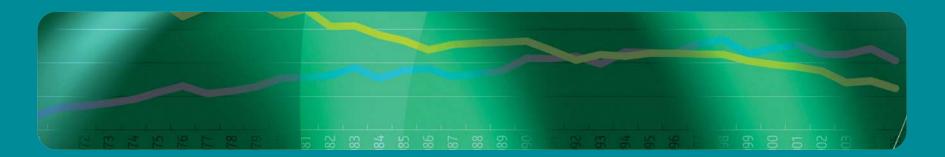




Health in Ireland Key Trends 2007



Introduction

Section 2 Health of the Population

PAGE 4

his booklet provides an overview of selected key trends in health in Ireland in recent years. Tables and graphs are presented which summarise information on demographics, on health status and on health care in order to give a quick reference guide in major areas of health and health services.

Section 1 Population and Life Expectancy

TABLE	1.1	Population for Health Service Executive Regions
		For Census Years 2002 and 2006
TABLE	1.2	Population by Age Group for Each Year
		1997 to 2006
TABLE	1.3	Births and Fertility, 1997 to 2005
FIGURE	1.1	Total Fertility Rates in Europe
TABLE	1.4	Population Projections by Age Group , Ireland
		and EU25 Total, 2004, 2025 and 2050
TABLE	1.5	Dependency Ratios, Ireland and EU25 2004,
		2025 and 2050
FIGURE	1.2	Projected Population Aged 65+ Years,
		2006 to 2050
TABLE	1.6	Life Expectancy in Years by Age and Gender,
		1950 to 2003
FIGURE	1.3	Life Expectancy at Birth for Ireland and EU,
		1980 to 2005

TABLE	2.1	Perceived Health Status, 2005
TABLE	2.2	Chronic Illness or Conditions, 2005
TABLE	2.3	Limitations in Activities due to
		Health Problems, 2005
FIGURE	2.1	Percentage of Persons Reporting Good
		or Very Good Health in Ireland and Other
		EU Countries, 2004
TABLE	2.4	Principal Causes of Death: Numbers and Rates,
		1997 to 2005
TABLE	2.5	Ireland and EU: Age-Standardised Mortality
		Rates per 100,000 Population By Principal
		Causes of Death, 2005
FIGURE	2.2	Deaths by Principal Cause, 2005
FIGURE	2.3	Age-Standardised Mortality Rates for Circulatory
		Diseases and Cancer, 1970 to 2005
FIGURE	2.4	Age-Standardised Mortality Rates for Motor
		Vehicle Accidents and Suicide, 1970 to 2005
FIGURE	2.5	Alcohol Consumption in Litres per Capita:
		Ireland and EU, 1980 to 2005

PAGE 8

Sectio	on 3	Hospital Care PAGE 1
FIGURE	3.1	Acute Hospital In-Patient and Day Cases,
		1997 to 2006
TABLE	3.1	Acute Hospital Summary Statistics,
		1997 to 2006
TABLE	3.2	District/ Community and Non-Acute Hospital
		Summary Statistics, 1997 to 2005
TABLE	3.3	Psychiatric Hospital Summary Statistics,
		1997 to 2005
FIGURE	3.2	Psychiatric Hospitals and Units: In-Patients
		at 31 December, 1970 to 2006

The past decade has been a time of rapid change in many aspects of life in Ireland. The evidence presented in this booklet reflects this period of change with respect to health. It is characterised by a growing population, increasing provision of health services and large scale investment in health. It is also marked by unprecedented improvements in health status and life expectancy.

Of course many challenges remain and new challenges arise. Demands on the health services continue to grow and increasing health care costs are a reality which must be addressed in all societies. The rising numbers of elderly people in future years will have a major impact on the planning and provision of health services. Lifestyle related risks are major causes for concern but also areas where preventive measures can have a very significant impact. The ban on smoking in public places, pioneered by Ireland, can be expected to reap substantial health gains in the coming years.

Ireland must compare itself against the best in the world, and in particular with its partners in the European Union (EU)¹. While the overall picture presented in this booklet is of substantial

improvement, the objective must be to tackle the significant areas where we lag behind the best. The development of better sources of information and, particularly, measurement of performance, health outcomes and health inequality are key to achieving this aim. Ultimately, the true test of a health system is the optimization of the health of the population across all sections of the community. ⁷In tables and text EU refers to the current 27 Member States unless otherwise stated.

Section	on 4	Community Services and Residential Care PAGE 18
TABLE	4.1	Eligibility for General Medical Services,
		Drug Payments and Long-Term Illness Schemes:
		Number of Persons and Percentage of Population,
		1997 to 2005
FIGURE	4.1	Number of Prescription Items Dispensed Under
		GMS, 1997 to 2005
TABLE	4.2	Number of Children in Care,
		1996, 2000 and 2004
TABLE	4.3	Long-Stay Care: Summary Statistics,
		1997 to 2005
FIGURE	4.2	Long-Stay Care: Percentage of Residents Aged 85+
		and Percentage of Residents with Maximum
		Dependency Levels, 1997 to 2005
TABLE	4.4	Immunisation Rates at 24 Months: Percentage
		Uptake, 1999 to 2005
TABLE	4.5	Food Safety: Total Number of Food Establishments
		Inspected and Percentage of Establishments
		Where Infringements Were Found, 1999 to 2005
TABLE	4.6	Community Mental Health Services, 1997 to 2004
TABLE	4.7	Intellectual Disability Services: Number of Persons
		in Receipt of Services by Degree of Disability and
		Category of Service, 1996 to 2005

on 5	Health Service Employment	PAGE 23
5.1	Employment in the Public Health Service	
	by Category, 1997 to 2006	
5.1	Numbers Employed in the Health Service	
	by Grade Category, 1997 to 2006	
5.2	Proportion of Staff Employed in the Health	Service
	in Each Grade Category, 2006	
5.2	Consultant and Non-Consultant Hospital D	octors
	Employed Within the Public Health Service	,
	1997 to 2006	
5.3	Consultant and Non-Consultant Hospital D	octors
	Employed in the Public Health Service,	
	1997 to 2006	
5.3	Number of General Practitioners Participat	ting in
	the GMS Choice of Doctor Scheme, 1997 to	2005
	5.1 5.2 5.2 5.3	 5.1 Employment in the Public Health Service by Category, 1997 to 2006 5.1 Numbers Employed in the Health Service by Grade Category, 1997 to 2006 5.2 Proportion of Staff Employed in the Health in Each Grade Category, 2006 5.2 Consultant and Non-Consultant Hospital D Employed Within the Public Health Service 1997 to 2006 5.3 Consultant and Non-Consultant Hospital D Employed in the Public Health Service, 1997 to 2006 5.3 Number of General Practitioners Participat

Section	on 6	Health Service Expenditure PAGE 2
TABLE	6.1	Public Health Expenditure, 1997 to 2006
TABLE	6.2	Non-Capital Public Health Expenditure by
		Programme and Service, 1997 to 2006
TABLE	6.3	Capital Public Health Expenditure by Programme,
		1997 to 2005
FIGURE	6.1	Total Public Health Expenditure, 1997 to 2006
FIGURE	6.2	Percentage Public Non-Capital Health Expenditure
		by Programme, 2006
TABLE	6.4	Total Health Expenditure Per Capita and as a
		Percentage of GDP and GNI for OECD Countries,
		2005
FIGURE	6.3	Total Health Expenditure Per Capita in Ireland,
		1997 to 2005
FIGURE	6.4	Total Health Expenditure as a Percentage
		of GDP and GNI in Ireland, 1997 to 2005

n recent years, the population of Ireland has been increasing more rapidly than at any time in the history of the State and in the past 10 years has increased by 15.7% (Table 1.2). The results of the 2006 Census of Population show a population of just over 4.2 million which is a rise of 8.2% since the last Census in 2002 (Table 1.1). Much of this increase is due to the change from net emigration to net immigration. The total fertility rate has remained fairly stable since 1997 at just under the population replacement rate of 2.1 children per woman's lifetime (Table 1.3) but remains high compared with our EU neighbours (Figure 1.1).

A key feature of Ireland's demographic change is the ageing of the population. This trend is being experienced across Europe although somewhat later in Ireland than most other countries. The numbers of people over the age of 65 will more than triple between now and 2050 compared with a projected overall population increase of around 35% (Table 1.4 and Figure 1.2).

Life expectancy for both men and women has increased consistently in recent decades. The rise has been very rapid since 1999 and Ireland now exceeds the average life expectancy for the EU (Figure 1.3). Women can expect to live around 5 years longer than men (Table 1.6) although they experience more chronic health problems than men in later years (see next section Tables 2.2 and 2.3).

