



# Health Spending in Ireland 2015 - 2023

## Key Messages

- Healthcare spending has increased year-on-year since 2015 and accounts for over one quarter of gross government spending in Ireland.
- Ireland was the third highest spender on health in the EU27 in 2020, as a percentage of GDP/GNI\*. However, research has shown that differences in accounting practices across states can lead to Ireland's spending being overstated compared to other EU states, due to the inclusion of social care related spending.
- Health spending has exceeded its allocated budget for 7 of the last 8 years up to 2022, with the average variance being 4.4% above initial allocation.
- The key drivers of health spending in Ireland include:
  - Demographic changes, including a growing and ageing population;
  - Increases in staffing numbers and pay rates;
  - Policy changes;
  - Increased costs of drugs, medicines, and appliances;
  - Increased costs of providing primary care demand-led schemes, such as General Medical Service (GMS) medical and GP visit cards, Long Term Illness and Drug Payment Schemes; and
  - Increased capital costs.
- The HSE-related headings set out in the Revised Estimates for Public Services are very broad and are not easily mapped on to HSE spending plans outlined in the National Service Plan (NSP) and Capital Plan. This limits analysis, transparency and ultimately oversight of health spending.

## Introduction

### About this report

A considerable portion of government spending in Ireland goes toward the delivery of healthcare services. In 2023, the government allocation, as approved by Dáil Éireann was over €24 billion, from a gross spending budget of €89 billion.<sup>1</sup> This represents close to 27% of total government expenditure provided for in 2023 and the largest ever health budget in the history of the state in nominal terms. Furthermore, in an international context, Ireland is a high spender on public healthcare, although caution is required with international comparisons as different accounting practices used may overstate Ireland's position.<sup>2</sup> It should also be noted that quite a large provision of private healthcare exists in Ireland despite the significant public investment. Most recent data shows that 47.7% of the population has private health insurance.<sup>3</sup>

It is within this context that the Parliamentary Budget Office (PBO) seeks to provide an overview of public health spending trends and the health budget. This report aims to:

- Outline spending trends from 2015 to 2023, and present them in an international context;
- Draw attention to the potential drivers of spending; and
- Highlight barriers and challenges to budgetary oversight.

Please note that a number of graphs in this report contain two vertical axes to present data. Where present, data will be labelled as LHS (Left-hand side) or RHS (Right-hand side) to indicate the relevant axis.

<sup>1</sup> Department of Public Expenditure, NDP Delivery and Reform (2022) *Revised Estimates for Public Services 2023*.

<sup>2</sup> Wren, M. & Fitzpatrick, A. (2020) *How Does Irish Healthcare Expenditure Compare Internationally?*.

<sup>3</sup> The Health Insurance Authority (2023) *Quarterly Report on Health Insurance Q1 2023*.



## Defining public healthcare spending

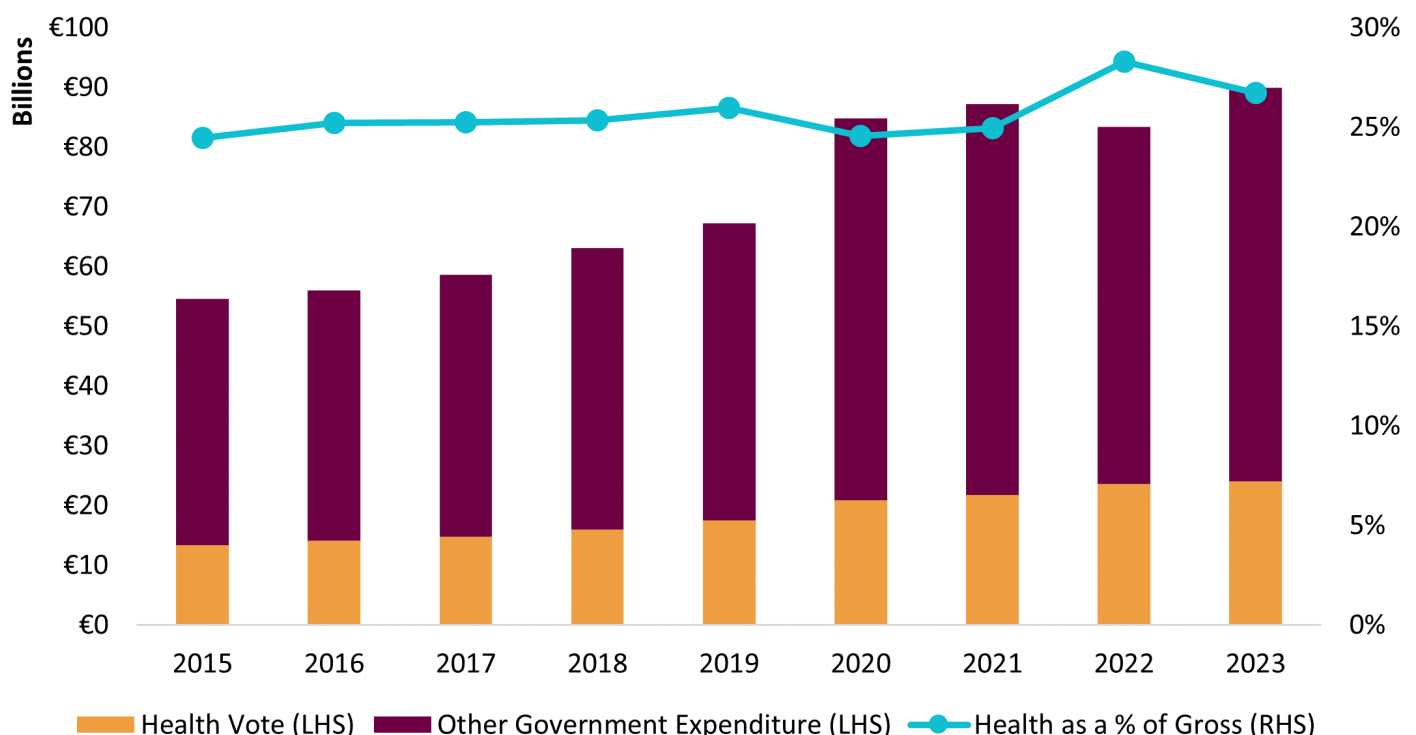
Spending from Government and compulsory finance schemes account for the vast majority of total healthcare expenditure in Ireland and across the EU27. Public healthcare spending is that which is funded by Government (e.g. general taxation, levies) and compulsory contributory financing schemes (e.g. social insurance contributions). This research excludes private healthcare expenditure, such as private health insurance premiums and out-of-pocket payments made to access healthcare services and fund healthcare needs.

## Contextualising Ireland’s public healthcare spending

Government expenditure has been increasing since the recovery from the 2008 global financial crisis and Ireland’s exit from the EU-IMF-ECB Fiscal Adjustment Programme. Health spending, in particular, has gradually increased over the period 2015 to 2023, although notably it accelerated significantly in response to the COVID-19 pandemic in 2020, as highlighted by figure 1 below. Figure 1 also presents the percentage of government spending allocated to Health over the period.

Furthermore, it is worth noting as of July 2023 the health budget is running €313 million ahead of profile.<sup>4</sup> Current spending is €436 million above profile, while capital spending is under-budget by €123 million. While demographic change, namely population ageing, creates additional pressure for the health service, previous PBO research found that non-demographic factors are the main drivers of public health spending increases.<sup>5-6</sup> Non-demographic factors can include policy changes, price inflation, and pay increases.

**Figure 1: Health Vote Expenditure as a share of Gross Government Expenditure 2015 - 2023**



**Source:** PBO based on Department of Public Expenditure, NDP Delivery and Reform, 'Databank' (accessed 16 May 2023).

**Note:** Figures are measured as billions of euros on the left hand side, and percentage on the right hand side.

<sup>4</sup> Department of Finance (2023) *Fiscal Monitors 2023*.

<sup>5</sup> Lindberg, C. & McCarthy, T. (2021) *Impact of Demographic Change on Health Expenditure 2022-2025*.

