



Rialtas na hÉireann  
Government of Ireland

# Health in Ireland

Key Trends 2019

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## Introduction

The 2019 edition of Health in Ireland: Key Trends provides summary statistics on health and health care over the past ten years. It highlights selected trends and topics and includes data from newly available sources. There are also several tables and graphs comparing Ireland with other countries in the EU or the OECD, to provide context for national performance and assess progress. The booklet is divided into seven chapters covering topics from population growth, life expectancy and health status to profiles of the new regional health areas. Rapid ageing of the population in conjunction with lifestyle-related health threats present major challenges now and for the future in sustaining and improving health and health services in Ireland.

Following the publication of results from Census 2016, the estimated population growth between 2016 and 2019 was 3.8%. The numbers and proportion of the population in the older age groups continues to grow, with the number of people over the age of 65 continuing to increase by over 20,000 a year. Over the next 20 years, the number of people aged 85 and over is projected to increase on average by around 6,000 each year. This will have a significant impact on the demand for health care services in Ireland.

Life expectancy continues to improve in Ireland. Male life expectancy has increased by 3 years and female life expectancy by almost 2 years since 2007. The gap between the life expectancy of men and women also continues to narrow, with the latest

available data showing this gap now at its lowest point since the 1950's with women's life expectancy 3.6 years more than males. These improvements are largely due to lower levels of mortality and better survival from conditions such as heart disease and cancer affecting older age groups. The contribution of modern health services to this achievement, while difficult to quantify, has been of unquestionable significance.

Mortality rates have declined 10.5% since 2009. Age-standardised death rates for major causes of death such as cancers and circulatory system diseases have declined by 10% and 25% respectively over the past ten years.

Lifestyle factors such as smoking, drinking, levels of physical activity and obesity continue to be issues which have the potential to jeopardise many of the health gains achieved in recent years. However, inequalities in health are closely linked with wider social determinants including living and working conditions, issues of service access, and cultural and physical environments. Taken together with an ageing population, adverse trends, if not addressed now, will lead to an unhealthy and costly future.

From 2009 to 2012, the population eligible for a medical card increased steadily. More recently, however, these trends have reversed as economic conditions have improved. The key challenge, and opportunity, will be to ensure that scarce resources are carefully targeted to deliver services in the

fairest, most efficient and most effective ways possible.

A new chapter has been added to Key Trends this year which focuses on profiling the new regional health areas. The establishment of Regional Health Areas (RHAs) with clearly defined population catchments will enable a fundamental shift towards a population health approach to planning, resourcing and delivering integrated health and social care services based on population need. Population profiling to describe and understand regional population characteristics commenced between the Department of Health and HSE in 2019. Some initial findings are presented in this section.

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 2019 makes a contribution to this vision and offer readers an evidence base for what is currently happening in our health service. This annual publication is a resource that supports Sláintecare's ongoing programme of evaluation and assesses the contribution of the reform programme to the performance of the health system during the 10-year implementation period. Effective management will mean decision-making and planning based on the best possible evidence at all levels.

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# 1. Population and Life Expectancy

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

Based off the results of the 2016 Census, population estimates and projections have been updated in this year's publication with the latest information. The population in 2019 has grown by an estimated 3.8% since the 2016 Census. Since 2010, the population has increased by 8.1% to a figure of 4.92 million. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups (Table 1.2). The population aged 65 and over has increased by 35.2% since 2009, which is considerably higher than the EU average increase of 16.5%.

The latest population projections released by the Central Statistics Office indicate that this population growth is set to continue for at least the next two decades. Assuming moderate changes in migration and fertility rates, the total population is projected to reach 5.68 million by 2039. The total fertility rate has continued to decrease and is now at its lowest in the last decade, however

Ireland still has the third highest fertility rate in the EU behind France and Sweden (Figure 1.4). Since 2009 there has been a gradual decrease in the number of live births (Table 1.3). This is due in part to the reduction in fertility rates but, more significantly, to the fact that the number of women in the main child-bearing age groups has declined in recent years. This is a demographic feature which is likely to result in a steady reduction in the number of births over the coming decade even if, as expected, Ireland continues to experience fertility rates which are higher than most other EU countries.