Table 1.1 Population for Health Service Executive (HSE) Regions for Census Years 2002 and 2006

Dublin/	Dublin/			
Mid-Leinster	North-East	Southern	Western	Ireland
603,422	463,452	543,581	510,716	2,121,171
613,426	465,167	538,387	501,697	2,118,677
1,216,848	928,619	1,081,968	1,012,413	4,239,848
242,729	190,143	222,881	208,696	864,449
188,522	140,182	154,612	149,416	632,732
222,440	177,353	169,642	153,004	722,439
179,478	139,839	159,839	144,278	623,434
149,485	106,667	136,815	128,846	521,813
111,825	81,948	109,634	103,648	407,055
69,071	52,859	72,640	67,978	262,548
40,943	30,741	43,082	42,584	157,350
12,355	8,887	12,823	13,963	48,028
1,216,848	928,619	1,081,968	1,012,413	4,239,848
1,139,870	831,899	1,003,972	941,462	3,917,203
6.8%	11.6%	7.8%	7.5%	8.2%
	Mid-Leinster 603,422 613,426 1,216,848 242,729 188,522 222,440 179,478 149,485 111,825 69,071 40,943 12,355 1,216,848 1,139,870	Mid-Leinster North-East 603,422 463,452 613,426 465,167 1,216,848 928,619 242,729 190,143 188,522 140,182 222,440 177,353 179,478 139,839 149,485 106,667 111,825 81,948 69,071 52,859 40,943 30,741 12,355 8,887 1,216,848 928,619 1,139,870 831,899	Mid-LeinsterNorth-EastSouthern603,422463,452543,581613,426465,167538,3871,216,848928,6191,081,968242,729190,143222,881188,522140,182154,612222,440177,353169,642179,478139,839159,839149,485106,667136,815111,82581,948109,63469,07152,85972,64040,94330,74143,08212,3558,88712,8231,216,848928,6191,081,9681,139,870831,8991,003,972	Mid-LeinsterNorth-EastSouthernWestern603,422463,452543,581510,716613,426465,167538,387501,6971,216,848928,6191,081,9681,012,413242,729190,143222,881208,696188,522140,182154,612149,416222,440177,353169,642153,004179,478139,839159,839144,278149,485106,667136,815128,846111,82581,948109,634103,64869,07152,85972,64067,97840,94330,74143,08242,58412,3558,88712,82313,9631,216,848928,6191,081,9681,012,4131,139,870831,8991,003,972941,462

Source: Central Statistics Office, Census of Population 2002 and 2006

Table 1.2 Population (000s) by Age Group for Each Year, 1997 to 2006										% cł	hange	
Age Grou	p 1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	′97-′06	′05-′06
0-14	845.9	835.8	830.6	828.0	827.5	827.4	833.8	843.2	853.3	864.4	2.2	1.3
15-64	2402.0	2446.9	2489.0	2537.0	2589.7	2653.8	2702.4	2749.7	2816.7	2907.5	21.0	3.2
65+	416.1	420.2	421.9	424.7	429.8	436.0	442.9	450.9	460.7	467.9	12.4	1.6
All Ages	3664.3	3703.1	3741.6	3789.5	3847.2	3917.2	3978.9	4043.8	4130.7	4239.8	15.7	2.6

Note: Intercensal population estimates are used except for census years 2002 and 2006. *Source: Central Statistics Office.*

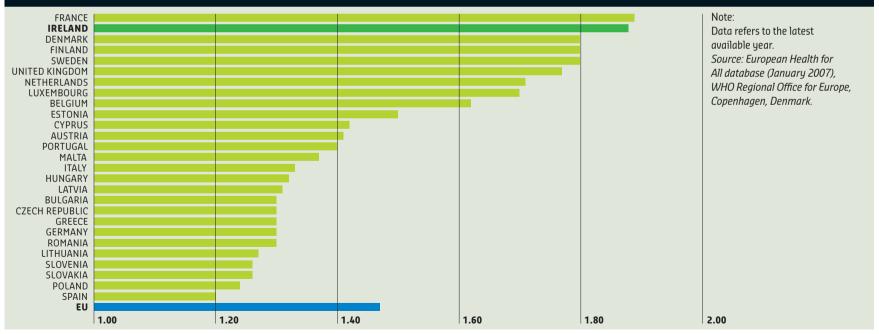
Table 1.3 Births and Fertility, 1997 to 2005										% cł	nange
	1997	1998	1999	2000	2001	2002	2003	2004	2005	1997-2005	2004-2005
Number of Live Births	52,775	53,969	53,924	54,789	57,854	60,503	61,529	61,972	61,042	15.7	-1.5
Birth Rate (per 1,000 population)	14.4	14.6	14.4	14.5	15.0	15.5	15.5	15.3	14.8	2.6	-3.4
Total Fertility Rate	1.93	1.94	1.90	1.90	1.95	1.97	1.98	1.95	1.88	-2.6	-3.6

Notes:

- (i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
- (ii) Data for 2005 refer to year of registration and are therefore provisional.

Source: Central Statistics Office.

Figure 1.1 Total Fertility Rates in Europe



		s (000s) by Age Grou I, 2004, 2025 and 205		% change
Age Group	2004	2025	2050	2004-2050
0-14	843	896	876	3.9
15-64	2,750	3,214	3,166	15.2
65+	451	812	1,435	218.3
Ireland Total	4,044	4,922	5,478	35.5
EU25 Total	456,815	470,057	449,831	-1.5

Source: Central Statistics Office and Eurostat

Table 1.5 Dependency Ratios, Ireland and EU25 2004, 2025 and 2050 % change									
Age Gro	up	2004	2025	2050	2004-2050				
0-14	Ireland	30.7	27.9	27.7	-9.8				
	EU25	24.4	22.9	23.7	-2.9				
65+	Ireland	16.4	25.2	45.3	176.2				
	EU25	24.5	35.7	52.8	115.5				
Total	Ireland	47.1	53.0	73.0	55.0				
	EU25	48.9	58.7	76.5	56.4				

Note: 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. *Source: Eurostat.*

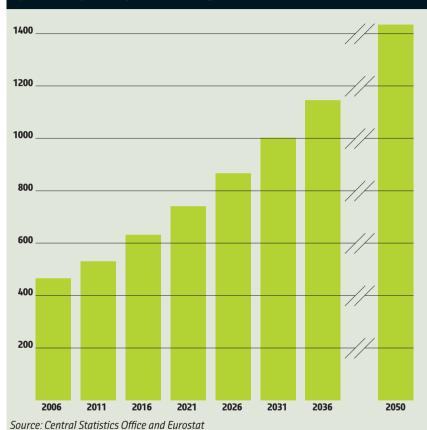
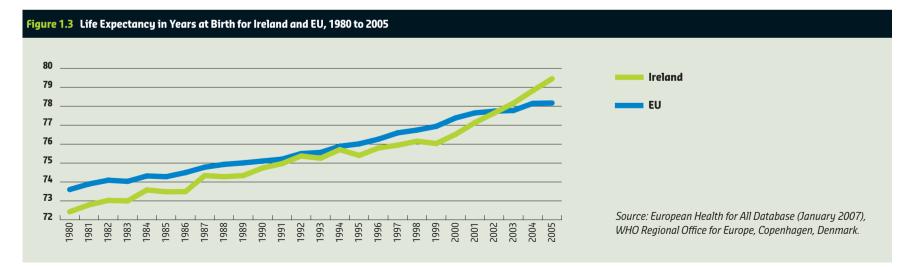


Figure 1.2 Projected Population (000s) Aged 65+ Years, 2006 to 2050

Table 1.6 Life Expectancy) by Age and Ge	nder, 1950 to 2003							% ch	ange
		1950-52	1960-62	1970-72	1980-82	1990-92	1995-97	2001-03	1950-52 to	1995-99 to
Male									2001-03	2001-03
Life Expectancy at Age	0	64.5	68.1	68.8	70.1	72.3	73.0	75.1	16.4	2.8
	1	66.9	69.3	69.2	69.9	71.9	72.5	74.6	11.4	2.8
	40	31.3	32.4	32.1	32.6	34.4	35.1	37.0	18.3	5.5
	65	12.1	12.6	12.4	12.6	13.4	13.8	15.4	26.9	11.3
	75	6.8	7.1	7.3	7.3	7.8	8.0	8.9	31.0	11.4
Female										
Life Expectancy at Age	0	67.1	71.9	73.5	75.6	77.9	78.5	80.3	19.6	2.2
	1	68.8	72.9	73.8	75.4	77.4	78.0	79.7	15.8	2.1
	40	33.3	35.3	36.0	37.3	39.2	39.8	41.4	24.2	3.9
	65	13.3	14.4	15.0	15.7	17.1	17.4	18.7	40.8	7.6
	75	7.6	8.1	8.5	9.1	10.2	10.4	11.2	47.6	7.9

Source: Central Statistics Office.



ealth has been defined by the World Health Organisation as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." This is a positive view of health but can be difficult to measure directly. One method is to survey people and ask them to assess their state of health. On this measure, Ireland has the highest levels of self-perceived health of those countries in Europe which have conducted such a survey (Figure 2.1). Over 80% of both men and women assess their health to be either "good" or "very good" (Table 2.1). Nevertheless, the survey data also show very significant levels of chronic illness and limitations in activity strongly related to age (Tables 2.2 and 2.3). Statistics on illness and on causes of death provide key indicators of population health. Very significant long term improvements in the mortality rates for the major causes of death are evident in Figure 2.3 with the notable exception of cancer deaths which, in common with other countries, have shown only a marginal decline. It is too early to measure the effects of the smoking ban in improving population health. It should also be noted that illness and mortality rates are not the same for all sections of the population. In general, trend data are not yet available by social class or for specific subgroups of the population such as the Traveller community but studies have shown that very significant health inequalities exist.

