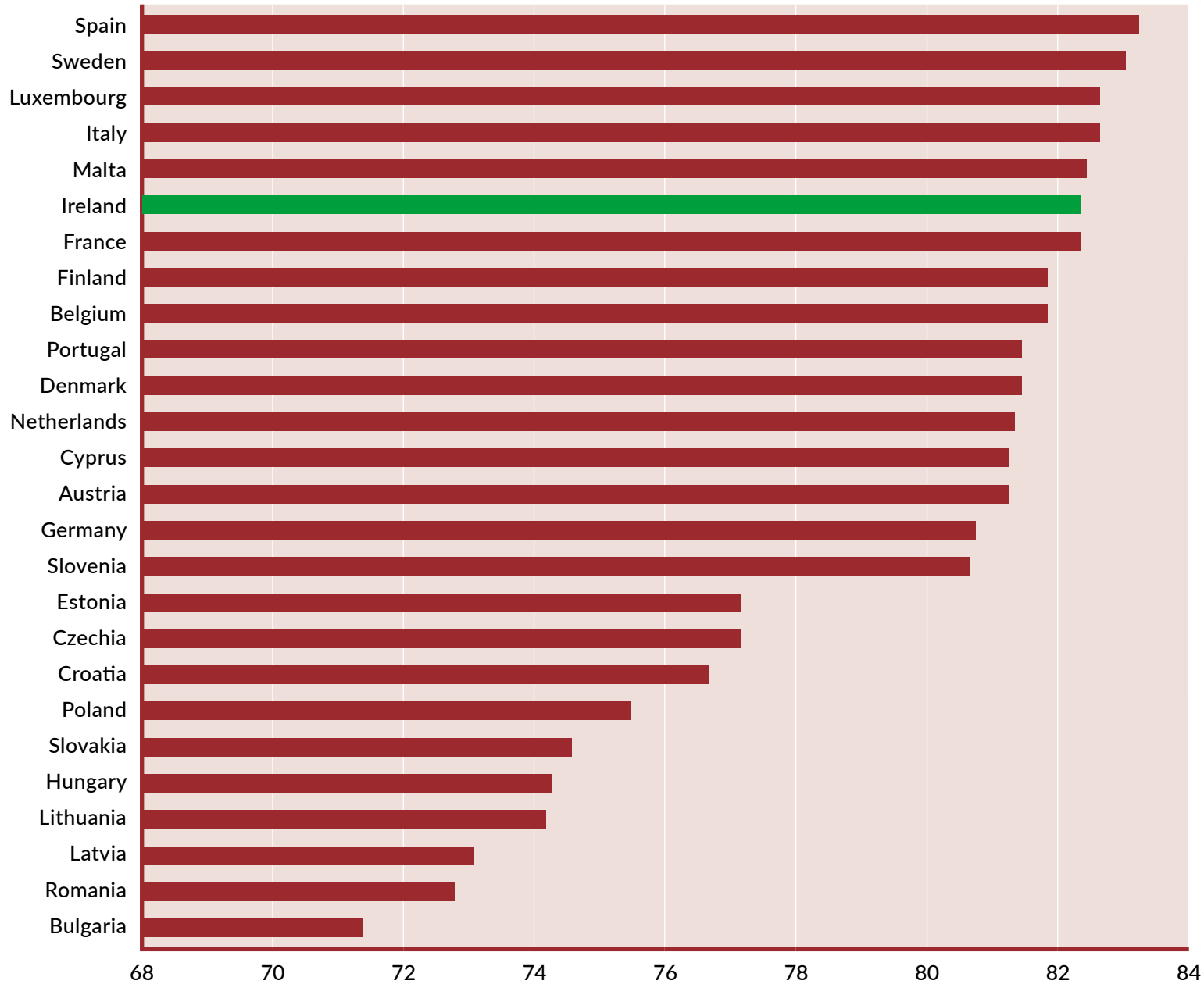
Source: Eurostat.

Notes:

- (i) Figures for EU-27 in 2018-2021 are estimated and provisional.
- (ii) Data for Ireland in 2018 and 2019 are estimated.
- (iii) There is a break in data for EU-27 for in 2012, 2014-2015 and 2017-2021.

Figure 1.6

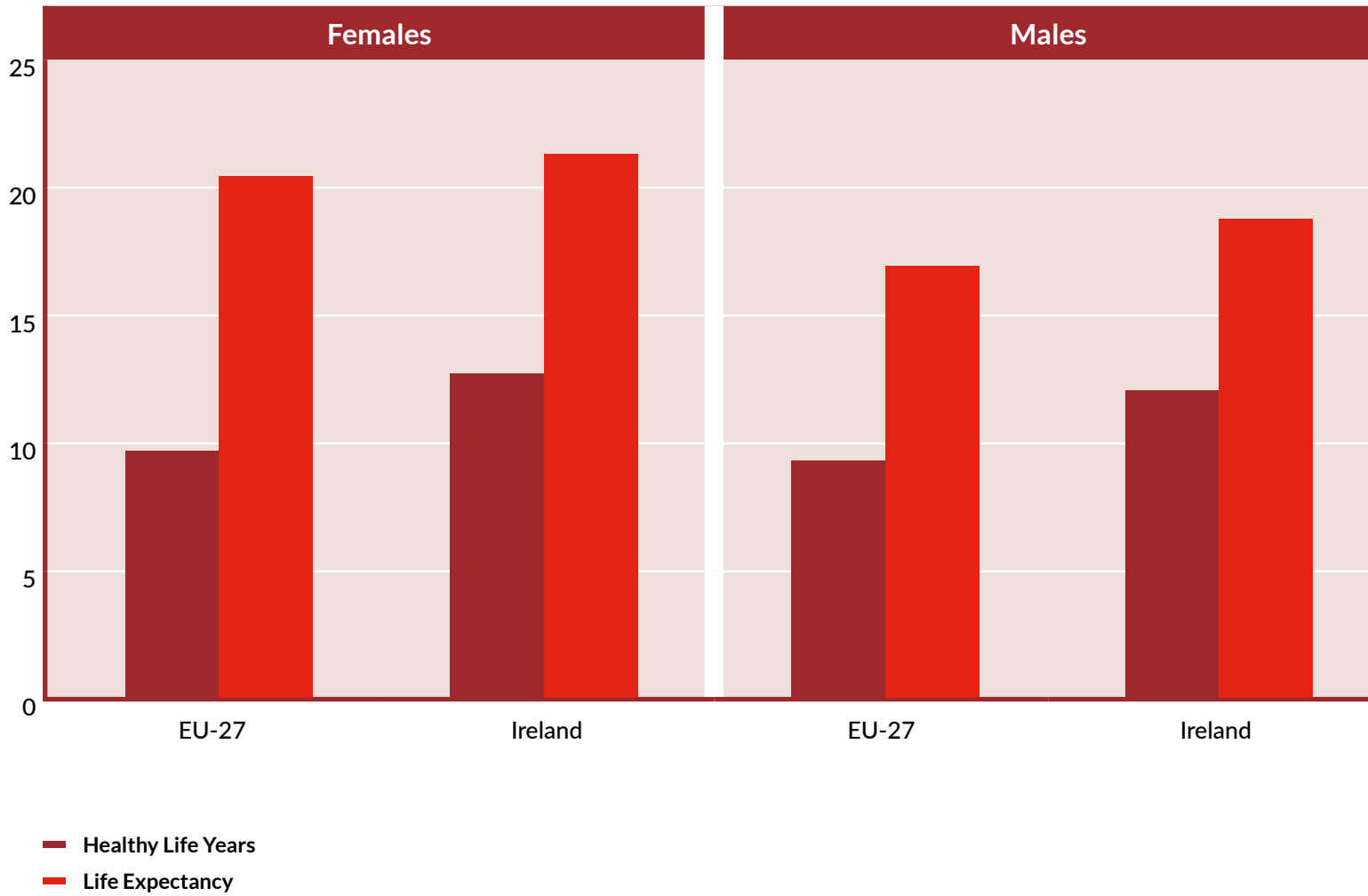
Life expectancy at birth for EU-27 Countries, 2021



Source: Eurostat.

Figure 1.7

Healthy life years and life expectancy at age 65 by gender, Ireland and EU-27, 2021



Chapter 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.

Ireland has the highest self-perceived health status in the EU, with 80.0% of people rating their health as good or very good (Figure 2.2). The number of people reporting a chronic illness or health problem is also better than the EU average, at around 29.5% of the population (Table 2.2). However, as shown in Figure 2.1, 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 by 10.3%. This decrease is particularly strong for mortality rates from suicide (-26.1%), Transport accidents (-52.4%), pneumonia (-41.0%) and stroke (-39.9%). Infant mortality, measured as deaths per 1,000 live births, has also decreased by 8.5% since 2012, but increased by 14.1% between 2019 and 2021, so Ireland is now equal to the EU average; we had been below the EU average for the preceding decade (Figure 2.8). Provisional data for 2021 shows a slight decrease of 3.4% in the overall mortality rate over the previous year. Figure 2.6 shows that the three-year average for suicide mortality in Ireland was below the EU average up to 2020 (the latest year for which EU data is available). Both the male and female three-year average have fluctuated slightly

between 2019 and 2020, with no major movement in either direction. 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 mortality from external injury and poisoning across counties can be seen in Figure 2.4, and the differing primary causes of deaths can be seen among over 65s and under 65s, shown in Figures 2.3a and 2.3b.

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 2.7 shows that Ireland performs better than the European average for treatable deaths.

Cigarette consumption has decreased since 2002, as shown in Figure 2.9. Alcohol consumption has also decreased over the same period, but not as dramatically. In 2022, Irish people consumed 9.4 litres of alcohol per capita, based on Revenue figures.

AGE-STANDARDISED MORTALITY RATES



15.8%

✓ Age-standardised mortality rates have declined for all causes

Table 2.1**Self-perceived health status, Ireland and EU-27, 2022**

Source: EU-SILC, Eurostat.

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	65.6	71.9	25.2	21.3	9.1	6.8
25-34	59.5	59.2	29.2	28.4	11.3	12.4
35-44	47.5	43.2	40.4	43.1	12.1	13.7
45-54	35.6	35.8	43.5	43.7	20.9	20.5
55-64	20.4	17.6	43.2	43.3	36.4	39.1
65+	30.5	33.1	40.8	44.9	28.7	22.1
Total	42.6	41.5	37.5	38.4	19.8	20.1
EU-27 2020	23.4	19.9	47	45.5	29.6	34.6

Table 2.2**People with a long-standing illness or health problem, Ireland and EU-27, 2022**

Source: EU-SILC, Eurostat.

	% Male	% Female	Total
16-24	17.6	16.9	17.2
25-34	18.1	19.6	18.8
35-44	20.8	19.9	20.4
45-64	35	33.5	34.2
65+	50.5	48.5	49.4
Ireland	29.8	29.5	29.6
EU-27	33.7	38.3	36

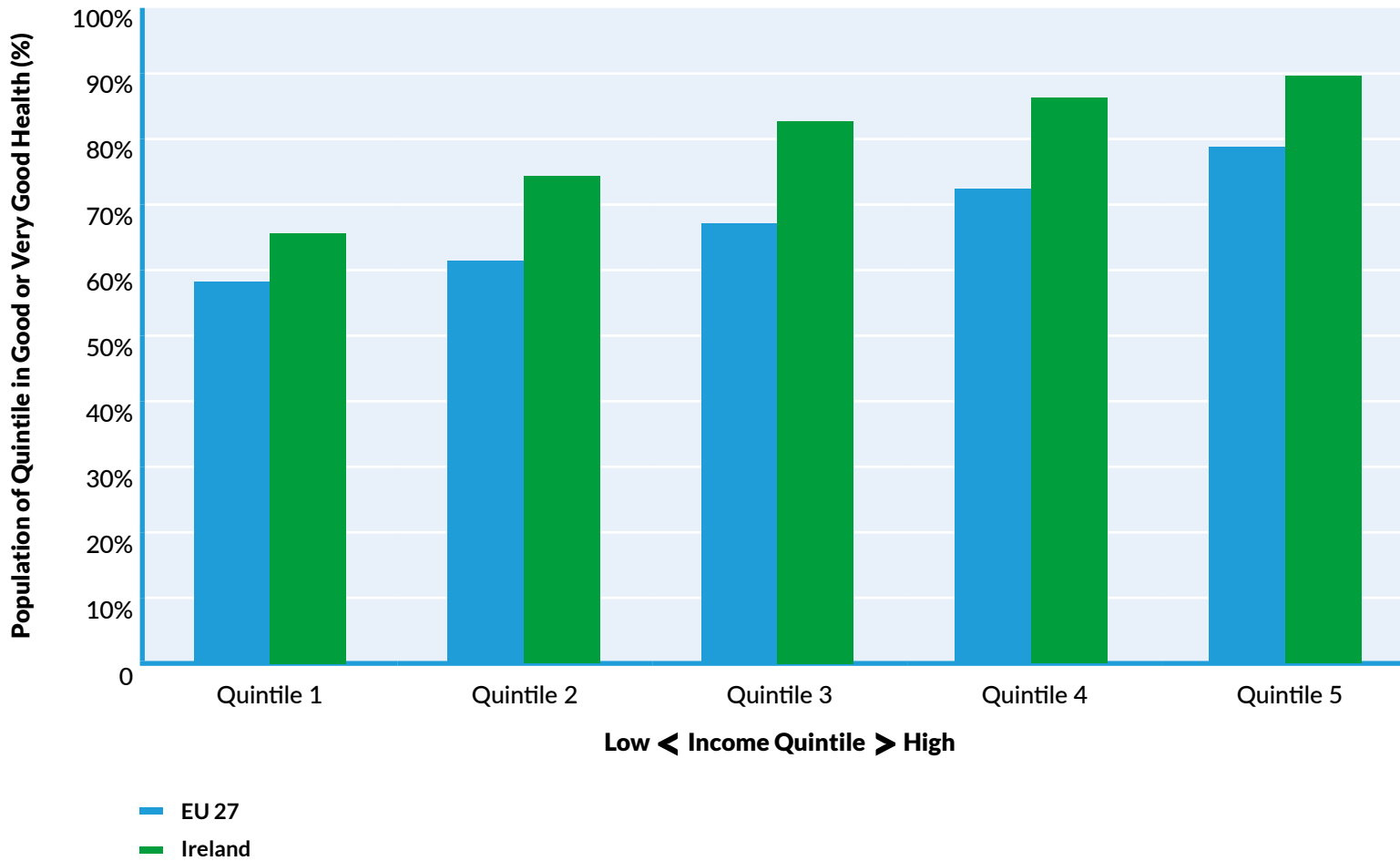
Table 2.3**Self-perceived long-standing limitations in usual activities due to health problems, Ireland and EU-27, 2022**

Source: EU-SILC, Eurostat.

Age Group	Some		Severe	
	% Male	% Female	% Male	% Female
16-44	9.6	9	2.2	3.4
45-64	17.1	18.1	6.9	4.2
65-74	25.8	25.9	12.3	12
75+	30	33.3	13.4	13.8
Total	15.2	15.9	5.6	5.5
EU-27	17.8	21.6	6.6	7.8

Figure 2.1

Self-perceived health rated good or very good by income quintile, Ireland and EU-27, 2022



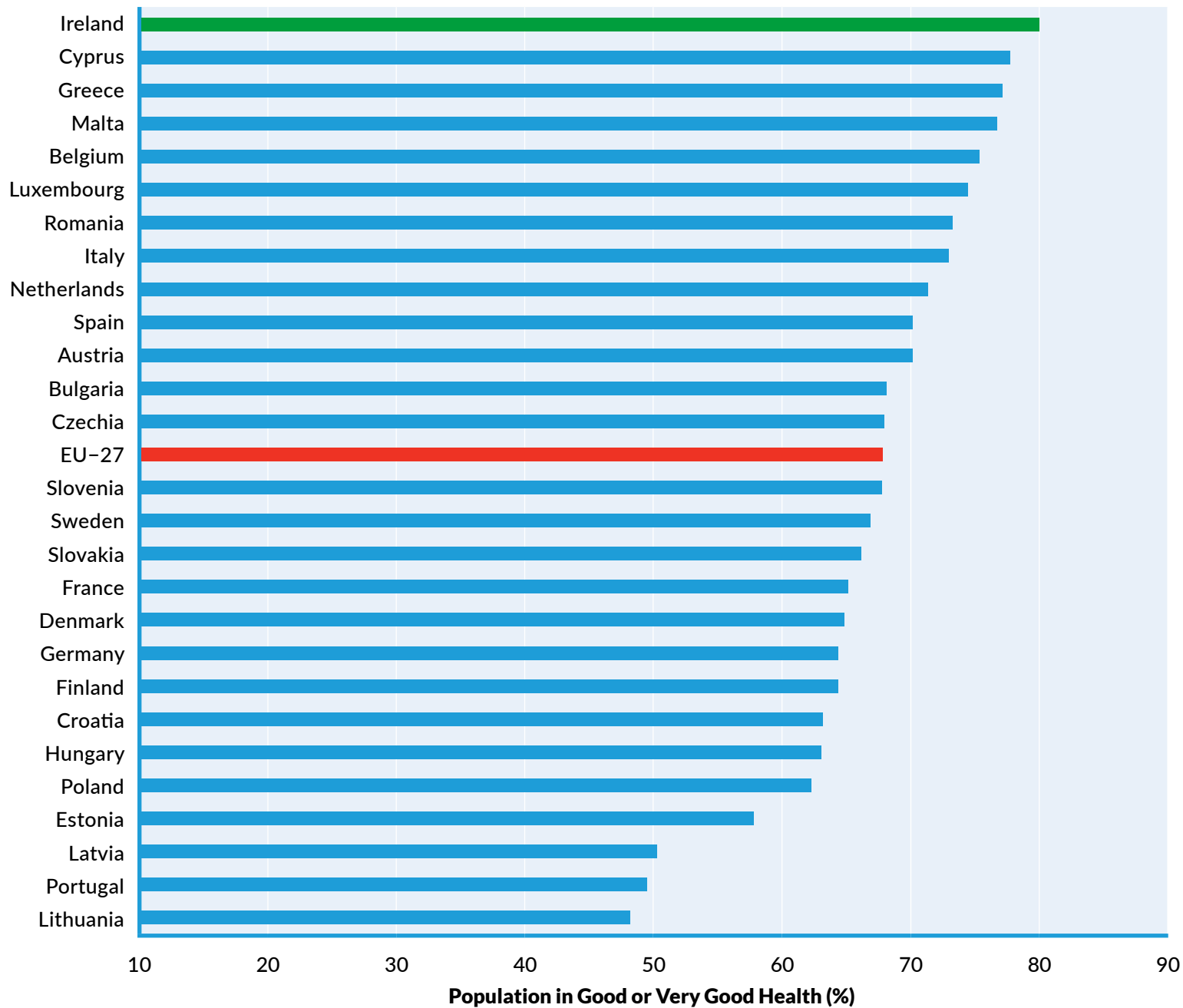
Source: Eurostat.

Notes:

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

Figure 2.2

Percentage of the population reporting good or very good health in EU-27 Countries, 2022



Source: EU-SILC, Eurostat.

Table 2.4
Principal causes of death: numbers and age-standardised death rates per 100,000 population, 2013-2022

		2013	2017	2021	2022	% change 2013-2022	% change 2021-2022
All Causes	Number	29,504	30,418	34,844	35,477	20.2	1.8
	Rate	1,043.9	963.3	970.2	936.8	-10.3	-3.4
Diseases of the circulatory system							
All Circulatory System Diseases:	Number	9,473	8,889	9,301	9,652	1.9	3.8
	Rate	354.8	295.3	271.8	265.8	-25.1	-2.2
Ischaemic Heart Disease:	Number	4,642	4,160	4,286	4,239	-8.7	-1.1
	Rate	171.6	135.1	121.8	114.4	-33.4	-6.1
Cerebrovascular Diseases:	Number	1,959	1,706	1,528	1,654	-15.6	8.2
	Rate	75	57.1	44.7	45.5	-39.3	1.9
Cancer							
All Malignant Neoplasms:	Number	8,725	9,141	9,642	10,280	17.8	6.6
	Rate	288.8	270.0	252.4	255.9	-11.4	1.4
Cancer of the Trachea, Bronchus and Lung:	Number	1,831	1,911	1,909	1,969	7.5	3.1
	Rate	60.1	56.0	49.2	48.6	-19.1	-1.1
Cancer of the Female Breast:	Number	704	724	706	807	14.6	14.3
	Rate	40.6	37.8	33.2	36.4	-10.4	9.5
Diseases of the Respiratory system*							
All Respiratory System Diseases:	Number	3,504	4,059	3,202	3,717	6.1	16.1
	Rate	135.6	137.4	93.2	102.4	-24.5	9.8
Chronic Lower Respiratory Disease:	Number	1,657	1,611	1,528	1,731	4.5	13.3
	Rate	61.5	52.3	43.4	46.5	-24.4	7.1
Pneumonia:	Number	983	1,088	709	820	-16.6	15.7
	Rate	40.5	39.5	22.0	23.9	-41.0	8.4
COVID-19:	Number			3,178	1,848		-41.9
	Rate			90.5	50.4		-44.3
External causes of injury and poisoning							
All Deaths from External Causes:	Number	1,491	1,299	1,584	1,500	0.6	-5.3
	Rate	38.1	32.5	36.7	33.9	-10.9	-7.5
Transport Accidents:	Number	167	127	100	94	-43.7	-6.0
	Rate	4	3.1	2.1	1.9	-52.4	-7.4
Suicide:	Number	487	383	449	412	-15.4	-8.2
	Rate	11.1	8.3	9.2	8.2	-26.1	-10.7

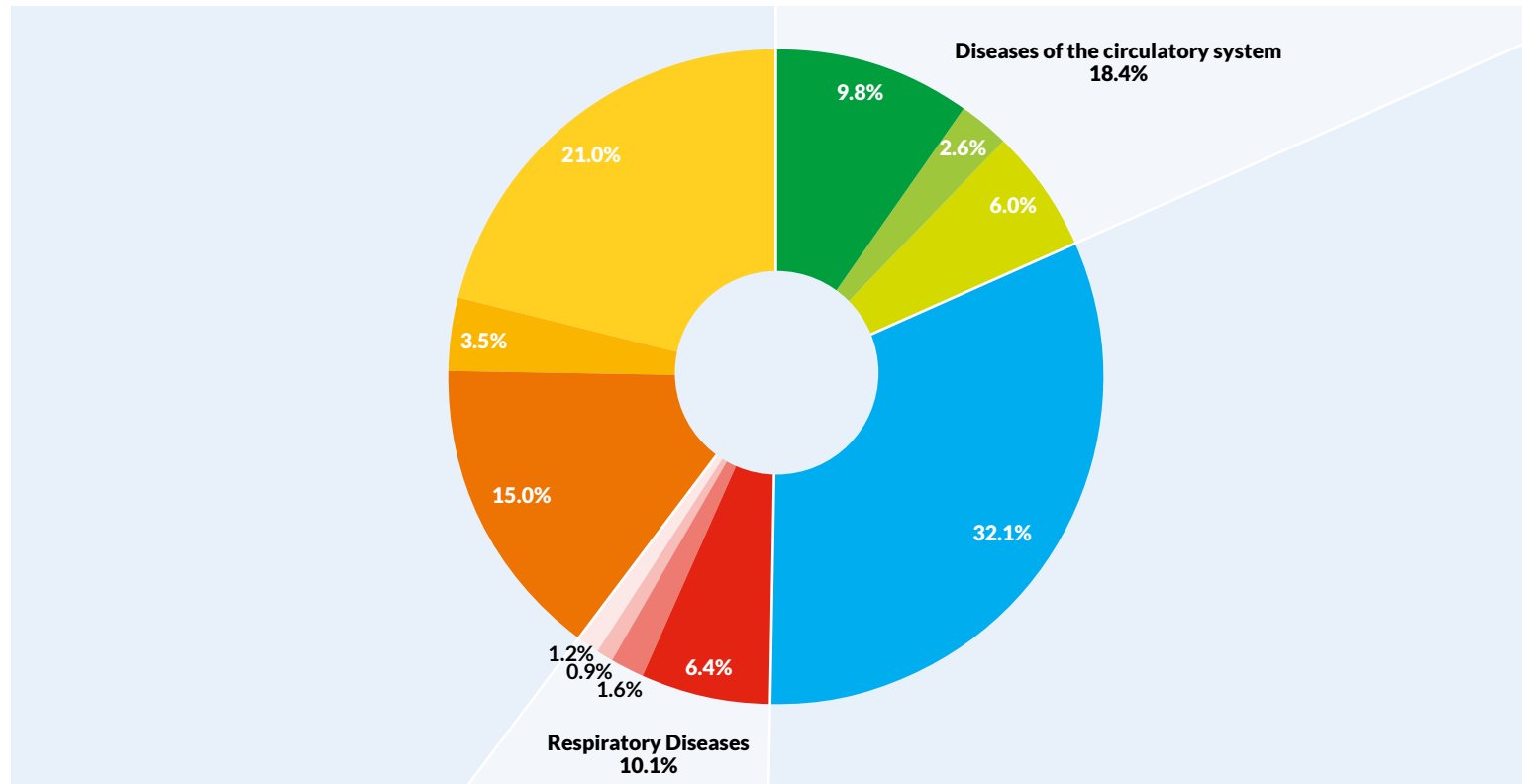
Source: Central Statistics Office, Public Health Information System (PHIS) - Department of Health.

Notes:

- (i) (p) The figures for 2022 are provisional. They should be treated with caution as they refer to deaths registered in this year and may be incomplete. Figures for previous years may be different from those in earlier publications due to late-registered deaths or revised population estimates.
- (ii) The rates provided in the table are age-standardised to the European standard population and are presented as rates per 100,000 population
- (iii) *Excludes cancer of the trachea, bronchus and lung.

Figure 2.3A

Deaths by principal causes, percentage distribution, 2022, ages 0–64



- Ischaemic Heart Disease
- Cerebrovascular diseases
- Other circulatory diseases
- Non-respiratory cancers
- Cancer of the Trachea, Bronchus and Lung
- Chronic Lower Respiratory Disease
- Pneumonia
- Other respiratory diseases
- External Causes of Injury and Poisoning
- COVID-19
- All other causes

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

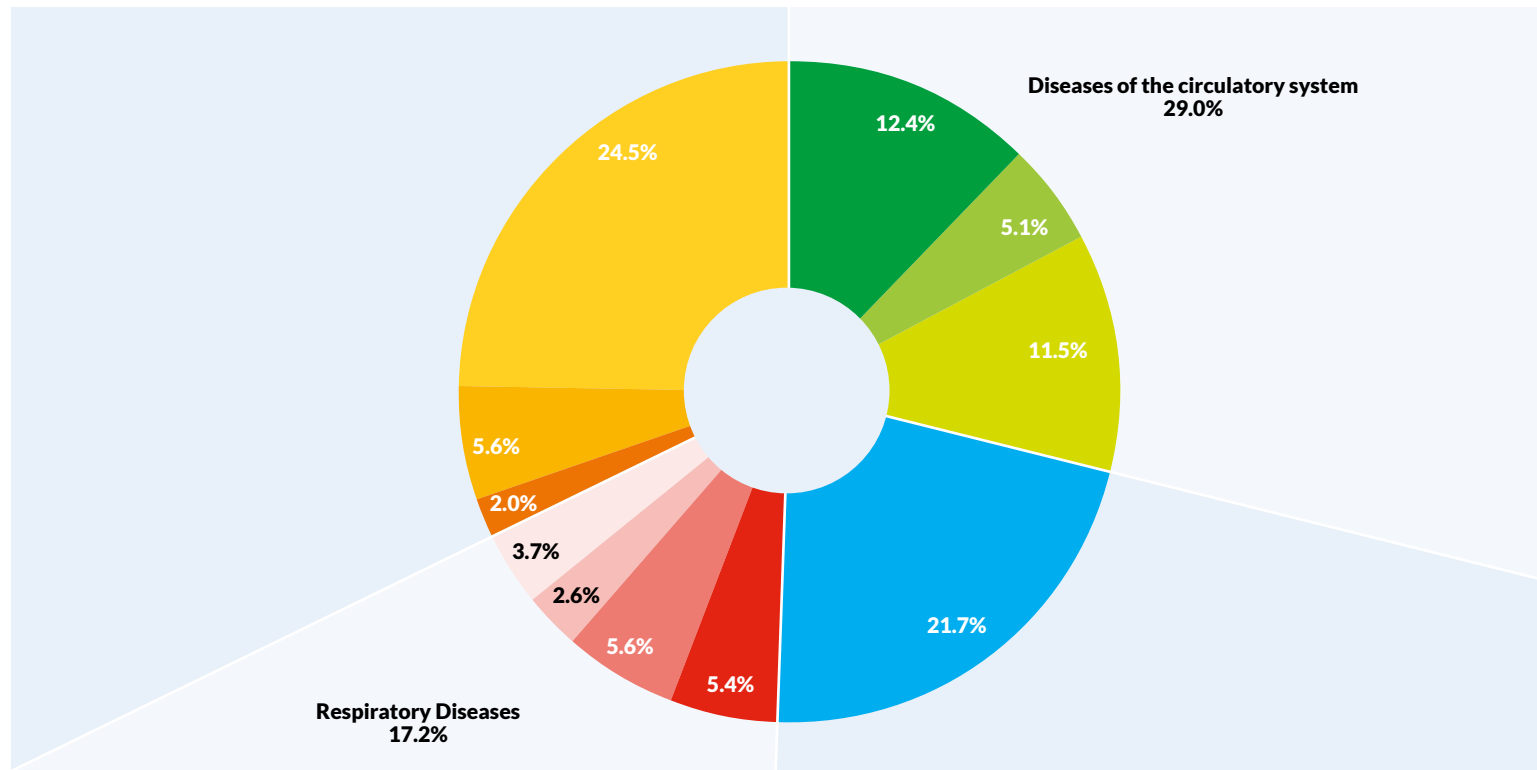
Note:

*The data for 2021 is provisional. Deaths are based on year of registration and not occurrence.

*The data in Figure 2.3(a) and Figure 2.3(b) refers to the underlying cause of death.

Figure 2.3B

Deaths by principal causes, percentage distribution, 2022, ages 65 and over



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

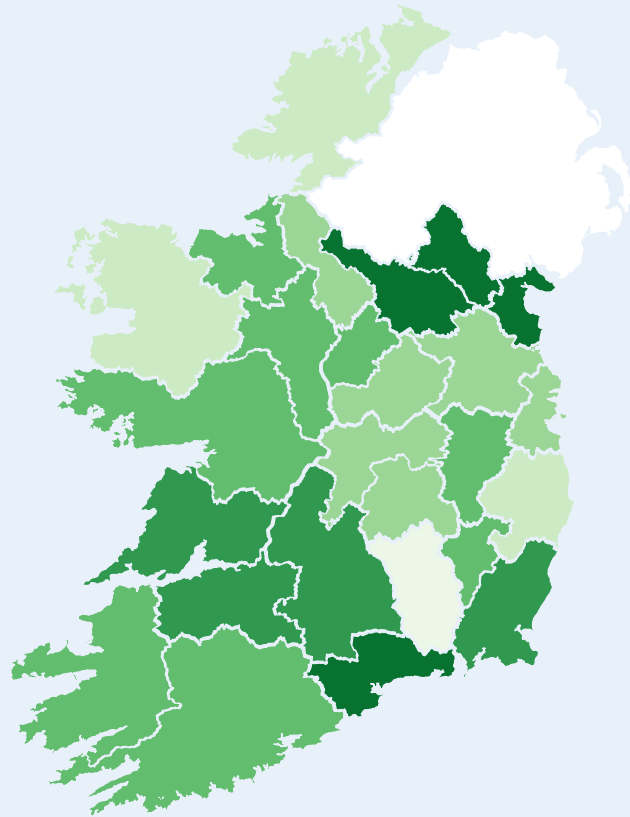
- Ischaemic Heart Disease
- Cerebrovascular diseases
- Other circulatory diseases
- Non-respiratory cancers
- Cancer of the Trachea, Bronchus and Lung
- Chronic Lower Respiratory Disease
- Pneumonia
- Other respiratory diseases
- External Causes of Injury and Poisoning
- COVID-19
- All other causes

Figure 2.4

5-year age-standardised mortality rate per 100,000 population from external injury or poisoning, 2018–2022

5-year age-standardised mortality rate
per 100,000 population

- 20 to 25
- 25 to 30
- 30 to 35
- 35 to 40
- 40 to 45
- 45 to 50



Source: Central Statistics Office.