Population ageing clearly has major implications for the planning and provision of health services; it is also a measure of improvement in health and life expectancy. Life expectancy is continuing to increase, currently standing at 84 years for women and 80.4 years for men (Table 1.6). Life expectancy for women is higher than for men, as in most countries (Figure 1.6). However, this gap has narrowed in the past decade, and male life expectancy in 2017 was 3.6 years below female life expectancy compared to 5.3 years in 1997 (Table 1.6). The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (Section 2). In addition to living longer,

women in Ireland typically experience a slightly higher number of healthy life years than men, however men at 65 experience a slightly higher proportion of their life expectancy in good health. The proportion of life expectancy at age 65 to be lived in good health is higher for both men and women in Ireland compared with the EU average (Figure 1.8).

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

**Table 1.1****Population Estimates ('000s) for Regional Authority Areas by Age Group, 2019**

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
Male	202.5	153.0	230.2	683.3	359.8	242.3	216.6	350.3	2,438.0
Female	204.2	151.9	233.5	712.4	363.7	242.7	219.3	355.9	2,483.5
<b>Total</b>	<b>406.7</b>	<b>304.9</b>	<b>463.7</b>	<b>1,395.7</b>	<b>723.5</b>	<b>485.0</b>	<b>435.9</b>	<b>706.2</b>	<b>4,921.5</b>
<b>Age Groups:</b>									
0-14	86.5	69.2	94.0	263.2	163.9	98.2	91.1	143.0	1,008.9
15-24	51.0	38.9	57.2	175.2	92.6	60.9	54.9	87.4	618.0
25-34	43.7	34.9	52.2	223.7	81.3	53.6	48.1	83.0	620.0
35-44	58.2	46.8	69.2	240.3	117.0	71.3	64.5	109.2	776.9
45-54	54.9	41.0	62.7	176.3	103.5	66.7	60.2	96.2	661.6
55-64	47.4	33.5	54.6	139.2	76.4	57.1	50.7	80.8	539.7
65-74	37.5	24.4	42.3	100.4	53.8	45.0	38.5	62.2	404.1
75-84	19.8	12.2	22.6	56.5	26.2	23.8	20.8	32.9	214.9
85+	7.4	3.9	9.0	21.0	8.8	8.5	7.0	11.6	77.3
<b>2016</b>	<b>393.3</b>	<b>293.4</b>	<b>447.5</b>	<b>1,335.9</b>	<b>690.9</b>	<b>472.5</b>	<b>421.2</b>	<b>685.0</b>	<b>4,739.6</b>
<b>% change 2016-2019</b>	<b>3.4</b>	<b>3.9</b>	<b>3.6</b>	<b>4.5</b>	<b>4.7</b>	<b>2.6</b>	<b>3.5</b>	<b>3.1</b>	<b>3.8</b>

**Source:** Central Statistics Office.

**Notes:**

- (i) Data for 2019 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, 2010 to 2019

Age Group	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	% change	
											2010-2019	2018-2019
0-14	957.7	976.6	988.0	993.9	997.6	1,001.6	1,005.5	1,007.0	1,008.7	1,008.9	5.3%	0.0%
15-64	3,081.9	3,066.6	3,055.7	3,051.5	3,058.5	3,075.9	3,104.3	3,135.6	3,175.0	3,216.2	4.4%	1.3%
65 and over	515.0	531.6	549.9	569.2	589.5	610.3	629.8	649.9	673.4	696.3	35.2%	3.4%
All Ages	4,554.8	4,574.9	4,593.7	4,614.7	4,645.4	4,687.8	4,739.6	4,792.5	4,857.1	4,921.5	8.1%	1.3%

**Source:** Central Statistics Office.

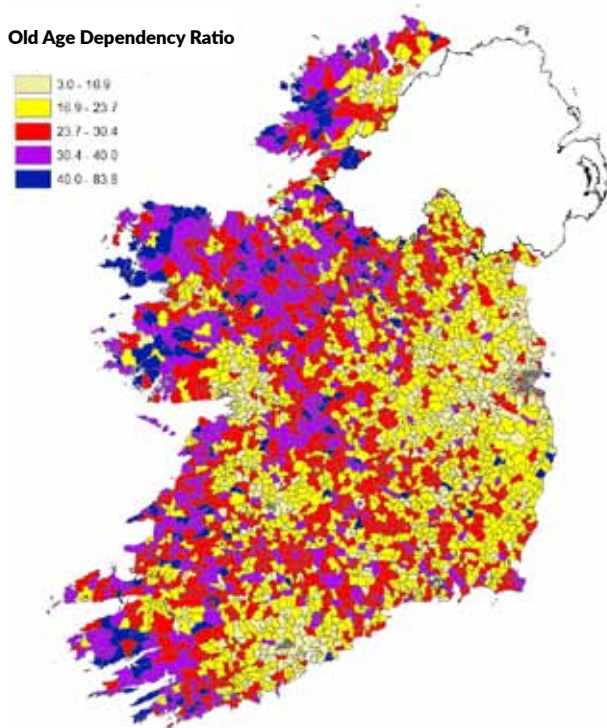
**Notes:**

- (i) Data for 2017, 2018 and 2019 is preliminary.
- (ii) Age groups may not sum to total due to rounding.