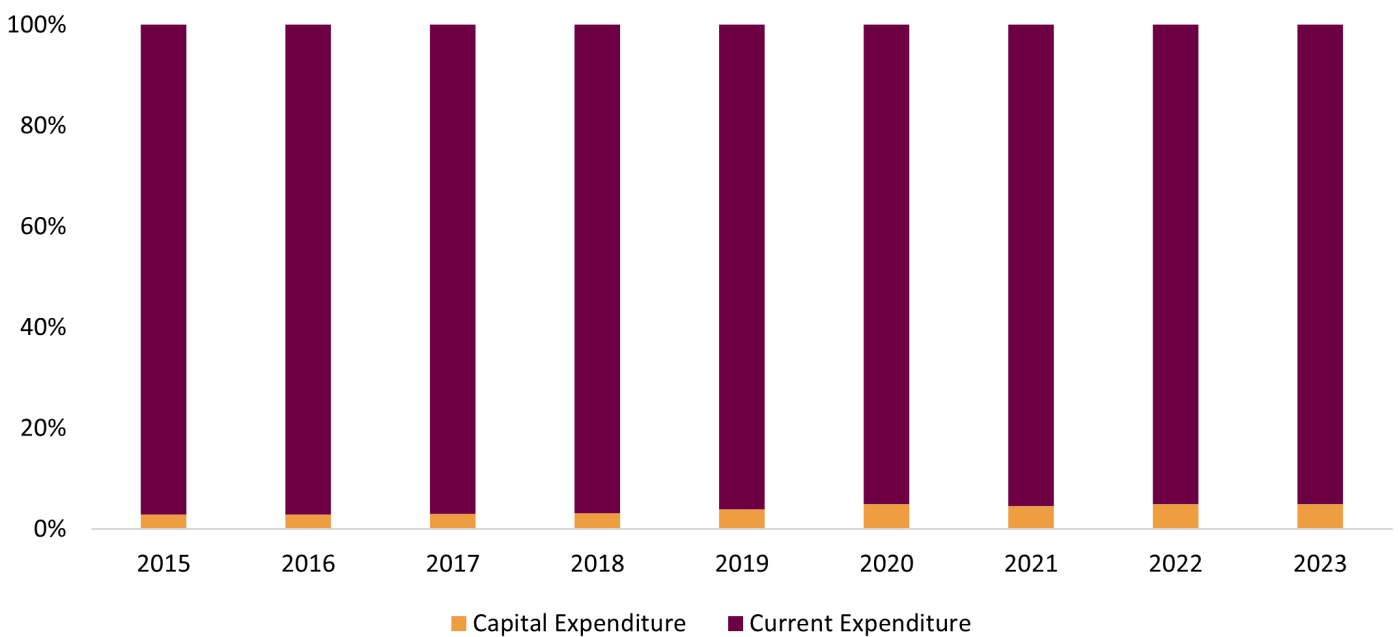
<sup>6</sup> Parliamentary Budget Office (2019) *The Effect of Changing Demographics on Irish Health Expenditure - An Analysis of Different Approaches and Findings*.



## Current and Capital Healthcare Spending

Current spending provides for day-to-day operational costs, such as salaries, administrative overheads, and medicine. Capital spending is that which is used to build and acquire assets such as hospitals, medical equipment, and ICT equipment. Current spending accounts for the vast majority of the Health Vote, although Capital spending share has increased in recent years (Figure 2), peaking in 2020. Capital spending as a proportion of the Health Vote increased from 2.9% in 2015 to an allocated 4.9% in 2023. The Capital budget itself has risen from €0.387 billion to €1.18 billion over the same period, an increase of 205%. Capital spending increased significantly in 2020, to enable the HSE to develop capacity to effectively respond to the COVID-19 pandemic. Meanwhile, current expenditure increased from €6.3 billion in 2015 to €10.3 billion by 2023.

**Figure 2: Current and Capital Healthcare Spending 2015 - 2023**



**Source:** PBO based on Department of Public Expenditure, NDP Delivery and Reform, 'Databank' (accessed 16 May 2023).

**Note:** Figures are measured as a percentage (%)

## EU27 Context

Figures 3 and 4 below present Irish healthcare spending in comparison with EU peer states, using two different metrics. These metrics are intended to highlight Ireland's position relative to other EU countries, however caution is required while interpreting this position.<sup>7</sup> While examining other EU countries is beneficial, research by the Economic and Social Research Institute (ESRI) concluded that due to differences in accounting practices across states, Ireland's spending may be overstated compared to other EU states, due to the inclusion of social care related spending.<sup>8</sup> Furthermore, the structure and type healthcare systems varies across the EU which can impact on access to and quality of care services. As such, healthcare outcomes can differ even where spending is similar.

Figure 3 shows the level of public healthcare spending as a share of national income across the EU27 for 2019 and 2020. In 2020, public spending on healthcare in Ireland accounted for 5.6% of GDP, compared to the EU27 average of 7%. However, when considering public healthcare spending in Ireland in the context of GNI\*,<sup>9</sup> Ireland is among the highest spenders in Europe, accounting for over 10% of GNI\* in 2020, the third highest in the EU27 after only Germany and France. In contrast, using GNI\* for 2019, Ireland was the sixth-highest spender, when the proportion was 8.2%. The growth in Ireland's healthcare expenditure as a proportion of the total value of the economy from 2019 to 2020 is the second highest in the EU27, after Cyprus. This is likely a result, at least in part, of additional funding in response to the COVID-19 pandemic. Much of this additional funding now appears to be retained in the health budget.

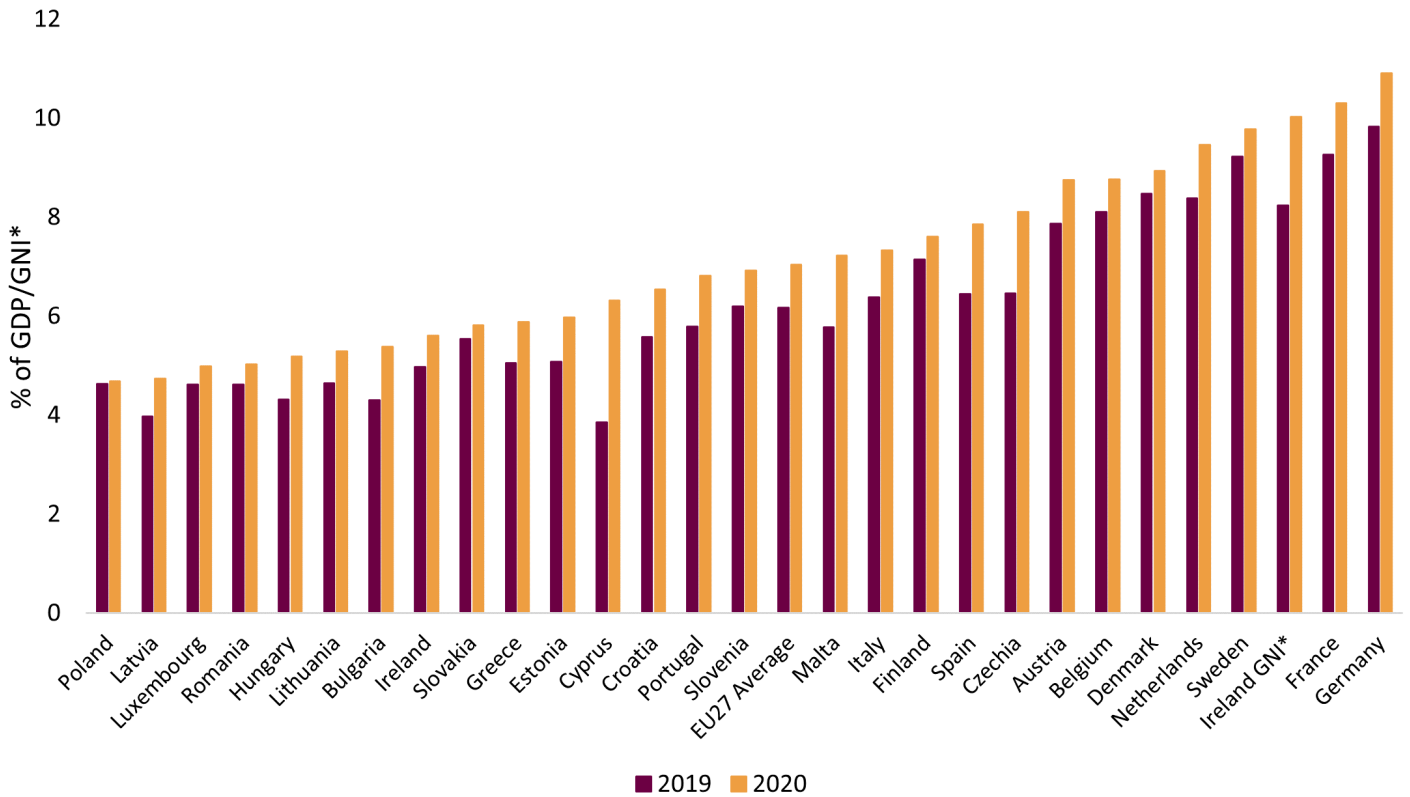
<sup>7</sup> Wren, M. & Fitzpatrick, A. (2020) *How Does Irish Healthcare Expenditure Compare Internationally?*

<sup>8</sup> Ibid.