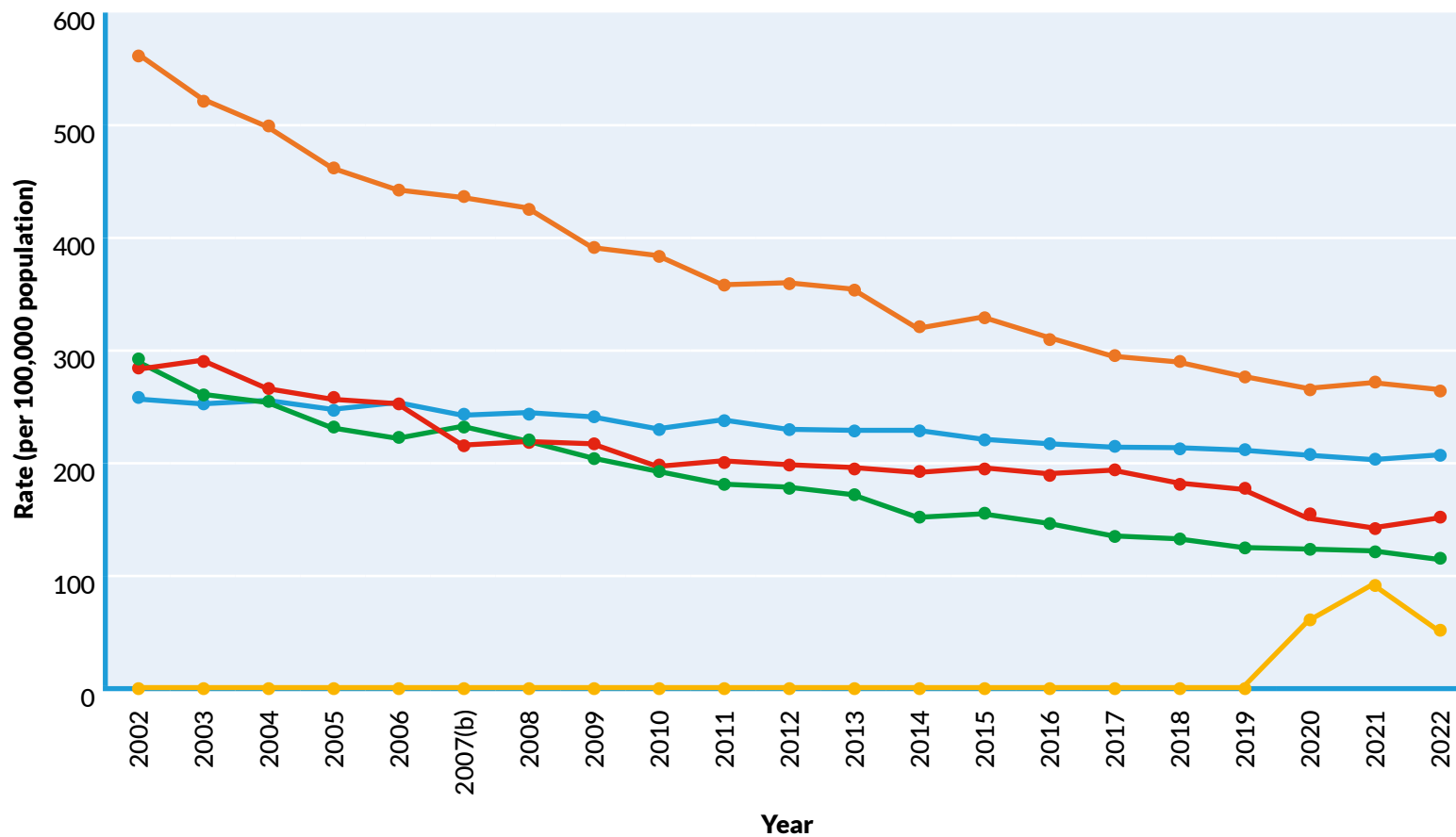
Table 2.5**Age-standardised death rates per 100,000 population by principal causes of death, Ireland and selected comparator countries, 2020**

Source: Eurostat.

Cause	Ireland	Belgium	Denmark	France	Netherlands	Norway	Portugal	Sweden	Comparator Country Averages	% Difference between Ireland - Comparator Countries Average
All causes	891.9	1,050.9	970.3	863.5	1,020.6	828.5	1,044.0	934.4	950.5	-6.17%
Non-respiratory cancers	203.4	173.7	213.9	182.1	204.1	178.9	203.3	180.6	192.5	5.65%
Circulatory system diseases	245.3	217.9	207.4	167.7	219.7	199.6	285.0	267.3	226.2	8.43%
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	144.0	136.2	158.5	93.0	121.5	123.5	131.7	85.7	124.3	15.91%
COVID-19	54.9	181.5	19.3	86.8	124.7	8.7	59.3	89.9	78.1	-29.69%
External causes of injury and poisoning	38.5	60.5	39.0	54.0	56.2	52.3	45.4	47.9	49.2	-21.75%

Figure 2.5

Age-standardised death rates for selected causes, Ireland, 2002 to 2022



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

Notes:

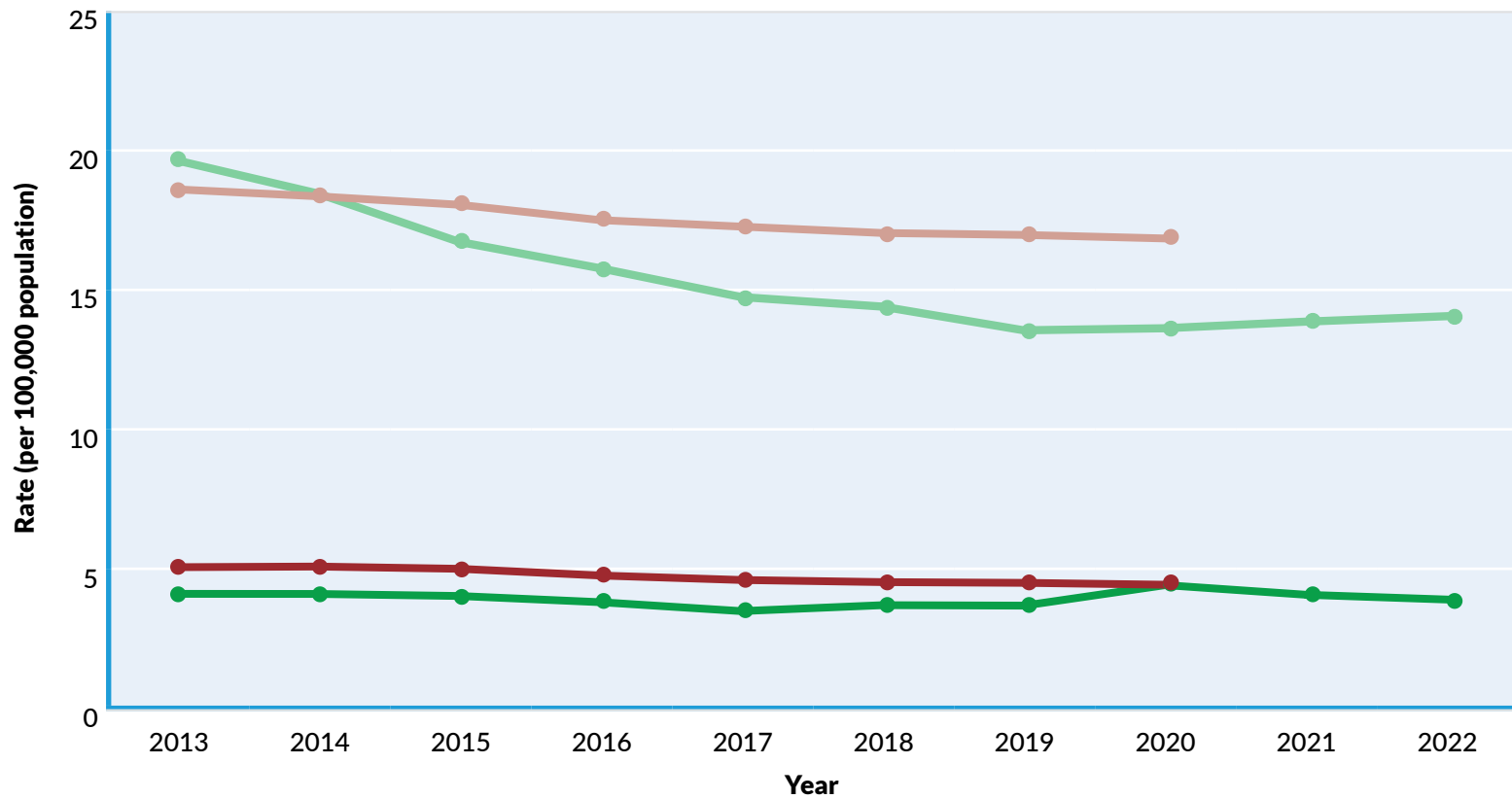
(i) See notes under Table 2.4.

(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 2.6

Age-standardised death rate for suicide by gender, 3-year moving average, Ireland and EU27, 2013–2022



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

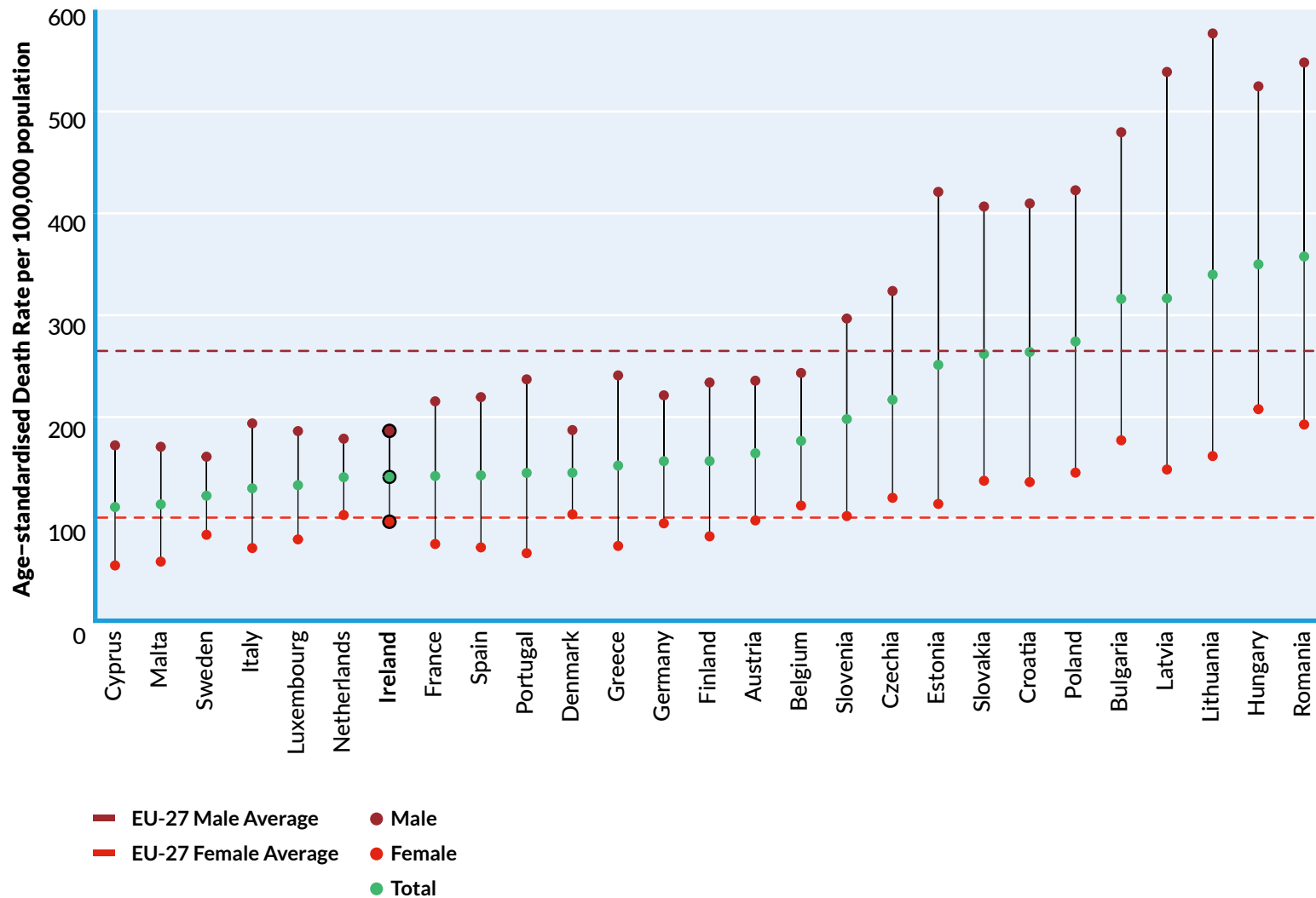
Note:
3-year moving average is the average of the rate for the previous 3 years.

EU data is latest available

- Ireland Male
- Ireland Female
- EU-28 Male
- EU-28 Female

Figure 2.7A

Preventable deaths by gender (age-standardised death rate per 100,000 population), 2020



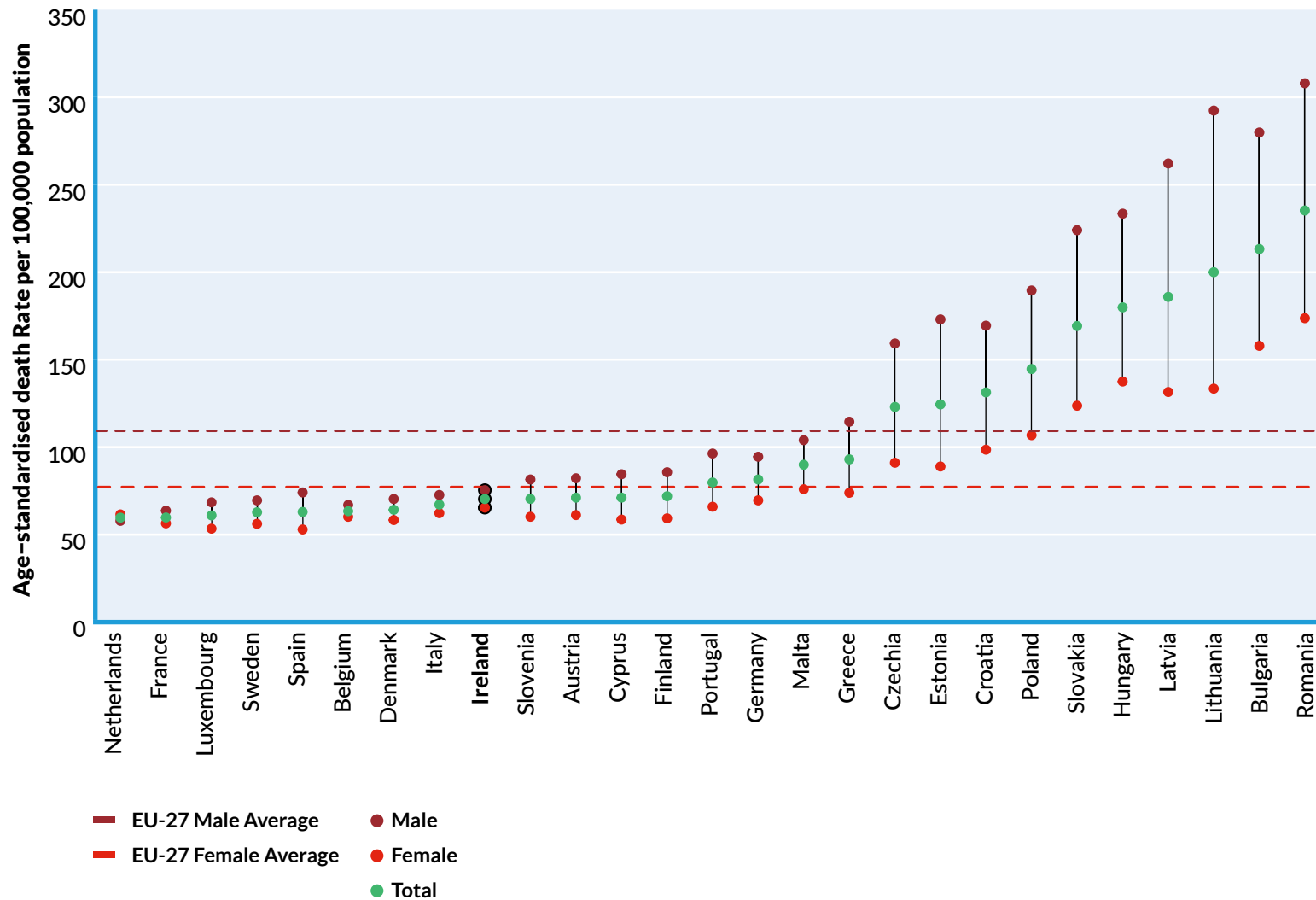
Source: Eurostat.

Note:

- (i) A death is considered treatable, or amenable, if it could have been avoided with optimal quality healthcare.
- (ii) France is not included due to lack of data.

Figure 2.7B

Treatable deaths by gender (age-standardised death rate per 100,000 population), 2020



Source: Eurostat.

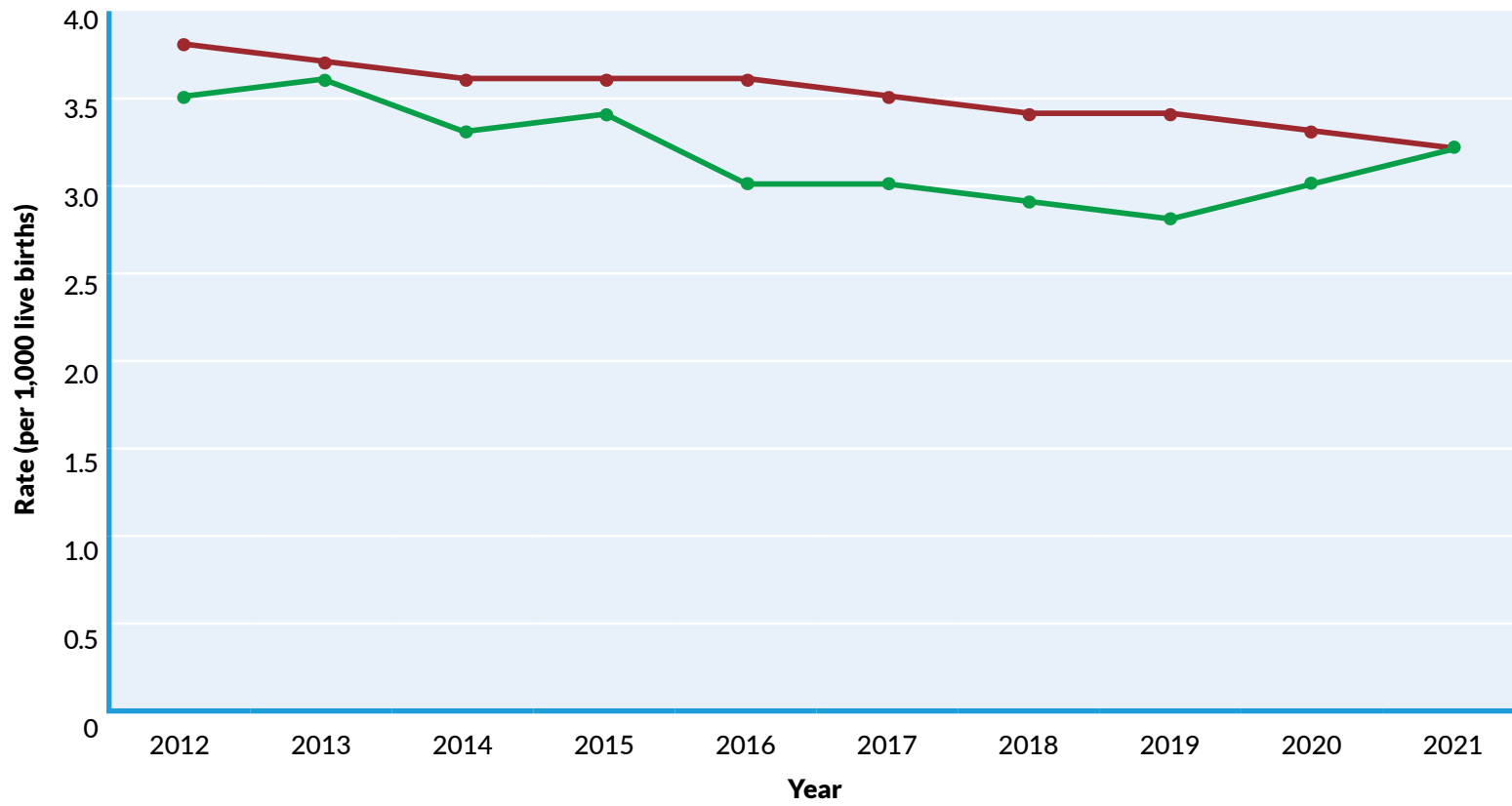
Note:

(i) Preventable mortality: Causes of death that can be mainly avoided through effective public health and primary prevention interventions (i.e. before the onset of diseases/injuries, to reduce incidence).

(ii) France is not included due to lack of data.

Figure 2.8

Infant mortality rates, Ireland and EU-27, 2012 to 2021

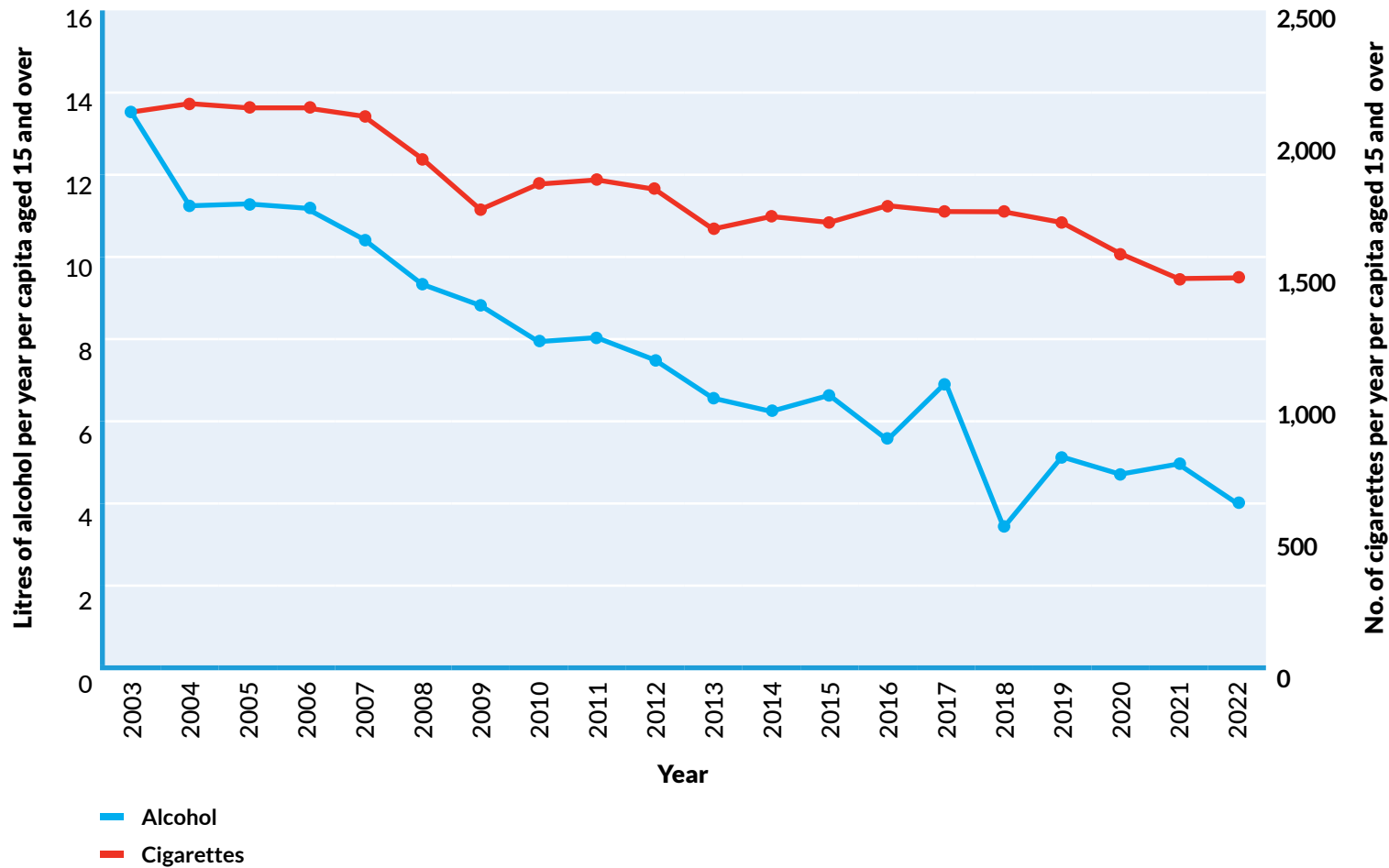


Source: Eurostat.

— EU 27
— Ireland

Figure 2.9

Alcohol and cigarette consumption per annum, per capita aged 15 years and over, 2003 to 2022



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.
- (iii) The Cigarette clearances in 2017 were higher than normal due to the stockpiling of cigarettes with branded packs before the cut-off date for the introduction of plain packaging for cigarettes. The higher clearances in 2017 resulted in reduced clearances in 2018.

Chapter 3

Hospital Care



This section presents statistics on activity in publicly funded acute hospitals (Table 3.1). Inpatient discharges and daycases had been increasing prior to the pandemic, whereupon there was a sharp reduction in both. In 2022, daycases were already higher than they were in 2019, whereas the recovery in inpatient discharges is happening more gradually and they are still lower than they were in 2013.

Figure 3.1 shows medical, surgical, and other hospital attendance in terms of bed days used in 2022. 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.

64.7% of hospital discharges are now for daycase treatment, an increase of 7.7% since 2013 (Table 3.1). In 2022, inpatient on average spent 6.1 days in hospital, an overall increase of 10.9% since 2013 (Table 3.1).

As of September 2023, there were 73,487 adults on an inpatient waiting list, compared to 71,866 in September 2022; the proportion waiting less than 12 months increased from 78.1% to 83.6% (Figure 3.3). For children on the other hand, there was an increase in the number on an inpatient waiting list, from 7,497 to 9,701, with the proportion waiting less than 12 months largely the same. The total number of people waiting for outpatient appointments decreased between September 2022 and September 2023, from 625,666 to 597,082 (Figure 3.4).

The 30-day moving average of the number of people waiting on trolleys in emergency departments is shown in Figure 3.5. On average, the number of people waiting on trolleys from December 2022–January 2023 was the highest for that period since 2019, and this trend continued for the first few months of the year. However, by mid-July the 30-day moving average was below that for the same period in 2019, and mostly remained so up to October.

The number of emergency discharges in public hospitals over time and across age-groups are shown in Figure 3.6. There is an increase every year until 2020. Thereafter, the figures have recovered, though in 2022, they were still lower than in 2018.

**DAYCASE
TREATMENT**

64.7%



Hospital discharges for daycases increased by 7.7% since 2013

Chapter 3 Hospital Care

Figure 3.7 shows the waiting time experienced by 50%, 75% and 95% of people who attend emergency departments (as measured through the median, 75th and 95th percentile respectively). Monthly data since 2021 shows that 50% of attendees spent less than 6 hours in the emergency department in all months over the period, while there were many months over the period where the 75th percentile was on or slightly over the 9 hour mark. Over the winter period 2022–2023, the 95th percentile was sometimes considerably over the 24 hour mark, meaning the upper 5% of attendees, in terms of waiting time, waited longer than this time.

Figure 3.8 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 72.2% and for life threatening other than cardiac or respiratory arrest (Clinical Status 1 DELTA) was 40.5%, a decline in performance on 2021.

Eight pancreas transplants were performed in Ireland in 2022, with a total of 250 transplants undertaken (Figure 3.9). The rate of transplants per population in 2022 was higher than in 2021 (Figure 3.10), though still lower than any year before 2019.

According to the most recent census of Irish psychiatric units and hospitals, there were 1,913 patients resident in 2022, an increase of 2.2% from 2020. Admissions to psychiatric hospitals and units have fallen by 14.4% in the period 2013-2022 (Table 3.2).