Suicide and motor vehicle accident mortality are shown side by side in Figure 2.4. These are both

causes of death which disproportionately affect the young, and especially young males. The rise in suicide rates is a major cause of concern, and, by 1998, suicide had overtaken motor vehicle accidents as a cause of death. Motor vehicle death rates have shown a very significant and continuing decline in recent decades and since 1998, there is some evidence of at least a levelling off in suicide rates.

Alcohol consumption has been selected for display as an example of a major lifestyle risk factor due to its serious health and social consequences if consumed to excess. Recent trends in Ireland add considerably to this concern. Figure 2.5 shows that during the past two decades alcohol consumption in Ireland has gone from half the EU average to over the EU average and is now one of the highest in the EU.

Age Group	Very	Good	Go	od	Fair, Bad, Very Bad		
	% Male	% Female	% Male	% Female	% Male	% Female	
16-24	67.0	69.2	29.4	25.1	3.6	5.7	
25-44	57.1	55.4	32.9	34.2	10.0	10.4	
45-64	37.8	35.9	40.2	42.4	22.1	21.7	
65+	17.6	18.2	41.8	40.2	40.6	41.6	
Total	48.2	46.3	35.5	35.9	16.3	17.9	

Source: Central Statistics Office -

EU Survey on Income and Living Conditions, 2005.

Table 2.1 Derceived Health Status 2005

Table 2.2 Chronic Illness or Conditions, 2005

Age Group	Ye	s	No			
	% Male	% Female	% Male	% Female		
16-24	8.8	10.0	91.2	90.0		
25-44	13.4	18.0	86.6	82.0		
45-64	29.4	29.7	70.6	70.3		
65+	50.1	52.8	50.0	47.2		
Total	22.2	25.5	77.9	74.5		

Source: Central Statistics Office – EU Survey on Income and Living Conditions, 2005.

Table 2.3 Limitation in Activities due to Health Problems, 2005												
Age Group	Yes, Stro	ongly Limited	Yes,	Limited	Not	Limited						
	% Male	% Female	% Male	% Female	% Male	% Female						
16-24	1.3	1.6	4.6	4.8	94.2	93.6						
25-44	3.6	4.6	8.1	10.4	88.3	85.0						
45-64	9.0	8.3	14.4	14.1	76.6	77.5						
65+	15.7	15.5	29.2	32.5	55.1	51.9						
Total	6.3	6.9	12.0	13.9	81.7	79.2						

Source: Central Statistics Office – EU Survey on Income and Living Conditions, 2005.

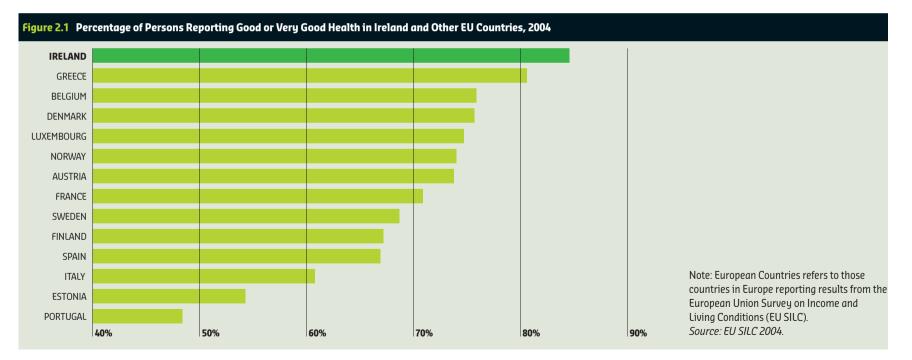


Table 2.4 Principal Causes of I	Death: Num	bers and R	ates, 1997 to	2005		% Cha	nge
		1997	2000	2004	2005	1997-2005	2004-2005
All Causes							
	Number	31,581	31,391	27,665	27,441	-13.1	-0.8
	Rate	837.7	794.5	664.1	615.7	-26.5	-7.3
Diseases of the Circulatory Sys	stem						
All Circulatory System Diseases:	Number	13,496	12,666	10,666	9,984	-26.0	-6.4
	Rate	351.8	315.0	241.5	218.2	-38.0	-9.6
Ischaemic Heart Disease:	Number	7,314	6,589	5,485	5,064	-30.8	-7.7
	Rate	194.0	165.9	125.7	113.0	-41.7	-10.1
Stroke:	Number	2,733	2,738	2,106	2,029	-25.8	-3.7
	Rate	69.2	66.3	46.4	42.8	-38.2	-7.8
Cancer							
All Malignant Neoplasms:	Number	7,486	7,666	7,828	7,714	3.0	-1.5
	Rate	209.1	204.4	190.5	180.9	-13.5	-5.0
Cancer of the Trachea,	Number	1,389	1,568	1,609	1,627	17.1	1.1
Bronchus and Lung:	Rate	39.0	42.2	40.1	37.9	-2.9	-5.5
Cancer of the Female Breast:	Number	634	668	663	678	6.9	2.3
	Rate	35.4	35.2	31.5	31.0	-12.3	-1.6
External Causes of Injury and F	oisoning						
All Deaths from External Causes:	Number	1,663	1,752	1,594	1,461	-12.1	-8.3
	Rate	39.9	40.4	38.1	34.1	-14.5	-10.5
Motor Vehicle Traffic Accidents:	Number	447	411	308	268	-40.0	-13.0
	Rate	11.8	10.3	7.3	6.2	-47.5	-15.1
Suicide:	Number	478	486	493	431	-9.8	-12.6
	Rate	13.2	12.8	12.1	10.3	-22.1	-14.9
Infant Deaths							
	Number	321	338	287	244	-24.0	-14.98
Infant Mortality Rate (per 1,000	live births)	6.1	6.2	4.6	4.0	-34.3	-13.10

Source: Central Statistics Office and Public Health Information System, Department of Health and Children.

Table 2.5Ireland and EU: Age-standardisedMortality Rates per 100,000 Populationby Principal Causes of Death, 2005

Causes	Ireland	EU
All Causes	615.5	690.5
Circulatory System Diseases	218.2	279.4
All Cancers	180.9	181.5
External Causes of Injury and Poisoning	30.3	43.2
Selected Smoking Related Causes	234.6	244.7
Selected Alcohol Related Causes	46.5	68.3

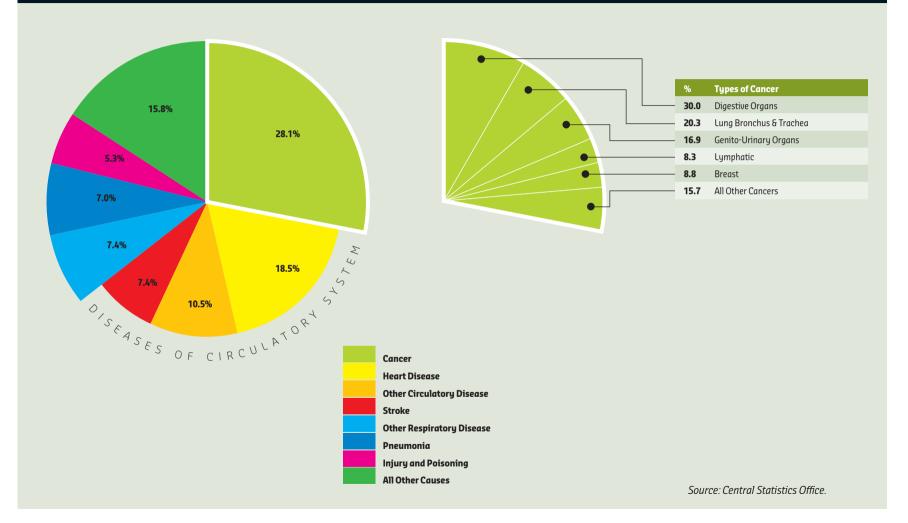
Note: See note under Table 2.4. Source: European Health for All Database (January 2007),

WHO Regional Office for Europe, Copenhagen, Denmark.