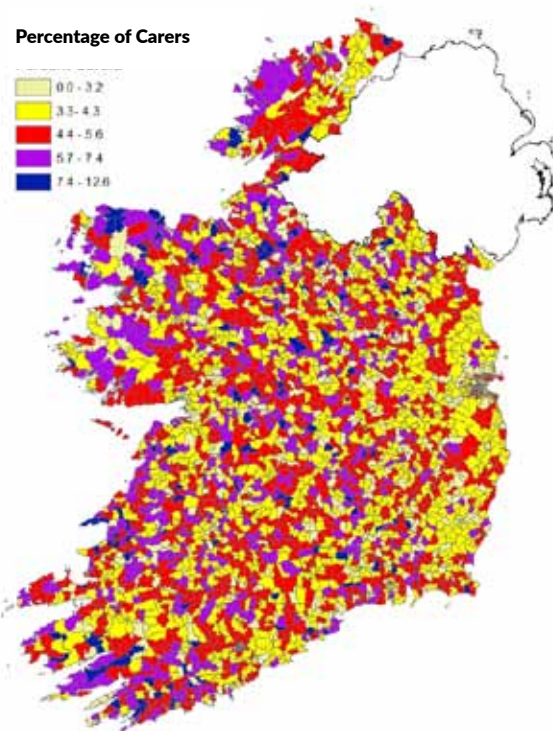
**Figure 1.1a**

Old Age Dependency Ratio, by Electoral Divisions, 2016



**Figure 1.1b**

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

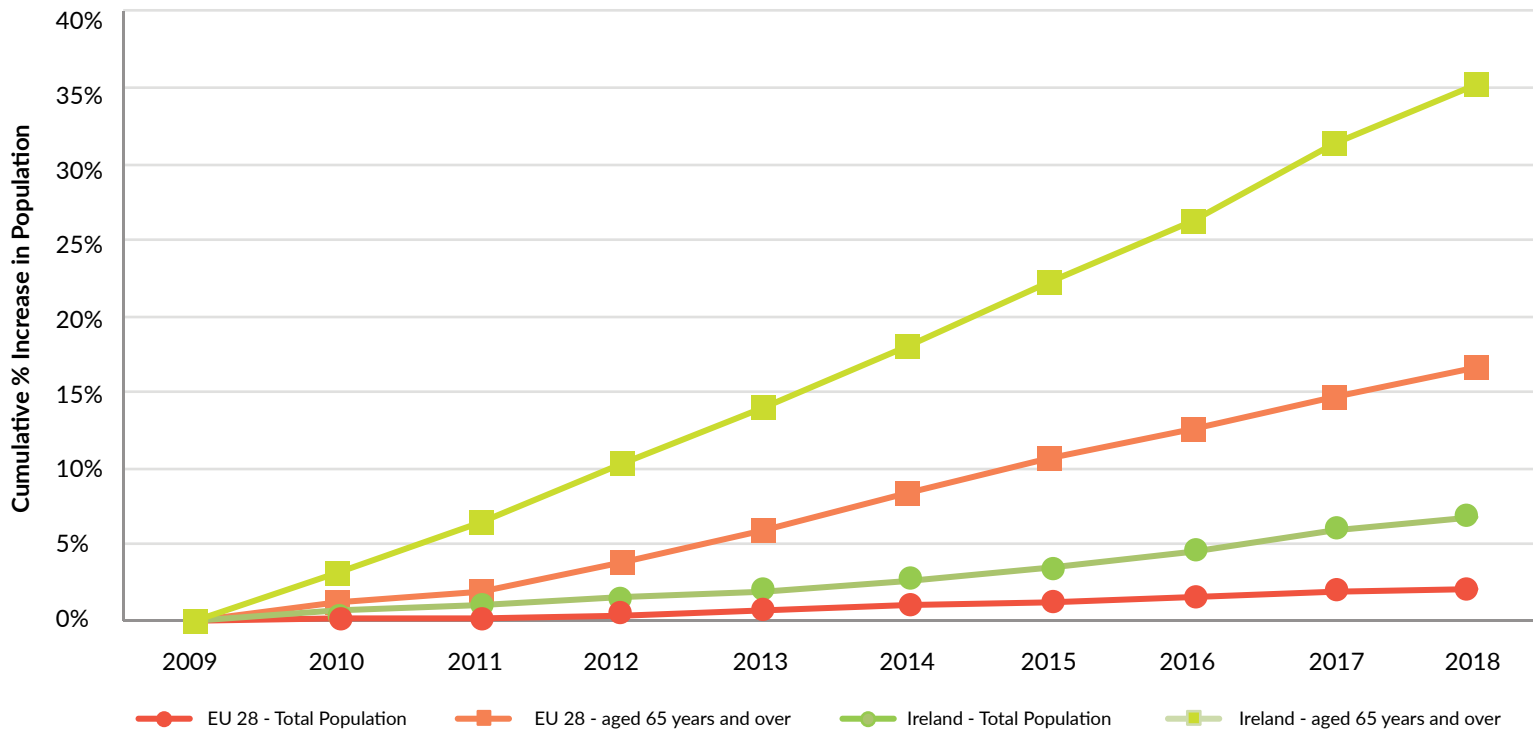


Source: Central Statistics Office.

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

## Figure 1.2

Cumulative Percentage Increase in Population, All Ages and 65+ for Ireland and EU-28, 2009 to 2018



Source: Eurostat.

Notes:

(i) Data for 2017 & 2018 are provisional

**Table 1.3****Live Births, Birth Rate and Total Fertility Rate, Ireland and EU-28, 2009-2018**

		2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	% Change	
												2009-2018	2017-2018