PSYCHIATRIC HOSPITALS AND UNITS ADMISSIONS

14.4%



Psychiatric hospital
and unit admissions
declined since 2013

Table 3.1
Public acute hospital summary statistics, 2013–2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% Change 2013-2022	% Change 2021-2022
Inpatients												
Acute Beds	10,411	10,480	10,473	10,592	10,665	10,856	10,951	11,048	11,337	11,581	11.2	2.2
Inpatient Discharges	617,994	628,183	630,557	640,526	638,410	647,401	646,904	566,981	597,986	612,622	-0.9	2.4
Bed Days Used	3,398,979	3,447,023	3,531,508	3,561,337	3,593,177	3,691,696	3,708,449	3,267,119	3,434,859	3,737,523	10.0	8.8
% Bed Days Used by Patients Aged 65+	50.7	51.4	52.1	52.4	53.0	53.9	54.4	54.5	54.2	56.9	12.1	4.9
Average Length of Stay in Days	5.5	5.5	5.6	5.6	5.6	5.7	5.7	5.8	5.7	6.1	10.9	6.2
Surgical Inpatients	134,029	134,172	134,298	132,755	133,414	133,700	131,051	111,519	119,935	122,689	-8.5	2.3
Daycases												
Beds	2,021	2,006	2,026	2,140	2,170	2,240	2,290	2,290	2,440	2,477	22.6	1.5
Daycases	932,073	960,786	1,029,860	1,060,601	1,077,014	1,086,242	1,120,630	930,176	1,027,255	1,124,411	20.6	9.5
% daycases Aged 65+	37.0	37.7	38.7	38.9	39.4	40.3	41.0	41.6	41.8	42.4	14.7	1.6
Surgical daycases	142,856	148,765	153,264	153,848	160,910	156,314	159,842	120,838	142,723	164,560	15.2	15.3
Total Discharges												
Inpatients and daycases	1,550,067	1,588,969	1,660,417	1,701,127	1,715,424	1,733,643	1,767,534	1,497,157	1,625,241	1,737,033	12.1	6.9
Daycases as a % of Total Discharges	60.1	60.5	62.0	62.3	62.8	62.7	63.4	62.1	63.2	64.7	7.7	2.4
Emergency Department Attendances	1,252,385	1,218,132	1,232,255	1,296,571	1,318,368	1,323,466	1,362,758	1,151,195	1,297,150	1,468,571	17.3	13.2
Outpatient Attendances	3,071,995	3,206,056	3,298,868	3,327,526	3,287,693	3,335,855	3,354,919	3,005,518	3,243,263	3,410,687	11.0	5.2

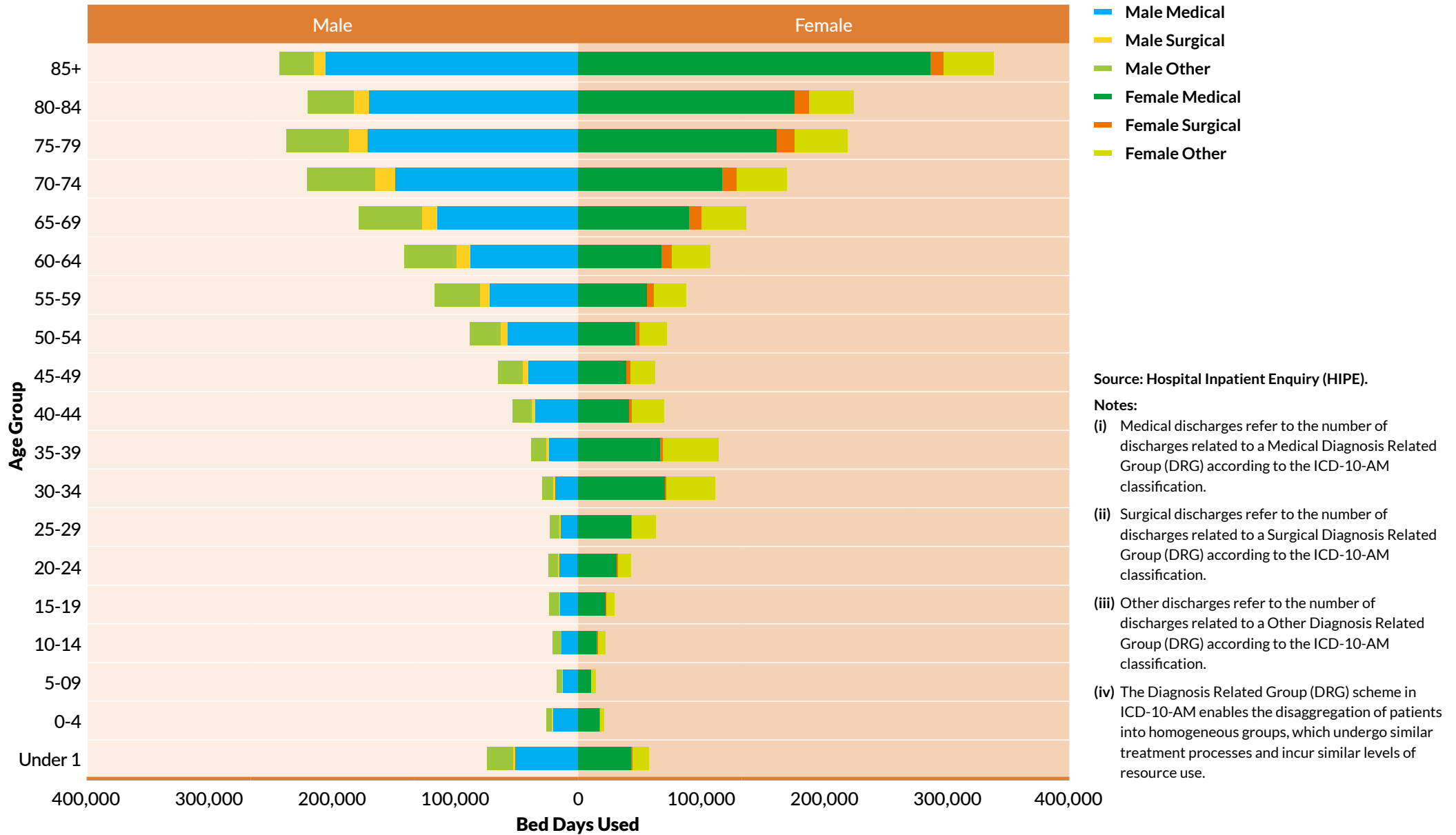
Source: Inpatient & daycases Activity data: Hospital Inpatient Enquiry (HIPE).
Beds, emergency department, Outpatient data: Health Service Executive.

Notes:

- (i) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
- (ii) The above table excludes inpatient and daycase activity data for a small number of hospitals who report data to HIPE which are not HSE acute hospitals.
- (iii) Data on discharges includes additional activity in acute medical assessment units (AMAU) which would previously have been excluded.
The inclusion of additional same-day discharge patients from AMAUs can result in a reduction in the average length of stay. Therefore the % change in average length of stay and number of inpatients should be viewed with caution.

- (iv) Data for emergency department attendances refers to new and return emergency presentations at emergency departments.
- (vi) From 2015 this data includes daycase 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 type of care, age group and gender, 2022



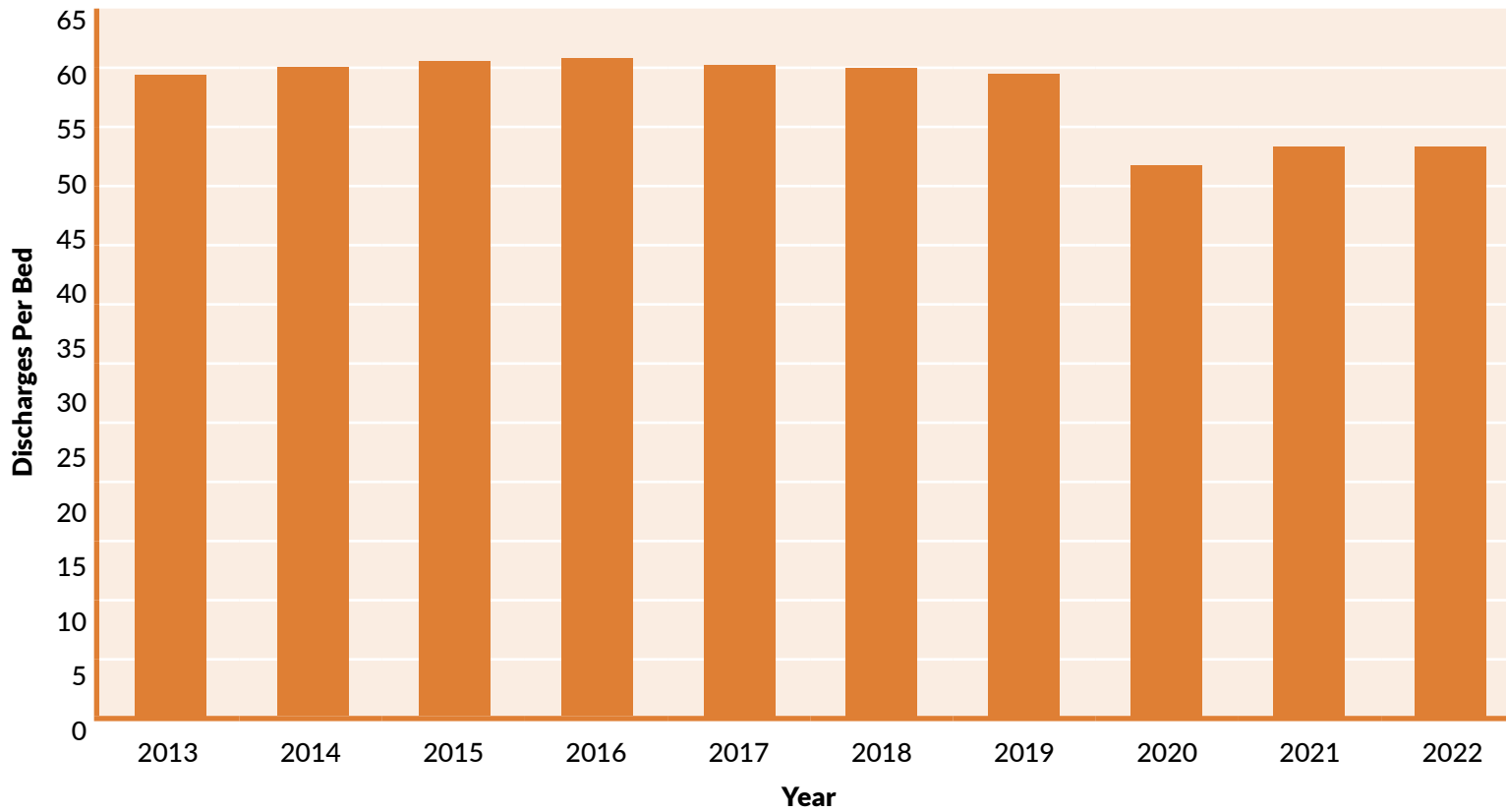
Source: Hospital Inpatient Enquiry (HIPE).

Notes:

- (i) Medical discharges refer to the number of discharges related to a Medical Diagnosis Related Group (DRG) according to the ICD-10-AM classification.
- (ii) Surgical discharges refer to the number of discharges related to a Surgical Diagnosis Related Group (DRG) according to the ICD-10-AM classification.
- (iii) Other discharges refer to the number of discharges related to a Other Diagnosis Related Group (DRG) according to the ICD-10-AM classification.
- (iv) The Diagnosis Related Group (DRG) scheme in ICD-10-AM enables the disaggregation of patients into homogeneous groups, which undergo similar treatment processes and incur similar levels of resource use.

Figure 3.2

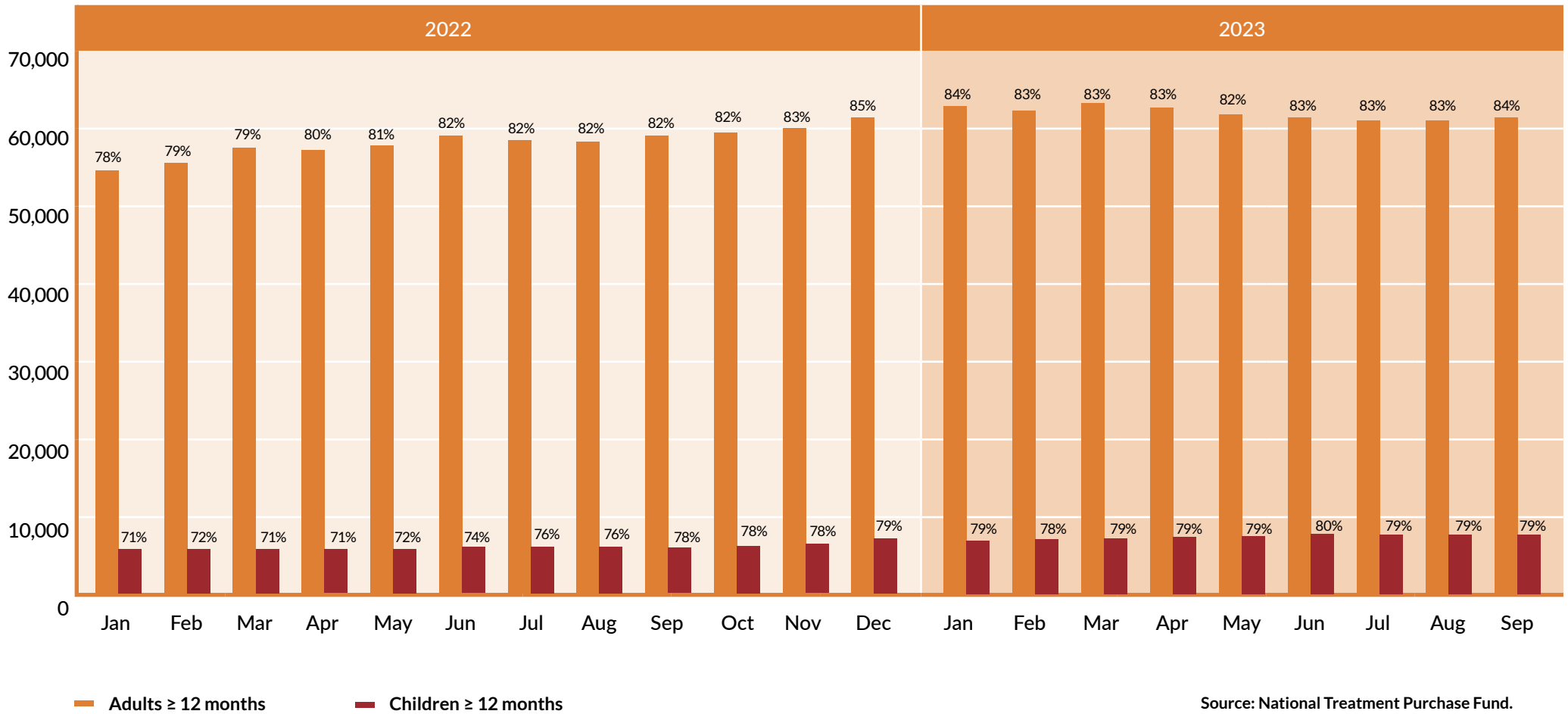
Inpatient discharges per bed, 2013–2022



Source: Table 3.1.

Figure 3.3

Number of adults and children waiting less than 12 months for inpatient and daycase elective procedures, 2022–2023



Source: National Treatment Purchase Fund.

Notes

- (i) Excludes patients waiting for GI endoscopy.
- (ii) The percentage is the proportion of the total waiting list who are currently waiting 12 months or less for an elective procedure.

Figure 3.4

Number of people waiting 52 weeks or longer for an outpatient appointment and total number of people on outpatient waiting list, 2022–2023

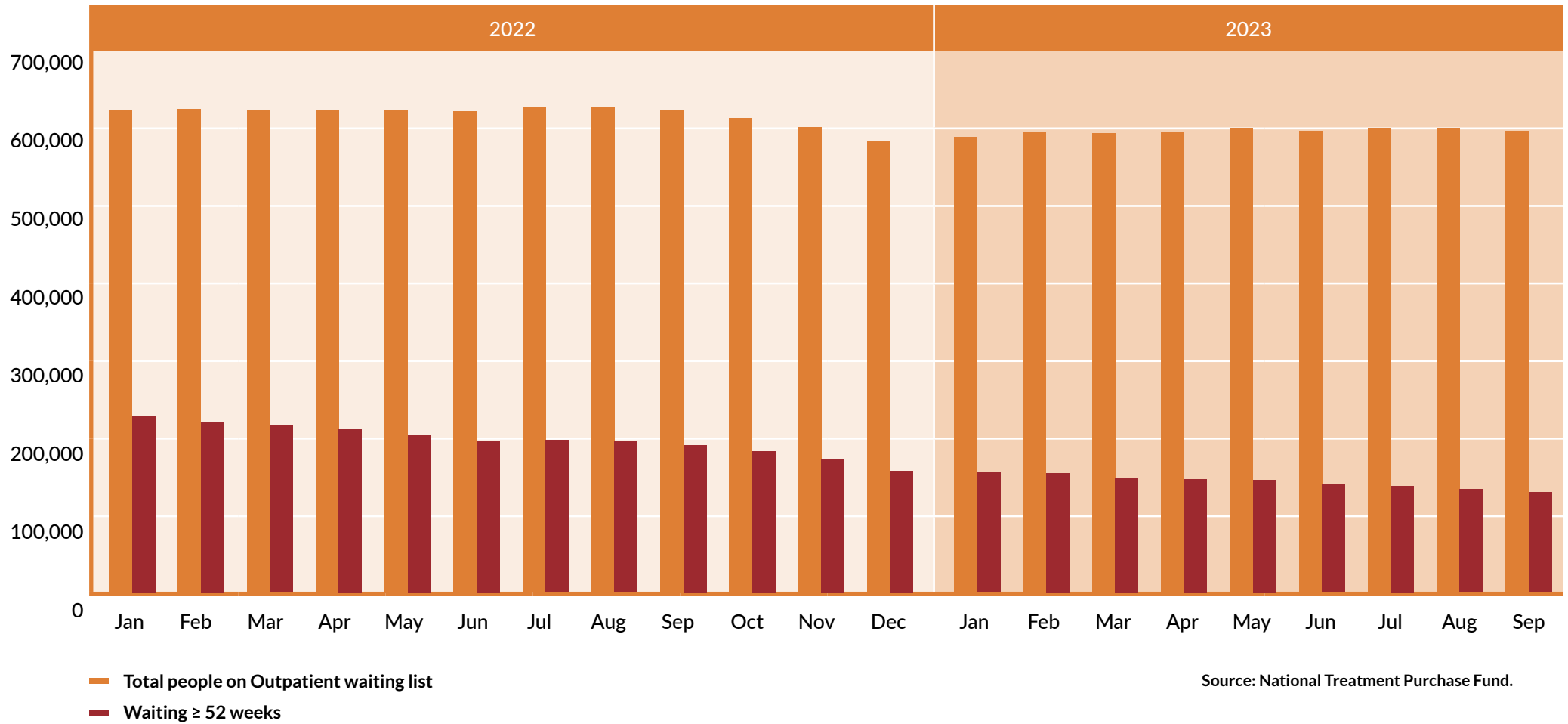
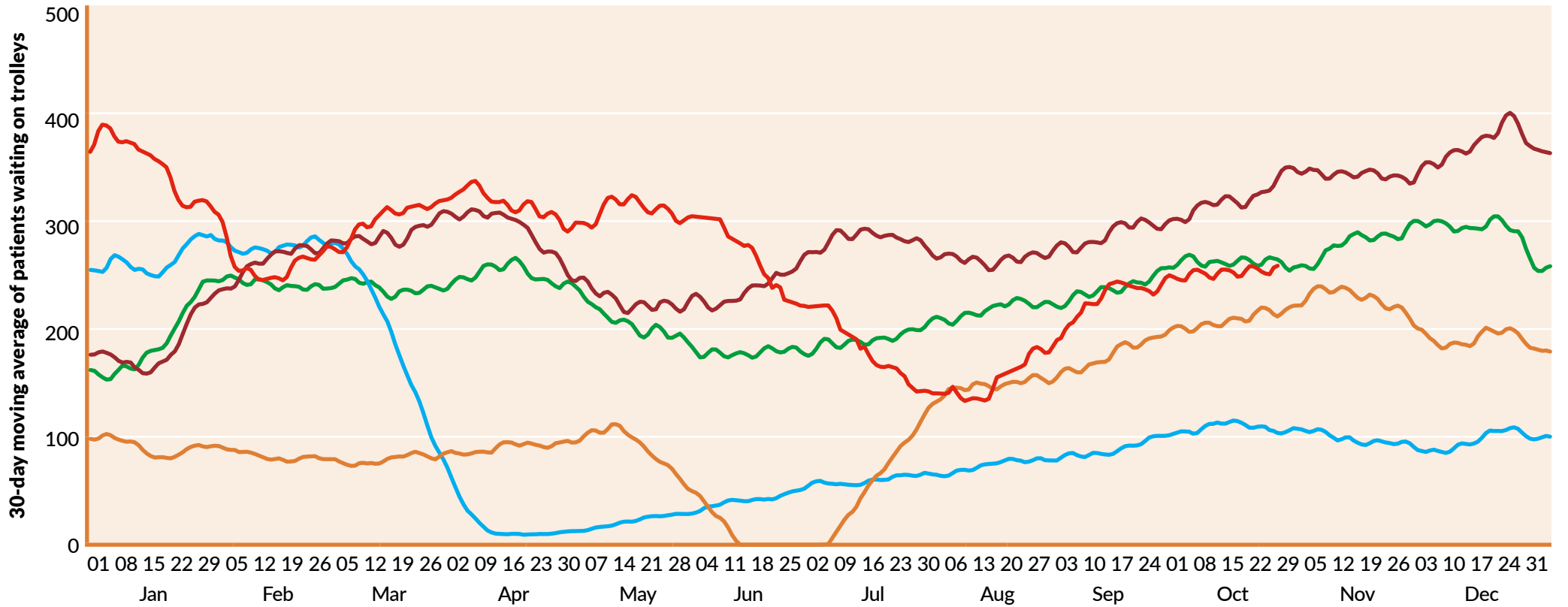


Figure 3.5

National 30-day moving average of admitted patients waiting on trolleys in emergency departments in public acute hospitals, 2019 to 2023



- 2019
- 2020
- 2021
- 2022
- 2023

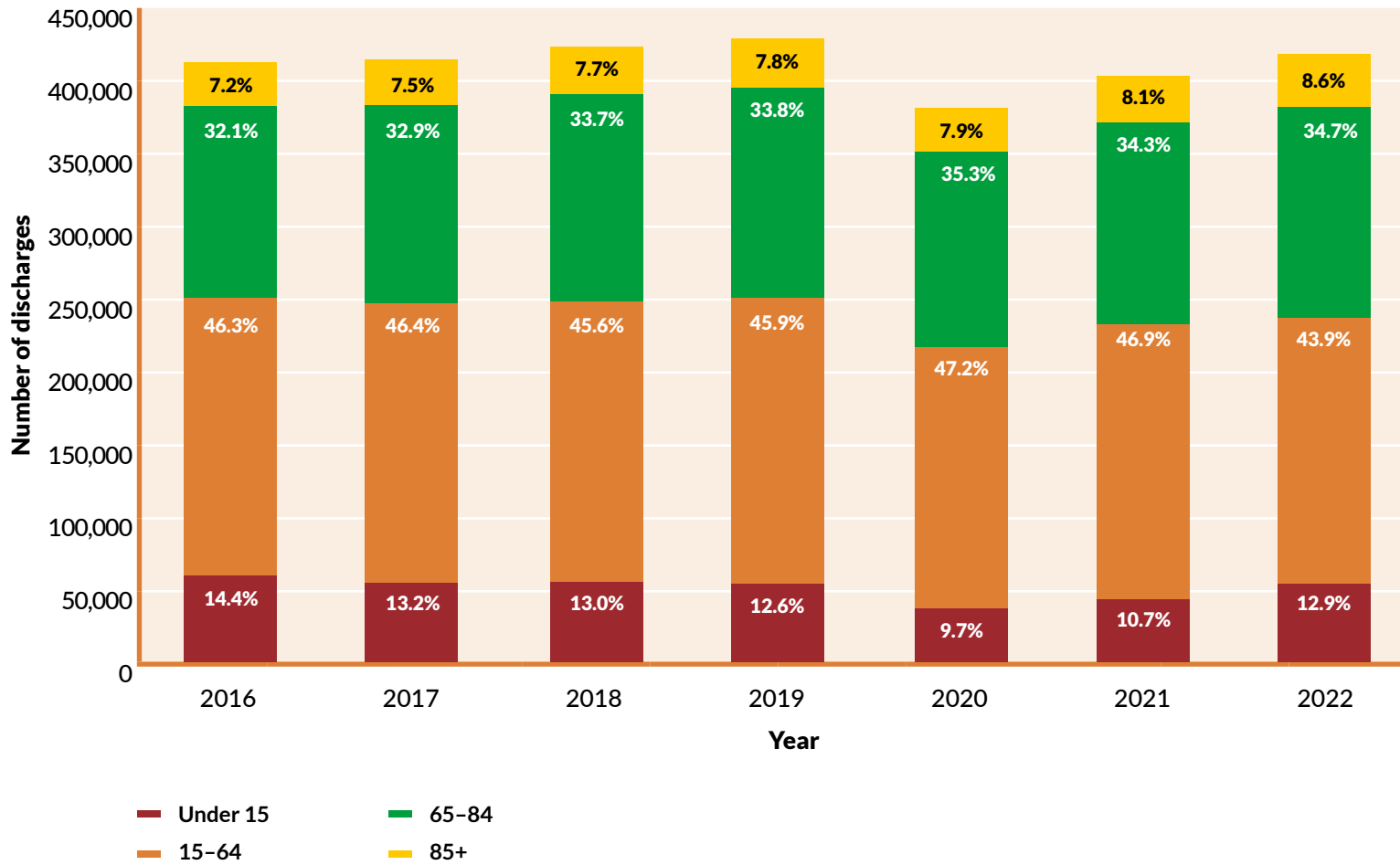
Source: TrolleyGar, HSE.

Notes:

- (i) Data relates to figures collected daily at 2pm, Monday to Sunday.
- (ii) Data for 2023 up to end October.
- (iii) Also add note 'No data in June 2021 due to cyber-attack.'

Figure 3.6

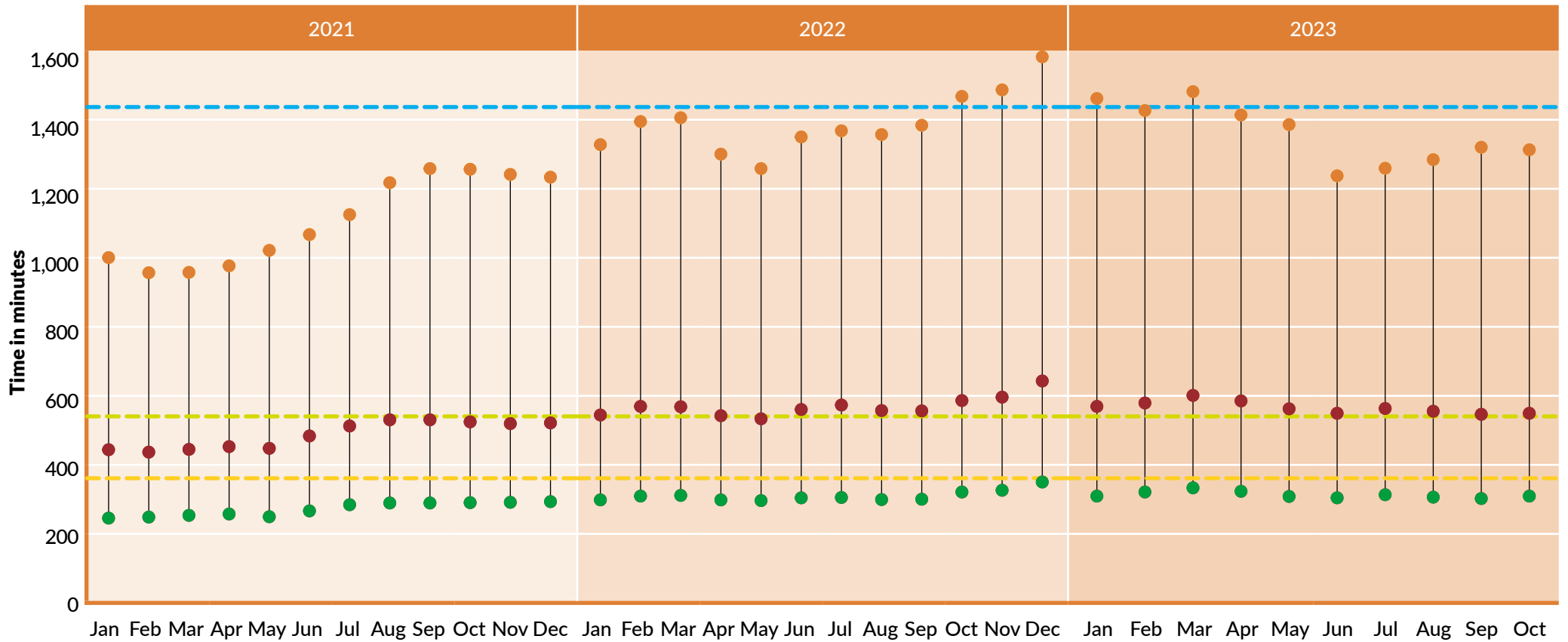
Emergency hospital discharges, 2016–2022



Source: Hospital Inpatient Enquiry (HIPE).

Note: Emergency admissions relate to persons who attend the emergency department and were subsequently admitted to hospital as an Inpatient.

Figure 3.7
Patient experience time in emergency departments, 2021–2023



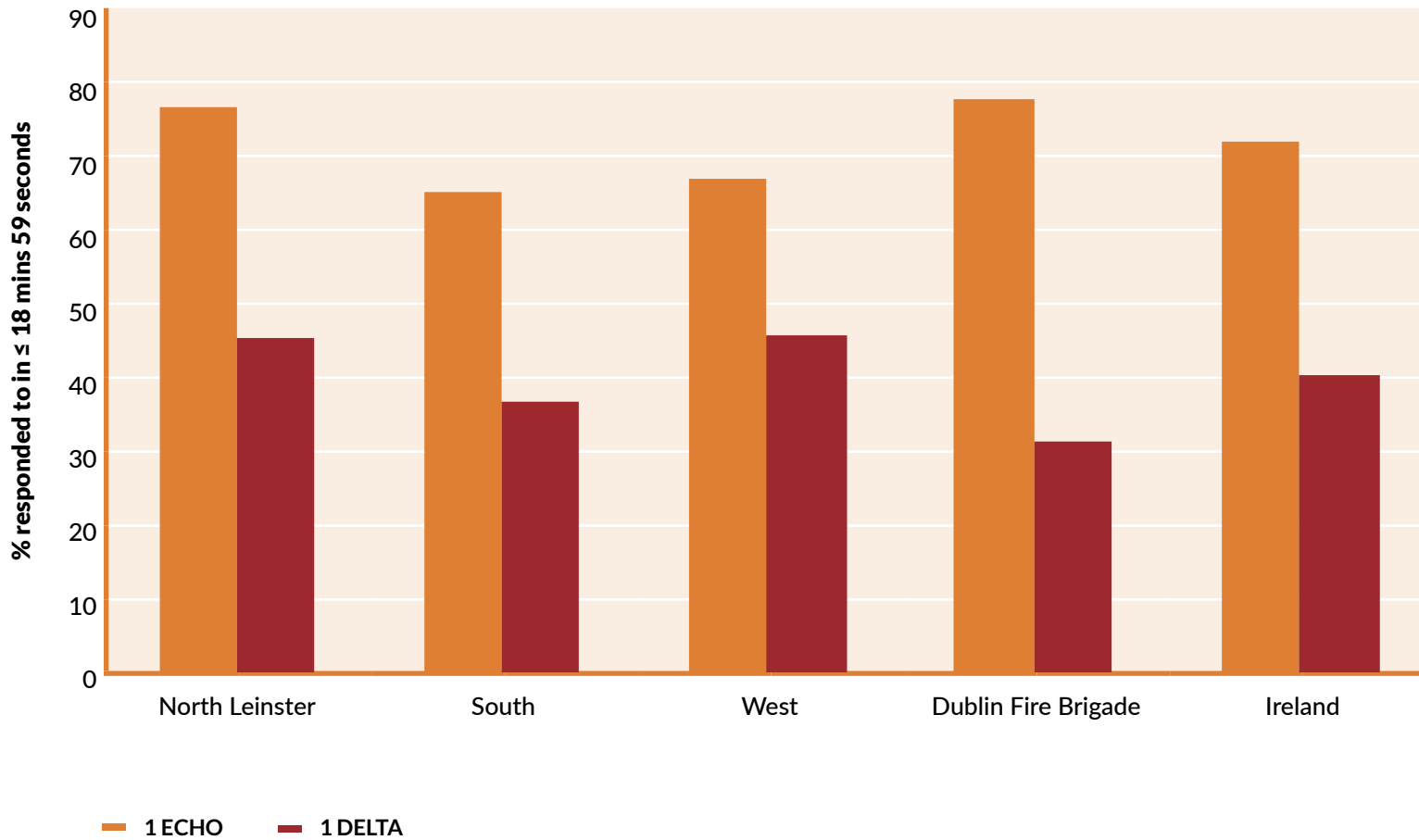
■ 50% of ED attendances (Median) - - - 6 hour
■ 75% of ED attendances - - - 9 hour
■ 95% of ED attendances - - - 24 hour

Source: Patient Experience Time database.