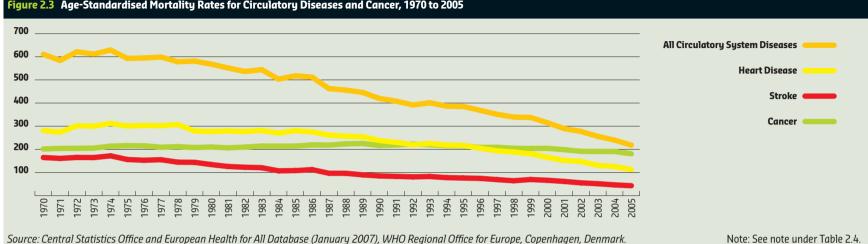
Note (to Table 2.4):

The rates provided in the table are Age-Standardised Mortality Rates per 100,000 population except for Infant Mortality Rates which are expressed as deaths per 1,000 live births. Age-standardised mortality rates, which are based on a standard European population, allow for comparison between years or regions by taking account of different proportions of people in the various age categories. Data for 2005 are provisional based on year of registration which may be subject to delay if an inquest is required.

Figure 2.2 Deaths by Principal Causes, 2005



2 HEALTH OF THE POPULATION



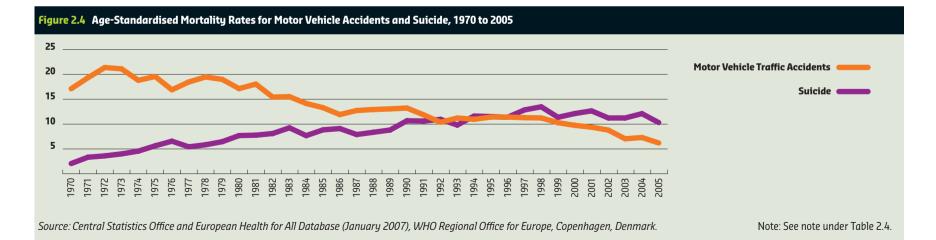
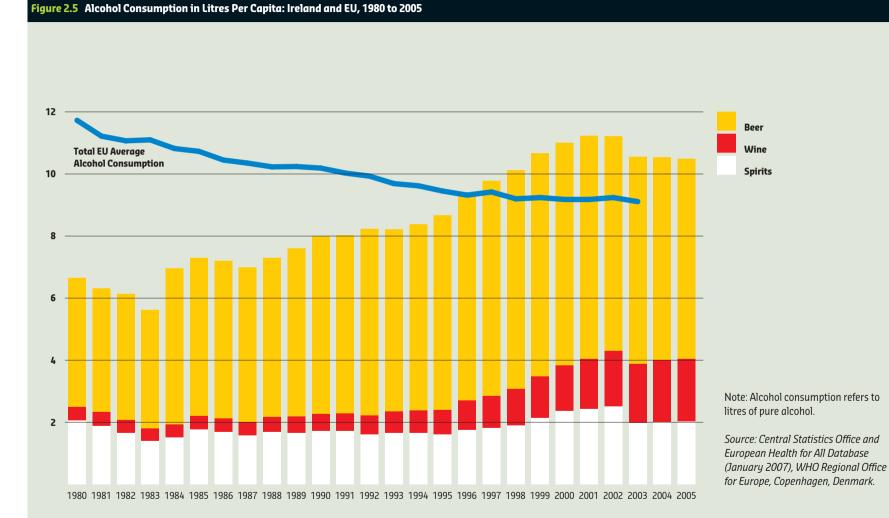


Figure 2.3 Age-Standardised Mortality Rates for Circulatory Diseases and Cancer, 1970 to 2005

12 Health In Ireland Key Trends



his section provides statistics on acute and non-acute public hospital services and on psychiatric hospitals. For the acute hospitals Table 3.1 shows increased activity since 1997. Bed days have increased by 8.6% over the period and persons aged 65 and over account for almost half of total usage. Total discharges from acute hospitals have risen by nearly 50% over the period. This is comprised of a 13% increase in in-patients and a 130% increase in day cases. Improved and less invasive medical practice is laraely responsible for the rapid arowth in the proportion of activity carried out on a day-patient basis (Figure 3.1). Out-patient attendances are 47% higher than in 1997. Accident and emergency attendances have experienced modest increases of 5.6% and now stand at more than one and a quarter million attendances per annum. The average length of stay for inpatients. 6.3 days in 2006, has also shown little change.

District/community and non-acute hospitals, as expected, show much longer average lengths of stay which have risen by around 37% since 1997. These hospitals have also experienced a drop of around 30% in in-patient activity over the period (Table 3.2). This trend is paralleled by decreasing numbers of in-patient admissions to psychiatric hospitals and reflects a continuation of a long term policy towards reducing reliance on in-patient psychiatric care and moving to more appropriate community-based models of care (Figure 3.2).

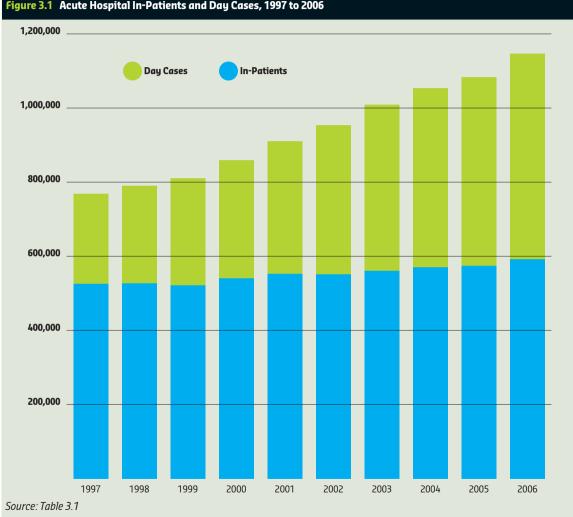


Figure 3.1 Acute Hospital In-Patients and Day Cases, 1997 to 2006

Table 3.1 Acute Hospital Summary Statistics, 1997 to 2006												ange
Activity	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006*	1997-2006 20	05-2006
In-Patients												
Beds	11,121	11,051	11,058	11,190	11,373	11,686	11,806	11,887	12,094	12,574	13.1	4.0
In-Patients Discharged	525,495	527,057	521,399	541,327	552,493	550,991	561,623	570,885	573,834	591,766	12.6	3.1
Bed Days Used	3,426,522	3,445,586	3,397,298	3,454,367	3,575,010	3,602,736	3,666,473	3,712,860	3,775,434	3,722,900	8.6	-1.4
% Bed Days Used by Patients Aged 65+	46.0	46.1	43.5	44.3	44.5	45.3	45.3	45.9	48.5	n.a.	5.4	5.7
Average Length of Stay in Days	6.5	6.5	6.5	6.4	6.5	6.5	6.5	6.5	6.6	6.3	-3.5	-4.4
% Occupancy	84.5	85.5	84.3	84.5	86.2	84.6	85.2	85.4	85.6	85.3	0.9	-0.3
Surgical Procedures	108,746	104,748	119,171	123,687	125,141	124,274	126,212	129,458	129,240	n.a.	18.8	-0.2
Day Cases												
Beds	610	636	673	721	771	812	909	1,132	1,253	1,197	96.2	-4.5
Day Cases	243,019	263,534	289,413	318,149	357,290	402,671	447,697	483,210	509,831	555,204	128.5	8.9
% Day Cases Aged 65+	22.0	22.2	22.7	23.7	24.5	25.4	26.7	26.9	28.0	n.a.	27.5	4.3
Surgical Procedures	33,952	36,155	40,812	44,342	47,611	48,459	49,808	52,767	52,074	n.a.	53.4	-1.3
Total Discharges												
In-Patients and Day Cases	768,514	790,591	810,812	859,476	909,783	953,662	1,009,320	1,054,095	1,083,665	1,146,970	49.2	5.8
A&E Attendances	1,211,195	1,240,044	1,226,672	1,211,279	1,225,735	1,211,499	1,210,150	1,242,692	1,249,659	1,279,144	5.6	2.4
Out-Patient Attendances	1,885,419	1,917,776	1,911,720	1,996,474	2,057,989	2,185,028	2,255,998	2,363,821	2,453,000	2,769,655	46.9	12.9

Notes:

- *Data for 2006 are provisional. Numbers of beds prior to 2006 refer to average available beds; for 2006, the figure refers to total bed complement.
- (ii) In relation to data on surgical procedures which is derived from the Hospital In-Patient Enquiry (HIPE) system:
 - (a) Surgical procedures refer to those principal procedures carried out in an operating theatre;
 - (b) In 2005, a new classification system for coding diagnoses and procedures was adopted. This has required revision of data for earlier years to maintain consistency;

- (c) HIPE data for 2005 remain provisonal since discharges for 2005 continue to be added to the system; and
- (d) Bantry Hospital does not report to the HIPE system but this accounts for a small number of cases.
- (iii) n.a. indicates 'Not Available'.

(iv) Where data for 2006 are not available the percentage change figures refer to 1997-2005 and 2004-2005.

Source: Activity: 1997 to 2005 - Integrated Management Returns (IMRs), and Hospital In-Patient Enquiry (HIPE), Department of Health and Children; 2006 – National Hospitals Office, Health Service Executive. Beds: 1997 to 2005, IMRs; 2006, HSE.