Number of live births		75,554	75,174	74,033	71,674	68,954	67,295	65,536	63,841	62,053	61,016	-19.2	-4.4
Birth rate (per 1,000 population)		16.7	16.5	16.2	15.6	15.0	14.6	14.0	13.5	12.9	12.6	-24.6	-6.7
<b>Total fertility rate</b>	<b>Ireland</b>	<b>2.06</b>	<b>2.06</b>	<b>2.02</b>	<b>1.98</b>	<b>1.93</b>	<b>1.9</b>	<b>1.86</b>	<b>1.81</b>	<b>1.8</b>	<b>1.75</b>	<b>-15.0</b>	<b>-3.3</b>
	<b>EU28</b>	<b>1.61</b>	<b>1.62</b>	<b>1.59</b>	<b>1.59</b>	<b>1.55</b>	<b>1.58</b>	<b>1.57</b>	<b>1.6</b>	<b>1.59</b>	<b>n/a</b>	<b>-1.2</b>	<b>-0.6</b>

**Source:** Central Statistics Office, Eurostat.

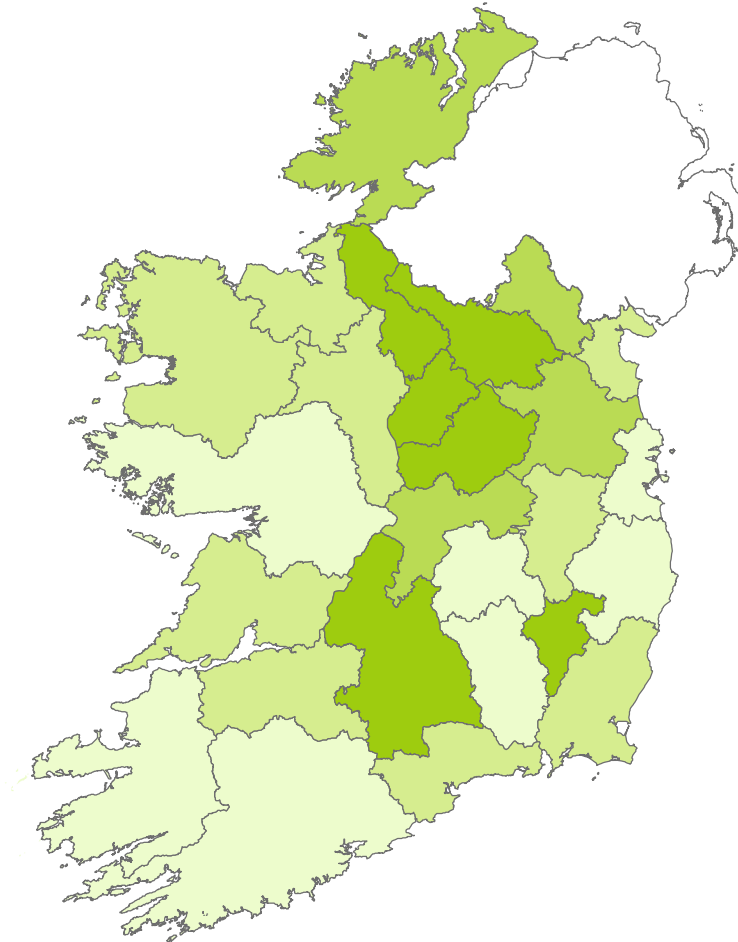
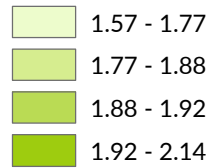
**Notes:**