Notes:

- (i) Time in minutes above is measured from ED registration time to ED Departure Time.
- (ii) 50% of ED attendances refers to the median.
- (iii) 75% of ED attendances refers to the 75th Percentile.
- (iv) 95% of ED attendances refers to the 95th Percentile.
- (v) Monthly figures for 2023 are up to October 2023.

Figure 3.8
DELTA and ECHO ambulance response times, 2022



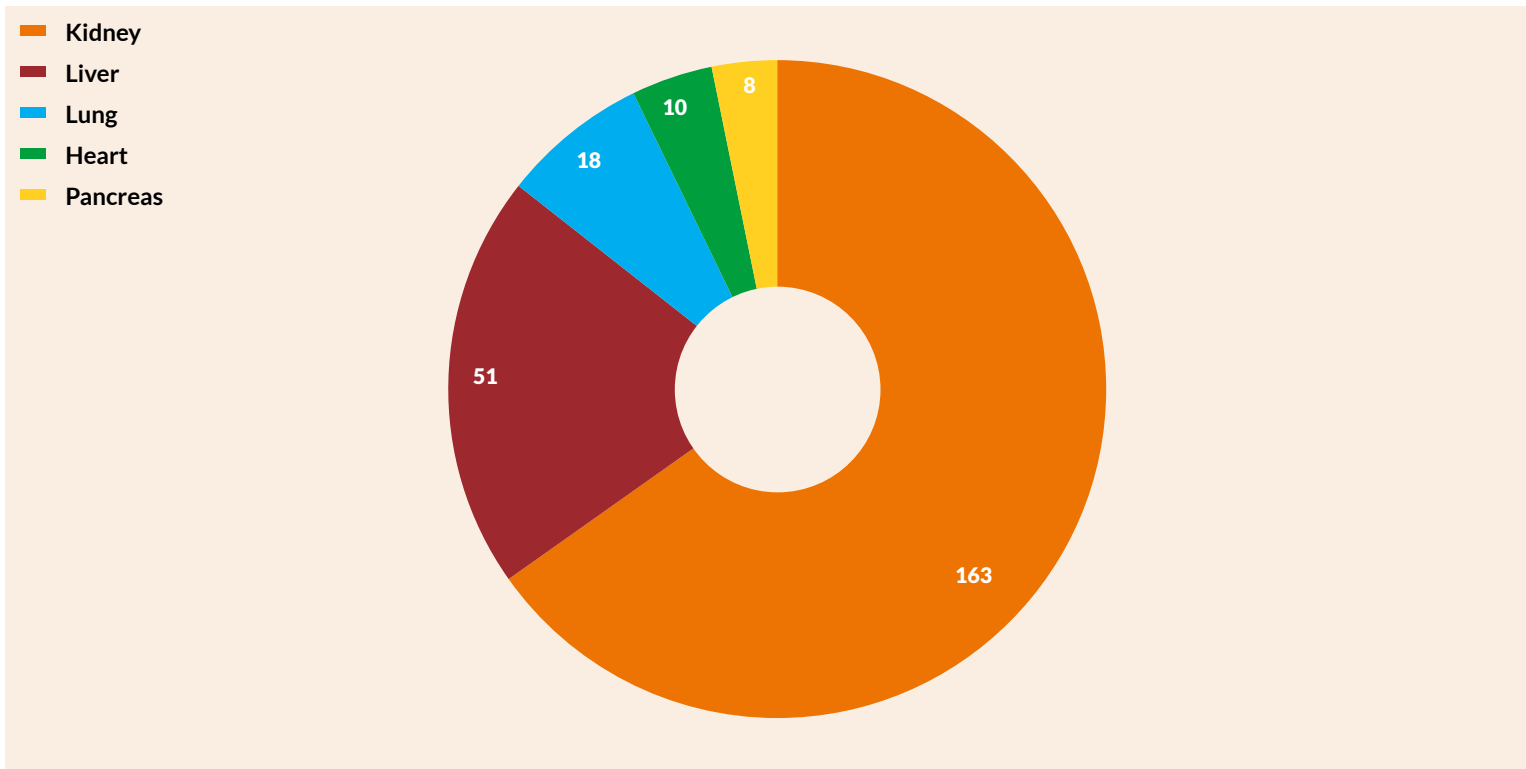
Source: HSE.

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 December 2022 year to date activity.

Figure 3.9

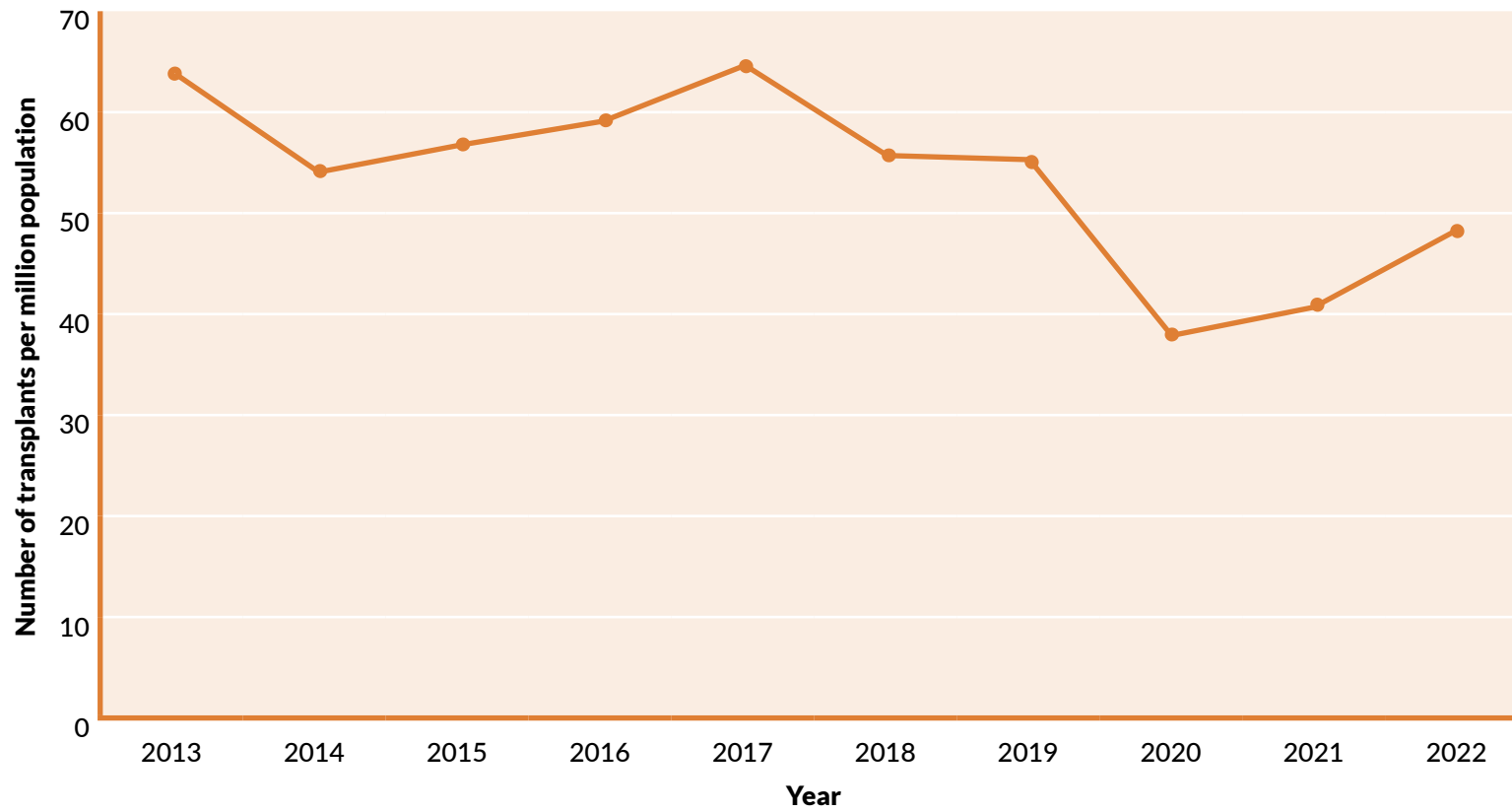
Number of transplants in Ireland by type, 2022



Source: National Organ Donation and Transplantation Office, HSE.

Figure 3.10

Total transplants in Ireland per million population, 2013–2022



Source: National Organ Donation and Transplantation Office, HSE.

Table 3.2
Psychiatric hospitals and units summary statistics, 2013–2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% Change 2013-2022	% Change 2021-2022
Number of Inpatient Admissions	18,457	17,797	17,860	17,290	16,743	17,000	16,710	15,391	15,723	15790	-14.4	0.4
% Male	49.4	49.6	50.7	50.0	49.8	50.1	50.9	49.7	49.3	49	-0.2	0.0
% Female	50.6	50.4	49.3	50.0	50.2	49.9	49.1	50.3	50.7	51	0.2	0.0
Admission Rate per 100,000 Population by Age Group												
<25 years	148.0	144.6	152.3	142.5	137.9	145.0	133.3	124.4	139.3	120.6	-18.5	-13.4
25–44	518.7	506.7	511.8	481.1	458.9	471.0	464.9	422.7	425.7	427.8	-17.5	0.5
45–64	573.6	546.3	520.9	490.5	460.1	477.2	437.7	385.0	369.3	375.6	-34.5	1.7
65+	476.1	450.3	444.7	424.0	425.0	417.7	381.8	357.1	366.3	367.0	-22.9	0.2
Total	401.8	387.5	385.3	363.1	349.4	357.0	339.5	309.2	330.2	332	-17.5	0.4
Total of Inpatient Census	2,401	2,228	2,337	2,408	2,324	2,356	2,198	1,826	1,871	1913	-20.3	2.2

Source: Health Research Board.

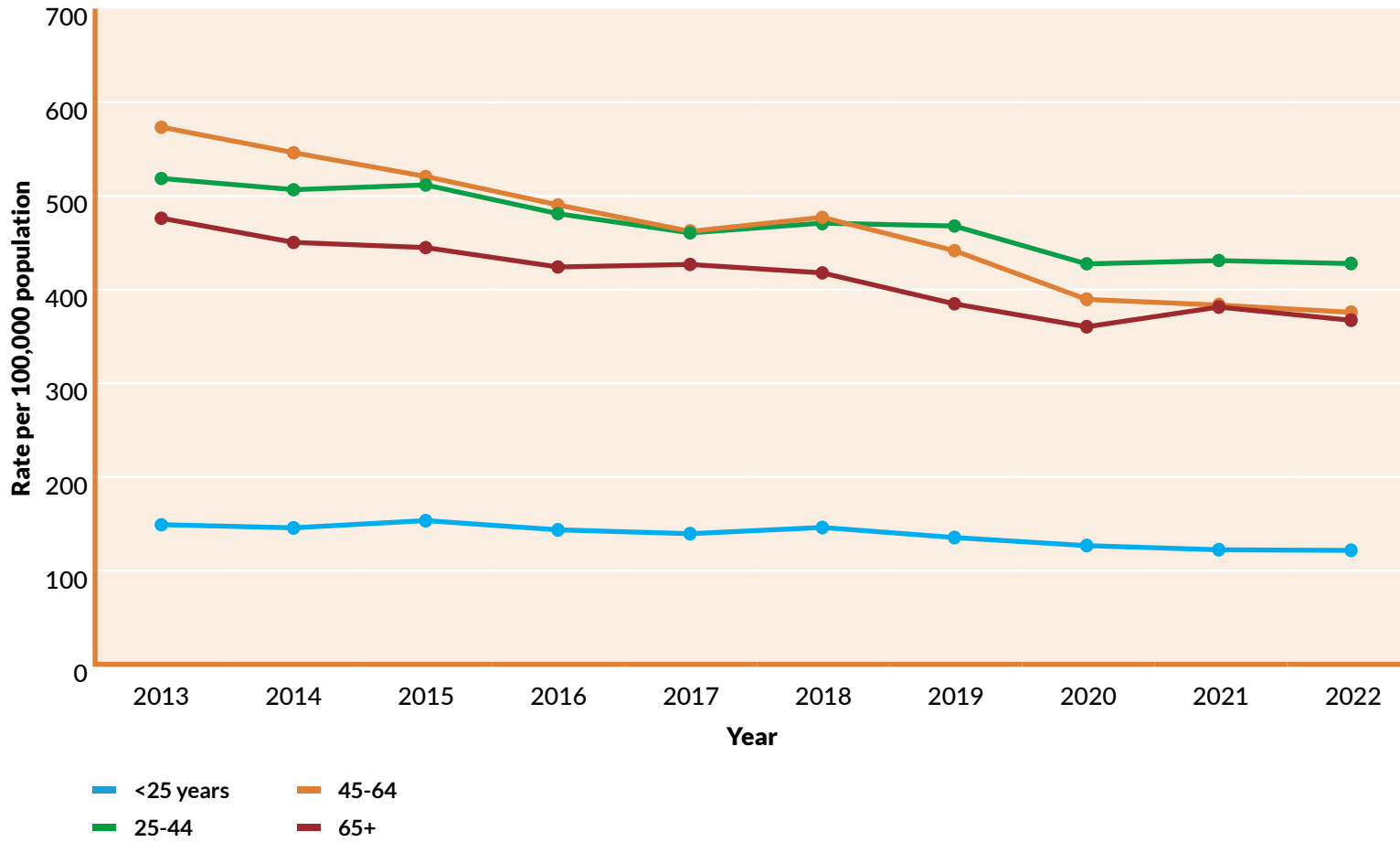
Notes:

(i) Cases with an unspecified age were excluded from the age analysis.

(ii) Since 2013 there has been an annual census recorded at midnight 31st December.

Figure 3.11

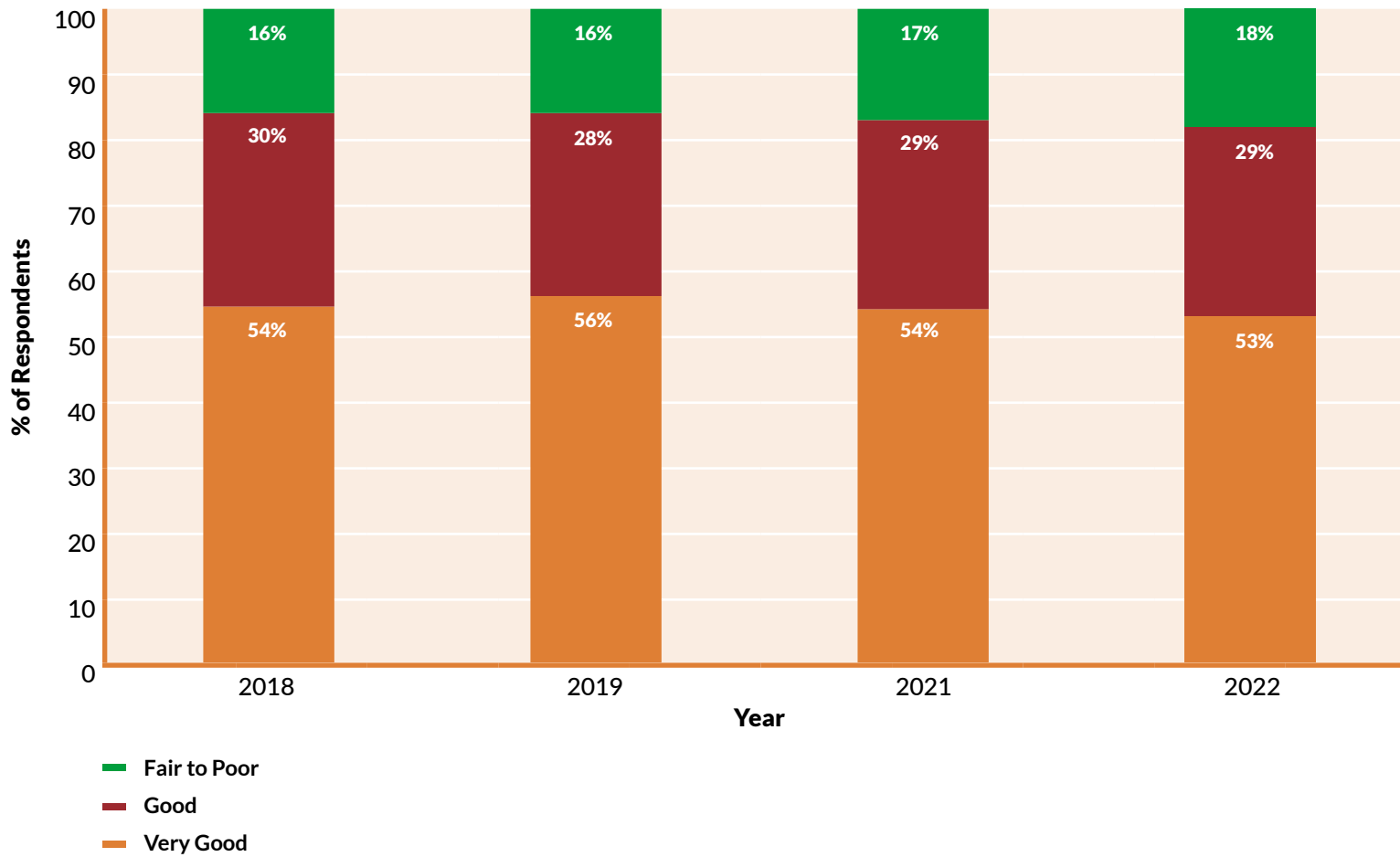
Psychiatric hospitals and units: admission rate per 100,000 population by age group, 2013–2022



Source: Table 3.2.

Figure 3.12

Hospital inpatient experience rating, 2018–2022



Source: National Patient Experience Survey.

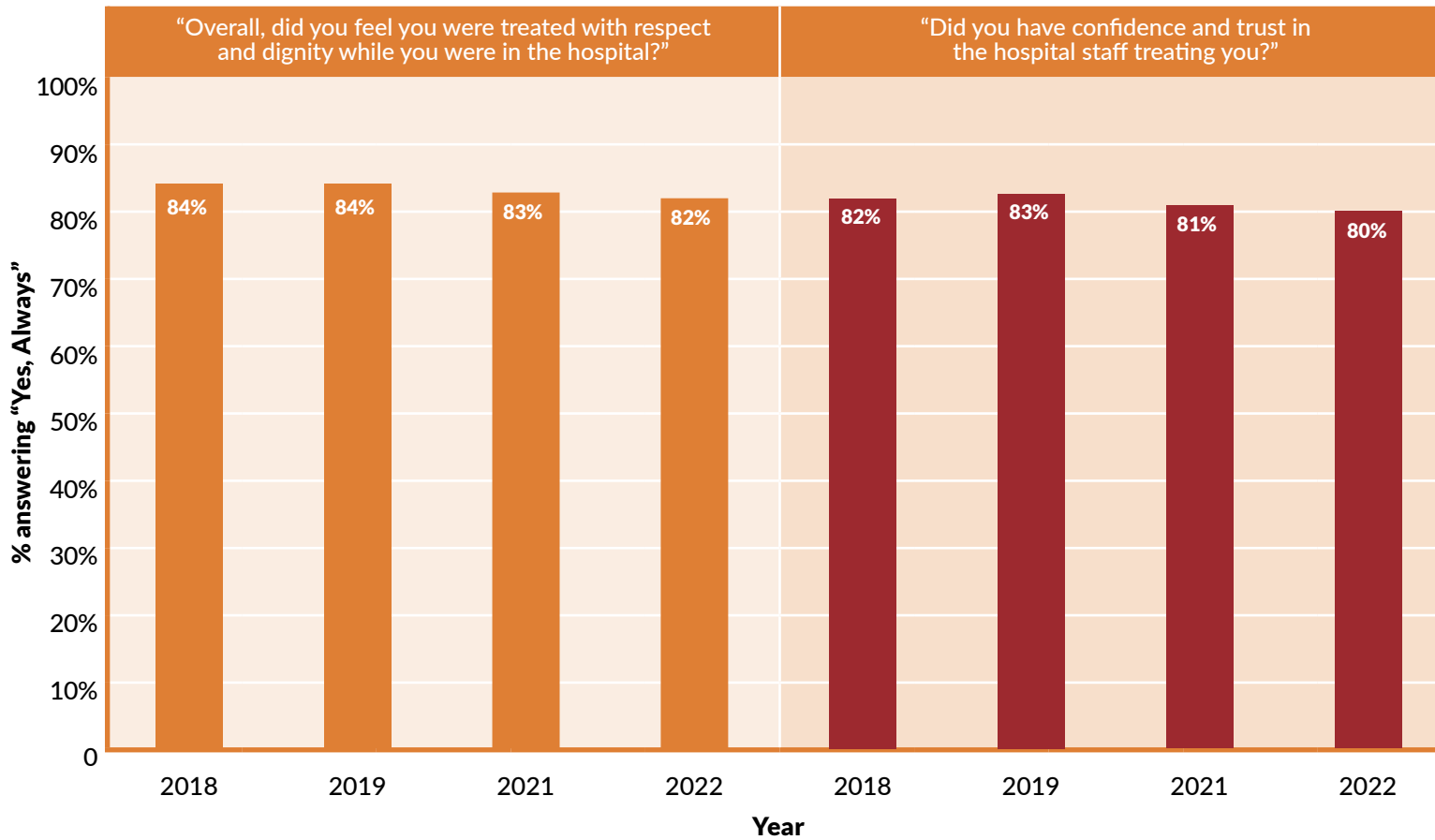
Notes:

(i) All patients aged 16 and over discharged in May 2022, 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.

(ii) The survey was not conducted in 2020.

Figure 3.13

Patient experience survey, confidence in staff and dignity of patients, 2018–2022



Source: National Patient Experience Survey.

Notes:
See notes under Figure 3.12.

Chapter 4

Primary Care and Community Services



Chapter 4 Primary Care and Community Services

This chapter provides an overview of the extensive primary care sector, which encompasses a broad range of services. General Practitioner (GP) care, 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 in 2022 was 15.4% less than in 2013 (Table 4.1). 30.4% of the population had a medical card in December 2022, compared to 40.1% in 2013. When broken down by age group (Figure 4.1), the percentage of people with a medical card has decreased among all age-groups compared to 2019.

The percentage of the population participating in the Drugs Payment Scheme has decreased by 5.9% since 2013, while numbers for the Long-Term Illness scheme has more than doubled (Table 4.1).

The percentage of the population covered by private health insurance rose slightly over past few years, from 43.1% in 2018 to 45.3% in 2022 (Figure 4.5), and the increase was larger among those aged 18–39 and those over 80.

There has been a 2.7% decrease in the number of people residing in long-stay care facilities from 2017–2022, and almost half of these residents (48.5%) are over the age of 85 (Table 4.2).

Figure 4.6 shows that the percentage of blood donors in the population decreased in 2020 and has largely remained at the same level since; the number of whole blood donations is also still below the level it was at in 2018.

The uptake in the HPV vaccine is considerably higher than it was in 2017 (when the uptake was just above 51%), but is still below that of 2014 (88%), the highest over the decade to 2022. Immunisation uptake rates for many illnesses remain stable and above 90%, though Hib, Meningococcal, and MMR have all fallen below level (Table 4.3).

Table 4.4 and Figure 4.7 present data on the treatment of problem drug and alcohol use. There were 18,009 cases treated in 2022, representing a rate of 535.5 people per 100,000 population aged 15–64 (Table 4.4). Figure 4.7 shows that this rate peaked over the last decade in 2014 at 558.4.

MEDICAL CARD HOLDER POPULATION PERCENTAGE



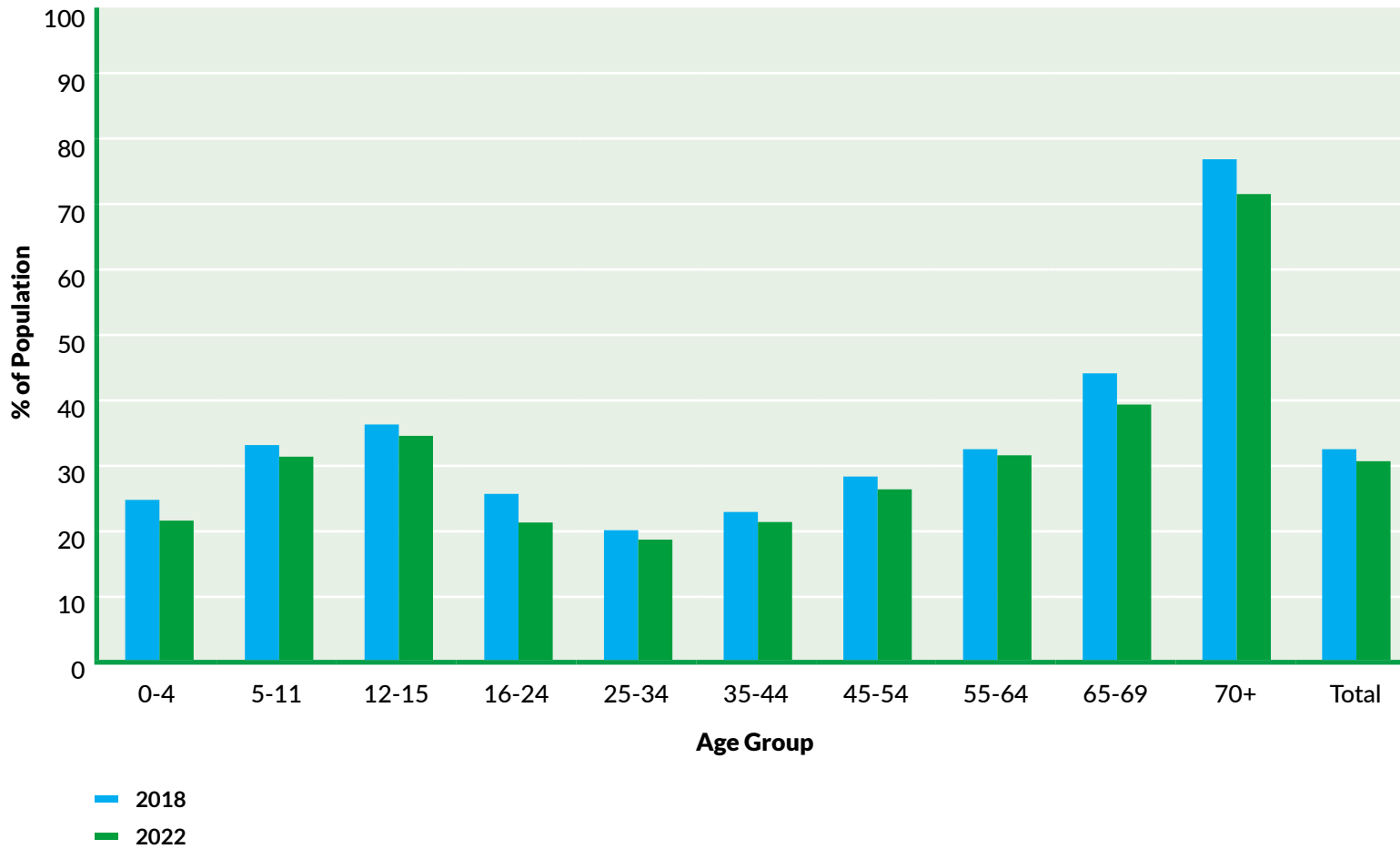
30.4%



The number of medical card holders has decreased since 2013

Figure 4.1

Percentage of population with a medical card by age group, 2018 and 2022



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

Note: Data refers to April each year and excludes GP visit cards.

Table 4.1
Primary care reimbursement service schemes, 2013–2022

Scheme	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% change 2013-2022	% change 2021-2022
Medical Card												
Number	1,849,380	1,768,700	1,734,853	1,683,792	1,581,526	1,574,507	1,549,432	1,584,790	1,545,222	1,565,202	-15.4	1.3
% of population	40.1	38.1	37.0	35.5	32.9	32.2	31.2	31.5	30.4	30.4	-24.2	-0.2
of which 0-15 years	427,961	403,027	390,730	371,819	340,167	335,958	329,683	330,416	315,128	317,109	-25.9	0.6
% of 0-15 years	40.6	38.1	36.8	34.9	31.7	31.1	30.5	30.6	29.3	29.3	-27.9	-0.2
GP Visit Card^a												
Number	125,426	159,576	431,306	470,505	486,920	503,650	524,298	529,842	530,378	579,982	362.4	9.4
% of population	2.7	3.4	9.2	9.9	10.1	10.3	10.3	10.5	10.5	11.3	314.4	7.8
Drugs Payments Scheme												
Number	1,399,959	1,332,817	1,301,905	1,272,724	1,259,410	1,290,634	1,362,639	1,429,554	1,504,614	1,654,375	18.2	10.0
% of population	30.3	28.7	27.8	26.9	26.2	26.4	27.4	28.4	29.6	32.1	5.9	8.4
Long-Term Illness Scheme												
Number	158,924	196,902	225,631	245,964	263,336	281,075	295,033	306,978	318,967	332,967	109.5	4.4
% of population	3.4	4.2	4.8	5.2	5.5	5.8	6.0	6.1	6.3	6.5	87.8	2.9
Dental												
Number of treatments	1,310,773	1,312,383	1,250,925	1,215,042	1,194,730	1,113,774	1,048,321	789,940	760,669	815,931	-37.8	7.3
Number of people treated	435,292	436,433	420,459	416,662	413,133	389,791	374,408	282,796	264,591	256,949	-41.0	-2.9
Ophthalmic												
Number of treatments	758,275	756,305	756,036	767,280	770,741	691,965	776,032	594,492	660,334	684,191	-9.8	3.6
Number of people treated	317,218	317,731	315,040	318,021	318,570	287,305	304,515	241,128	268,979	277,445	-12.5	3.1

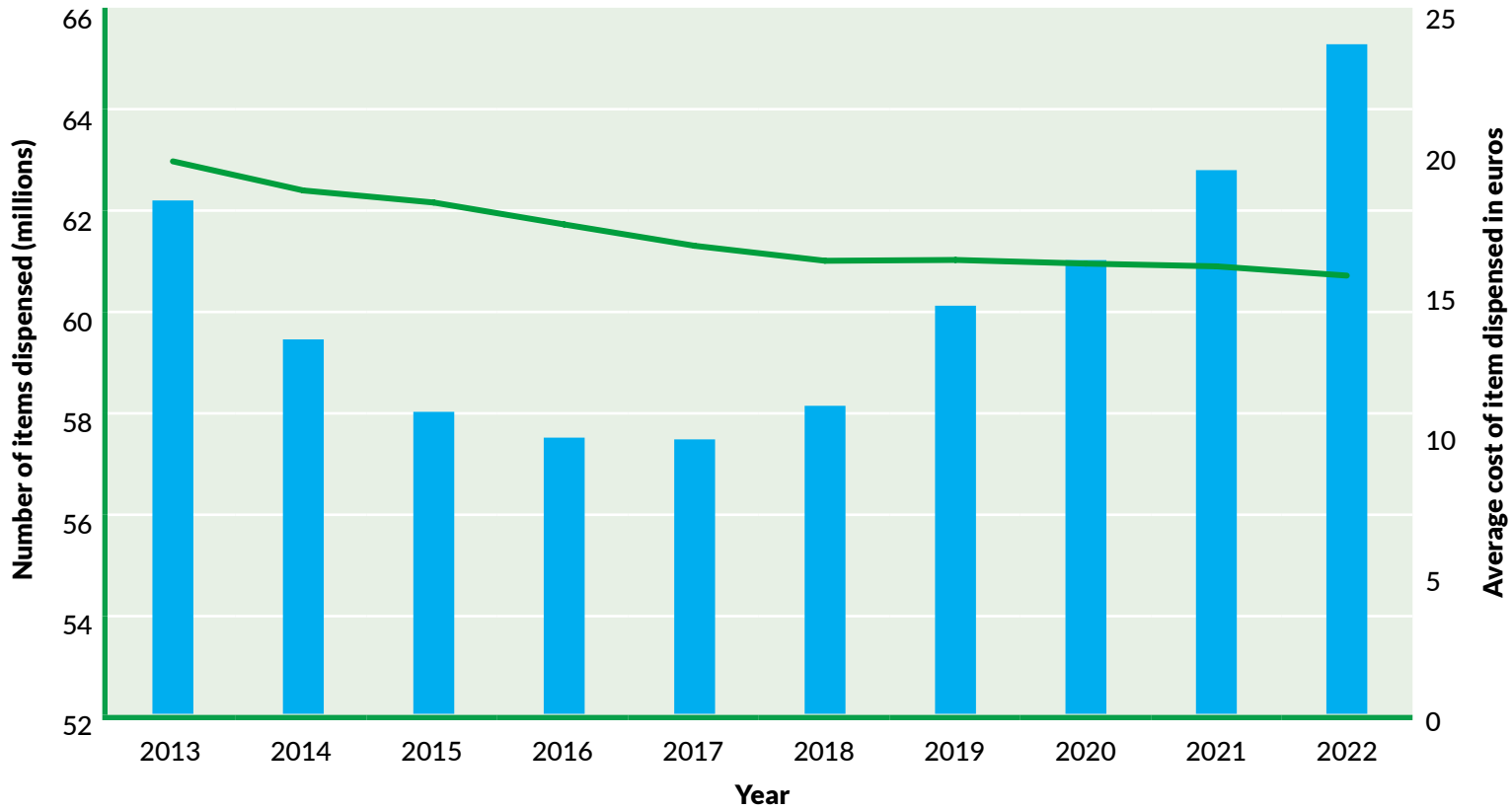
Source: General Medical Services (Payments) Board/Primary Care Reimbursement Service, HSE.