Table 3.2 District/Community and	able 3.2 District/Community and Non-Acute Hospital Summary Statistics, 1997 to 2005												
	1997	1998	1999	2000	2001	2002	2003	2004	2005	1997-2005	2004-2005		
In-Patient Beds Available	2,383	2,384	2,394	2,375	2,343	2,252	2,172	2,175	2,165	-9.1	-0.5		
In-Patients Discharged	20,325	20,332	20,085	20,202	17,654	16,085	15,233	14,466	14,176	-30.3	-2.0		
Bed Days Used	709,431	707,815	709,164	719,321	706,977	703,383	700,881	687,927	679,639	-4.2	-1.2		
Average Length of Stay in Days	34.9	34.8	35.3	35.6	40.0	43.7	46.0	47.6	47.9	37.4	0.8		
% Occupancy	81.6	81.3	81.1	82.8	82.7	85.6	88.4	86.6	86.0	5.4	-0.7		
Out-Patient Attendances	43,315	45,728	45,990	46,093	41,371	40,860	44,037	37,443	32,005	-26.1	-14.5		

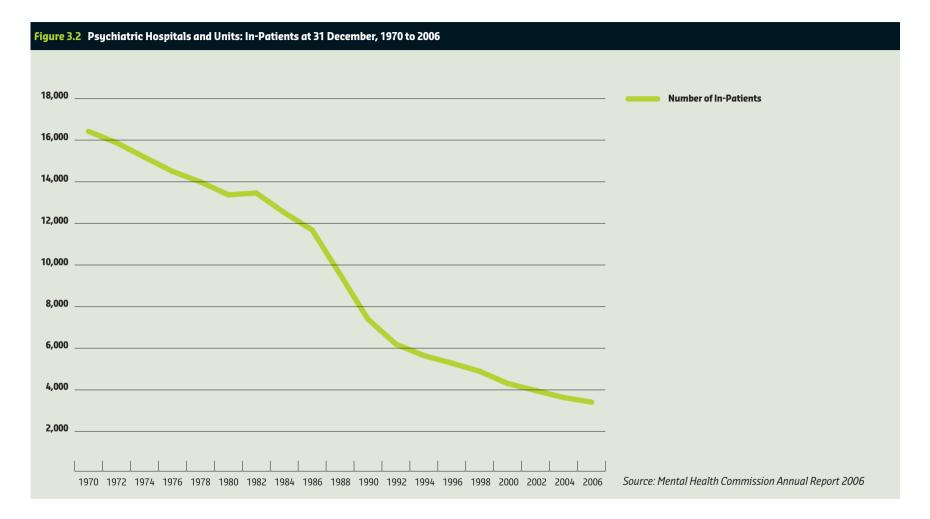
Note: Included in the above table are district/community hospitals and also Incorporated Orthopaedic, NRH, Peamount, Baldoyle, Manorhamilton and St. Finbarr's which are no longer classified as acute hospitals.

Source: Department of Health and Children.

Table 3.3 Psychiatric Hospital Sur	nmary Statisti	ics, 1997 to 2	2005							% (% Change	
	1997	1998	1999	2000	2001	2002	2003	2004	2005	1997-2005	2004-2005	
Number of In-Patient Admissions	25,985	25,238	25,062	24,282	24,446	23,677	23,031	22,279	21,253	-18.2	-4.6	
% Male	54.3	54.3	54.9	53.4	52.9	51.6	50.8	51.0	50.9	-6.2	-0.1	
% Female	45.7	45.7	45.1	46.6	47.1	48.4	49.2	49.0	49.1	7.4	0.1	
Admission Rate per 100,000 Populatio	n by Age Group 524.1	496.8	522.2	510.1	481.6	462.6	473.3	443.5	426.7	-18.6	-3.8	
25-44	1,042.3	997.4	977.0	930.7	908.3	841.4	800.7	748.8	694.9	-33.3	-7.2	
45-64	1,133.5	1,081.4	1,042.2	985.5	984.1	951.2	909.3	859.8	796.5	-29.7	-7.4	
65+	862.8	857.0	830.5	760.1	761.7	716.1	640.6	646.0	581.9	-32.6	-9.9	
Total	945.1	901.9	881.5	838.5	827.2	781.7	746.8	709.4	659.2	-30.3	-7.1	
Total In-Patients at end-year	4,817	4,820	4,469	4,230	4,256	3,891	3,658	3,556	3,475	-27.9	-2.3	

Note: Admission rates for 2002 are taken from the Census of Population, Central Statistics Office (CSO) and for all other years are based on the CSO's intercensal population estimates.

Source: Health Research Board and Mental Health Commission.



he data on community services and residential care presented in this section are derived from a variety of sources and give a selective view of this diverse sector. Table 4.1 shows the numbers and percentages of people covered by the General Medical Services (medical card), the drug payments scheme (DP) and the long term illness (LTI) scheme. Medical card coverage as a percentage of the population has decreased by about 5% since 1997 although prescription items dispensed under the GMS have almost doubled over this period (Figure 4.1). Eligibility for the DP scheme has more than doubled and LTI scheme coverage has gone up by almost 50%. It should be noted that medical card eliaibility was extended to all persons aged 70 and over from 2001 and that a 'doctor-only' medical card to cover the cost of General Practitioner services came into effect in November 2005

Statistics on children in care (Table 4.2) and on long stay care for the elderly (Table 4.3) are also presented in this section. Since 1996, there has been a 38% increase in the numbers of children in care. There has been a moderate increase in the numbers of people accommodated in long term care (though these figures have to be interpreted in the light of the survey response – see note (i) under Table 4.3), however, both the average age as well as average levels of dependency have both increased significantly in the past decade (Table 4.3 and Figure 4.2).

Immunisation rates (Table 4.4) show moderate improvements over the period. Food safety inspections (Table 4.5), which also constitute a community service, show increased numbers of establishments inspected and a fall of 36% in the proportion of inspections where infringements were found. Finally, in this section, a table (Table 4.6) is presented on community mental health services and a table (Table 4.7) on intellectual disability services. The former shows considerable increases in numbers attending day centres and a 9% increase in the number of places in community residences. The fall in psychiatric inpatients documented in the previous section is accompanied by additional community services. Table 4.7 on intellectual disability services shows increased day attendants and full time residents particularly in the moderate, severe and profound groups.

Table 4.1	able 4.1 Eligibility for General Medical Services, Drug Payments and Long-Term Illness Schemes: Number of Persons and Percentage of Population, 1997 to 2005												
Scheme		1997	1998	1999	2000	2001	2002	2003	2004	2005	1997-2005	2004-2005	
GMS	Number	1,219,852	1,183,554	1,164,187	1,148,055	1,199,454	1,168,745	1,158,143	1,148,914	1,155,727	-5.3	0.6	
	%	33.3	32.0	31.1	30.3	31.2	29.8	29.1	28.4	28.0	-16.0	-1.5	
DP	Number	_	_	699,867	942,193	1,156,836	1,319,395	1,396,813	1,469,251	1,478,650	111.3	0.6	
	%	_	_	18.7	24.9	30.1	33.7	35.1	36.3	35.8	91.4	-1.5	
LTI	Number	66,696	71,440	76,848	82,619	87,988	92,745	97,184	93,504	99,280	48.9	6.2	
	%	1.8	1.9	2.1	2.2	2.3	2.4	2.4	2.3	2.4	32.0	3.9	

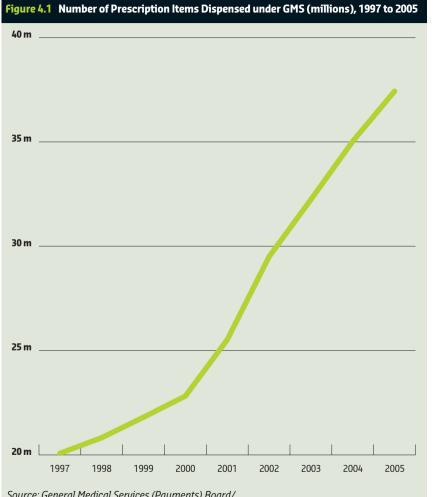
Notes:

(i) GMS = General Medical Services Scheme, DP = Drugs Payments Scheme, LTI = Long Term Illness Scheme.

(ii) The Drugs Payments Scheme was launched on 1 July 1999. The percentage change figures refer to 1999-2005.

Source: General Medical Services (Payments) Board/ National Shared Services Primary Care Reimbursement Service.





Source: General Medical Services (Payments) Board/ National Shared Services Primary Care Reimbursement Service.