<sup>9</sup> Modified Gross National Income (GNI\*) measures the value of the whole economy, similar to GDP. However, GNI\* adjusts for money being received from and paid to abroad, such as EU subsidies and budget contributions, and is therefore a more precise measure.



Figure 3: Public Healthcare Expenditure in the EU27 as a share of GDP (or GNI\*, where indicated)



**Source:** PBO based on Central Statistics Office, 'National Income and Expenditure 2020' (accessed 8 June 2023) and Eurostat, 'Health care expenditure by financing scheme' (accessed 8 June 2023) .

**Note:** Ireland is included in the figure twice, recording GDP and GNI\* separately.

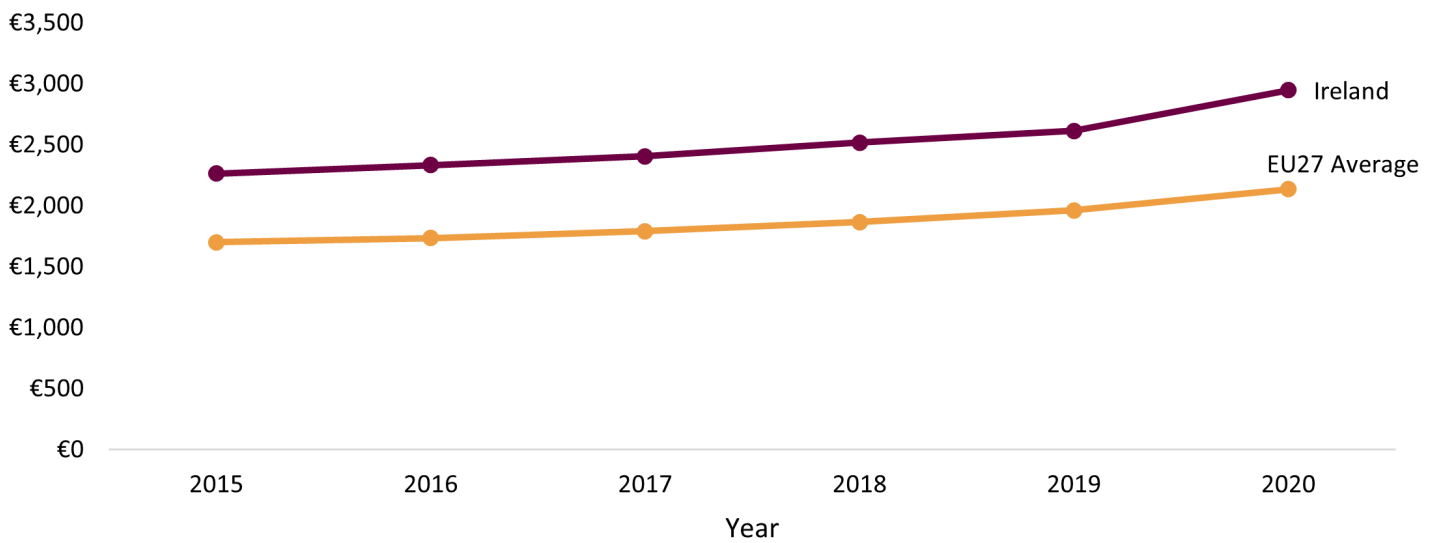
Figure 4 shows Ireland’s public health spending on a purchasing power standard (PPS) per capita basis has been increasing year-on-year since 2015, with a particularly sharp increase noted in 2020, and has been consistently higher than the EU27 average spend. In 2020, Ireland spent €2,948 per inhabitant, above the EU27 average of €2,135. On a per capita basis, Ireland’s expenditure is the 9th highest in the EU, which has been unchanged since 2019, while Germany had the largest per capita spending in 2020 at €4,110 per capita.

As reported previously by the ESRI, the divergence between Ireland’s position as a spender as a proportion of economic activity and on a per capita basis reflects the impact of high prices and wages in Ireland on healthcare costs.<sup>10</sup>

<sup>10</sup> Wren, M. & Fitzpatrick, A. (2020) *How Does Irish Healthcare Expenditure Compare Internationally?*.



Figure 4: Healthcare Expenditure PPS per capita in Ireland and EU27 (2015 - 2020)



Source: PBO based on Eurostat, 'Healthcare Expenditure by Financing Scheme' (accessed 8 June 2023).

## Health allocations and expenditure variance

Figure 5 below outlines Health Vote allocations, spending and variance for the period 2015 – 2022. Health allocations for the forthcoming year are initially set out in the Revised Estimates for Public Services (REV), following the annual budgetary process. Estimates are disaggregated according to various headings and subheadings to identify key programmes and services receiving allocations, which can be found in Appendix 1. As noted earlier, the health budget has been increasing year-on-year, with health spending exceeding its allocation every year since 2015, excluding 2021. The variance between the allocation and expenditure ranges from a 1.7% underspend in 2021 to a 13.5% overspend in 2020. On average the variance on spending is 4.4% above the initial allocation.

The PBO has noted previously the relationship between monies allocated in the Health Vote in the REV and the HSE is complex.<sup>11</sup> As per Appendix 1, headings within the Health Vote are quite broad and are not congruent with more detailed spending headings set out in HSE documents including annual service plans (Revenue Expenditure profile); capital plans (capital expenditure profiles); and annual reports. While additional headings are presented in an indicative appendix, figures presented here do not always correspond to HSE programmes listed in the National Service Plan. This can present difficulties when attempting to identify and interpret specific areas of healthcare spending against allocations set out in the REV, particularly as these are not exclusive to the HSE, but include wider spending under the remit of the Department of Health.<sup>12</sup> Clearer alignment between spending headings and HSE programmes would be welcome to facilitate greater transparency.<sup>13</sup>

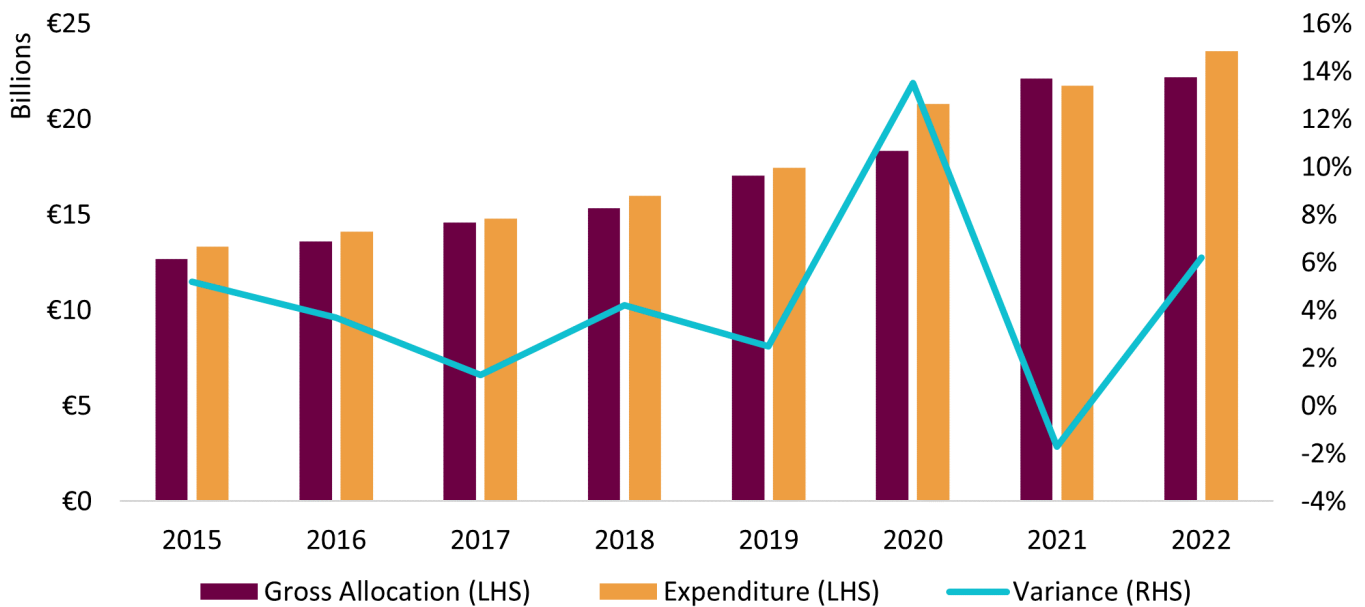
<sup>11</sup> Parliamentary Budget Office (2018) *The HSE National Service Plan and its Relationship with the Health Vote*.