Notes:

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

Figure 4.2

Prescription items dispensed under the General Medical Services (GMS) scheme:
No. of items dispensed and average cost per item, 2013–2022



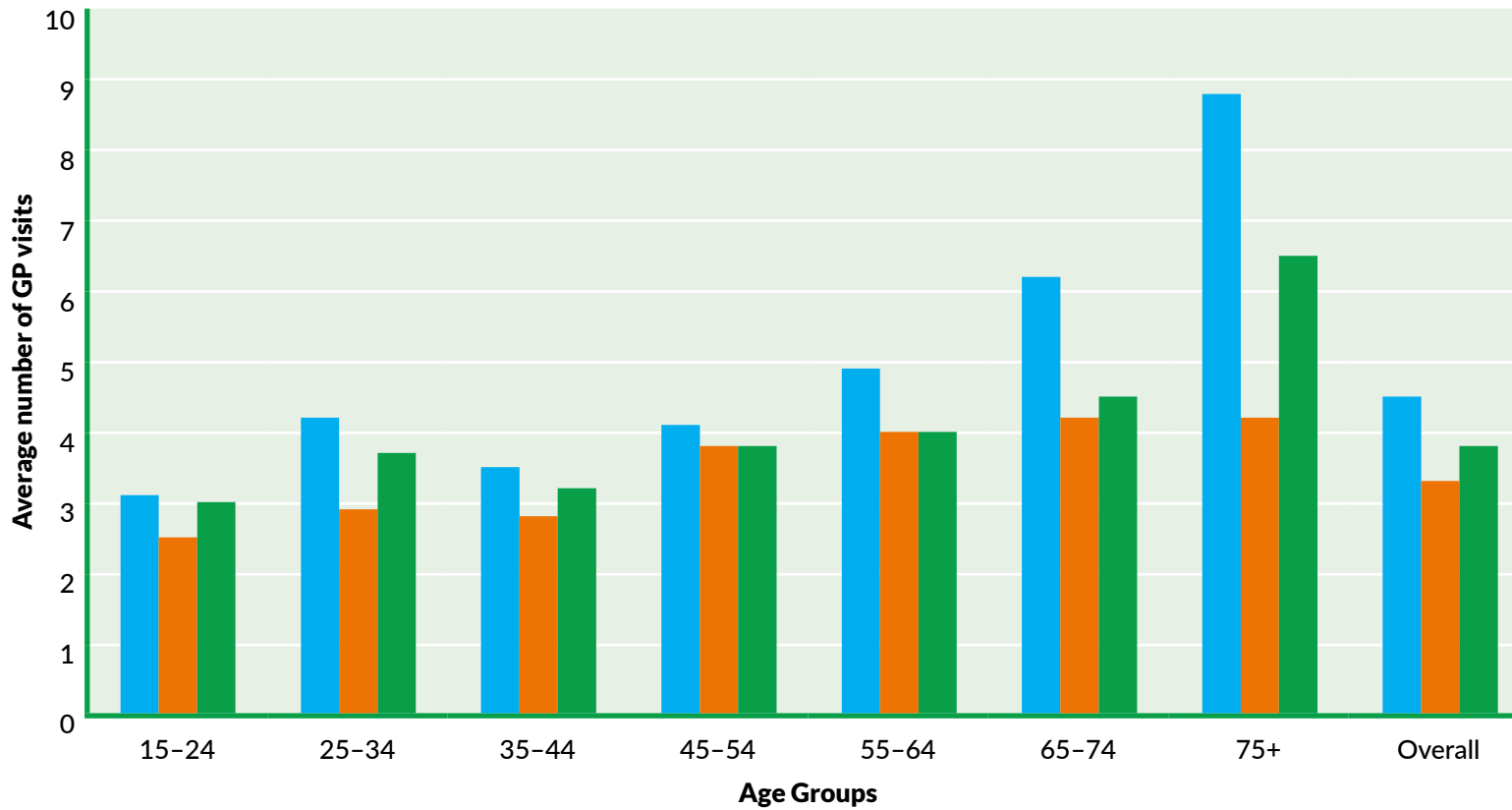
Source: General Medical Services (Payments) Board/Primary Care Reimbursement Service, HSE.

Notes:

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

Figure 4.3

Average number of GP visits in 12 months by age group, 2019–2022

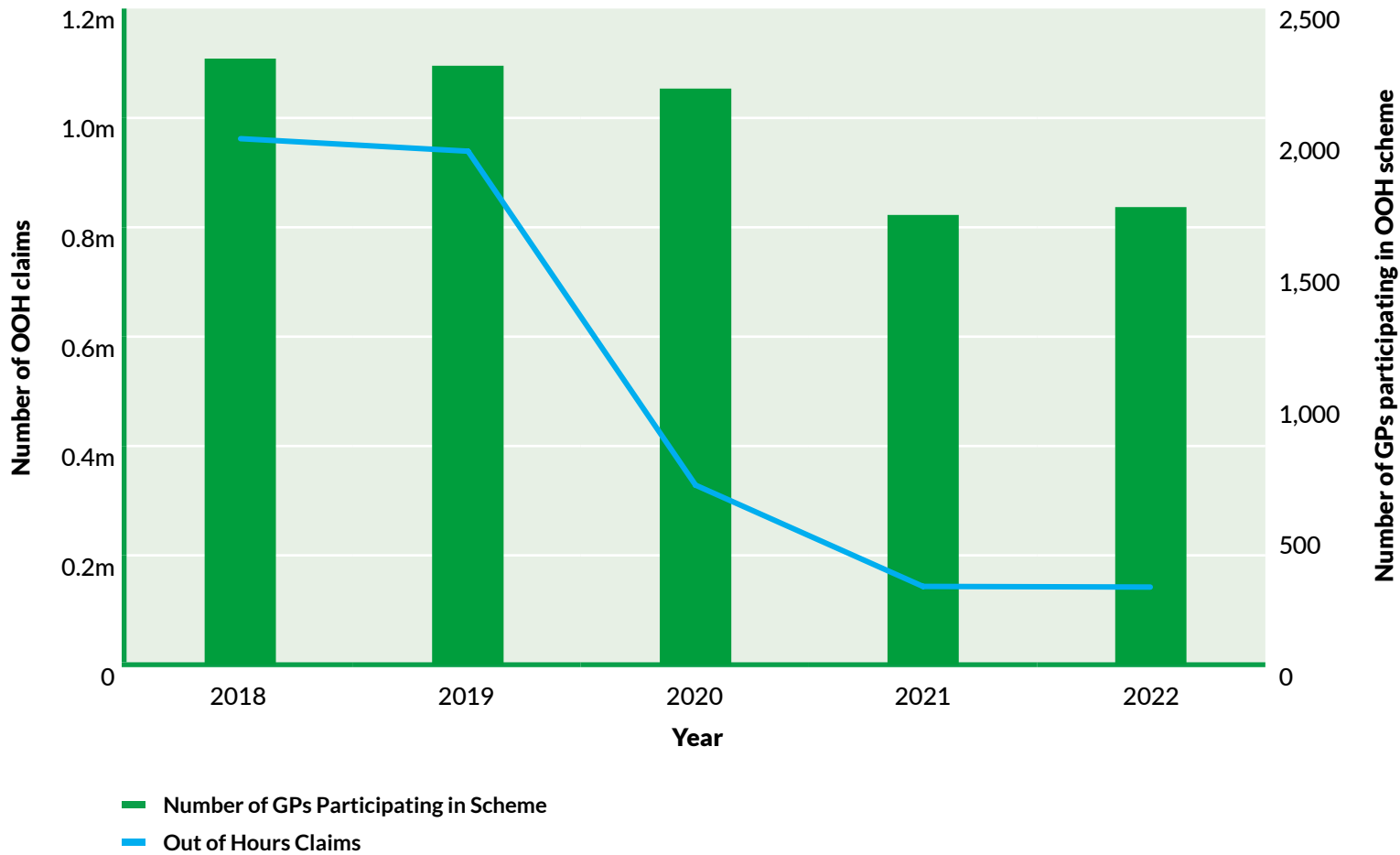


Source: Healthy Ireland Survey; Wave 4, 5, 7 and 8.

Note:
Break in series for the year 2020

Wave 5
Wave 7
Wave 8

Figure 4.4
Out of hours GP Claims, 2018–2022



Source: Primary Care Reimbursement Service (PCRS).

Note:

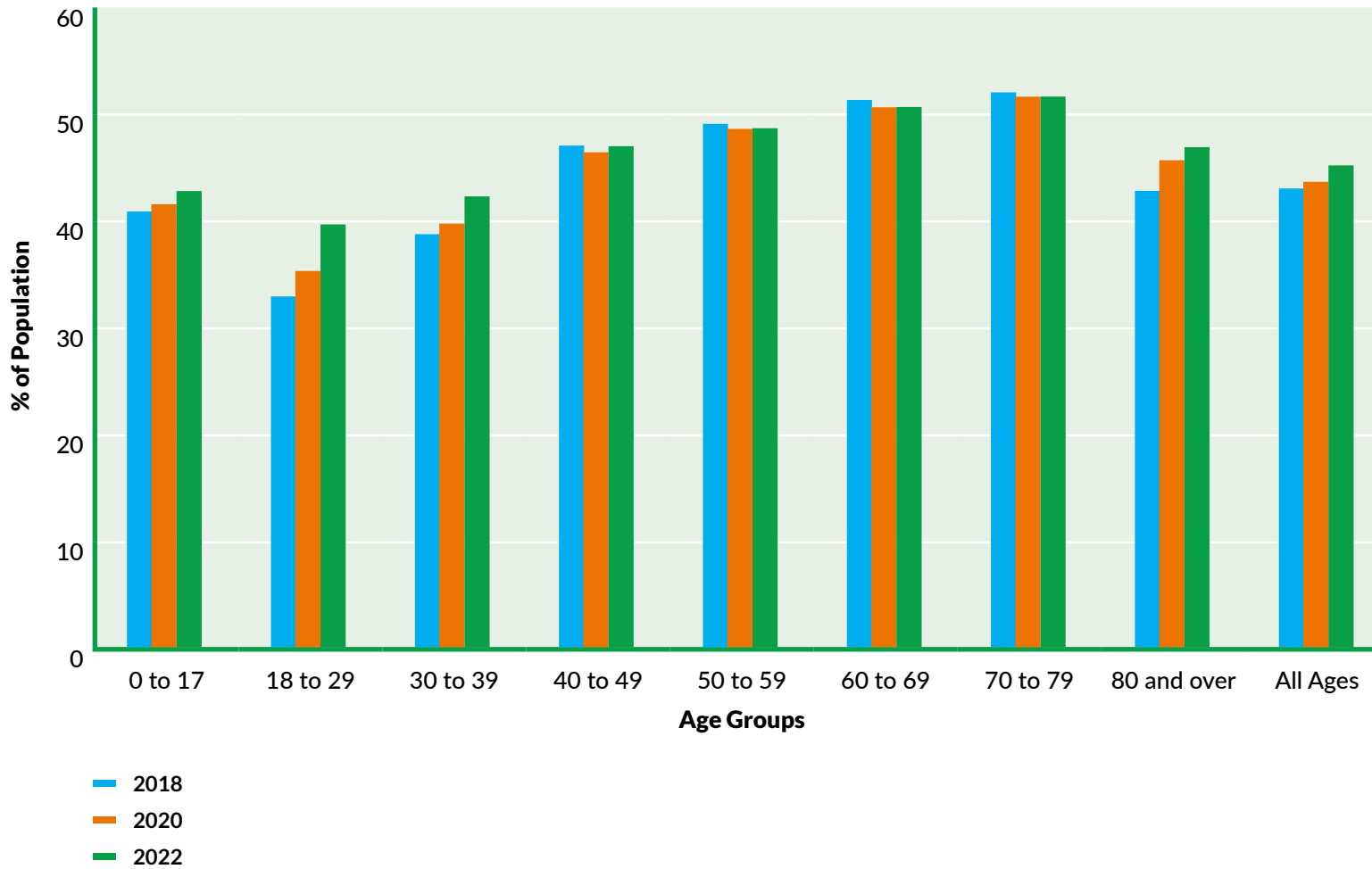
(i) An 'Out-of-Hours' fee is payable for non routine consultations when a GMS cardholder is seen by their GP or another GP acting on his/her behalf from 5 pm in the evening to 9 am on the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays.

Special fees are payable for a range of additional services such as excisions, suturing, vaccinations, catheterization, family planning etc.

(ii) Since 2020, the Out-of-hours scheme has been funded by a grant rather than a fee per-patient-contact. Therefore, the number of claims has fallen as most GPs no longer claim for individual patient contacts.

Figure 4.5

Percentage of population covered by private health insurance in Ireland by age group, 2018, 2020 and 2022



Source: Health Insurance Authority.

Note:

Data excludes insurance offered by insurers with restricted membership undertakings.

Table 4.2**Long-stay care summary statistics, 2017–2022**

	2017	2018	2019	2020	2021	2022	% change 2017-2022	% change 2020-2022
Number of Beds	30,674	31,340	32,071	32,104	31,842	31,674	3.3	-0.5
Number of Patients Resident at 31/12	23,154	23,529	23,649	22,831	22,403	22,533	-2.7	0.6
Average age of Resident	82.6	83.1	83.1	83.9	82.9	83.1	0.6	0.2
Age Distribution (as % of total)								
Under 65	5.5	5.5	6.0	5.9	5.8	5.6	1.8	-3.4
65-69	4.2	4.3	4.0	4.4	4.3	4.1	-2.4	-4.7
70-74	7.6	7.8	8.0	8.4	8.3	8.0	5.3	-3.6
75-79	12.7	12.7	13.0	13.1	13.8	14.1	11.0	2.2
80-84	20.5	20.5	20.0	19.6	19.1	19.7	-3.9	3.1
85+	49.5	49.2	49.0	48.7	48.7	48.5	-2.0	-0.4

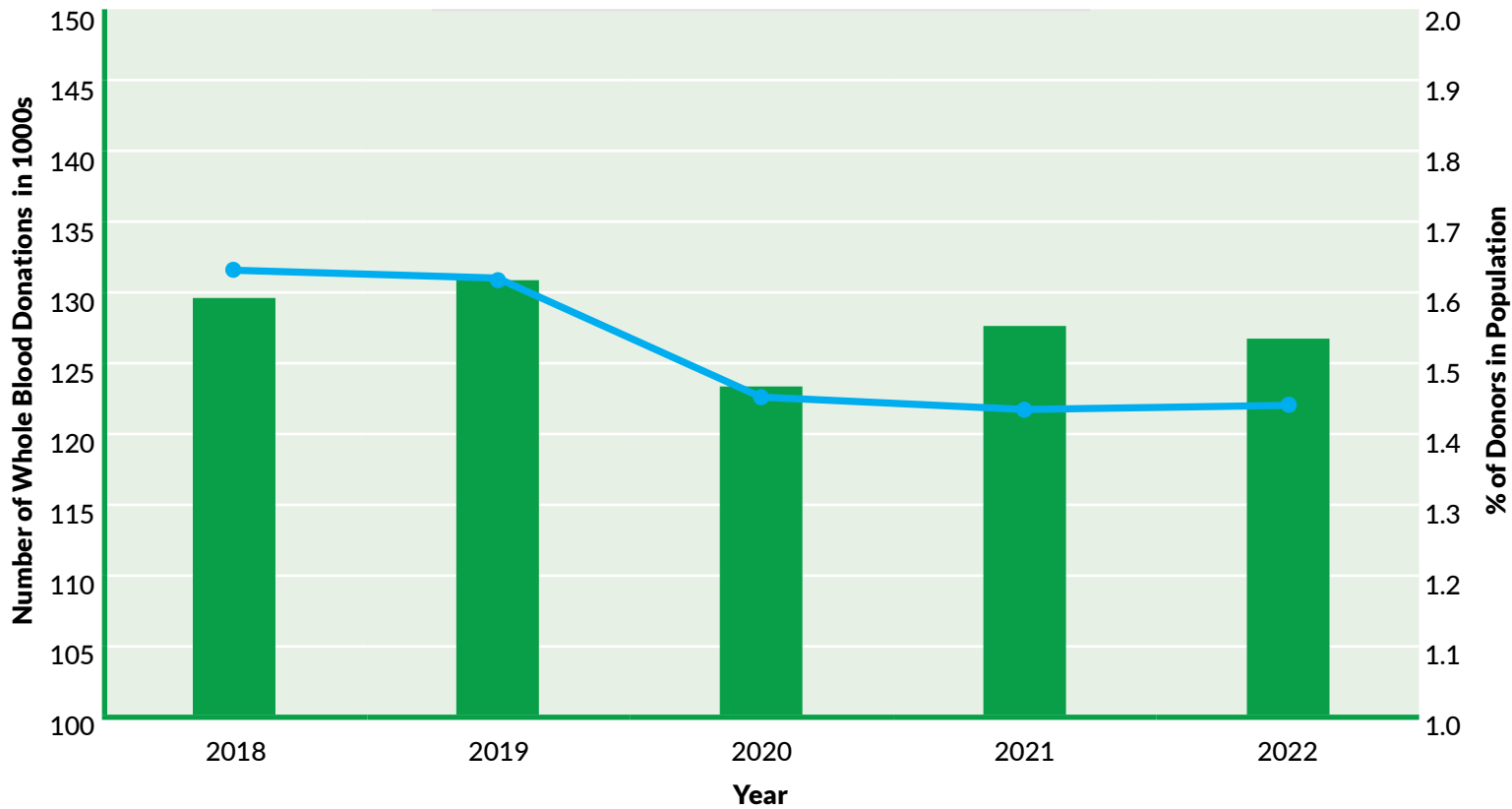
Source: HIQA (Number of beds), Nursing Homes Support Scheme, HSE.

Notes:

- (i) The 'number of beds' refers to beds registered with HIQA in designated centres for providing residential care for older people and also includes beds used for short term care.
- (ii) 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). Residents in long-stay units who are not covered by the scheme are not included here.
- (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, 2018–2022



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

- Number of whole blood donations (1,000s)
- Percentage of Donors in Population

Table 4.3
Immunisation rates, percentage uptake, 2013–2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% change 2011-2020	% change 2019-2020
Diphtheria	96	96	95	95	95	94	94	94	94	93	-3.1	-1.1
Pertussis	96	96	95	95	95	94	94	94	94	93	-3.1	-1.1
Tetanus	96	96	95	95	95	94	94	94	94	93	-3.1	-1.1
Haemophilus Influenzae Type B	95	96	95	95	95	94	94	94	94	87	-8.4	-7.4
Polio	96	96	95	95	95	94	94	94	94	93	-3.1	-1.1
Meningococcal	88	88	89	87	88	90	86	87	86	82	-6.6	-4.9
Measles, Mumps & Rubella (MMR)	93	93	93	92	92	92	91	92	91	90	-3.2	-1.1
Hepatitis B	95	95	95	95	95	94	94	94	94	93	-2.1	-1.1
Pneumococcal Conjugate	91	92	92	91	91	88	86	87	87	84	-7.7	-3.4
Human Papillomavirus	86	88	87	72	51	64	74	76	74	69	-20.0	-6.8

Source: Health Protection Surveillance Centre (HPSC).

Notes:

- (i) The 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 and HPV.
- (ii) **Meningococcal (MenC/MenACWY)**
 MenC (meningococcal group C) vaccine is recommended as part of the primary childhood immunisation programme. In recent years, evidence has emerged that immunity to meningococcal disease reduces over time, so a booster dose is recommended now to provide additional protection. The MenC booster vaccine was introduced into the HSE schools immunisation programme in September 2014 following NIAC recommendation it be given to children aged 12-13 years of age. This vaccine was offered to students in first year of second level schools and their age equivalents in special schools and home schooled. In the 2019/2020 academic year the meningococcal ACWY (MenACWY) vaccine, which protects against meningococcal disease caused by Men C and also types A, W and Y, was offered instead of MenC to this age group.
- (iii) Human Papillomavirus figures refer to the girls (and from 2020, boys) 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.

Table 4.4

Number of cases in treatment for problem drug and alcohol use and rate per 100,000 population aged 15–64 years, Ireland, 2013–2022

	2013	2014	2015	2016	2017	2018	2019	2020*	2021	2022	% change 2013–2022	% change 2021–2022
Drugs including Alcohol												
All cases in treatment	16,312	17,077	16,933	16,325	15,742	17,093	17,608	15,127	17,136	18,009	10.4	5.1
Rate per 100,000 (15-64 year olds)	535	558	551	524	500	535	543	460	516	536	0.3	3.8
New entries into treatment each year [†]	6,899	7,237	7,007	6,922	6,482	6,889	6,963	6,091	6,971	7,122	3.2	2.2
Rate per 100,000 (15-64 year olds)	226.1	236.5	227.8	223.0	205.9	215.7	214.8	185.1	210.0	211.9	-6.3	0.9
Drugs excluding Alcohol												
All cases in treatment	8,894	9,672	9,711	9,097	8,772	10,113	10,477	9,583	10,664	11,196	25.9	5.0
Rate per 100,000 (15-64 year olds)	291	316	316	292	279	317	323	291	321	333	14.3	3.7
New entries into each treatment year	3,389	3,648	3,651	3,446	3,168	3,859	3,853	3,716	4,130	4,112	21.3	-0.4
Rate per 100,000 (15-64 year olds) of new entries [†]	111.1	119.2	118.7	111.0	100.6	120.8	118.9	112.9	124.4	122.4	10.2	-1.6

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

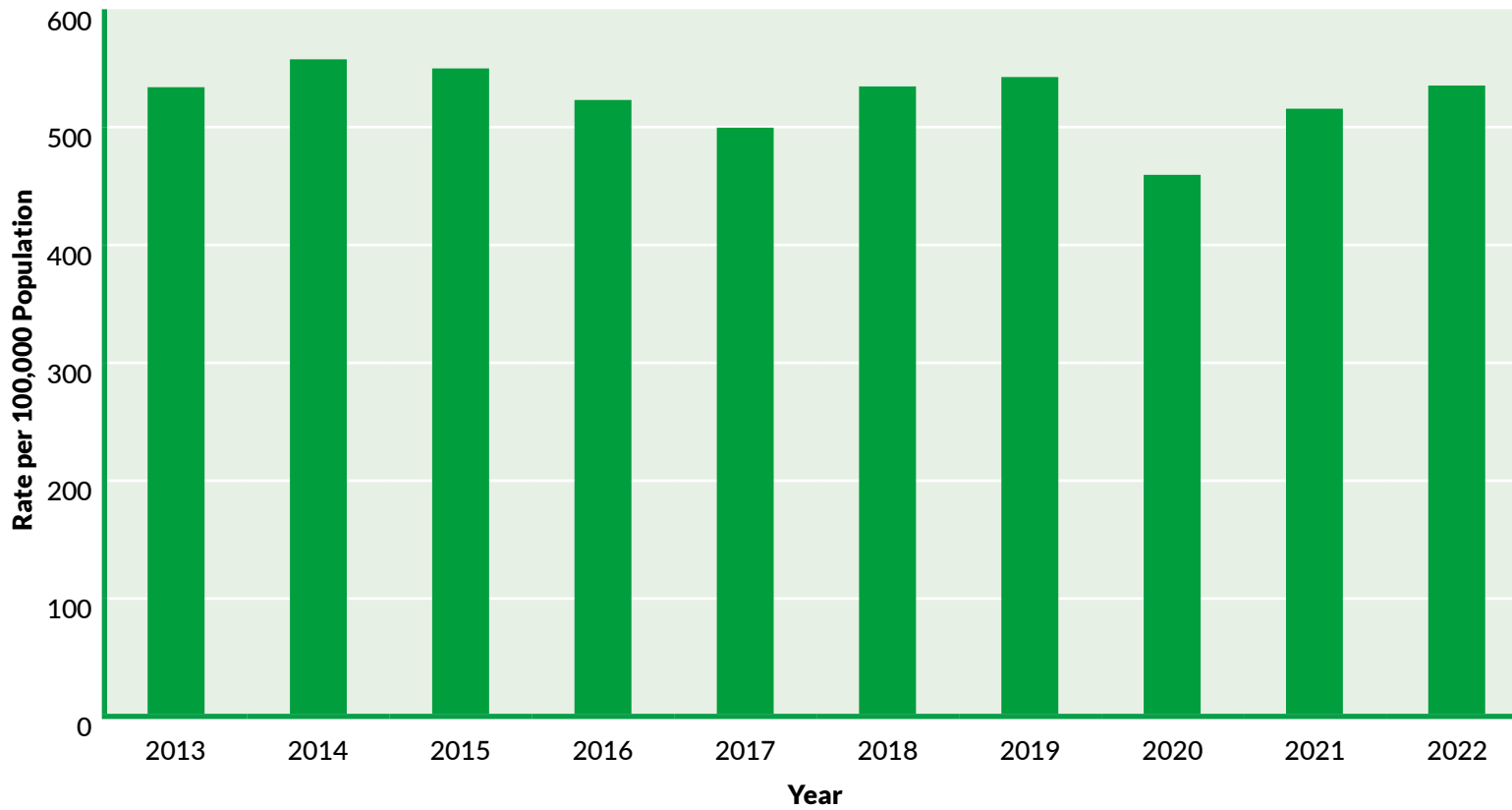
This data supersede all previously published data from NDTRS publications.

Ongoing data validations and corrections to the NDTRS dataset may result in minor changes to previously reported figures.

*2020 data should be interpreted in the context of the impact of Covid-19 public restrictions on data collection and service provision.

Figure 4.7

Rate per 100,000 population aged 15–64 of cases in treatment for problem drug and alcohol use, 2013–2022



Source: Table 4.4.

Chapter 5

Health Service Employment



Chapter 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 32.3% since 2012 (Table 5.1).

Our position relative to other OECD countries has now improved, though we are still only in the middle grouping. Out of 29 countries for which data was available in 2022 (or latest available year), Ireland placed 12th (Figure 5.5).

There has been a consistent growth in numbers since 2014. All grade categories have increased year on year since 2019, and total public health employment now stands at 137,745.

Nursing remains the single largest grade category with almost 44,000 nurses currently employed in the public health service in Ireland. Nurses account for almost a third (31.7%) of the total public health service workforce (Figure 5.2). This proportion has remained relatively constant over the past decade.

The chapter also shows a breakdown of consultant hospital doctors by speciality (Table 5.2). The total number of consultant hospital doctors now stands at 3,608 and most specialities have seen a consistent increase over the past decade. The largest consultant categories are medical and surgical. The total number of consultant and non-consultant hospital doctors in Ireland is 11,884, an increase of over 57% since 2013.

IRISH HEALTH SERVICE EMPLOYMENT



137,745

^ An increase of total public health employment of 33,663 since 2013

Table 5.1
Public health service employment (HSE & Section 38), 2013–2022

Grade Category	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% change 2013–2022	% change 2021–2022
Medical and Dental	8,353	8,817	9,336	9,723	10,121	10,467	10,857	11,762	12,113	12,697	52.0	4.8
Nursing and Midwifery	34,178	34,509	35,353	35,835	36,777	37,644	38,205	39,917	41,576	43,619	27.6	4.9
Health and Social Care Professionals*	15,844	13,640	14,578	15,364	15,950	16,496	16,774	17,807	18,999	19,721	24.5	3.8
Patient and Client Care	20,504	21,532	22,350	23,122	24,281	25,292	25,719	26,985	28,042	28,418	38.6	1.3
Management and Administrative	15,503	15,112	16,164	16,767	17,714	18,504	18,846	19,829	21,583	23,156	49.4	7.3
General Support	9,700	9,419	9,494	9,448	9,454	9,454	9,416	9,876	10,010	10,134	4.5	1.2
Total	104,082	103,029	107,275	110,259	114,297	117,857	119,817	126,176	132,323	137,745	32.3	4.1

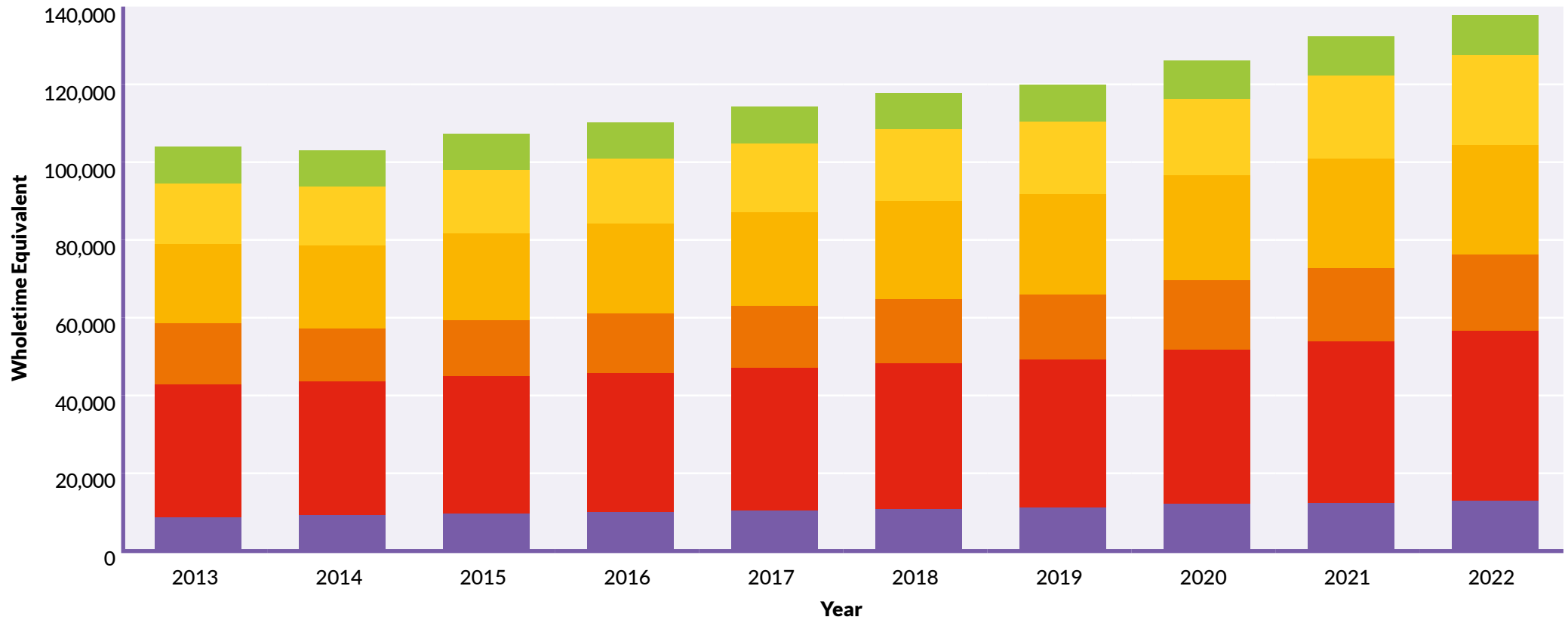
Source: HSE Health Service Personnel Census at 31st December.