Table 4.2 Number of Children in C	are , 1996, 2000) and 2004		% change
	1996	2000	2004	1996-2004
Total Children in Care	3,668	4,424	5,060	37.9
% Male	49.3	51.5	51.6	4.7
% Female	50.7	48.5	48.4	-4.5
% Foster Care	76.2	76.5	83.9	10.1
% Current Care Order	49.6	46.4	43.1	-13.1
% in Care up to 1 Year of Age	21.3	22.9	18.7	-12.2
% 1-5 Years of Age	38.2	44.1	45.5	19.1
% 5+ Years of Age	40.5	33.1	35.8	-11.6
% 5+ Years of Age	40.5	33.1	35.8	-11.6

Note: Children in Care can be placed either voluntarily or under a Current Care Order. *Source: Census of Children in the Care of the Health Boards.*

Table 4.3 Long Stay Care: Summary S	tatisitics, 1	997 to 2005								% C	% Change	
	1997	1998	1999	2000	2001	2002	2003	2004	2005	1997-2005	2004-2005	
Number of Beds	20,890	19,670	11,224	18,309	21,949	23,059	23,825	23,772	21,478			
Number of Patients Resident at 31/12	18,981	17,820	10,167	16,603	19,886	20,959	21,169	21,404	19,320			
% of Beds Occupied	90.9	90.6	90.6	90.7	90.6	90.9	88.9	90.0	90.0	-1.0	-0.1	
Age Distribution (as % of total)												
Under 40	0.5	0.8	0.9	0.8	0.9	0.6	0.7	0.7	0.6	20.0	-14.3	
40-64	4.6	4.5	4.4	4.6	4.9	4.5	4.5	5.4	5.0	8.7	-7.4	
65-69	5.0	4.9	4.7	4.7	4.3	4.2	4.1	4.1	4.4	-12.0	7.3	
70-74	9.7	9.0	10.5	9.6	8.6	8.6	8.3	8.6	8.6	-11.3	0.0	
75-79	17.1	17.4	18.1	17.5	16.9	16.5	16.0	15.1	15.5	-9.4	2.6	
80-84	25.4	26.0	25.4	24.9	25.4	25.6	25.5	25.2	24.2	-4.7	-4.0	
85+	37.7	37.4	36.0	38.0	38.9	40.0	40.9	40.9	41.5	10.1	1.5	
Level of Dependency (as % of total)												
Low	12.8	11.8	11.3	11.0	9.4	9.6	9.2	9.2	9.4	-26.6	2.2	
Medium	21.5	20.9	19.5	20.5	20.0	19.9	19.0	18.8	18.6	-13.5	-1.1	
High	28.9	29.0	29.8	29.8	29.3	30.1	30.6	29.7	31.1	7.6	4.7	
Maximum	36.7	38.3	39.5	38.6	41.2	40.3	41.2	42.3	40.8	11.2	-3.5	
Response Rate (%)	86.6	77.0	46.9	68.3	84.9	87.3	87.3	85.4	80.0			

Notes:

Source: Annual Survey of Long Stay Units 1997 to 2005.

(i) The survey covers all public, voluntary and private long stay accommodation; data should be interpreted in the context of the response rates (see last row of table) which vary from year to year. % change is not calcuated for number of beds and patients as these figures are directly affected by the survey rsponse rates.

(ii) The low response rate in 1999 was due to the absence of response from the ERHA.

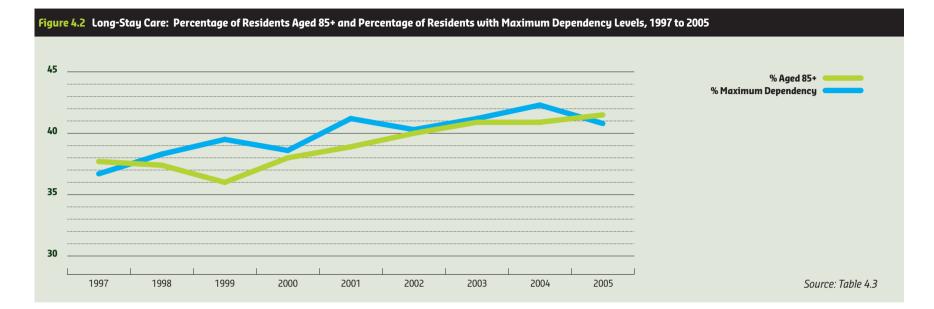


Table 4.4 Immunisation Rates at 24 Months: Percentage Up	Table 4.4 Immunisation Rates at 24 Months: Percentage Uptake, 1999 to 2005										
	1999	2000	2001	2002	2003	2004	2005	1999-2005	2004-2005		
Diptheria	86	86	84	83	86	89	91	5.2	1.7		
Pertussis	82	82	81	82	85	89	90	9.8	1.1		
Tetanus	86	86	84	83	86	89	91	5.8	2.2		
Haemophilus Influenzae Type B	86	85	84	83	86	89	90	4.7	1.1		
Polio	86	86	84	83	86	89	91	5.8	2.2		
Measles, Mumps & Rubella	77	79	73	73	78	81	84	9.1	3.7		

Source: Health Protection Surveillance Centre.

Table 4.5 Food Safety: Total Number of Food Establishment)5 % Ch	nange							
	1999	2000	2001	2002	2003	2004	2005	1999-2005	2004-2005
Number of Establishments Inspected	24,286	23,962	25,336	26,176	27,213	25,997	27,857	14.7	7.2
Percentage where Infringements Found	52.2	62.6	55.2	45.2	42.1	36.9	33.6	-35.6	-8.9

Note: Data for some health boards were incomplete in 1999 and 2001.

Source: Food Safety Authority of Ireland.

Table 4.6 Community Mental Health Services, 1997 to 2004											
	1997	1998	1999	2000	2001	2002	2003	2004	1997-2004	2003-2004	
Number of Persons Attending Day Centres	4,912	4,992	5,210	5,231	8,413	10,083	9,316	9,049	84.2	-2.9	
Number of Persons Attending Day Hospitals	14,406	13,849	11,594	17,516	13,639	15,272	16,637	19,110	32.7	14.9	
Number of Attendances at Out-Patient Clinics	230,189	243,988	250,234	218,912	237,667	250,336	238,650	212,644	-7.6	-10.9	
Number of Places in Community Residences	2,807	2,850	2,875	2,934	3,077	3,136	3,146	3,065	9.2	-2.6	

Note: For 2004, the number of Places in Community Residences refers to the number of people resident.

Source: 1997 to 2003 - Health Research Board; 2004 - Mental Health Commission.

Table 4.7 Intellectual Disabi	ility Services: Number	of Persons	in Receipt o	of Service by	J Degree of I	Disability ar	nd Category	of Service, 1	996 to 2005		% CI	nange
		1996	1998	1999	2000	2001	2002	2003	2004	2005	1996-2005	2004-2005
Mild	Day Attendees	7,486	8,139	7,930	7,718	7,394	6,731	6,776	6,893	6,873	-8.2	-0.3
	Full-Time Residents	1,274	1,353	1,359	1,351	1,446	1,331	1,345	1,306	1,249	-2.0	-4.4
Moderate, Severe, Profound	Day Attendees	6,850	7,264	7,239	7,246	6,955	7,017	7,226	7,361	7,462	8.9	1.4
	Full-Time Residents	6,230	6,382	6,399	6,495	6,794	6,711	6,674	6,642	6,539	5.0	-1.6
Not Verified	Day Attendees	653	777	872	897	1,037	1,153	1,333	1,455	1,641	151.3	12.8
	Full-Time Residents	68	45	52	62	56	60	73	145	150	120.6	3.4
Total	Day Attendees	14,989	16,180	16,041	15,861	15,386	14,901	15,335	15,709	15,976	6.6	1.7
	Full-Time Residents	7,572	7,780	7,810	7,908	8,296	8,102	8,092	8,093	7,938	4.8	-1.9

Note: No data are available for 1997.

Source: National Intellectual Disability Database, Health Research Board.

mployment in the health services has shown very significant increases since 1997 (Table 5.1). Overall employment is up by 57%. It should be noted that there have been some changes in the classification of health

service employment over this period. The largest increase (150%) has been in the category of health

and social care professionals which primarily comprises paramedical professions. The distribution of numbers employed by category since 1997 is shown in Figure 5.1.

The other two tables in this section relate to consultant and non-consultant hospital doctors in

the public health service (Table 5.2 and Figure 5.3) and to general practitioners participating in the General Medical Services (medical card) Choice of Doctor Scheme (Table 5.3). Overall numbers of both consultant and non-consultant posts have increased by over 60%. Doctors participating in the GMS have risen by about 38%.