<sup>12</sup> Ibid.

<sup>13</sup> Ibid.



Figure 5: Health Vote Gross Allocation (initial) and Expenditure (outurn) 2015 - 2022



**Source:** PBO based on Department of Public Expenditure, NDP Delivery and Reform, 'Databank' (accessed 16 May 2023) and *Revised Estimates for Public Services 2015 - 2022*.

**Note:** Figures are measured as billions of euros on the left hand side and percentages on the right hand side.

## Key Drivers of Health Spending

### Overview

In 2015, gross health vote spending was €13.34 billion while the initial allocation for 2023 is just over €24 billion.<sup>14-15</sup> This represents an increase in the Health allocation of 80%, and the highest ever health budget in nominal terms.<sup>16</sup> This section details spending trends across key headings outlined in the REV and highlight drivers of these trends. It should be noted as per the most recent fiscal monitor, the health budget is overspending and a supplementary estimate may be required, further increasing the 2023 budget. The three main spending areas forming the Health Vote are HSE Health and Social Care Services, Care Programmes (principally made up of PCRS), and Capital Services, which are detailed below.

### HSE Health and Social Care Services

The most substantial allocation within the Health Vote is "HSE Health and Social Care Services", worth €15.86 billion in 2023. This accounts for the majority of the HSE budget and provides for clinical and non-clinical patient services in community and acute settings. A small portion of this, €604 million, was designated for COVID-19 related actions. However, it is worth noting this allocation is greater than the entire allocation for numerous Votes in 2023, including Justice (€523 million), Foreign Affairs (€398 million), and the Office of Public Works (€539 million). The next two largest health programmes are Care Programme with €5.03 billion and Capital Services at €1.4 billion. Figure 6 below highlights, both pay and non-pay costs have also increased significantly since 2015. Due to the scope and breadth of services provided for under this heading, it is difficult to pinpoint precise drivers of cost increases, particularly regarding non-pay costs.

<sup>14</sup> Department of Public Expenditure, NDP Delivery and Reform (2023) *Databank*, accessed 16 May 2023.

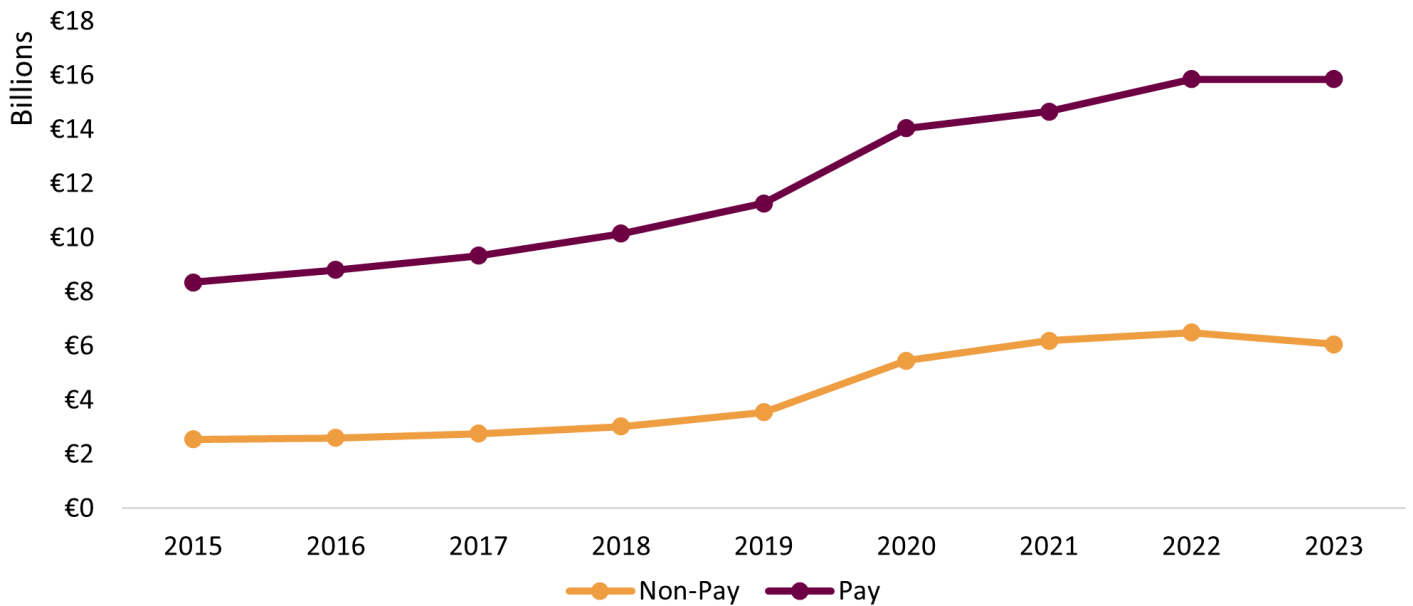
<sup>15</sup> Department of Public Expenditure, NDP Delivery and Reform (2023) *Revised Estimates for Public Services 2023*.

<sup>16</sup> This has since been revised downward to 20.9 billion because of Disability Services being transferred to Vote 40 Children, Equality, Disability, Integration and Youth. In the interest of comparability for the period, Disability Services remains included in this analysis.



In relation to increases in pay costs, these have been driven by three key factors: the unwinding of the FEMPI Acts<sup>17</sup> which restricted public-service salaries; implementation of new public sector pay agreements which increased public-service salaries; and a 32% increase in whole-time equivalent (WTE) staff numbers (see figure 7). It is important to note WTE figures reported by the HSE do not include temporary agency staff but do include Section 38 funded agencies. Section 38 agencies are funded by the HSE to provide a wide range of health and social care services on its behalf (e.g. acute services, disability service etc.). Staff salaries are in line with Government public sector pay policy rates.

**Figure 6: HSE Health and Social Care Services Expenditure (2015-2022) and Allocation (2023)**



**Source:** PBO based on Department of Public Expenditure, NDP Delivery and Reform, 'Databank' (accessed 16 May 2023).

**Note:** Figures are measured in billions of euros. Figures for 2023 refer to the budget allocation.

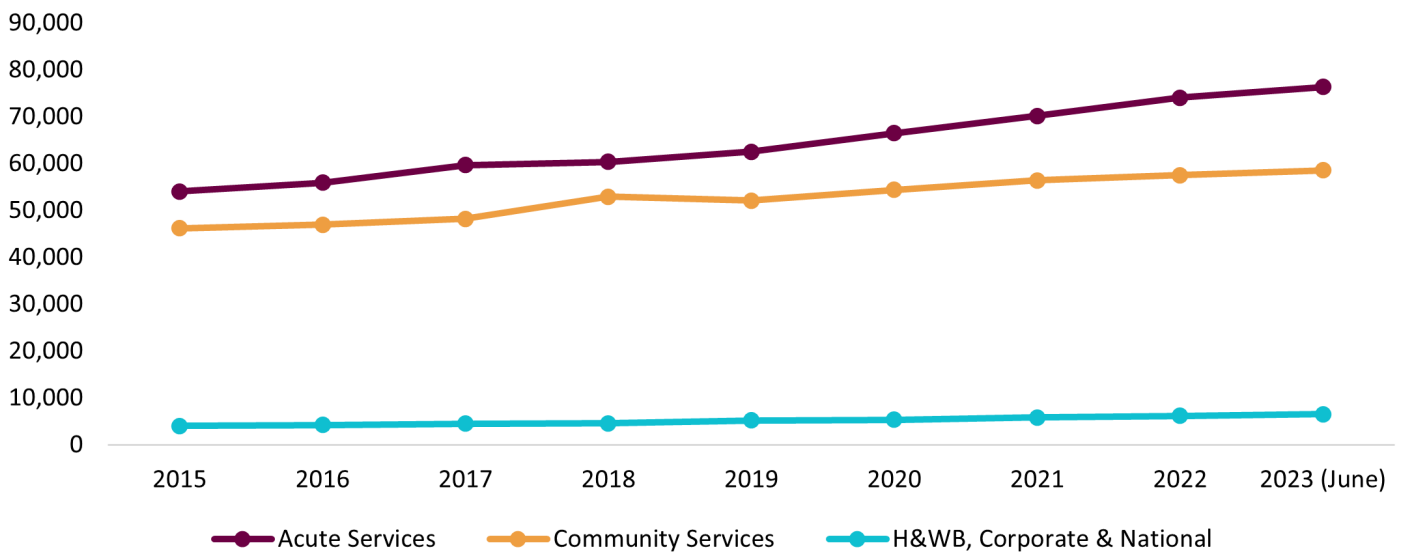
Figure 7 sets out the number of WTEs employed in the HSE from 2015 to May 2023 across the main service divisions. WTEs represent the number of full-time positions in employment. There have been significant increases across the two largest divisions, Acute Services and Community Services, which implement and deliver patient services in specialised and primary care settings, respectively. WTE numbers within Health and Wellbeing (H&WB), Corporate and National Service divisions have also increased by approximately 60% as the HSE continues to develop its strategic capacities to support operational divisions.