Notes:

- (i) Figures refer to wholtime 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.

Figure 5.1
Public health service employment by grade category, 2013–2022



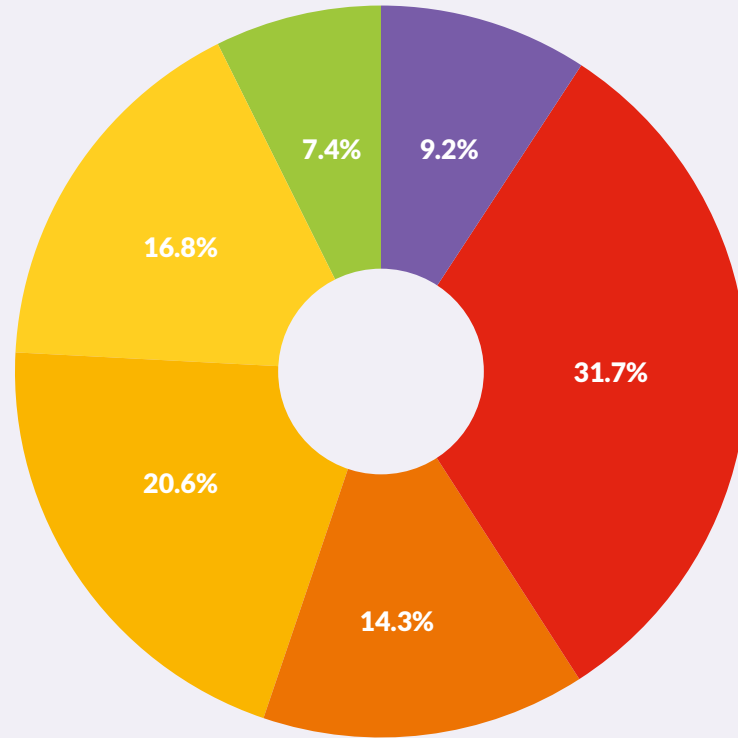
- Medical and Dental
- Nursing and Midwifery
- Health and Social Care Professionals
- Patient and Client Care
- Management and Administrative
- General Support

Source: HSE Health Service Personnel Census at 31st December

Notes:
See note under Table 5.1

Figure 5.2

Proportion of staff employed in the public health service in each grade category, December 2022



- Medical and Dental
- Nursing and Midwifery
- Health and Social Care Professionals
- Patient and Client Care
- Management and Administrative
- General Support

Source: Table 5.1.

Notes:
See notes under Table 5.1

Figure 5.3

Consultant and non-consultant hospital doctors (HSE & Section 38), 2013–2022

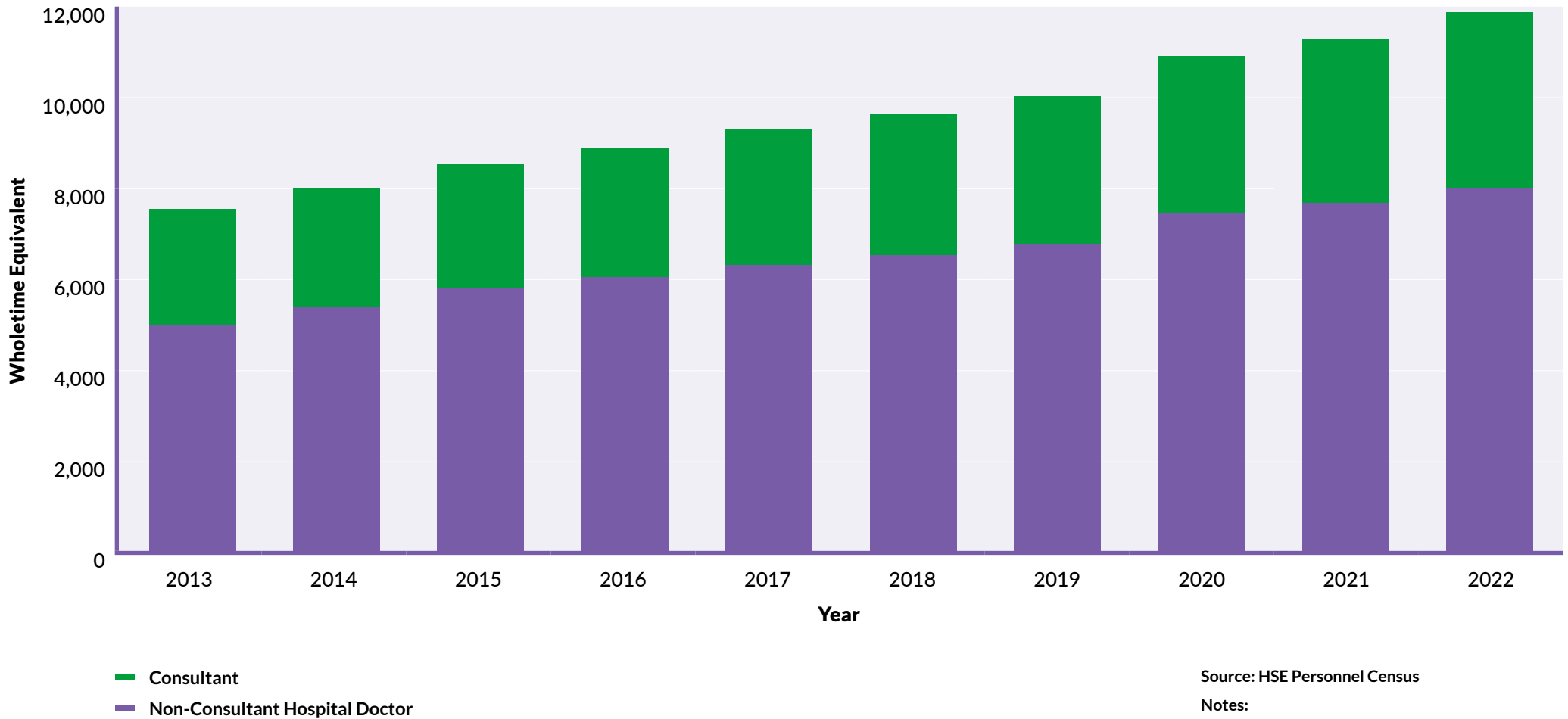
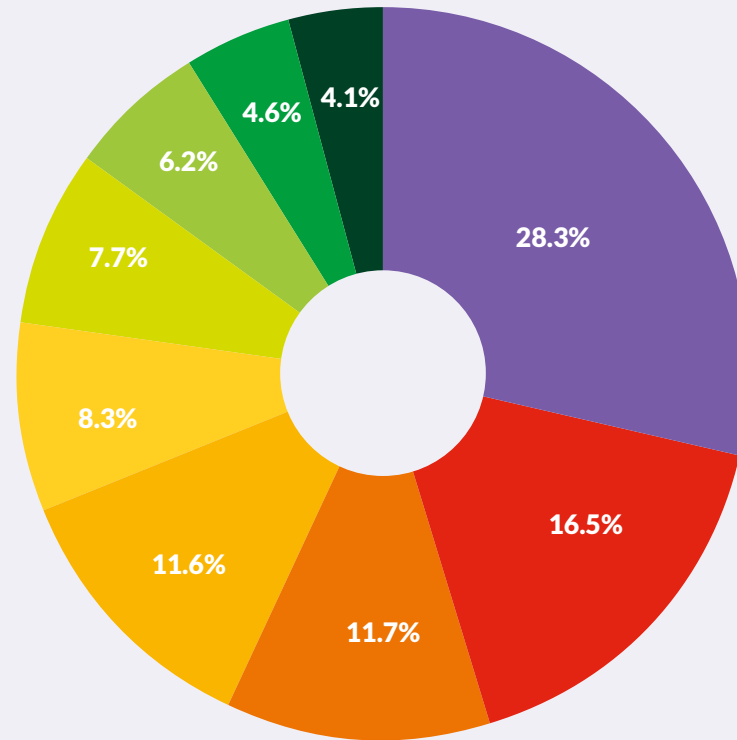


Figure 5.4

Consultant hospital doctors employed in the public health service by category, December 2022



- | | | |
|--------------|---------------|----------------------------|
| ■ Medicine | ■ Anaesthesia | ■ Paediatrics |
| ■ Surgery | ■ Radiology | ■ Obstetrics & Gynaecology |
| ■ Psychiatry | ■ Pathology | ■ Emergency Medicine |

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, 2013–2022**

Grade Category	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% change 2013-2022	% change 2021-2022
Consultant Hospital Doctors												
Consultant Anaesthesia	351	348	350	373	389	394	407	431	437	453	29.06	3.66
Consultant Emergency Medicine	75	75	83	92	98	97	108	121	131	156	108.00	19.08
Consultant Intensive Care Medicine	2	3	3	3	6	15	16	18	20	23	1,050.00	15.00
Consultant Medicine	601	654	675	723	755	790	828	914	978	1,099	82.86	12.37
Consultant Obstetrics & Gynaecology	122	124	135	140	151	157	161	170	170	178	45.90	4.71
Consultant Paediatrics	135	148	151	157	172	182	197	216	221	238	76.30	7.69
Consultant Pathology	206	207	213	230	239	249	259	272	285	297	44.17	4.21
Consultant Psychiatry	356	351	362	362	364	374	407	422	438	449	26.12	2.51
Consultant Radiology	240	244	249	268	270	286	295	301	309	320	33.33	3.56
Consultant Surgery	451	465	488	498	511	535	553	575	602	638	41.46	5.98
Consultant, Other	17	17	16	16	16	18	18	16	17	19	11.76	11.76
Subtotal Consultant Hospital Doctors	2,556	2,636	2,725	2,862	2,971	3,097	3,249	3,456	3,608	3,870	51.41	7.26
Non-Consultant Hospital Doctors												
Interns	631	674	712	713	720	730	726	971	867	815	29.16	(6.00)
Registrar	1,683	1,689	1,869	1,980	2,074	2,182	2,271	2,378	2,451	2,617	55.50	6.77
Senior House Officer	1,808	2,034	2,158	2,217	2,295	2,346	2,390	2,623	2,719	2,846	57.41	4.67
Senior Registrar	93	146	141	186	175	202	211	238	249	258	177.42	3.61
Specialist Registrar	792	854	933	964	1,067	1,092	1,197	1,260	1,405	1,478	86.62	5.20
Subtotal Non-Consultant Hospital Doctors	5,007	5,397	5,813	6,060	6,331	6,552	6,795	7,470	7,691	8,014	60.06	4.20
Total	7,563	8,033	8,538	8,922	9,302	9,649	10,044	10,926	11,299	11,884	57.13	5.18

Source: HSE Health Service Personnel Census.

Notes:

(i) Figures refer to wholtime equivalents (WTE), excluding staff on career break.

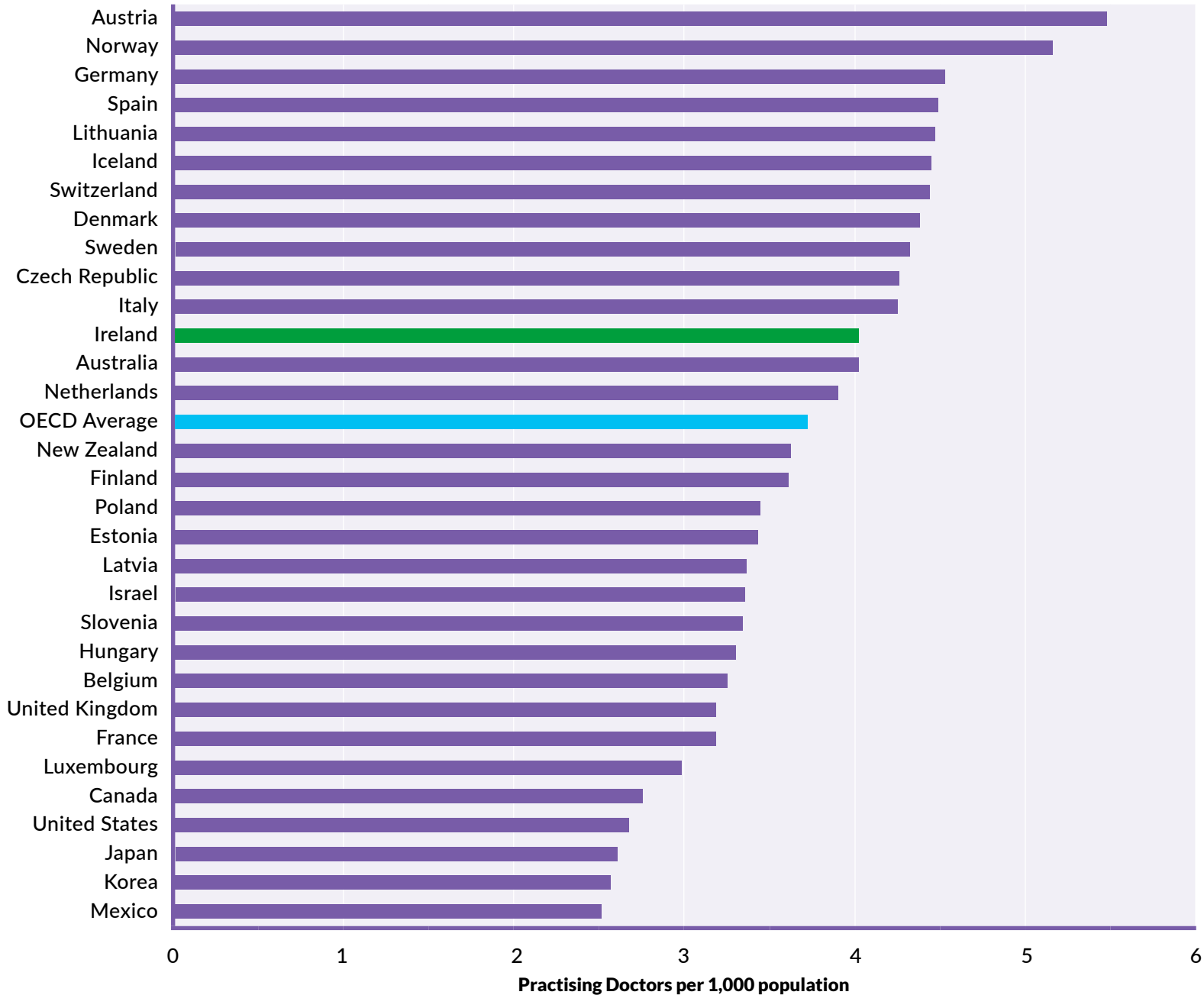
(ii) Consultant Obstetrics & Gynaecology includes Masters of Maternity Hospitals.

(iii) All figures for registrars have been updated to include Registrars in General Practice.

(iv) Consultants, Other includes consultants in Dentistry and Intensive Care Medicine.

Figure 5.5

Practising doctors per 1,000 population, 2022 (or latest available data)



Source: OECD.

Notes:

- (i) Practising doctors are defined as those who are providing care directly to patients.
- (ii) *Data for Finland is 2018. Data for Denmark, Iceland, Sweden, USA is 2019. Data for all other countries is 2020 or 2021.

Chapter 6

Health Service Expenditure



Chapter 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 2013 to estimates for 2022. There was an increase in total public non-capital health expenditure of 7.6% from 2021 to 2022. Capital expenditure, which accounted for 4.9% of total public health expenditure in 2021, was 16% higher in 2022 than in 2021 (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 (77.4%) was financed by Government schemes and compulsory contributory health care financing schemes in 2021. Curative and rehabilitative care accounts for the majority of health care expenditure at 55.0% (Table 6.5); while Hospitals account for over a third (37.0%) (Table 6.6).

Figure 6.3 presents the health expenditure per capita from 2011 to 2020, adjusted for inflation. Table 6.7 compares Ireland's health expenditure with selected OECD countries. Ireland has the 14th 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 6th, behind the France, Canada, the United Kingdom, Germany and the United States. This position is 9th 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).

PUBLIC CAPITAL HEALTH EXPENDITURE



251%

Public capital health expenditure has increased since 2013

Table 6.1
Public health expenditure in millions of Euro, 2013 to 2022

	2013	2014	2015 ^A	2016 ^A	2017	2018	2019	2020	2021	2022	% change 2013-2022	% change 2021-2022
Total Public Non-Capital Expenditure on Health	13,084	13,276	13,879	14,581	15,316	16,304	17,340	20,288	21,943	23,612	80.5	7.6
Public Non-Capital Expenditure on Health (excluding treatment benefits)	13,063	13,246	13,846	14,548	15,263	16,221	17,229	20,175	21,827	23,483	79.8	7.6
Total Public Capital Expenditure on Health	347	386	398	423	465	545	689	942	1,052	1,220	251.1	16.0
Total Public Expenditure	13,431	13,662	14,277	15,004	15,781	16,849	18,029	21,230	22,995	24,832	84.9	8.0

Sources: Revised Estimates for Public Services (2014–2021); HSE National Service Plans (2014–2022); and HSE Performance Reports (2014-2022), Department of Health Appropriation Accounts 2022, Department of Social Protection Appropriation Accounts 2022.

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 2010-2013 to exclude expenditure in respect of children and family services. Data from 2015 also excludes expenditure in respect of children and family services.
- II. 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 above for 2015 and after including these income figures – €1.075bn in 2015, €1.061bn in 2016, €1.054bn in 2017 and €1.085bn in 2018 and 2019.

- III. Total Public Non-Capital Expenditure refers to HSE expenditure for Public Services and other relevant expenditure sourced from the Department of Health's appropriation account. It excludes expenditure in respect of items not considered health expenditure, such as expenditure in relation to the State Claims Agency. Total Public Non-Capital Expenditure also includes Treatment Benefits (funded from the Vote of the Office of the Minister for Social Protection).

Table 6.2
HSE non-capital net expenditure in millions of Euro, 2014–2022

	2014 ^A	2015 ^A	2016	2017	2018	2019	2020	2021	2022	% change 2021-2022
Care of Older People	1,468	1,569	1,620	1,693	1,774	1,854	1,995	2,119	2,339	10.36
Care for Persons with Disabilities	1,554	1,654	1,773	1,858	2,004	2,145	2,235	2,427	2,714	11.82
Mental Health	754	780	804	860	913	987	1,064	1,095	1,205	9.99
Primary Care & Community Health*	3,462	3,506	3,892	4,009	4,203	4,400	4,801	5,249	5,642	7.49
Health and Wellbeing	214	185	191	211	112	121	153	311	384	23.58
Primary, Community and Continuing Care Total	7,527	7,901	8,280	8,633	9,006	9,507	10,247	11,202	12,284	9.66
Acute Division	4,496	4,701	4,929	5,243	5,589	6,071	6,705	7,297	8,173	12.01
Long Term Charges Repayment Scheme	8	4	2	2	2	2	2	2	2	-
Statutory Pensions	597	626	670	686	728	747	767	811	898	10.68
Other	628	667	708	812	992	1,043	2,533	2,575	2,296	-10.83
HSE Gross Non-Capital Total	13,256	13,899	14,589	15,376	16,316	17,369	20,253	21,888	23,654	8.07
Total Appropriations-in-Aid	1,043	1,075	1,061	1,054	1,085	1,104	1,003	1,072	1,174	9.58
HSE Net Non-Capital Total	12,213	12,824	13,528	14,322	15,231	16,265	19,251	20,816	22,480	7.99

Sources: Revised Estimates for Public Services (2014 – 2021); HSE National Service Plans (2014–2021); and HSE Performance Reports (2014-2021).

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, €1.075bn in 2015, €1.061bn in 2016, €1.054bn in 2017 and €1.085bn in 2018 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 (2012–2014) 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 2014–2018.
- (iv) *Includes Medical Card Services Schemes.
- (v) ^Costs formerly apportioned across other programmes within Primary Care. Elements of Multi Care Group Services costs reflected across programmes in 2013 and after. Palliative Care costs included in Primary Care from 2016. Social Inclusion costs included in Primary Care in 2013, 2014 and from 2016.

Table 6.3**Capital public health expenditure by programme in millions of Euro, 2013 to 2022**

Programme	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% change	% change
											2013-2022	2021-2022
Acute Hospitals	203	197	185	237	253	254	372	566	702	736	262.9	4.9
Community Health	62	79	100	79	79	87	89	200	200	261	318.0	30.4
Mental Health	23	50	38	21	38	81	66	44	22	18	-21.1	-17.2
Disability Services	8	6	8	16	26	50	66	24	10	7	-11.4	-31.6
ICT	41	41	55	54	56	61	87	99	108	159	287.9	47.7
Miscellaneous	11	14	12	16	13	12	9	10	10	38	263.3	284.8
Total Public Capital Expenditure	347	386	398	423	465	545	689	942	1,052	1,220	251.0	16.0

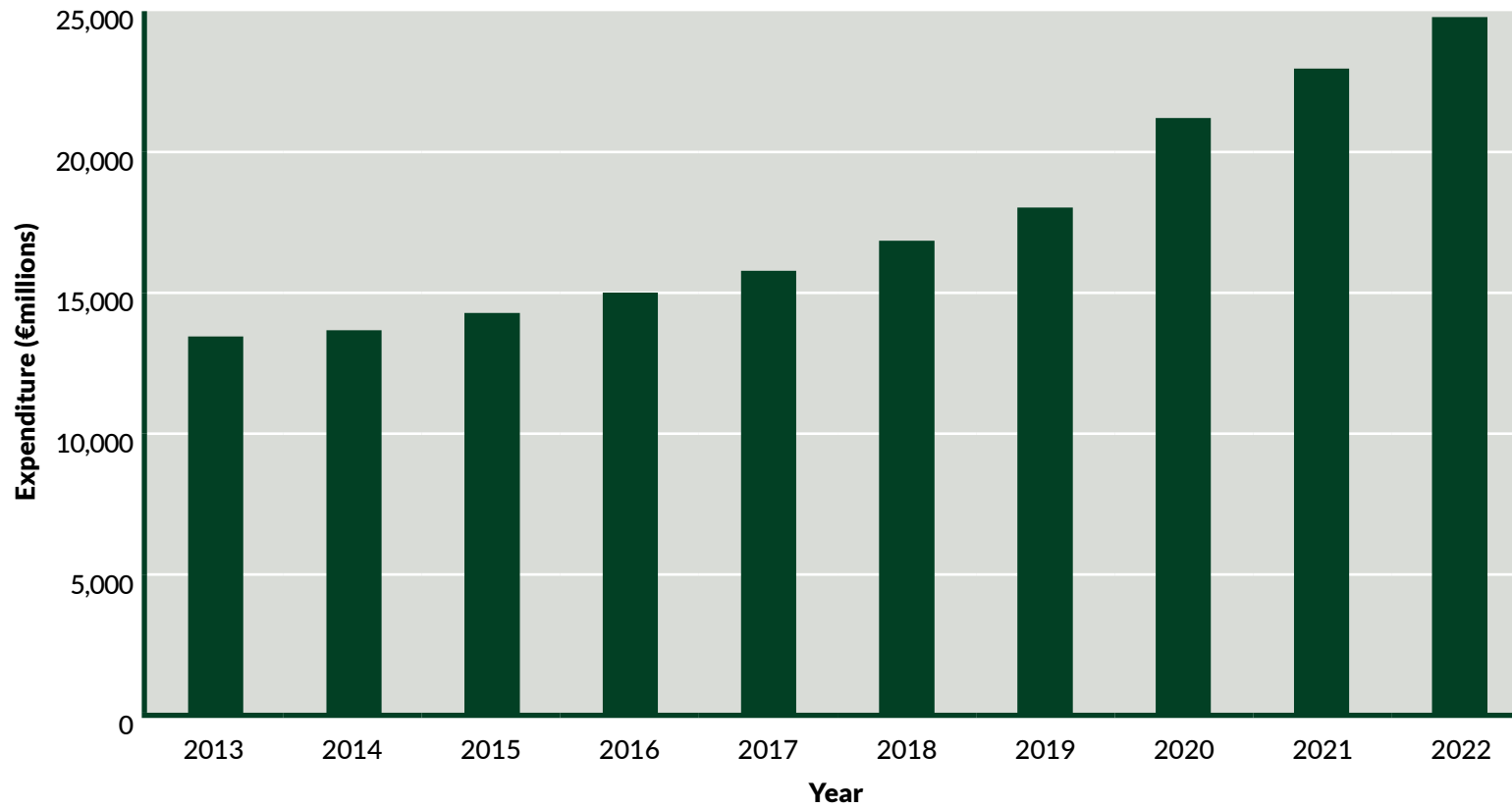
Source: Revised Estimates for Public Services and HSE Reports on Capital Programme.

Note:

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

Figure 6.1

Total public health expenditure, 2013 to 2022

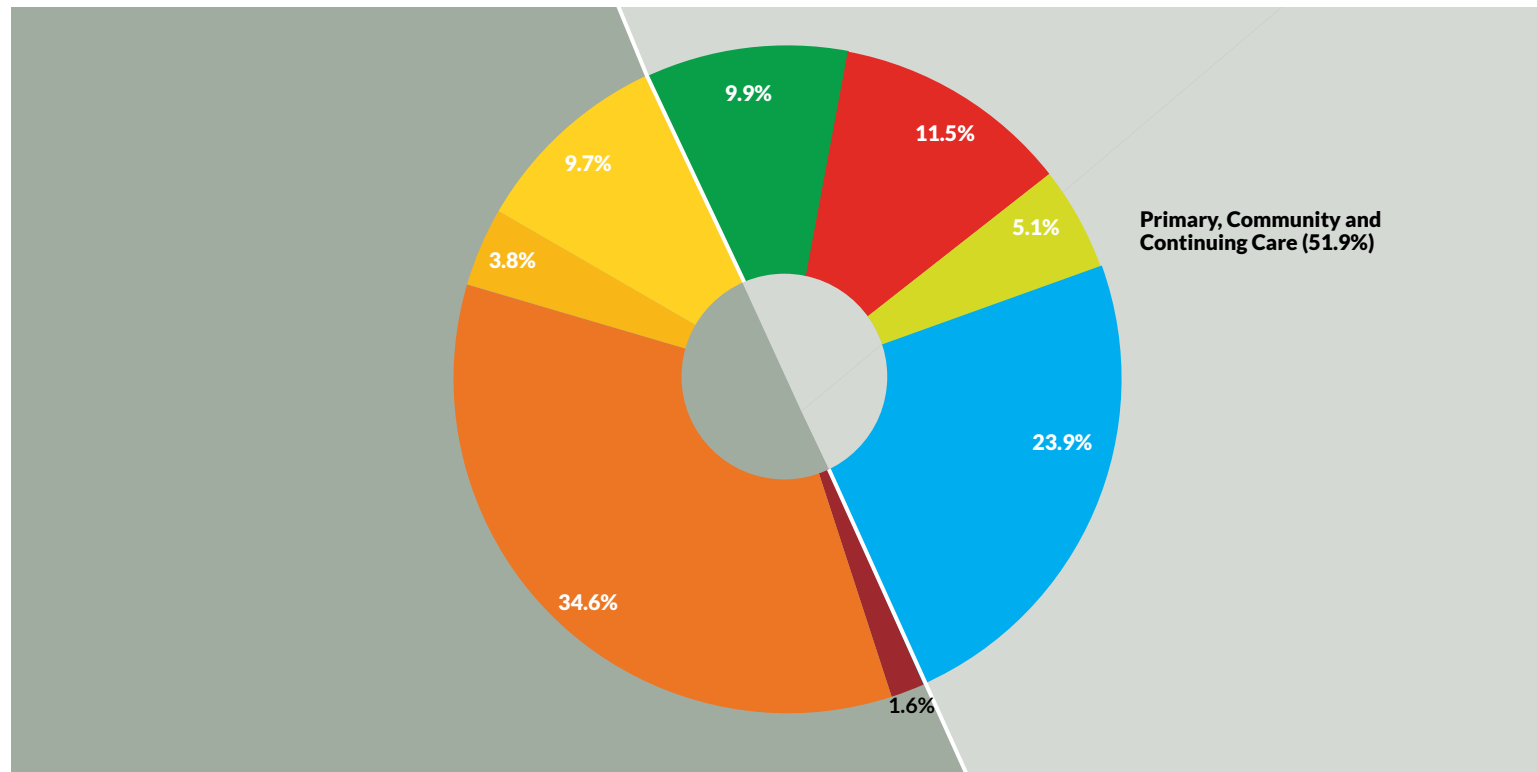


Source: Table 6.1.

Note:
See notes under Table 6.1.

Figure 6.2

Percentage gross non-capital voted expenditure by programme, HSE 2022



Source: Table 6.2.

Note:
See notes under Table 6.2.

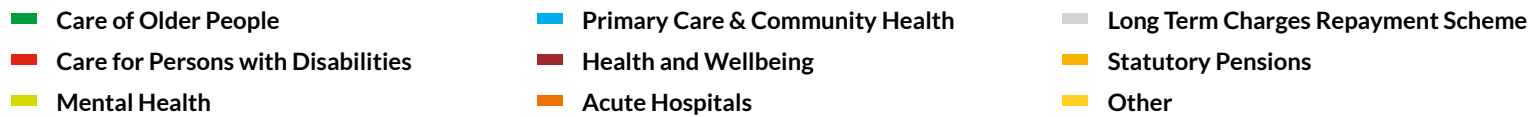


Table 6.4
Current health care expenditure by financing scheme, 2017 to 2021

Financing Scheme	2017 €m	2017 %	2018 €m	2018 %	2019 €m	2019 %	2020 €m	2020 %	2021 €m	2021 %	2017-2021 % change
Government Schemes and Compulsory Contributory Health Care Financing Schemes	15,487	73	16,628	74	17,769	74.3	20,683	78	22,160	77.4	43.1
Voluntary Health Care Payment Schemes	3,059	14.4	3,108	13.8	3,259	13.6	2,925	11	3,411	11.9	11.5
Household Out-Of-Pocket Payment	2,670	12.6	2,725	12.1	2,904	12.1	2,897	10.9	3,060	10.7	14.6
Total	21,216	100	22,460	100	23,931	100	26,505	100	28,632	100	35

Source: System of Health Accounts, Central Statistics Office.