Table 5.1 Employment in the Public Health Service by Category, 1997 to 2006

Grade Category	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	1997-2006	2005-2006
Medical/Dental	4,976	5,153	5,385	5,698	6,285	6,775	6,792	7,013	7,266	7,712	55.0	6.1
Nursing	27,346	26,611	27,044	29,177	31,429	33,395	33,766	34,313	35,248	36,737	34.3	4.2
Health and Social Care Professionals	5,969	6,422	6,836	7,613	9,228	12,577	12,692	12,830	13,952	14,913	149.8	6.9
Management/ Administration	8,844	9,480	10,599	12,366	14,714	15,690	15,766	16,157	16,699	17,262	95.2	3.4
General Support Staff	20,705	21,973	22,928	25,216	13,803	13,729	13,838	13,771	13,227	12,910	43.2	-2.4
Other Patient and Client Care	_	_	_	_	14,842	13,513	13,647	14,640	15,586	16,739		7.4
Total	67,841	69,640	72,793	80,070	90,302	95,679	96,501	98,723	101,978	106,273	56.7	4.2

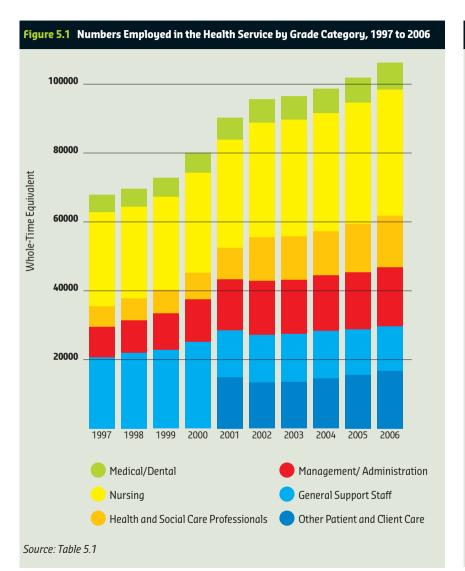
Notes:

- (i) Figures refer to whole-time equivalents excluding staff on career break and excludes Home Helps.
- (ii) Caution should be exercised in making grade category comparisons due to changes in category composition over time. In particular
 - (a) "General Support Staff" comprises the former grade categories "Support" and "Maintenance/Technical" which existed up to the 2000 census.
 - (b) "Health and Social Care Professionals" was known as "Paramedical" up to 2000.

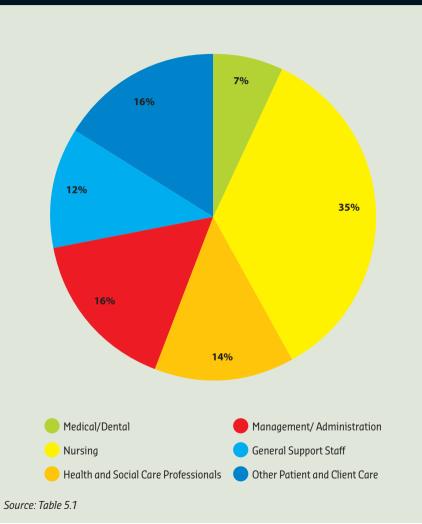
- (c) "Other Patient and Client Care" was first used in the 2001 Personnel Census and comprised grades in the General Support Staff Category which were considered to relate to patient care.
- (d) "Management/ Administration" includes staff who are of direct service to the public and include Consultant's Secretaries, Out-Patient Departmental Personnel, Medical Records Personnel, Telephonists and other staff who are engaged in front-line duties.

Source: Health Service Personnel Census at 31st December.

% Chanae







24 Health In Ireland Key Trends

Table 5.2 Consultant and Non-Consu	Table 5.2 Consultant and Non-Consultant Hospital Doctors Employed within the Public Health Service, 1997 to 2006												
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	1997-2006	2005-2006	
Consultants	1,310	1,321	1,375	1,435	1,574	1,693	1,756	1,873	1,968	2,096	60.0	6.5	
Non-Consultant Hospital Doctors:													
House Officer/Senior House Officer	1,377	1,442	1,448	1,481	1,615	1,727	1,708	1,764	1,802	1,910	38.7	6.0	
Intern	369	375	383	414	440	466	471	485	486	502	36.0	3.3	
Registrar	1,078	1,156	1,215	1,167	1,240	1,308	1,241	1,250	1,387	1,508	39.9	8.7	
Senior Registrar/Specialist	-	-	66	287	431	593	668	699	701	729		4.0	
Sub-Total - Non-Consultant Hospital Doct	ors 2,824	2,973	3,112	3,349	3,726	4,094	4,088	4,198	4,376	4,648	64.6	6.2	
Total	4,134	4,294	4,487	4,784	5,300	5,787	5,844	6,071	6,344	6,744	63.1	4.5	

Source: Personnel Census, Department of Health and Children.

Notes: (i) Figures refer to whole-time equivalents excluding staff on career break.

(ii) "Consultants" includes Masters of Maternity Hospitals.

(iii) The grade Senior Registrar/Specialist was created in 1999.

Non-Consultant Hospital Doctors Consultant Source: Table 5.2

Figure 5.3 Consultant and Non-Consultant Hospital Doctors Employed in the Public Health Service, 1997 to 2006

Table 5.3 Number of General Practit	Table 5.3 Number of General Practitioners Participating in the GMS Choice of Doctor Scheme, 1997 to 2005											
	1997	1998	1999	2000	2001	2002	2003	2004	2005		1997-2005	2004-2005
Number	1,641	1,629	1,679	1,798	1,863	2,134	2,181	2,210	2,257		37.5	2.1

Source: General Medical Services (Payments) Board/ National Shared Services Primary Care Reimbursement Service

otal public health expenditure has gone from €3,671 million in 1997 to €12,337 million in 2006. This represents an increase of 236% at current prices (Table 6.1). Looking at the Programme and Service breakdown (Table 6.2), there have been expenditure increases of 200% or more in nearly all categories with expenditure on Community Protection and Community Health Services programmes increasing by 300% approximately. The General Hospital programme remains the largest consumer of health resources receiving 45% of all non-capital funds (Figure 6.2). On the capital side spending has risen approximately in line with non-capital expenditure. The Acute Hospital programme accounts for the greatest slice of capital spending (54% in 2006) (Table 6.3).

Health spending per capita has increased between 1997 and 2005 (Figure 6.3). Compared with other countries in the Organisation of Economic Cooperation and Development (OECD), Ireland's health spending per capita ranks midway but expressed as a percentage of GDP (7.5% in 2005) falls toward the lower end of the OECD spectrum (Table 6.4). It is however difficult to compare like with like since all countries do not classify health expenditure in the same manner. More significantly, unlike other OECD countries, a sizeable proportion of Ireland's GDP refers to profit exports which are not available for national consumption. When Ireland's total health expenditure is calculated as a percentage of Gross National Income (GNI), which does not include exported profits, the figure rises to 8.8% which puts Ireland close to the OECD average (Table 6.4 and Figure 6.4).

Table 6.1 Public Health Expenditure, 1997 to 2006 (€m) % Change 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 1997-2006 2005-2006 Total Public Non-Capital Expenditure 3.504 3.886 4.647 5.423 6.802 7.933 8.853 9.653 10.578 11.742 2351 11.0 Net Public Non-Capital Expenditure 3.819 4.574 5,359 6.739 7.867 8.783 9.561 10.502 11.646 2383 10.9 3,443 Total Public Capital Expenditure 231 374 507 514 509 516 595 2563 15.3 167 187 294 Total Public Expenditure 4,878 5,717 9,367 11.094 12,337 236.1 11.2 3,671 4,073 7.176 8,440 10,162

Notes:

(i) Net non-capital expenditure excludes National Lottery funding and Treatment Benefits (funded from the Vote of Department of Social and Family Affairs).

(ii) Figures for 2006 are estimated.

Source: Non-Capital Expenditure – "Estimated Non-Capital Health Expenditure 1990 to 2006 Categorised by Programme and Service" – www.dohc.ie. Capital Expenditure – Revised Estimates for Public Services.

HEALTH SERVICE EXPENDITURE 6

Table 6.2 Non-capital Public Health Expenditure By Programme And Service, 1997 To 2006 (€000)												
Programme and Service (Non-Capital)	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	1997-2006	2005-2006
Community Protection Programme	93,078	99,908	136,028	224,827	314,306	275,255	302,234	334,583	366,396	395,315	324.7	7.9
Community Health Services Programme	600,468	687,229	883,533	985,025	1,191,643	1,526,084	1,677,974	1,868,669	2,162,896	2,398,535	299.4	10.9
Community Welfare Programme	262,515	285,507	336,547	445,862	581,436	703,788	774,180	860,041	892,403	998,886	280.5	11.9
Mental Health Programme	326,841	347,471	394,546	433,654	497,061	563,690	619,466	661,352	729,480	825,129	152.5	13.1
Disability Programme	391,620	436,631	520,835	651,562	815,909	962,932	1,155,889	1,230,634	1,368,246	1,517,248	287.4	10.9
General Hospital Programme	1,812,159	1,988,461	2,317,676	2,604,489	3,291,361	3,801,489	4,180,673	4,523,260	4,917,472	5,428,753	199.6	10.4
General Support Programme	161,655	194,837	218,126	264,921	318,334	333,500	407,009	444,788	482,891	523,749	224.0	8.5
Gross Non-Capital Total - All Programmes	3,648,336	4,040,044	4,807,291	5,610,340	7,010,050	8,166,738	9,117,425	9,923,327	10,919,784	12,087,615	231.3	10.7
Income	204,924	220,910	233,388	251,257	270,787	300,228	334,306	362,873	417,796	441,796	115.6	5.7
Net Non-Capital Total - All Programmes	3,443,412	3,819,135	4,573,903	5,359,083	6,739,263	7,866,510	8,783,119	9,560,454	10,501,988	11,645,819	238.2	10.9

Note: Figures for 2006 are estimated.