- (i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
- (ii) % change for EU28 total fertility rate relates to 2009-2017 and 2016-2017.
- (iii) There is a break in TFR data for EU28 between 2010-2012 and 2014-2015.
- (iv) Data for 2018 is provisional.

## Figure 1.3

### Total Fertility Rate by County, Ireland, 2018

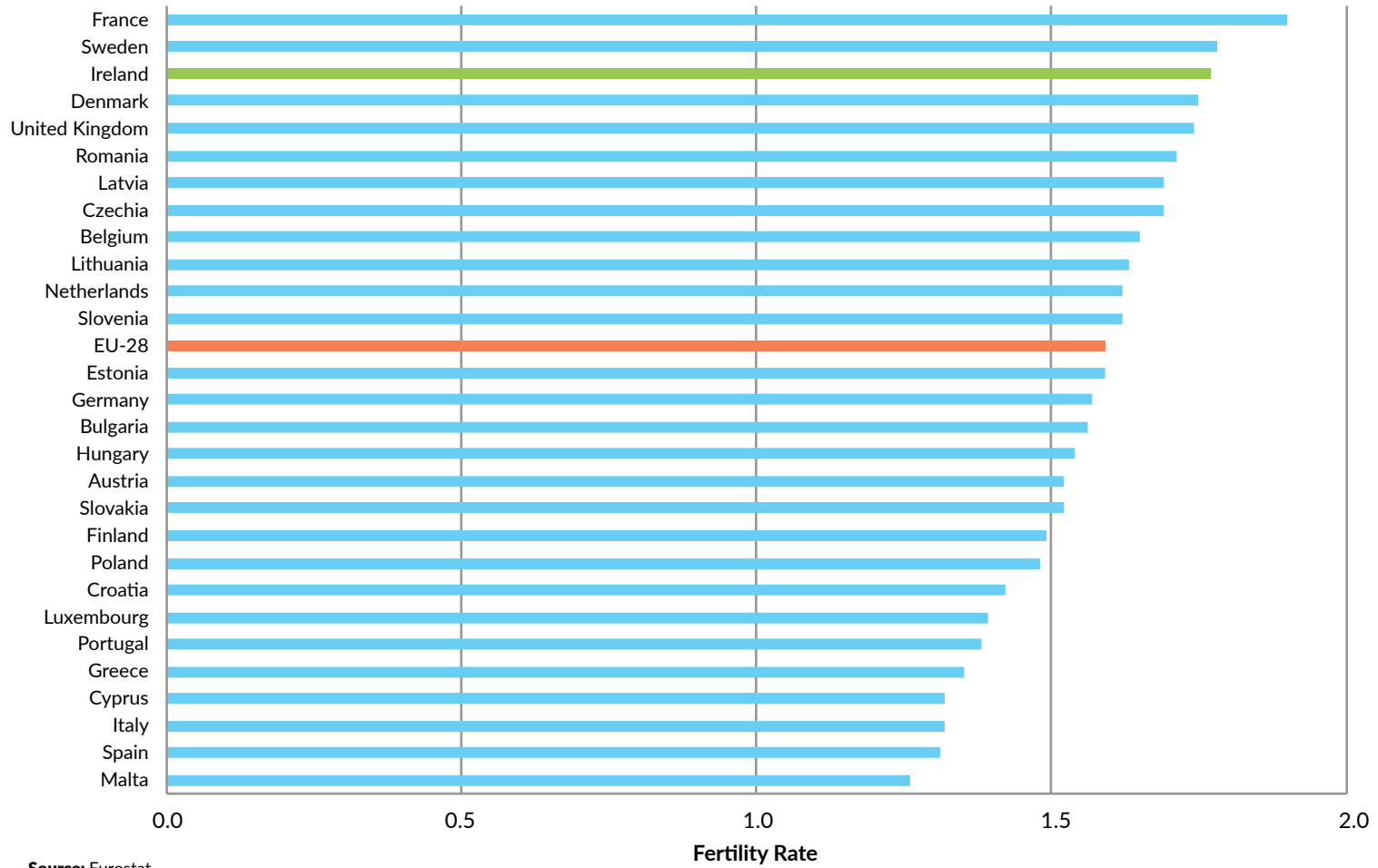
#### Total Fertility Rate



Source: Central Statistics Office

**Figure 1.4**

**Total Fertility Rates in Europe, 2017**



Source: Eurostat.