Table 6.5
Current health care expenditure by health care function, 2017 to 2021

	2017 €m	2017 %	2018 €m	2018 %	2019 €m	2019 %	2020 €m	2020 %	2021 €m	2021 %	2017-2021 % change
Curative Care and Rehabilitative Care	11,765	55.5	12,547	55.9	13,513	56.5	14,878	56.1	15,757	55	33.9
Long-Term Care (Health)	4,586	21.6	4,908	21.9	5,213	21.8	5,783	21.8	6,014	21	31.1
Ancillary Services (Non-Specified By Function)	598	2.8	620	2.8	681	2.9	710	2.7	746	2.6	24.6
Medical Goods (Non-Specified By Function)	2,934	13.8	3,025	13.5	3,051	12.8	3,294	12.4	3,354	11.7	14.3
Preventive Care	563	2.7	584	2.6	635	2.7	859	3.2	1,687	5.9	199.7
Governance and Health System and Financing Administration	567	2.7	567	2.5	597	2.5	766	2.9	837	2.9	47.5
Other Health Care Services Unknown	203	1	210	0.9	241	1	214	0.8	238	0.8	17.1
Total	21,216	100	22,460	100	23,931	100	26,505	100	28,632	100	35

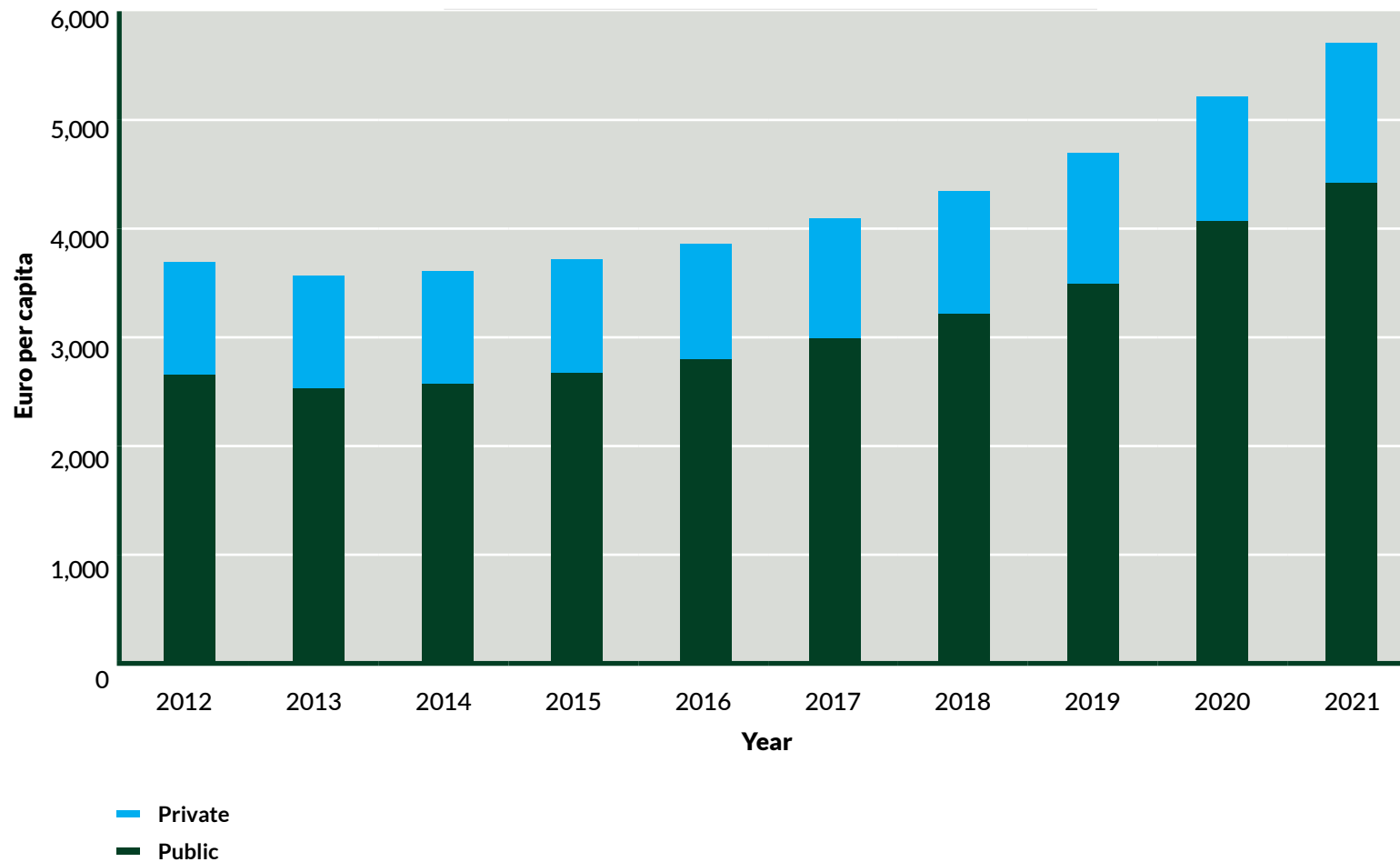
Source: System of Health Accounts, Central Statistics Office.

Table 6.6
Current health care expenditure by provider, 2017 to 2021

Provider	2017	2017	2018	2018	2019	2019	2020	2020	2021	2021	2017-2021
	€m	%	€m	%	€m	%	€m	%	€m	%	% change
Hospitals	7,868	37.1	8,388	37.3	9,087	38	9,881	37.3	10,591	37	34.6
Residential Long-Term Care Facilities	3,854	18.2	4,066	18.1	4,241	17.7	4,793	18.1	4,746	16.6	23.1
Providers of Ambulatory Health Care	4,162	19.6	4,435	19.8	4,837	20.2	5,327	20.1	5,955	20.8	43.1
Providers of Ancillary Services	280	1.3	298	1.3	313	1.3	345	1.3	368	1.3	31.2
Retailers and Other Providers of Medical Goods	2,901	13.7	2,972	13.2	2,993	12.5	3,257	12.3	3,301	11.5	13.8
Providers of Preventive Care	257	1.2	270	1.2	299	1.3	519	2	1,183	4.1	360.3
Providers of Health Care System Administration and Financing	562	2.7	561	2.5	591	2.5	760	2.9	830	2.9	47.6
Rest of Economy	1,100	5.2	1,192	5.3	1,288	5.4	1,373	5.2	1,393	4.9	26.6
Rest of the World	55	0.3	81	0.4	71	0.3	63	0.2	66	0.2	19.2
Providers Unknown	177	0.8	196	0.9	213	0.9	188	0.7	201	0.7	13.5
Total	21,216	100	22,460	100	23,931	100	26,505	100	28,632	100	35

Figure 6.3

Total health expenditure per capita in Ireland in real terms, 2012 to 2021



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, 2021

Country	Per Capita			% GDP/GNI*		
	Public	Private	Total	Public	Private	Total
1. Australia	4,587.6	1,638.0	6,225.5	7.8	2.8	10.6
2. Austria	5,241.2	1,448.9	6,690.1	9.5	2.6	12.1
3. Belgium	4,674.0	1,348.2	6,022.3	8.6	2.5	11
4. Canada	4,577.5	1,700.0	6,277.5	9	3.3	12.3
5. Chile	1,679.2	985.8	2,665.0	5.9	3.4	9.3
6. Colombia	1,201.0	331.4	1,532.3	7.1	2	9
7. Costa Rica	1,244.1	426.5	1,670.6	5.6	1.9	7.6
8. Czech Republic	3,718.5	584.4	4,303.0	8.2	1.3	9.5
9. Denmark	5,429.4	942.7	6,372.1	9.2	1.6	10.8
10. Estonia	2,355.0	728.3	3,083.4	5.7	1.8	7.5
11. Finland	4,189.5	1,062.0	5,251.5	8.2	2.1	10.3
12. France	5,177.9	927.7	6,105.6	10.4	1.9	12.3
13. Germany	6,424.4	1,093.7	7,518.2	11.1	1.9	12.9
14. Greece	1,700.0	1,032.8	2,732.8	5.7	3.5	9.2
15. Hungary	1,991.5	757.2	2,748.7	5.3	2	7.4
16. Iceland	4,272.5	834.0	5,106.5	8.1	1.6	9.7
17. Ireland	4,536.0	1,324.7	5,860.7	9.4	2.8	12.2
18. Israel	2,221.2	1,003.6	3,224.8	5.4	2.4	7.8
19. Italy	3,050.6	992.0	4,042.6	7.1	2.3	9.4

Country	Per Capita			% GDP/GNI*		
	Public	Private	Total	Public	Private	Total
20. Japan	4,197.9	701.2	4,899.1	9.7	1.6	11.3
21. Korea	2,610.4	1,578.7	4,189.1	5.8	3.5	9.3
22. Latvia	2,168.5	953.2	3,121.6	6.3	2.8	9
23. Lithuania	2,287.3	1,048.2	3,335.5	5.4	2.5	7.8
24. Luxembourg	5,397.4	803.0	6,200.4	4.9	0.7	5.6
25. Mexico	633.9	628.6	1,262.4	3.1	3	6.1
26. Netherlands	5,765.8	1,019.4	6,785.2	9.7	1.7	11.4
27. New Zealand	3,952.7	968.5	4,921.2	8.1	2	10.1
28. Norway	6,025.5	1,017.1	7,042.6	8.5	1.4	9.9
29. Poland	1,827.9	694.6	2,522.4	4.7	1.8	6.4
30. Portugal	2,420.7	1,409.1	3,829.8	7	4.1	11.1
31. Slovak Republic	2,010.6	511.0	2,521.6	6.2	1.6	7.8
32. Slovenia	2,864.6	1,020.2	3,884.8	7	2.5	9.5
33. Spain	2,926.3	1,160.5	4,086.8	7.7	3.1	10.7
34. Sweden	5,350.9	876.7	6,227.6	9.7	1.6	11.2
35. Switzerland	5,135.2	2,338.4	7,473.6	8	3.6	11.6
36. United Kingdom	4,538.7	927.9	5,466.6	10.3	2.1	12.4
37. United States	10,201.4	1,995.6	12,197.0	14.5	2.8	17.4

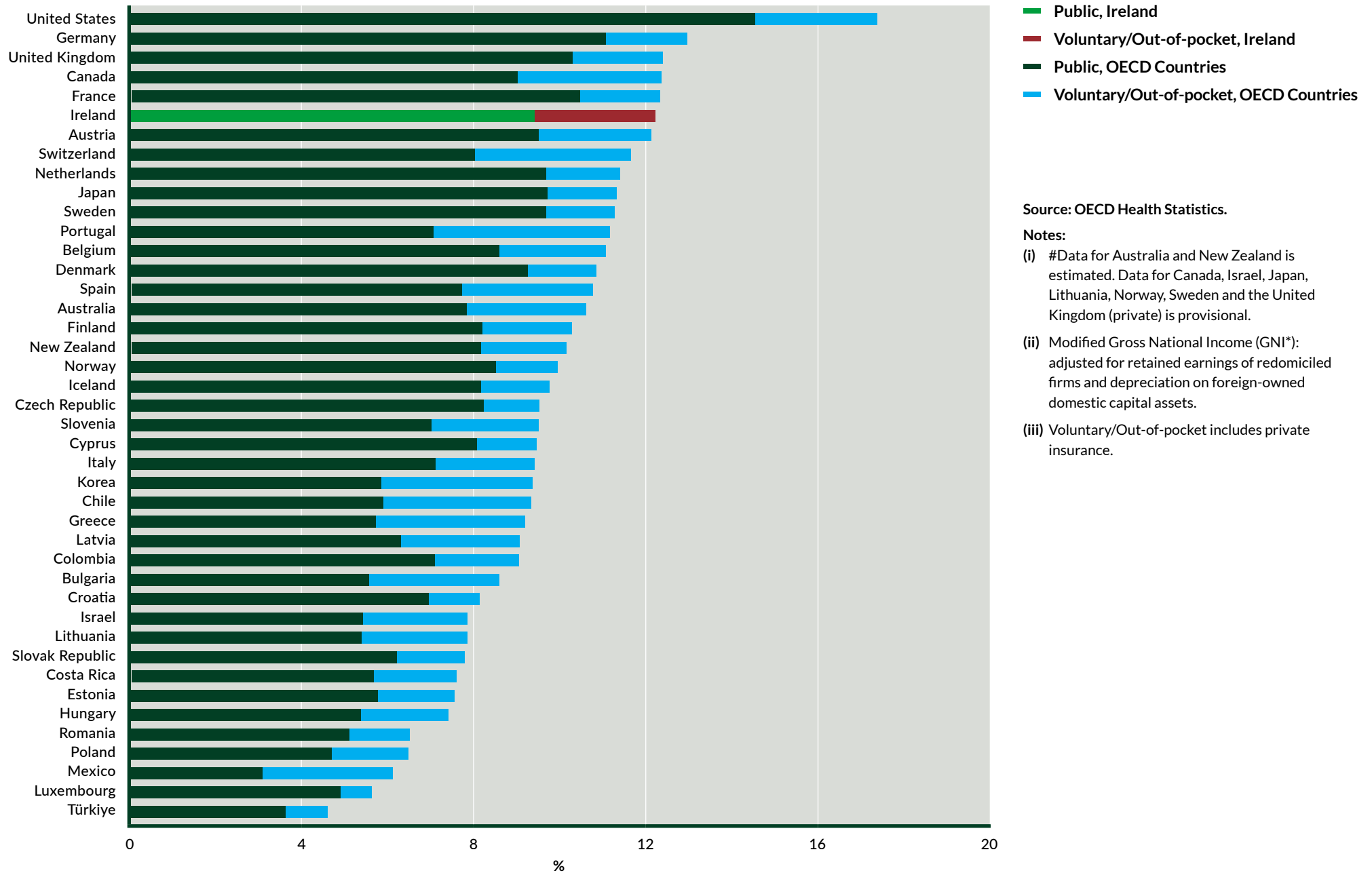
Sources: OECD, Eurostat.

Notes:

- (i) #Data for Australia and New Zealand is estimated. Data for Canada, Israel, Japan, Lithuania, Norway, Sweden and the United Kingdom (private) is 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, 2021



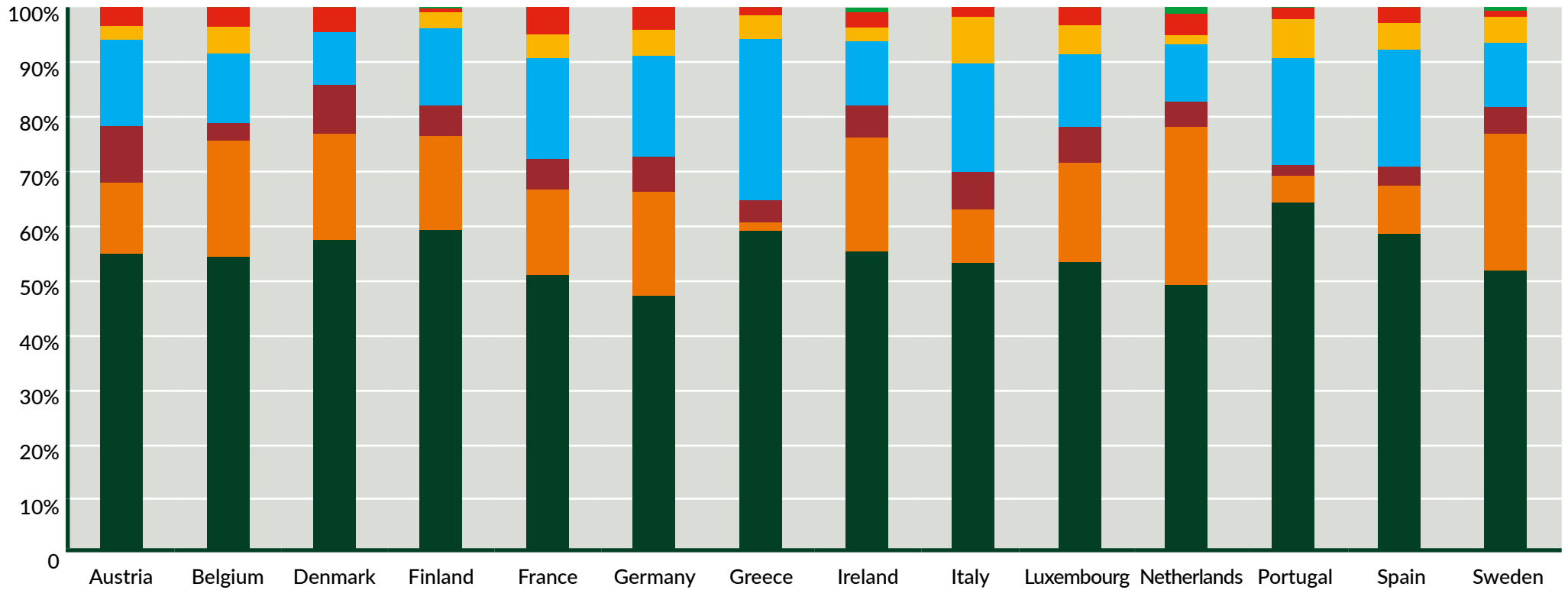
Source: OECD Health Statistics.

Notes:

- (i) #Data for Australia and New Zealand is estimated. Data for Canada, Israel, Japan, Lithuania, Norway, Sweden and the United Kingdom (private) is provisional.
- (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 2021



- Other
- Governance and health system and financing administration
- Ancillary services
- Medical goods
- Preventive care
- Long-term care (health)
- Curative and rehabilitative care

Chapter 7

Health Status at Census 2022



Chapter 7 Health Status at Census 2022

This chapter contains visualisations of data from census 2022.

Fig 7.1 contains the pyramid chart of the population at the census and overlays the pyramid chart of the projected population in 2050. It shows the extent to which the demographic structure of the population is likely to change in the coming decades, in particular how those over sixty-five will comprise an increasingly large proportion of the population, whereas the working-age population will decline in relative terms. This will have clear implications for the provision of health services, since healthcare for older adults are more likely to develop chronic conditions with multiple morbidities that are more costly to treat.

The remaining figures in the chapter are maps which illustrate spatial differences in various demographic and health-and-wellbeing indicators, at Community-Healthcare-Network (CHN) level. CHNs are a part of the regionalisation of the HSE, in accordance with the Sláintecare vision of providing the right care, in the right place at the right time. There will be 96 CHNs across Ireland. Each CHN will deliver primary healthcare services across a population of 50,000 and consist of between 4-6 primary care teams, with GPs involved in delivering services. CHNs will enable decisions to be made closer to the point of care, and specific to population needs. This will improve integration with health and community support services. For example, older people, disabilities, mental health and access to acute hospital services. The map on this page shows how each of the six HSE regions will be subdivided into CHNs.

Fig 7.2 shows how CHNs differ according to the Pobal-HP deprivation index. In general, CHNs surrounding the major urban centres are, on average, marginally above average in terms of deprivation, while CHNs in other areas are, on average, marginally below average. Figures 7.3 and 7.4 show old-age and youth dependency ratios respectively. They are, loosely, inverses of each other: CHNs having relatively lower old-age dependency ratios have relatively higher youth dependency ratios. Figures 7.5 and 7.6 show that most of the population in each CHN rated their health as 'Good or Very Good' in the Census, with only a small percentages of each CHN rating their health 'Bad or Very Bad'. Figure 7.7 shows how disability is distributed among CHNs. Figure 7.8 shows the prevalence of carers among CHNs and Figure 7.9 shows the percentage of each CHNs that smokes.

Overall, CHNs around Dublin and the other cities have a more favourable age structure in terms of health and the other indicators of health looked at in this chapter are more positive for these CHNs. The differences between CHNs are mostly marginal, but even small differences at the population level can have an outsized impact on finite health resources.

Community-Healthcare-Networks

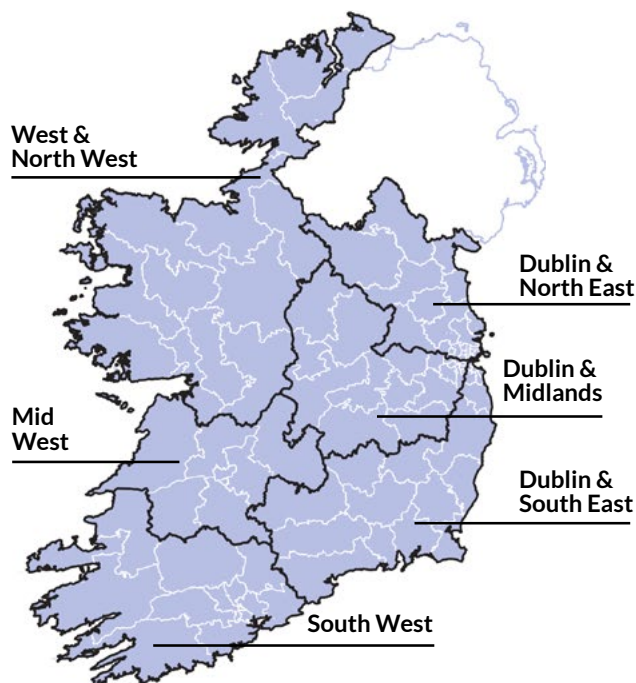
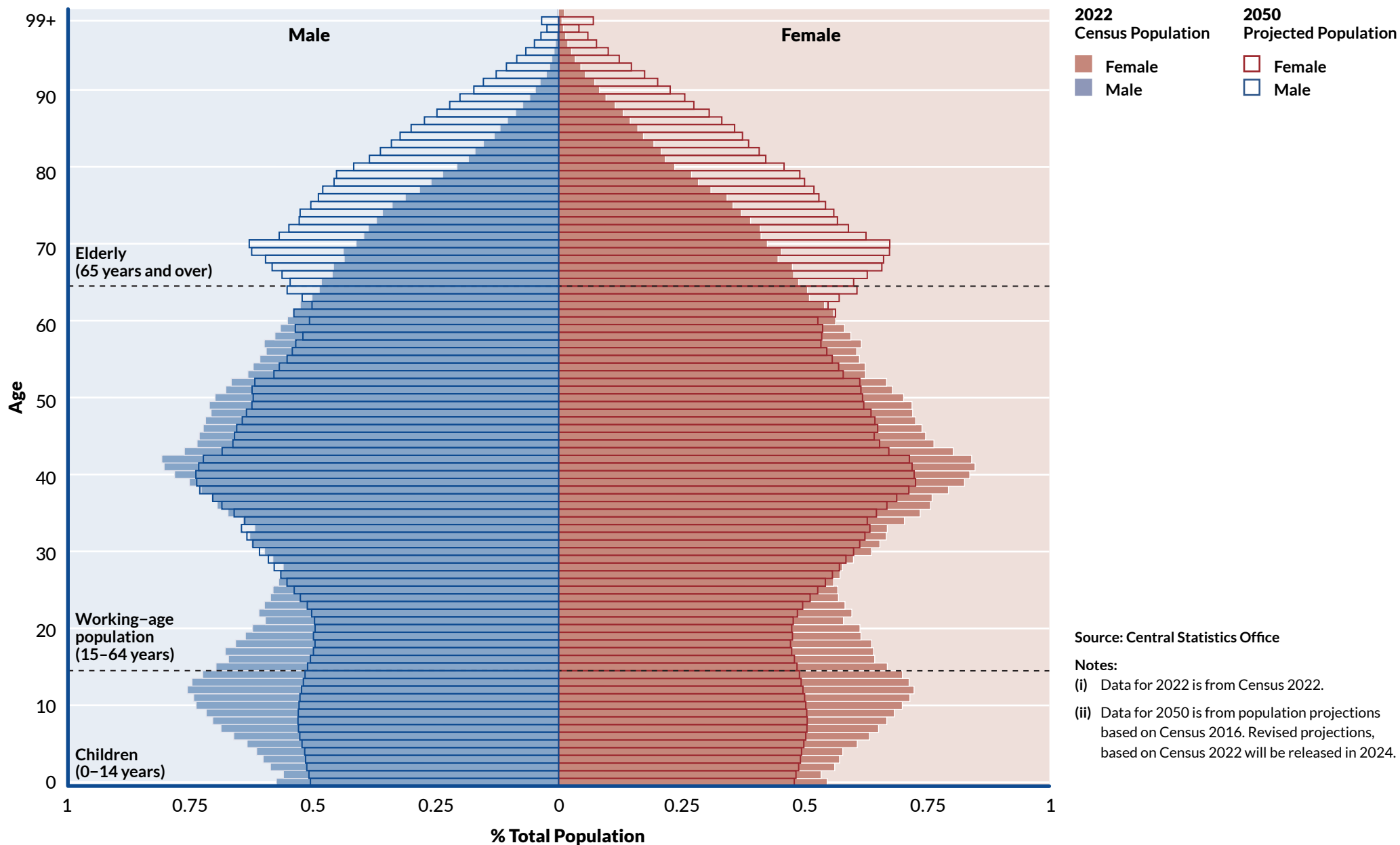


Figure 7.1
Population pyramid of Ireland, Census 2022 and 2050 (projected)



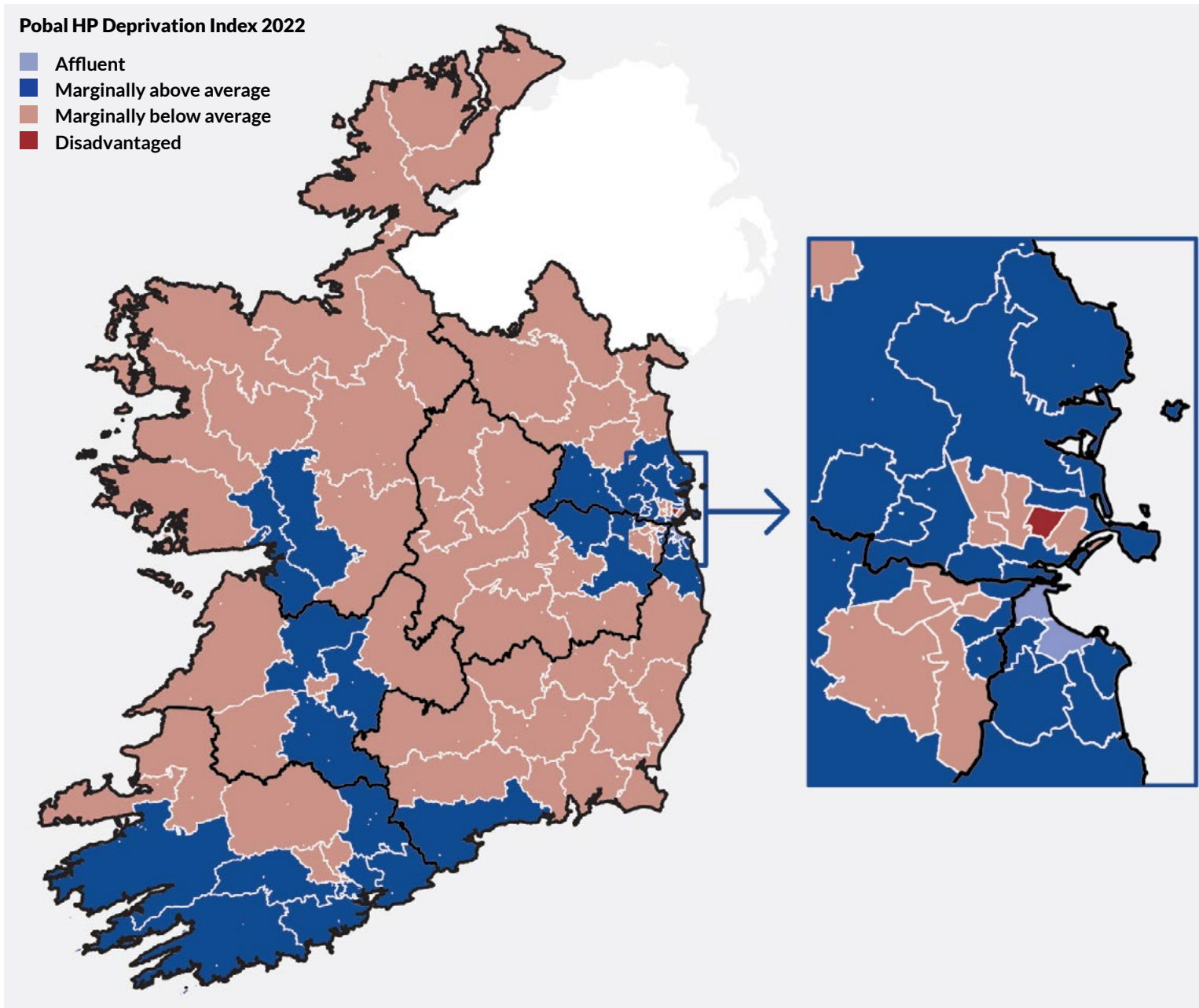
Source: Central Statistics Office

Notes:

- (i) Data for 2022 is from Census 2022.
- (ii) Data for 2050 is from population projections based on Census 2016. Revised projections, based on Census 2022 will be released in 2024.