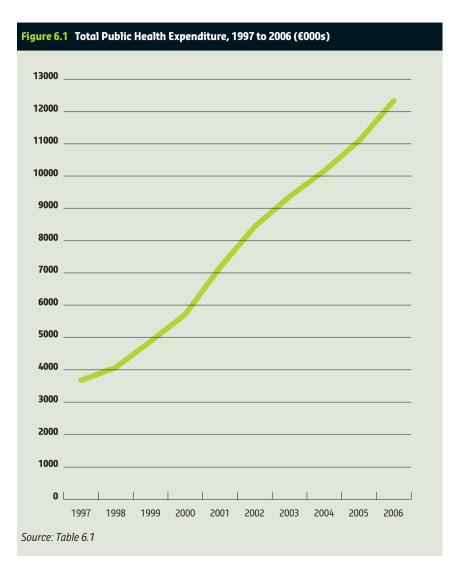
Source:

"Estimated Non-Capital Health Expenditure 1990 to 2006 Categorised by Programme and Service" – www.dohc.ie.

Table 6.3 Capital Public Health Expension	Table 6.3 Capital Public Health Expenditure By Programme, 1997-2005 (€000)											
Programme	1997	1998	1999	2000	2001	2002	2003	2004	2005		1997-2005	2004-2005
Acute Hospitals	99,046	116,900	127,800	165,372	208,038	327,190	396,032	390,603	277,964		180.6	-28.8
Community Health	34,510	21,787	36,125	39,531	55,371	74,033	25,754	24,018	115,671		235.2	381.6
Mental Health	3,158	3,639	4,150	15,916	17,891	33,975	8,258	2,702	25,759		715.7	853.3
Disability Services	16,303	21,045	22,439	47,069	57,658	38,613	40,257	19,728	32,335		98.3	63.9
ICT	11,184	18,512	26,427	18,195	26,436	28,669	40,074	67,431	58,400		422.2	-13.4
Miscellaneous	2,760	5,083	13,752	7,861	8,227	4,633	3,811	3,997	5,781		109.5	44.6
Total Capital Expenditure	166,961	186,966	230,693	293,944	373,620	507,115	514,186	508,479	515,910		209.0	1.5

Source: Revised Estimates for Public Services.

6 HEALTH SERVICE EXPENDITURE



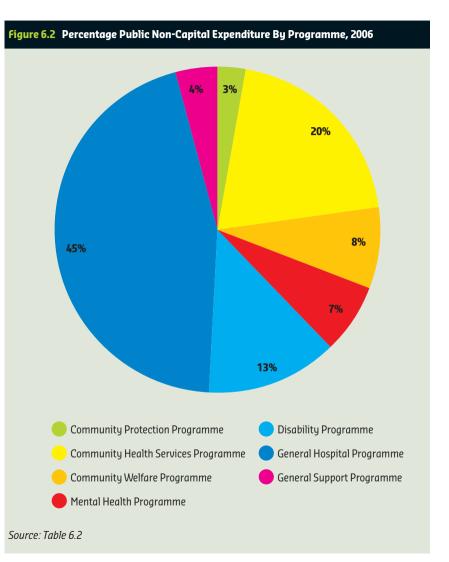
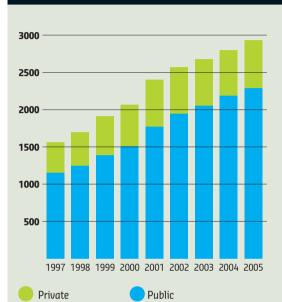


Table 6.4 Total Health Expenditure per Capita and as % of GDP and % GNI for OECD Countries, 2005

	-						
		Per Capita			% GDP		% GNI
Country	Public	Private	Total	Public	Private	Total	Total
Australia*	2,110	1,018	3,128	6.4	3.1	9.5	n/a
Austria	2,665	854	3,519	7.7	2.5	10.2	10.3
Belgium	2,451	914	3,365	7.4	2.8	10.3	10.2
Canada	2,337	989	3,326	6.9	2.9	9.8	n/a
Czech Republic	1,310	168	1,479	6.4	0.8	7.2	7.5
Denmark	2,614	494	3,108	7.7	1.4	9.1	9.0
Finland	1,813	518	2,331	5.9	1.7	7.5	7.5
France	2,693	680	3,374	8.9	2.2	11.1	11.0
Germany	2,527	760	3,287	8.2	2.5	10.7	10.6
Greece	1,277	1,703	2,981	4.3	5.8	10.1	12.9
Hungary*	942	394	1,337	5.7	2.4	8.1	8.6
lceland	2,842	602	3,443	7.9	1.7	9.5	9.8
Ireland	2,281	644	2,926	5.8	1.7	7.5	8.8
Italy	1,938	593	2,532	6.8	2.1	8.9	9.0
Japan*	1,927	431	2,358	6.6	1.5	8.0	7.8
Korea	698	620	1,318	3.2	2.8	6.0	n/a
Luxembourg*	4,851	501	5,352	7.5	0.8	8.3	10.0
Mexico	307	368	675	2.9	3.5	6.4	n/a
Netherlands*	n/a	n/a	3,094	n/a	n/a	9.2	9.0
New Zealand	1,829	514	2,343	7.0	2.0	9.0	n/a
Norway	3,647	717	4,364	7.6	1.5	9.1	9.1
Poland	601	265	867	4.3	1.9	6.2	6.4
Portugal	1,478	556	2,033	7.4	2.8	10.2	10.4
Slovak Republic	846	291	1,137	5.3	1.8	7.1	7.3
Spain	1,609	646	2,255	5.9	2.4	8.2	8.3
Sweden	2,469	449	2,918	7.7	1.4	9.1	9.1
Switzerland	2,493	1,684	4,177	6.9	4.7	11.6	10.6
Turkey	418	168	586	5.4	2.2	7.6	7.6
United Kingdom	2,371	352	2,724	7.2	1.1	8.3	8.1
United States	2,884	3,517	6,401	6.9	8.4	15.3	15.3
Notes:		(iii) %C	GDP: (Gross Domest	ic Product)	(v) n/a indicate	es 'Not available	e'.

Figure 6.3 Total Health Expenditure Per Capita in Ireland, 1997 to 2005



Note: Total Health Expenditure measured in National Currency Units at 2005 prices based on the Consumer Price Index (CPI). *Source: OECD (www.ecosante.org)*

Notes:

(i) *indicates data for 2004.

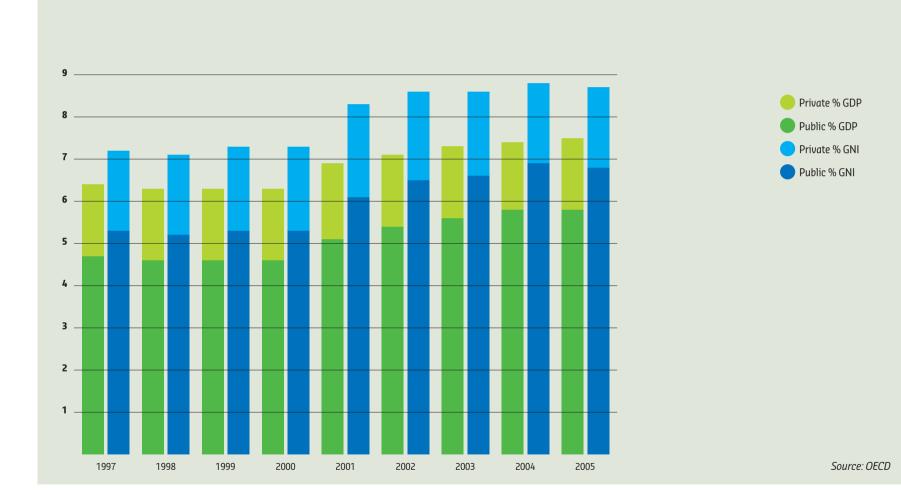
(ii) Per Capita Expenditure is expressed in Purchasing Power Parities (US\$PPPs).

calculated using local currency. (iv) % GNI: (Gross National Income) calculated using local currency.

Source: OECD (www.ecosante.org) and Eurostat (GNI data).

6 HEALTH SERVICE EXPENDITURE

Figure 6.4 Total Health Expenditure in Ireland as a Percentage of GDP and GNI, 1997 to 2005



DESIGN BY VERSO.IE





Department of Health & Children Information Unit, Hawkins House, Dublin 2. Tel(01) 635 4253Fax(01) 635 4378Webwww.dohc.ie

ISBN 978-1-4064-2003-6 €5.00 © Government of Ireland 2007

This document is available for download at www.dohc.ie