## Table 1.4

### Population 2019 and Projected Population to 2039 ('000s) by Age Group, Ireland.

Age Group						% Change
	2019(e.)	2024	2029	2034	2039	2019-2039
0-14	1008.9	970.8	895.3	857.7	858.8	-15.0
15-64	3216.2	3338.0	3480.8	3566.0	3592.5	10.9
65-84	619.0	722.2	827.5	919.4	1026.2	48.5
85 and over	77.3	93.7	118.0	158.1	198.3	104.5
<b>Total</b>	<b>4,921</b>	<b>5,125</b>	<b>5,322</b>	<b>5,501</b>	<b>5,676</b>	<b>11.8</b>

Source: Central Statistics Office.

#### Notes:

- (i) Projections are based on the Central Statistics Office's M2F2 assumption of moderate growth in migration and a decrease in the total fertility rate to 1.6 by 2031, remaining constant thereafter.
- (ii) The projections should not be considered as forecasts.
- (iii) Projections were produced using data for 1 January 2016 as a starting point.
- (iv) (e.): The current CSO population estimate was used for 2019 figures.

## Table 1.5

### Dependency Ratio Ireland, 2019 and Projected to 2039

Age Group						% change
	2019 (e.)	2024	2029	2034	2039	2019-2039
0-14	31.8	29.1	25.7	24.1	23.9	-24.2
65 and over	21.6	24.4	27.2	30.2	34.1	39.8
<b>All ages</b>	<b>53.0</b>	<b>53.7</b>	<b>52.8</b>	<b>53.9</b>	<b>57.1</b>	<b>1.7</b>

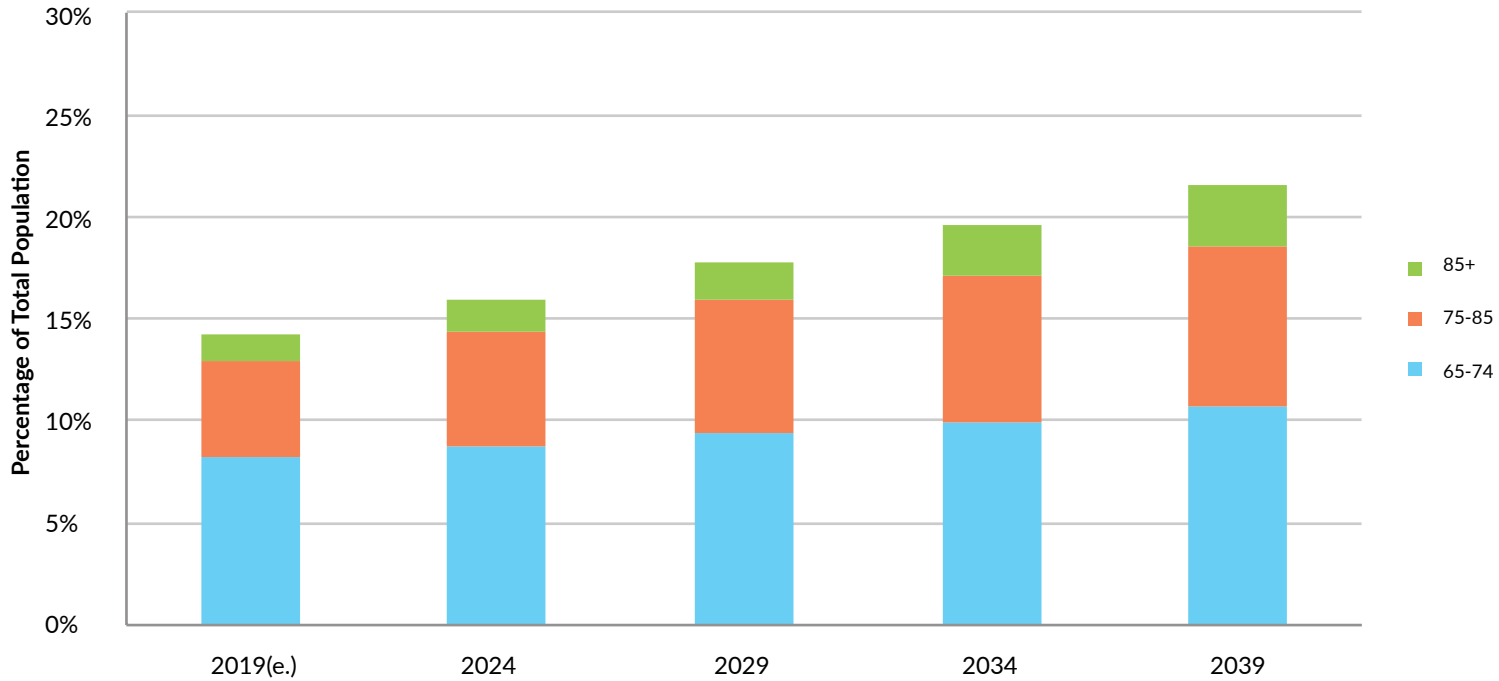
Source: Central Statistics Office.