Figure 7.2

Deprivation by Community Healthcare Network (CHN), Census 2022



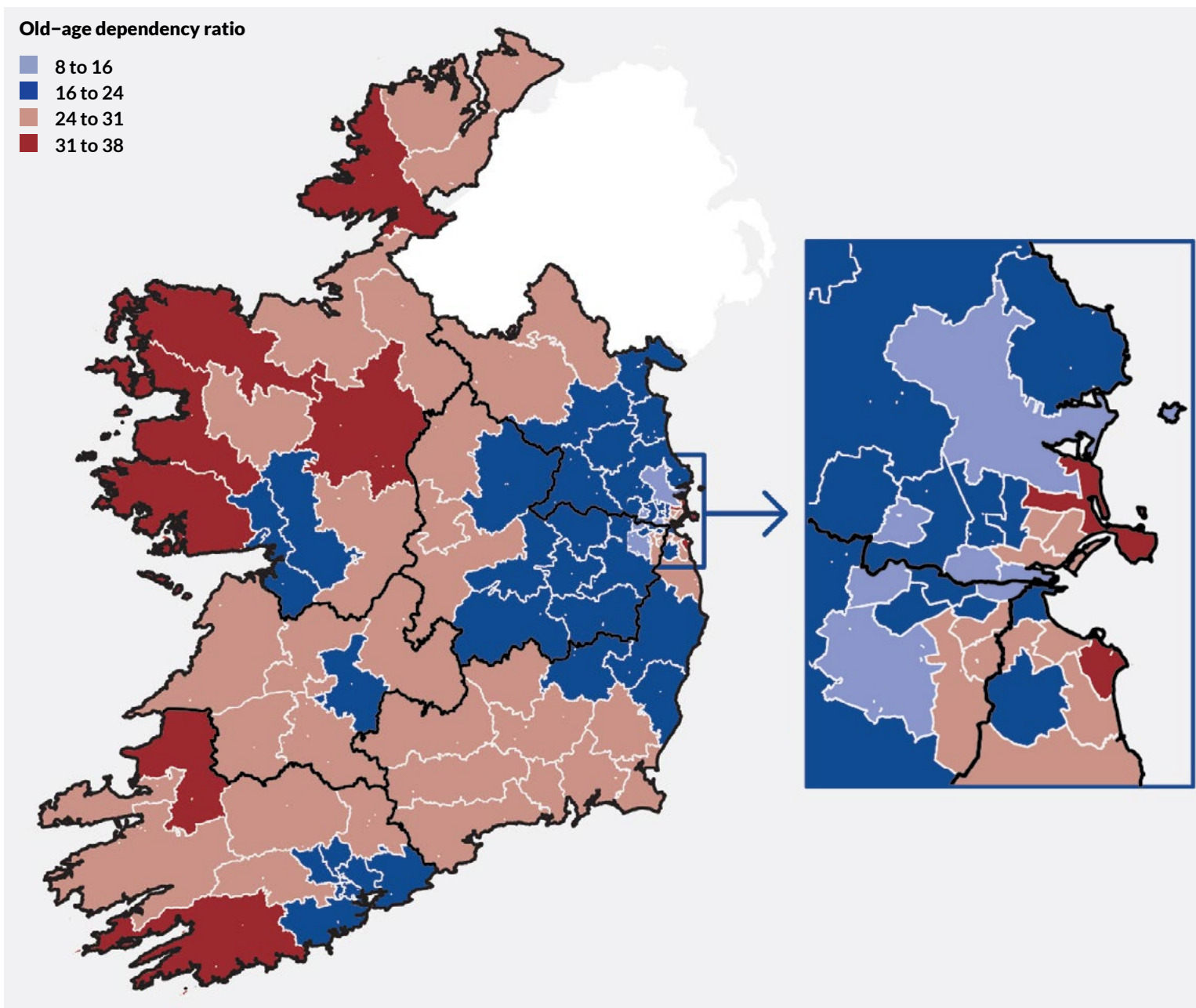
Source: Pobal (courtesy of Jonathan Pratschke).

Note:

- (i) Data is from the Pobal Haase/Pratschke Deprivation Index, based on Census 2022.

Figure 7.3

Old-age dependency ratio by Community Healthcare Network (CHN), Census 2022



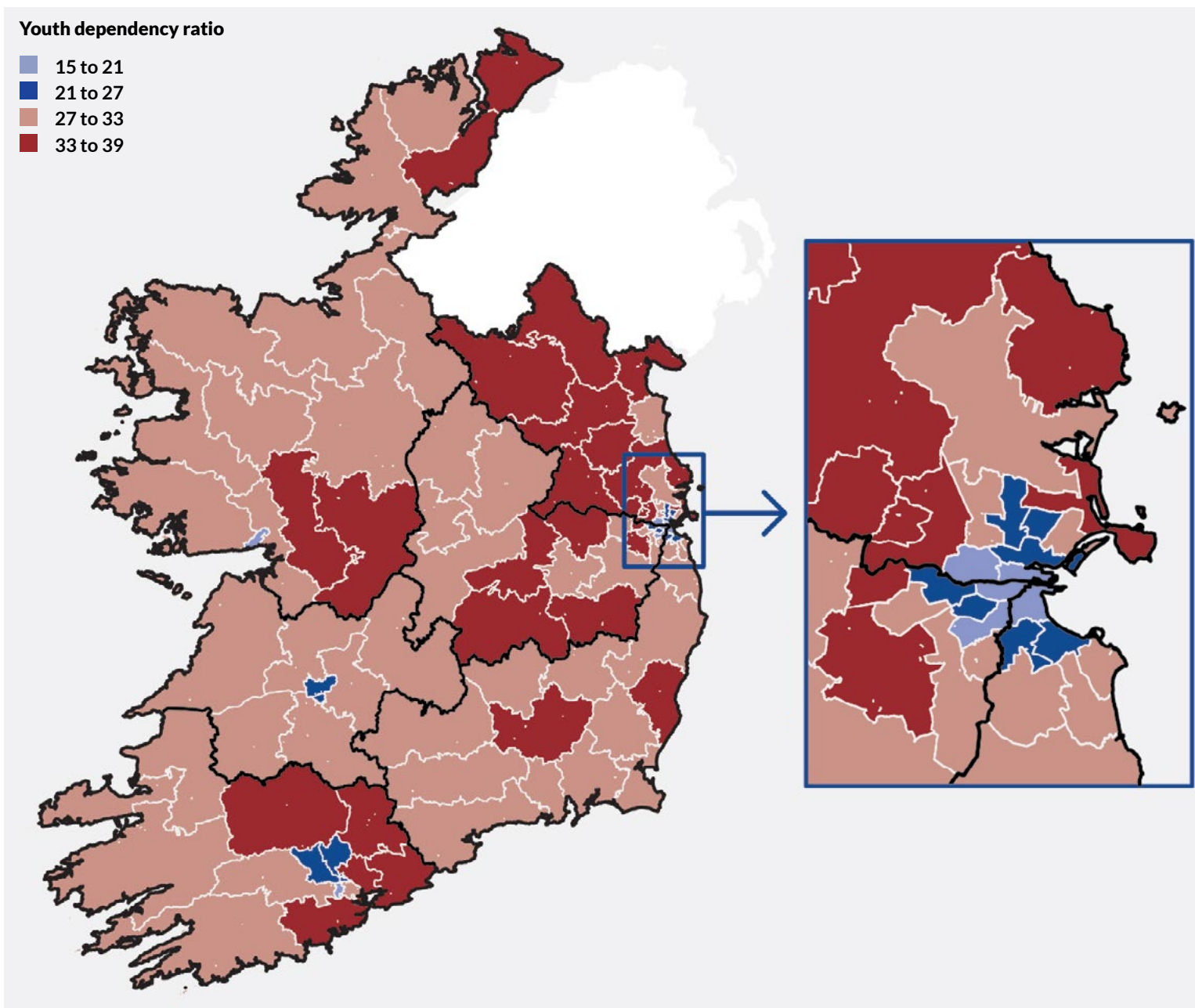
Source: Central Statistics Office.

Notes:

- (i) Data is from Census 2022.
- (ii) The Old-age dependency ratio is defined as defined as the number of individuals aged 65 and over per 100 people of working-age (aged 15 to 64).
- (iii) Here, we follow the CSO and Eurostat in defining working age as 15-64. The OECD defines working age as 20-64. It is arguable that this definition might be more suitable for Ireland, given that c.85% of those aged 15-19 had a principal economic status of 'Student or pupil' at Census 2022.

Figure 7.4

Youth dependency ratio by Community Healthcare Network (CHN), Census 2022



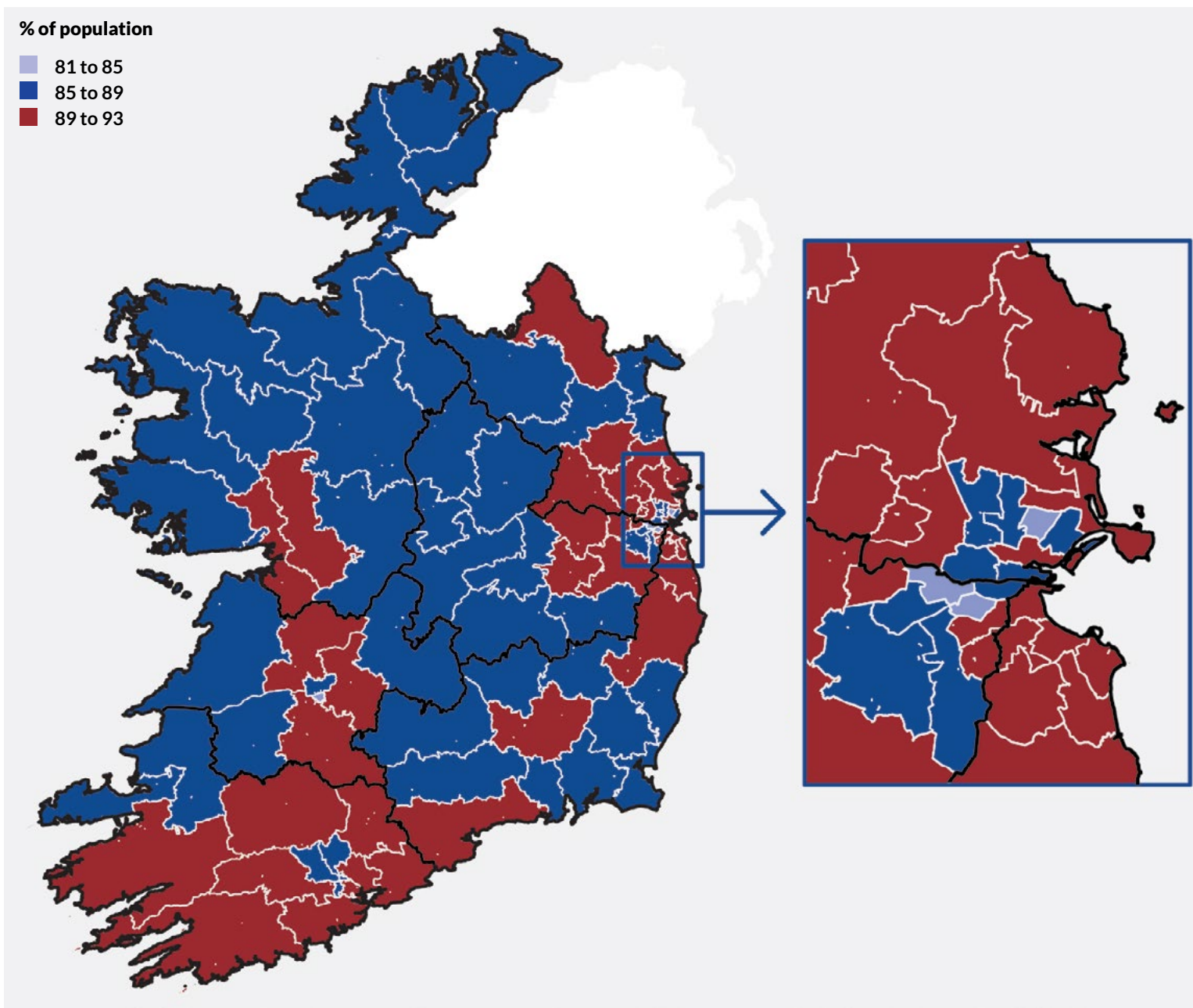
Source: Central Statistics Office.

Notes:

- (i) Data is from Census 2022.
- (ii) The Youth dependency ratio is defined as defined as the number of individuals aged 14 and under per 100 people of working-age (aged 15 to 64)
- (iii) See note under Fig. 7.2 on different definitions for working-age.

Figure 7.5

Percentage of the population reporting 'good' or 'very good' health by Community Healthcare Network (CHN), Census 2022



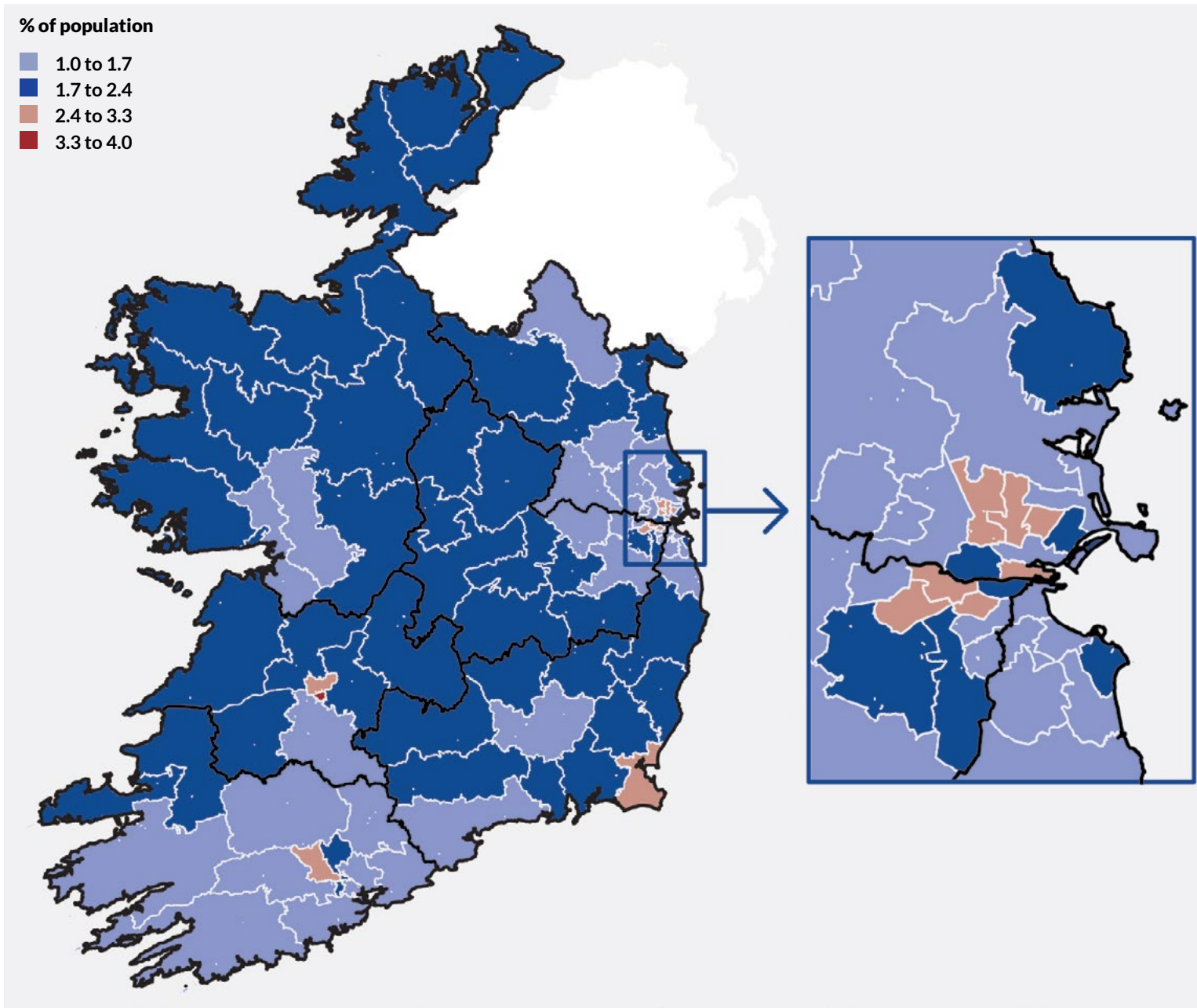
Source: Central Statistics Office.

Notes:

- (i) Data is from Census 2022, in particular responses to Question 17 on the household form, 'How is your health in general?'
- (ii) When calculating percentages at CHN level, we excluded 'Not-Stated'. This question had a non-response rate of 6.7% (of the total Census 2022 population).

Figure 7.6

Percentage of the population reporting 'bad' or 'very bad' health by Community Healthcare Network (CHN), Census 2022

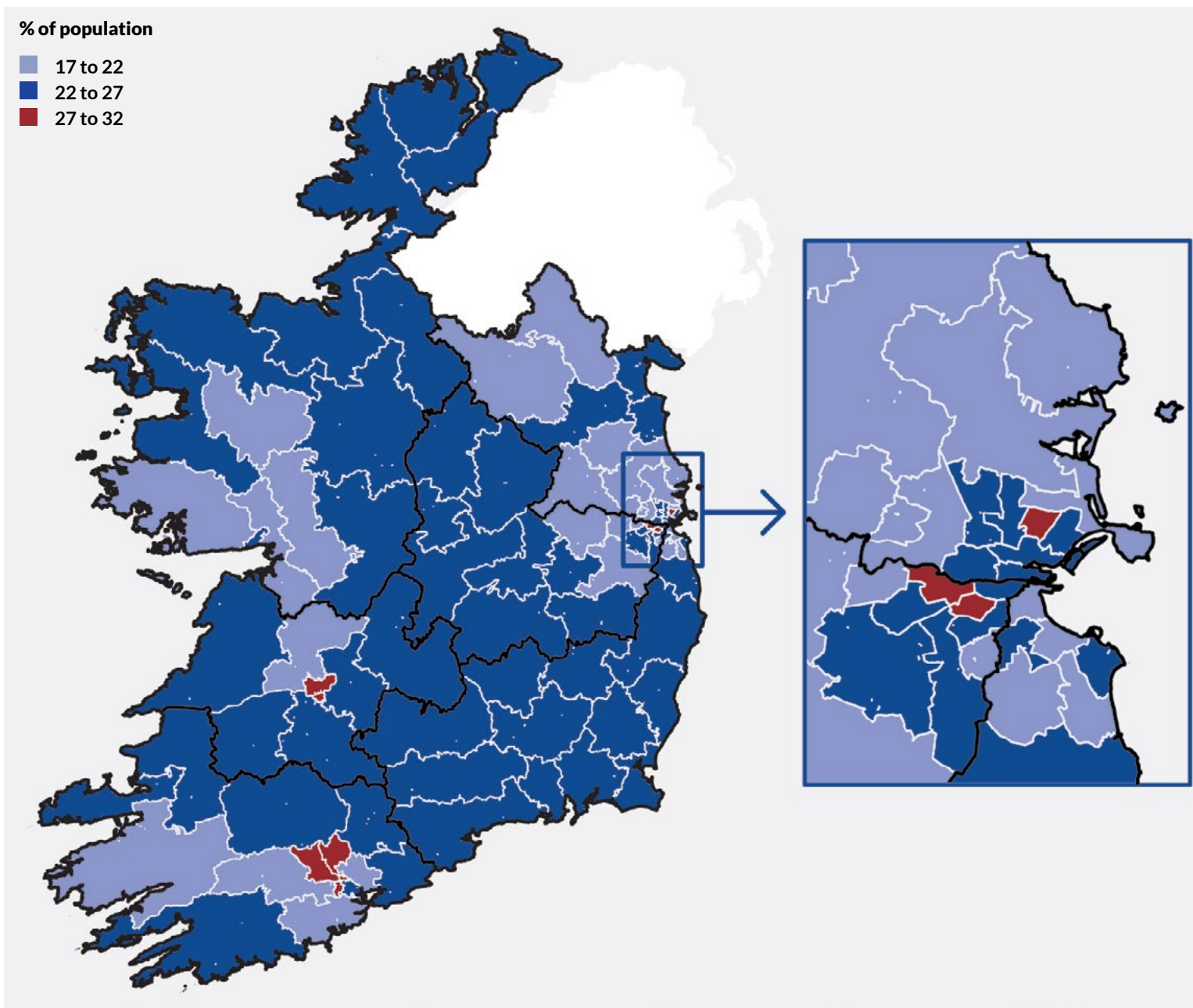


Source: Central Statistics Office.

Note:
See notes for Fig. 7.3.

Figure 7.7

Percentage of the population with a disability by Community Healthcare Network (CHN), Census 2022



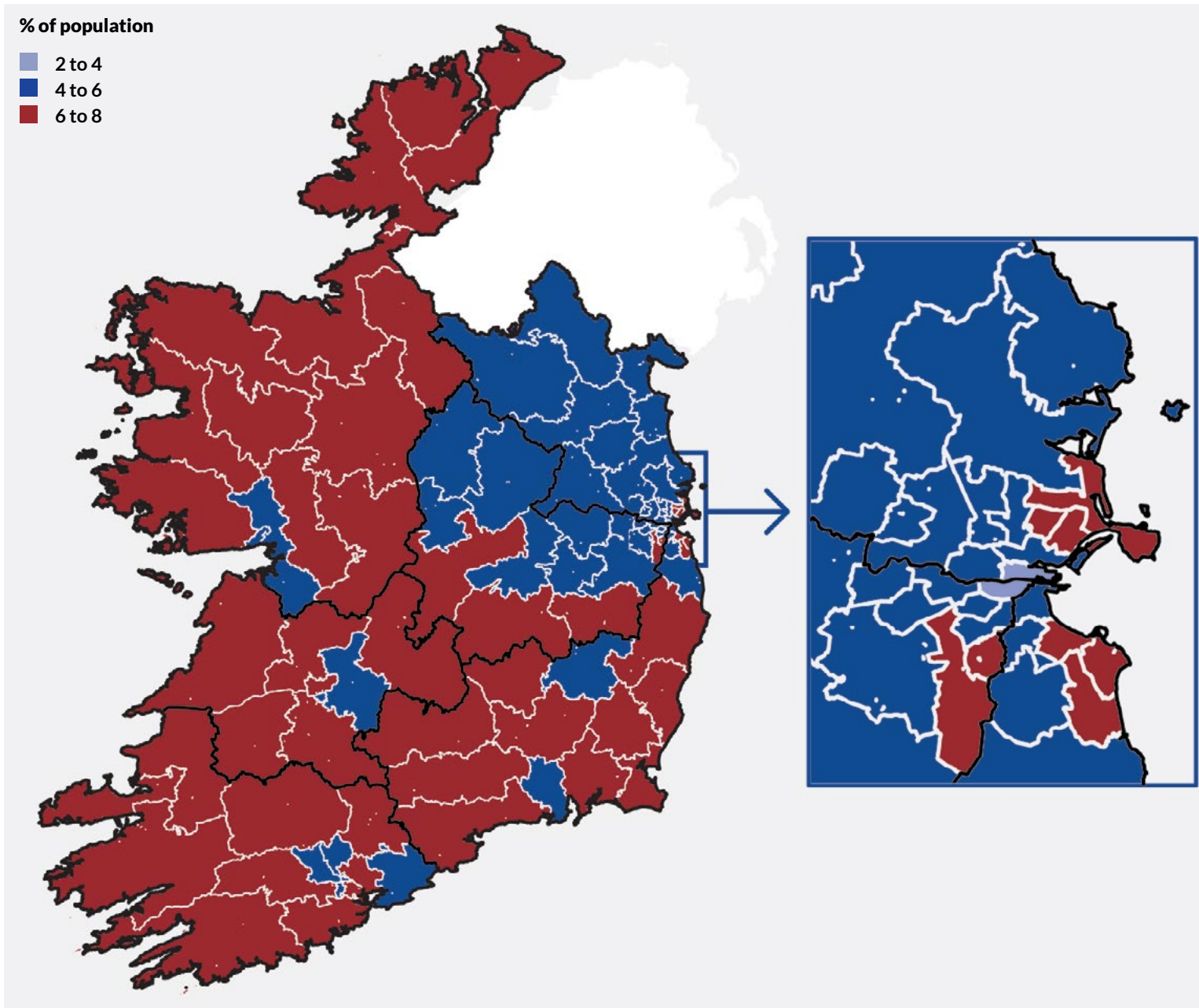
Source: Central Statistics Office.

Notes:

- (i) Data is from Census 2022.
- (ii) The Youth dependency ratio is defined as defined as the number of individuals aged 14 and under per 100 people of working-age (aged 15 to 64)
- (iii) See note under Fig. 7.2 on different definitions for working-age.

Figure 7.8

Percentage of the population who are carers⁽ⁱ⁾ by Community Healthcare Network (CHN), Census 2022



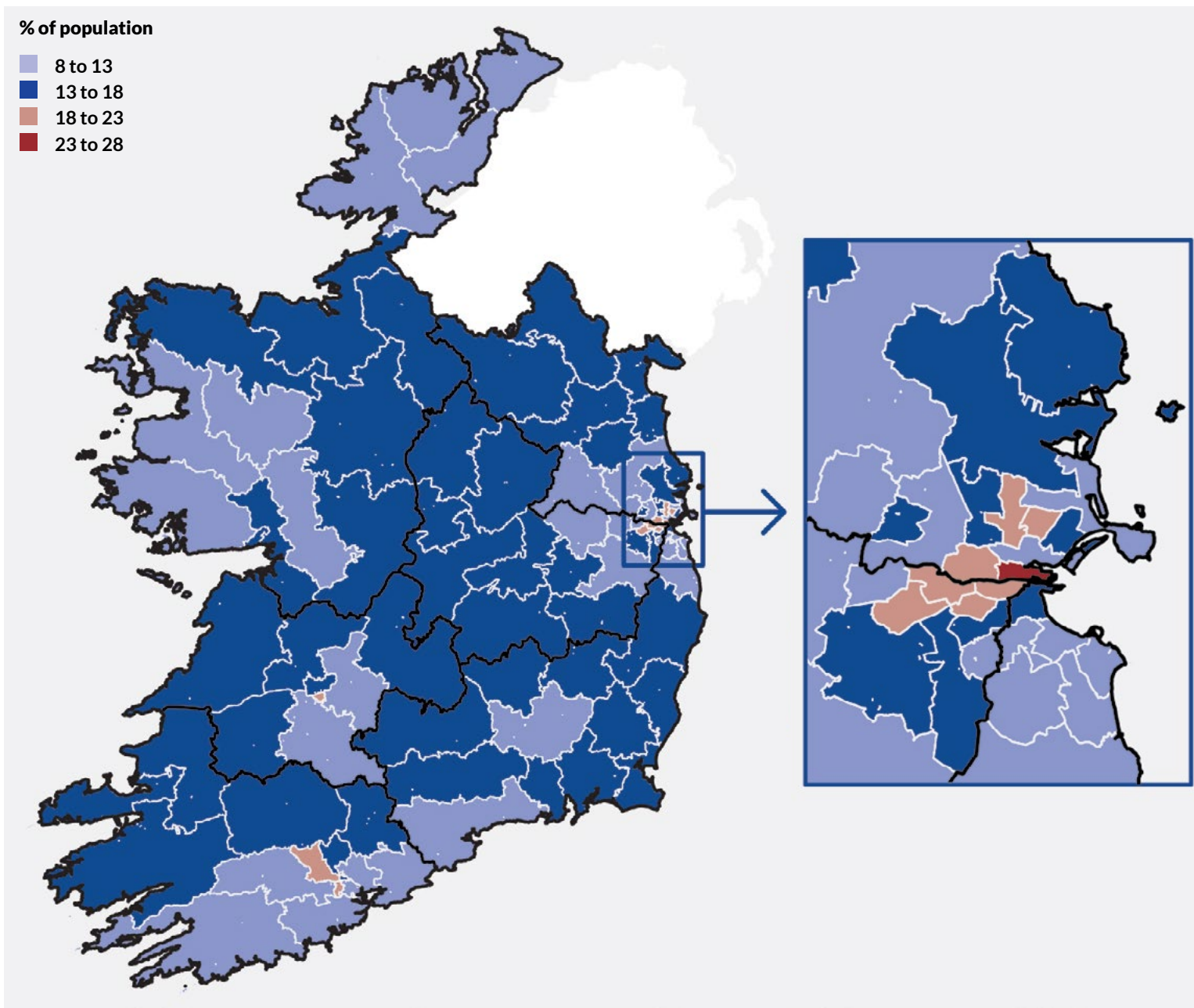
Source: Central Statistics Office.

Note:

- (i) Data is from Census 2022, in particular responses to Question 23 on the household form, 'Do you provide regular unpaid personal help or support to a family member, neighbour or friend with a long-term illness, health issue, an issue related to old age or disability?'

Figure 7.9

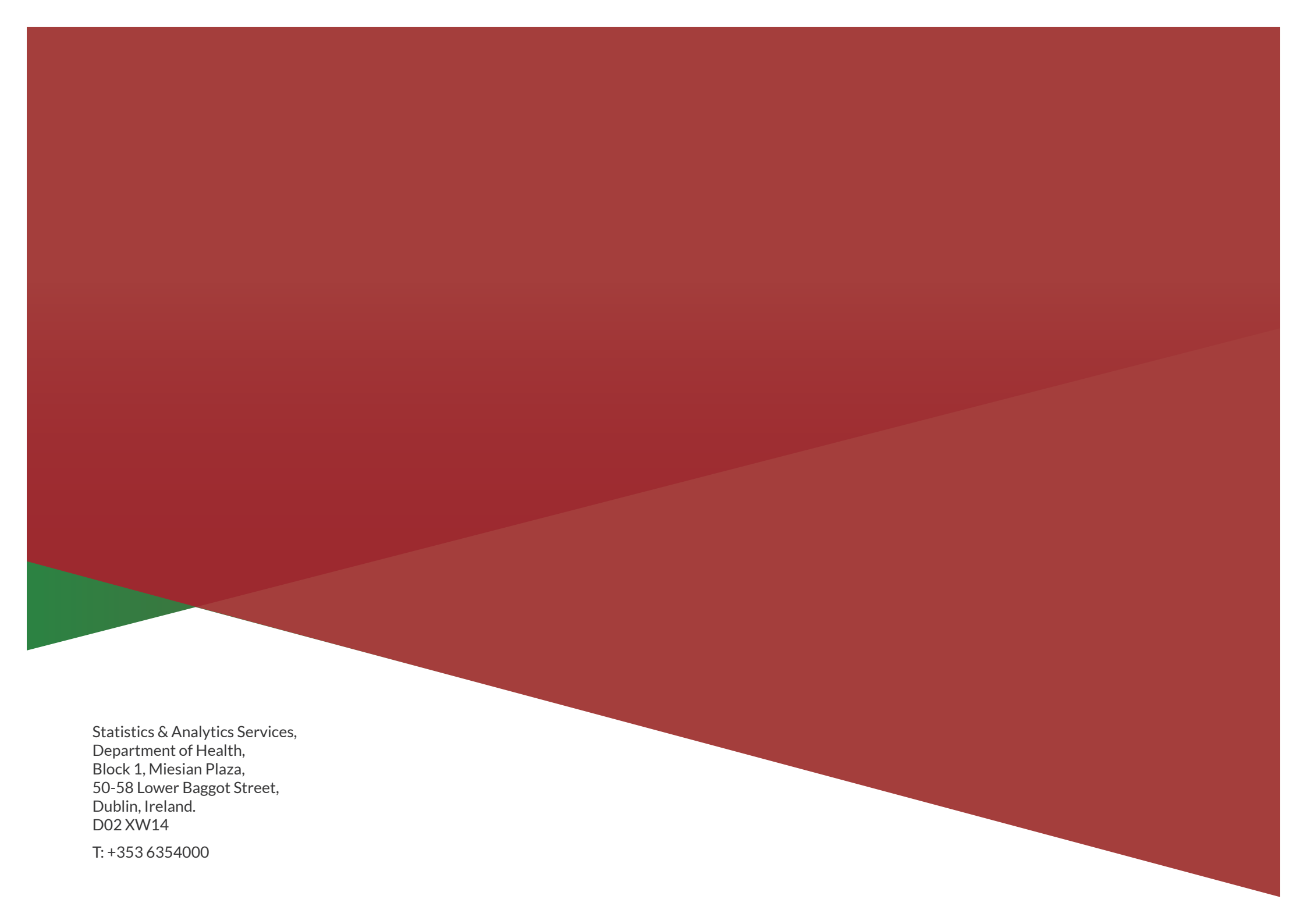
Percentage of the population who smoke by Community Healthcare Network (CHN), Census 2022



Source: Central Statistics Office.

Notes:

- (i) Data is from Census 2022, in particular responses to Question 18 on the household form, 'Do you smoke tobacco products?'
- (ii) When calculating percentages at CHN level, we excluded 'Not-Stamped'. This question had a non-response rate of 7.5% (of the total Census 2022 population).



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