<sup>17</sup> Financial Emergency Measures in the Public Interest.





Figure 7: Number of WTEs in employment in the HSE by service division 2015 - June 2023

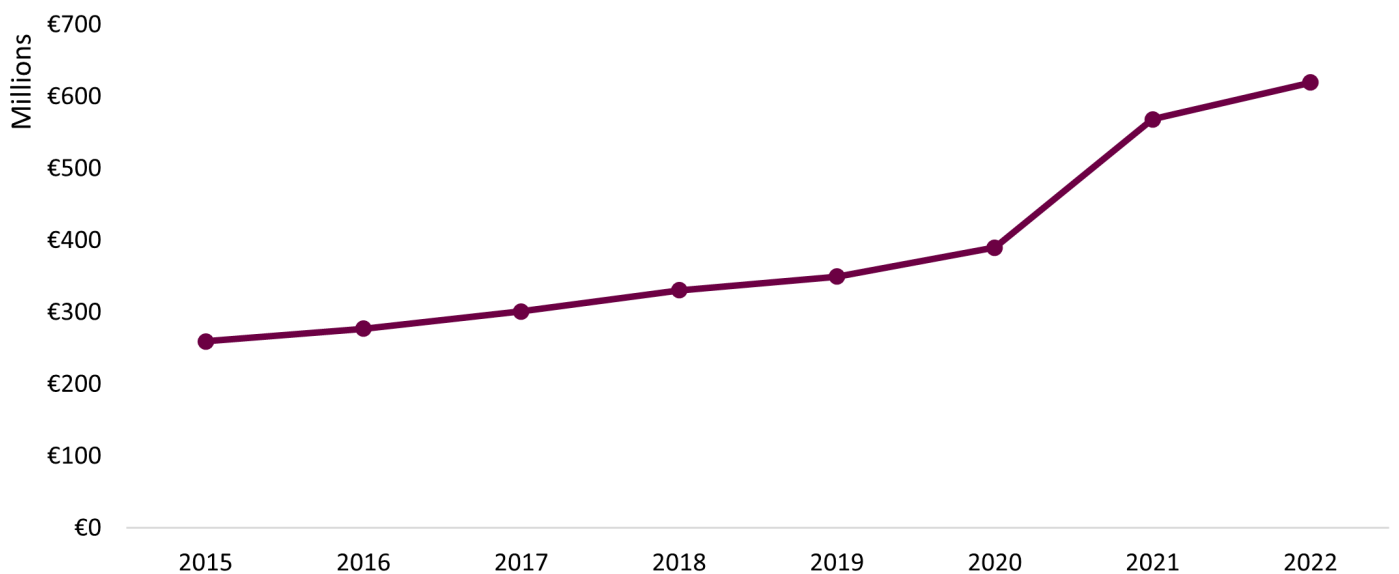


Source: PBO based on Health Service Executive, 'Workforce Reporting'.

Note: Figures are measured in billions of euros. Figures for 2023 refer to the budget allocation.

However, the HSE does not report the number of temporary agency staff it employs, which in effect means the total number of staff working in the health sector is larger than reported. Yet expenditure on paying salary costs of agency staff is reported. As highlighted by figure 8 below, agency staff costs have increased substantially from 2015 to 2022. Over this period, costs rose by 139%, from €259 million to €619 million. As noted previously by the Irish Government Economic and Evaluation Service (IGEES), there appears to be a growing reliance on agency staff to deliver patient services, as the volume of hours completed by agency staff has been increasing.<sup>18</sup> As per figure 8 below, this reliance was particularly acute during the pandemic.

Figure 8: HSE Agency Staff Total Pay Costs 2015 - 2022



Source: PBO based on Health Service Executive, 'Annual Reports'.

Note: Figures are measured in millions of euros.

<sup>18</sup> Hanney, E. & Doyle, C. (2021) *Factors Affecting Agency and Overtime Expenditure in the Irish Health Service*.

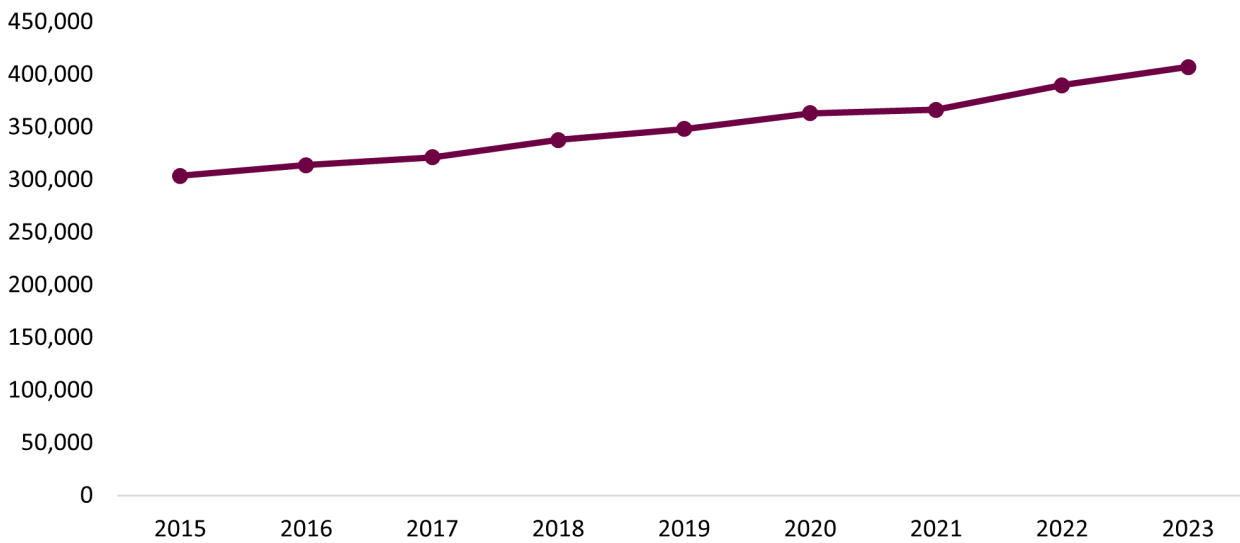




HSE annual accounts provide a non-pay breakdown of costs, however headings and items are not easily linked with those set out in the REV.<sup>19</sup> In addition, HSE data does not provide non-pay costs per service division. This creates difficulties in analysing expenditure data as it relates to specific divisions or diseases.