#### 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 2019 figures.

## Figure 1.5

### Older Age Groups: Population 2019 and Projected Population 2024-2039



**Source:** Central Statistics Office.

**Notes:**

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

## Table 1.6

### Life Expectancy, Ireland, by Age and Gender, 1997, 2007 and 2017

					% Change
	Life expectancy at age	1997	2007	2017	1997-2017
Male	0	73.4	77.3	80.4	9.5
	1	72.8	76.6	79.6	9.3
	40	35.4	38.9	41.5	17.2
	65	14.0	17.0	19.0	35.7
	75	8.2	10.1	11.5	40.2
Female	0	78.7	82.1	84.0	6.7
	1	78.2	81.3	83.2	6.4
	40	40.0	42.9	44.7	11.8
	65	17.6	20.1	21.4	21.6
	75	10.5	12.4	13.3	26.7

Source: Eurostat.

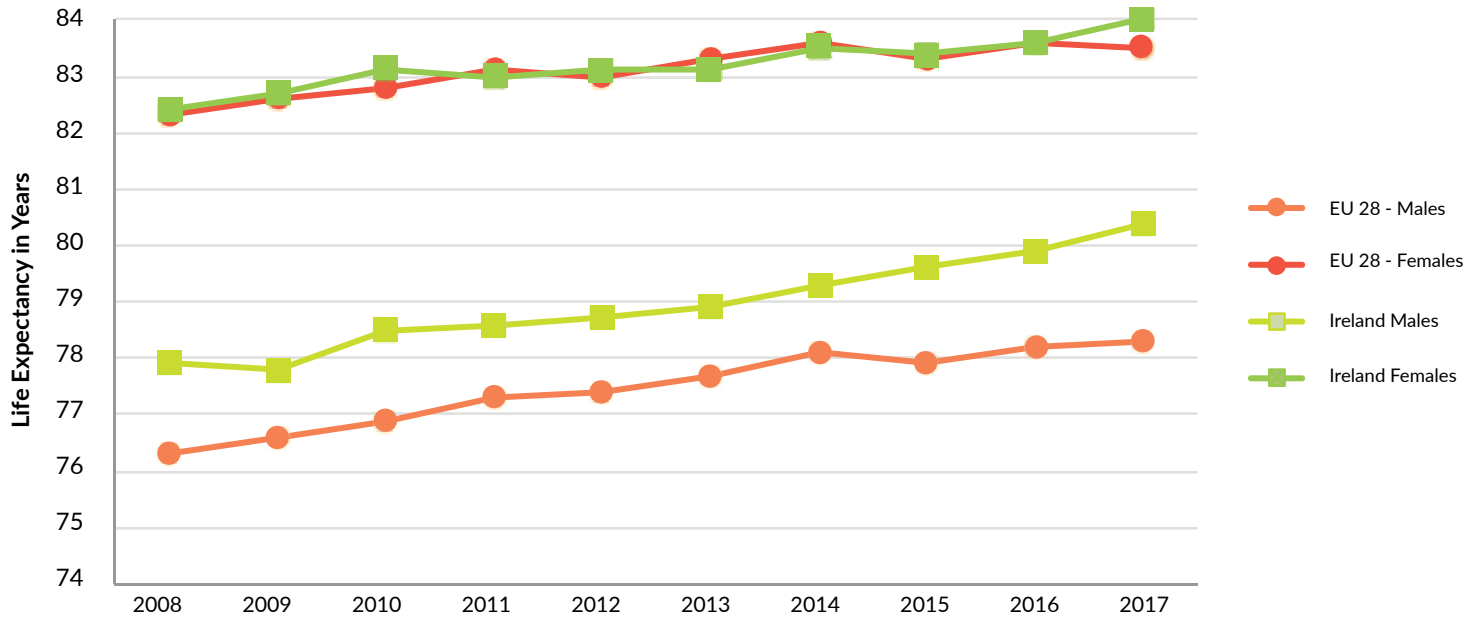
**Notes:**

(i) Data for 2017 are provisional.