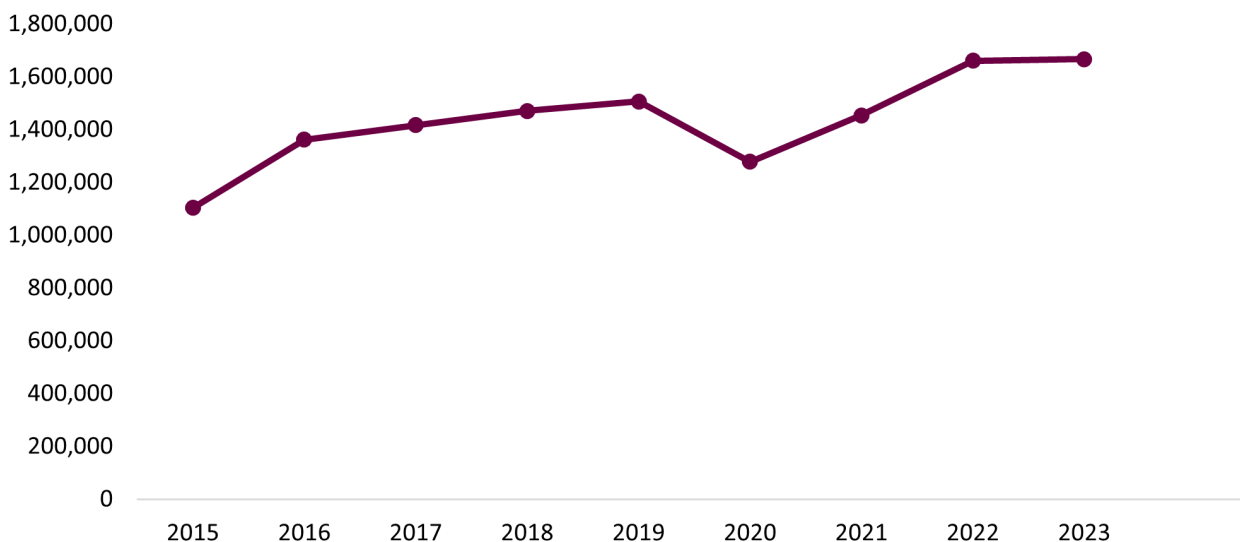
Figures 9 and 10 highlight increased demand with regard to emergency and unscheduled care services provided by the HSE. The total number of emergency calls received by the National Ambulance Service (NAS) increased from 303,502 in 2015 to 389,764 in 2022, representing an increase of 28%. The HSE expects NAS calls to increase further in 2023 to 407,040. Similarly, figure 10 illustrates an increase in presentations to emergency services based in acute settings, such as emergency departments, from 1,102,720 in 2015 to 1,661,039 in 2022. This represents an increase of 51%. The HSE expects this to increase further to 1,666,356 in 2023. While these figures relate to a specific area of the health service, they illustrate an increasing demand on acute services.

**Figure 9: Total Number of Emergency Calls (AS1 and AS2) received by the National Ambulance Service 2015-2023 (expected)**



**Source:** PBO based on Health Service Executive, 'Annual Reports'.

**Figure 10: Total Number of Emergency Presentation to Acute Services 2015 - 2023 (estimated)**



**Source:** PBO based on Health Service Executive 'Annual Reports'.

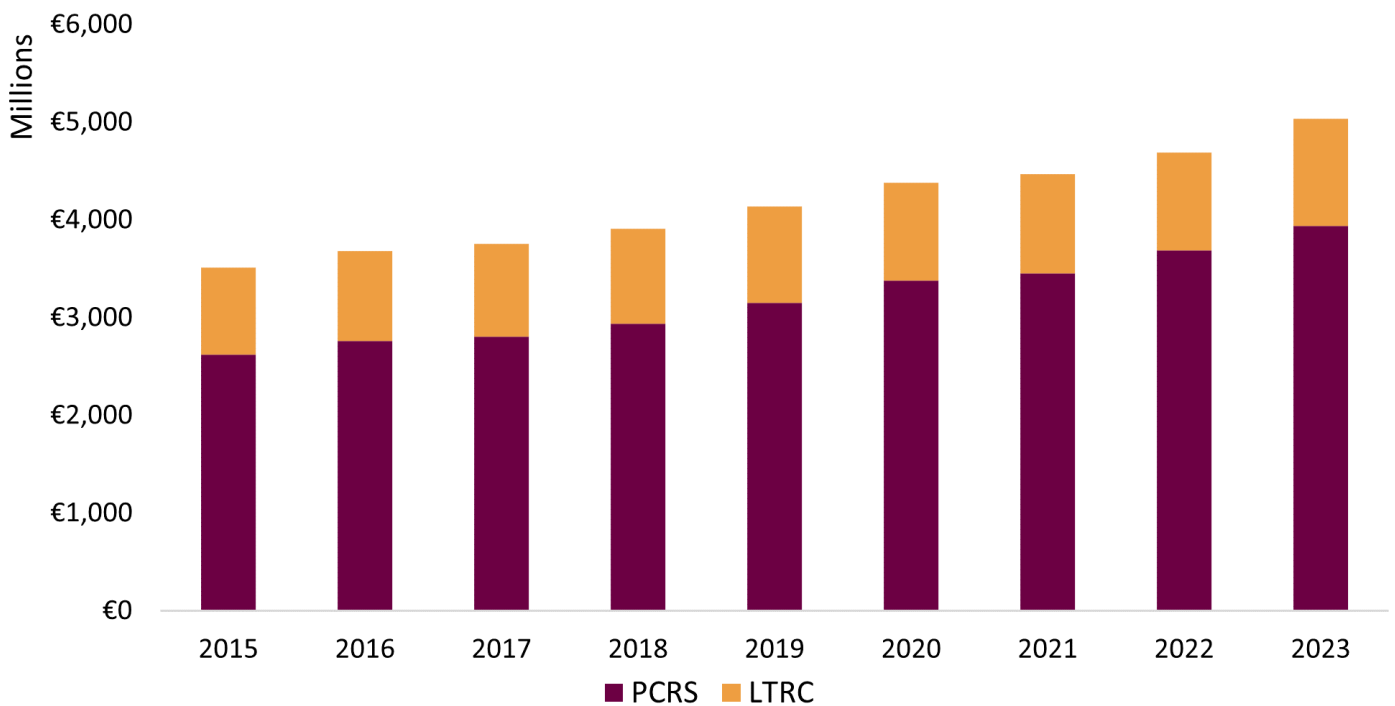
<sup>19</sup> Parliamentary Budget Office (2018) *The HSE National Service Plan and its Relationship with the Health Vote*.



## Care Programmes

The 'Care Programmes' heading in the REV provides funding for two key HSE services; the Primary Care Reimbursement Service (PCRS) and Long-Term Residential Care (LTRC). The total allocation under this heading increased from just over €3.5 billion in 2015 to just over €5 billion in 2023, excluding COVID-related measures which accounted for €8 million in 2023. As per figure 11 below, almost 80% of this allocation is toward PCRS. PCRS costs are comprised of fees items including demand-led schemes such as medical card services, the Drugs Payment Scheme (DPS) and the Long-Term Illness (LTI) scheme, and other services provided at no or reduced cost to members of the public. These costs also include reimbursing a range of healthcare professionals and other contractors involved in delivering services.

**Figure 11: Expenditure and Budget Allocation (2023) for HSE Care Programme (excluding COVID-19 related expenditure)**



**Source:** PBO based on Department of Public Expenditure, NDP Delivery and Reform, 'Databank' (accessed 16 May 2023).

**Note:** Figures are measured in millions of euros.

Table 1 below provides a breakdown of PCRS budget allocations for 2015 and 2023. Overall, PCRS allocations increased by 49% during this period. **It should be noted the 'available funding' listed for PCRS in the HSE national service plan 2023 is €3.58 billion, which is €0.35 billion less than allocated in the REV. This further highlights the difficulty of comparing allocations between the REV and the HSE.** As expected, the key cost centre for PCRS is drugs, medicine, and appliances which account for almost half of the PCRS allocation and increased by 43% compared with 2015. As noted previously, drivers of these costs, particularly for High Tech medicines, can include higher costs for new medicines and increased patient volumes.<sup>20</sup> The HSE has an agreement in place with the pharmaceutical industry to contain these costs, where possible.<sup>21</sup>

The largest increase, in percentage terms, among PCRS programmes relates to allocations for drugs to treat cancer. As seen in table 1, these allocations increased by 129% between 2015 and 2023. While the overall figure represents a relatively small sum in the context of the total PCRS or indeed HSE allocation, it is important to draw attention to this area due to the scale of the increase.

<sup>20</sup> Prior, S., Hennessy, M. & Walker, E. (2021) *Review of High-Tech Drug Expenditure*.

<sup>21</sup> *Framework Agreement in the Supply and Pricing of Medicines 2021-2025*.



**Table 1: Expenditure and Budget Allocation (2023) for HSE Care Programme (excluding COVID-19 related expenditure)**

Item	2015 (€000)	2023 (€000)	Increase
Cost of Drugs, Medicines, and Appliances	€1,319,717	€1,893,017	43%
GP Fees for Medical Card Scheme	€465,262	€785,257	69%
Other Primary Care (Medical Card Services) Schemes	€334,605	€528,667	58%
Long-Term Illness Scheme	€181,086	€269,020	49%
Pharmacy Fees for all Schemes	€217,437	€268,576	24%
Drugs Payment Scheme	€65,583	€94,982	45%
Administration of PCRS	€33,775	€54,534	61%
Oncology Drugs	€11,083	€25,344	129%
Immunisation	€7,507	€10,280	37%
Fund for Development of General Practice	€381	€525	38%
<b>Total</b>	<b>€2,636,436</b>	<b>€3,930,202</b>	<b>49%</b>

**Source:** *Revised Estimates for Public Services 2016 and 2023.*

Similarly, costs associated with demand-led schemes, namely General Medical Services (GMS), Long-Term Illness and Drugs Payment all increased over this period. Figures 12, 13 and 14 highlight the costs of each of these schemes, which remained largely stable from 2015 - 2018 but increased year-on-year from 2019 to 2021. In relation to the GMS schemes, which provides for Medical Cards and GP Visit Cards, costs increased from approx. €1.5 billion to €1.8 billion between 2019 and 2021.

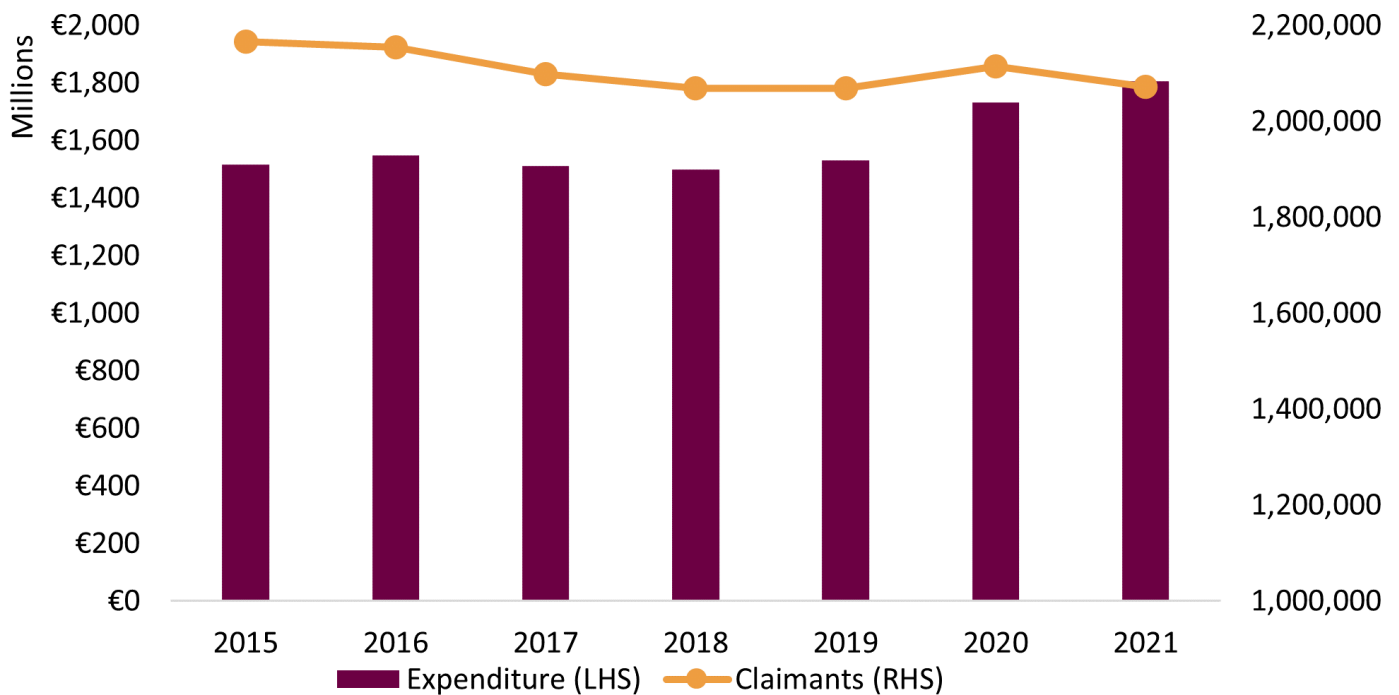
Over the same period, the total number of people with a medical card, or unique GMS claimants, decreased from 2.2 million to 2.1 million. In 2019, a new agreement between the HSE and GPs set out to increase GP fees per patient for GMS services year-on-year from 2019 to 2022. This agreement is likely a key cost driver in this area, though it is also worth noting that GP visit cards have been provided to all children under the age of 6 years of age. This scheme is due to be expanded to children aged 6 and 7 years in August 2023, as per the Programme for Government commitment, although not all GPs may sign up to this scheme or have capacity to take on new patients.<sup>22</sup> Meanwhile, costs and the number of claimants related to the Drugs Payment Scheme and Long-Term Illness Scheme have increased over this period. One factor worth noting is the income eligibility limits for a GMS medical card for those aged under 70 years has not changed since 2005.<sup>23</sup> This means that, while income levels have increased between 2005 and 2023, for example in response to recent inflation, the eligibility thresholds for a GMS card have not kept pace. This has likely led to a pool of individuals being excluded from the scheme's eligibility and may explain the decrease in claimants for the GMS, and the increase in claimants for the DPS in contrast.

<sup>22</sup> Government of Ireland (2020) *Programme for Government: Our Shared Future.*

<sup>23</sup> Doolan, M. & Keane, C. (2023) *Cliff edges in the Irish tax-benefit system.*



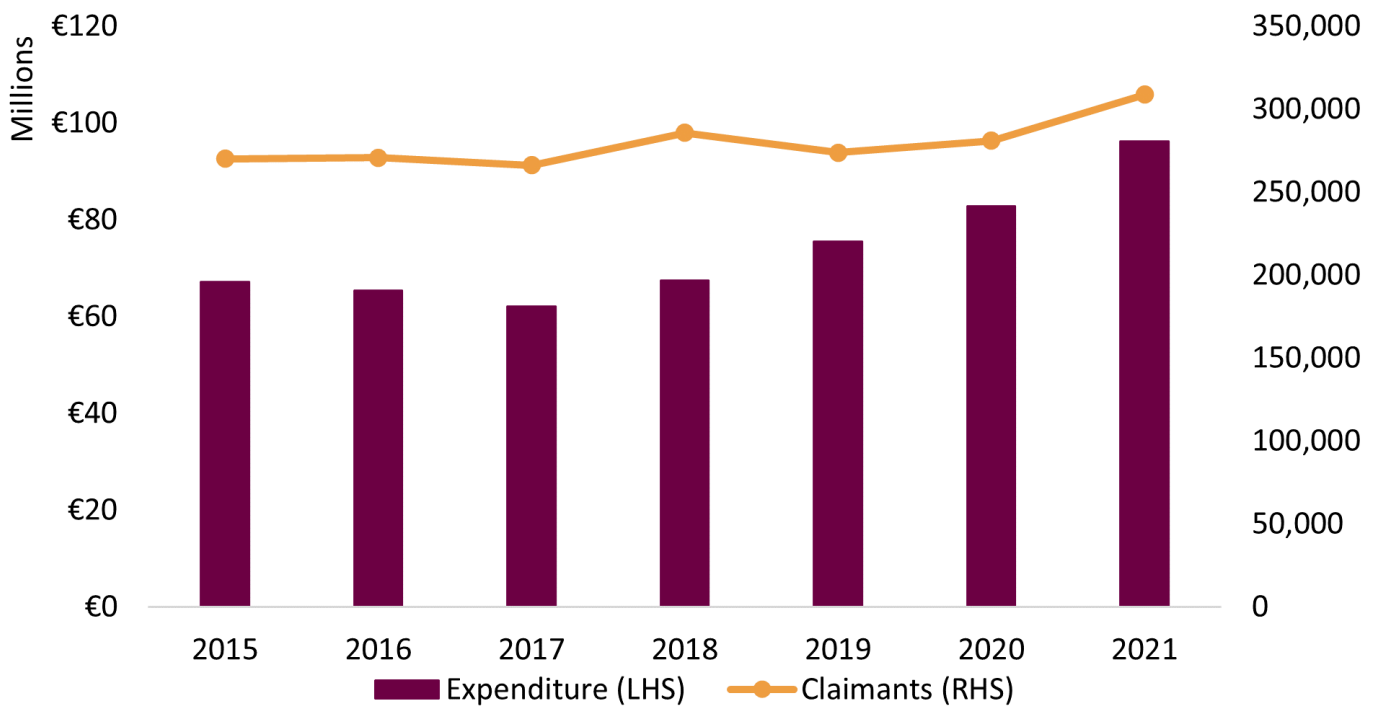
Figure 12: GMS Schemes: No. of Claimants and Expenditure 2015-2021



Source: PBO based on Health Service Executive, 'PCRS Annual Reports'.

Note: Figures are measured in millions of euro, expenditure axis is on the left hand side, number of claimants axis is on the right hand side.

Figure 13: Drug Payments Scheme: No. of Claimants and Expenditure 2015-2021

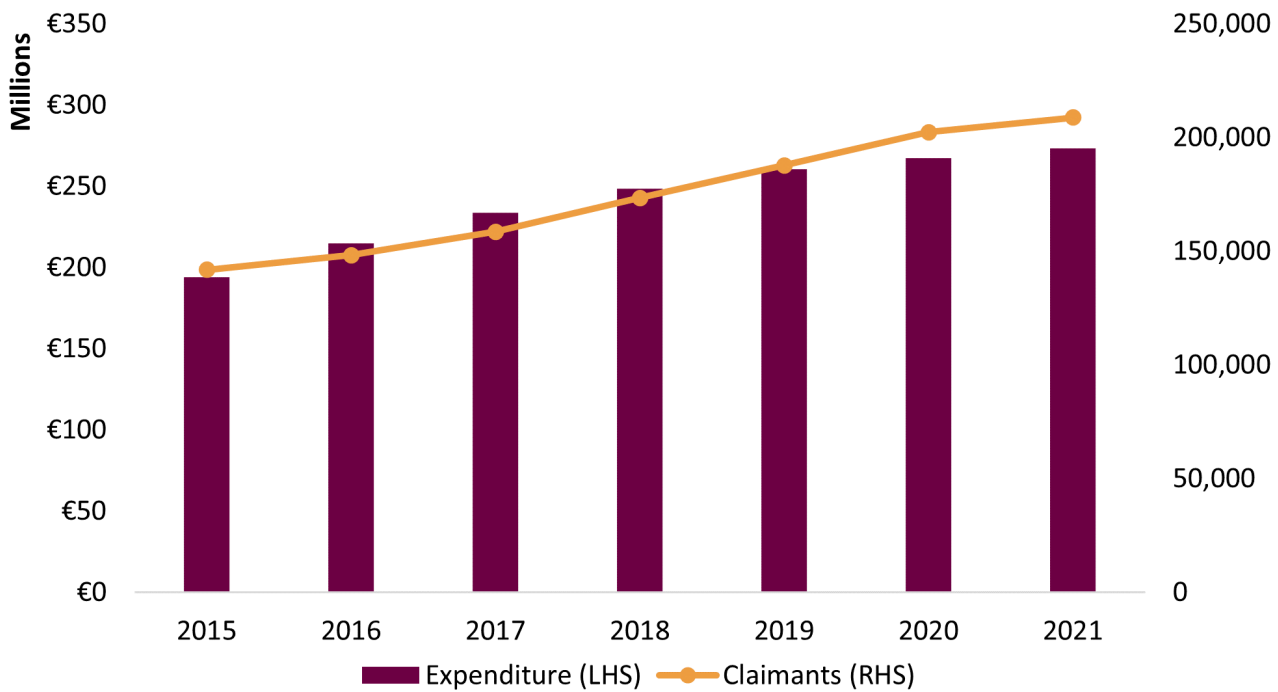


Source: PBO based on Health Service Executive, 'PCRS Annual Reports'.

Note: Figures are measured in millions of euro, expenditure axis is on the left hand side, number of claimants axis is on the right hand side.



Figure 14: Long Term Illness Scheme: No. of Claimants and Expenditure 2015-2021



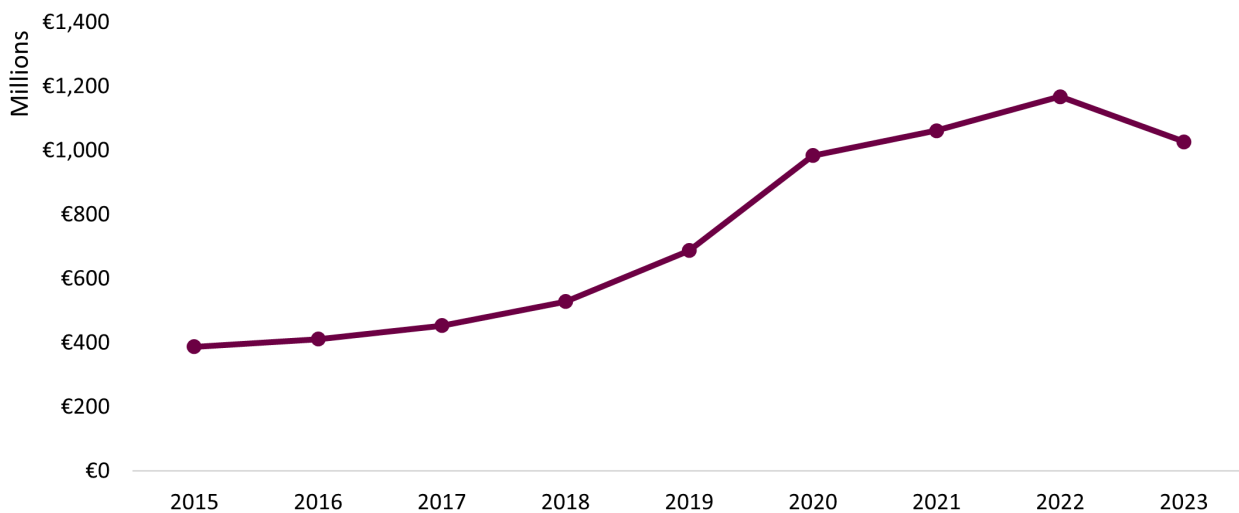
Source: PBO based on Health Service Executive 'PCRS Annual Reports'.

Note: Figures are measured in millions of euro, expenditure axis is on the left hand side, number of claimants axis is on the right hand side.

## Capital Services Expenditure

HSE Capital spending has increased year on year over the period 2015 to 2022, from €0.039 billion to €1.17 billion. Spending is expected to decline to €1.027 billion in 2023 and currently stands €0.123 billion below profile. Approximately one third of the capital allocation (€0.33 billion) is set to be spent on the New National Children's Hospital in 2023, with a further €0.26 billion allocated to a range of Acute projects, which is intended to augment capacity.

Figure 15: HSE Capital Expenditure 2015-2023 (planned)



Source: PBO based on Health Service Executive, 'Annual Reports' and 'Capital Plan 2023'.

Note: Figures are measured in millions of euro.



## Conclusion

Healthcare spending in Ireland is high relative to EU peers. It accounts for a considerable proportion of gross government spending and has exceeded initial allocation on an annual basis for 7 of the previous 8 years. Health spending increases are primarily being driven by non-demographic costs, such as pay, medicines, fees associated with demand-led schemes, and capital costs to build health service capacity. However, as the population grows and ages and the prevalence of non-communicable diseases such as cancer increases, there will be more demand on health services and so demographic-associated costs should not be dismissed. Any new public sector pay agreements, including one due to be agreed in 2023, will add further cost pressures.

As noted by the Irish Fiscal Advisory Council (IFAC), improved planning, with the provision of multi-year budgets for the health service, could support the health service's response to these pressures.<sup>24</sup> This has been raised by the Joint Committee on Health.<sup>25</sup> Simultaneously, greater linking of the Revised Estimates for Public Services allocation headings and the HSE National Service Plan and Capital plans, would allow for greater transparency in how funding is spent, and facilitate better budgetary oversight and future healthcare spending research.

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<sup>24</sup> Casey, E. & Carroll, K. (2021) *The Path for Ireland's Health Budget*.

<sup>25</sup> Oireachtas Joint Committee on Health (2022) *Debate - Wednesday 26 October 2022*.



## Appendix 1 - Health Vote Headings listed in the REV

Table 2: Initial Health Vote Allocations 2015, 2019 & 2023

Health (Vote 38) Headings	2015 (€000)	2019 (€000)	2023 (€000)	% Change (2015 v 2023)
Administration	31,687	39,669	63,983	102
Grants	46,144	51,987	73,585	59
Other Services	112,274	200,158	402,596	259
Health Care Reform <sup>26</sup>	-	23,500	16,936	N/A
Corporate Administration <sup>27</sup>	72,000	490,000	685,563	852
HSE Health and Social Care Services	8,411,717	11,102,974	15,859,909	89
Other HSE Services	161,713	373,713	444,663	175
Care Programme	3,359,700	3,956,732	5,032,399	50
Capital Services	481,686	793,527	1,426,163	196
<b>Total</b>	<b>12,676,921</b>	<b>17,032,260</b>	<b>24,005,797</b>	<b>89</b>

Source: 'Revised Estimates for Public Services 2015, 2019, and 2023'.





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