## Figure 1.6

### Life Expectancy at Birth by Gender, Ireland and EU-28, 2008 to 2017



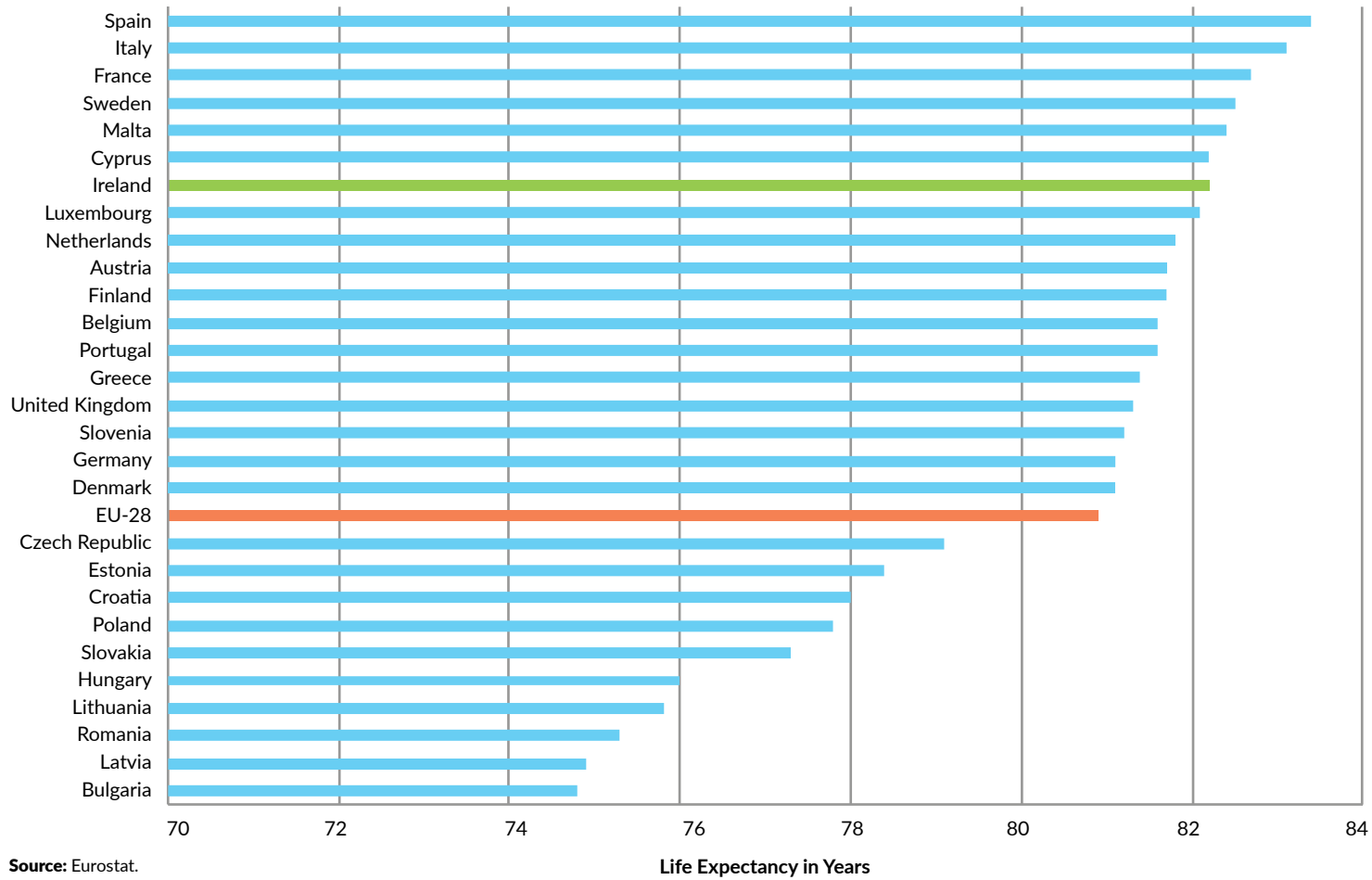
Source: Eurostat.

**Notes:**

- (i) Data for 2016 and 2017 are provisional.
- (ii) There is a break in data for EU-28 for 2010-2012.

## Figure 1.7

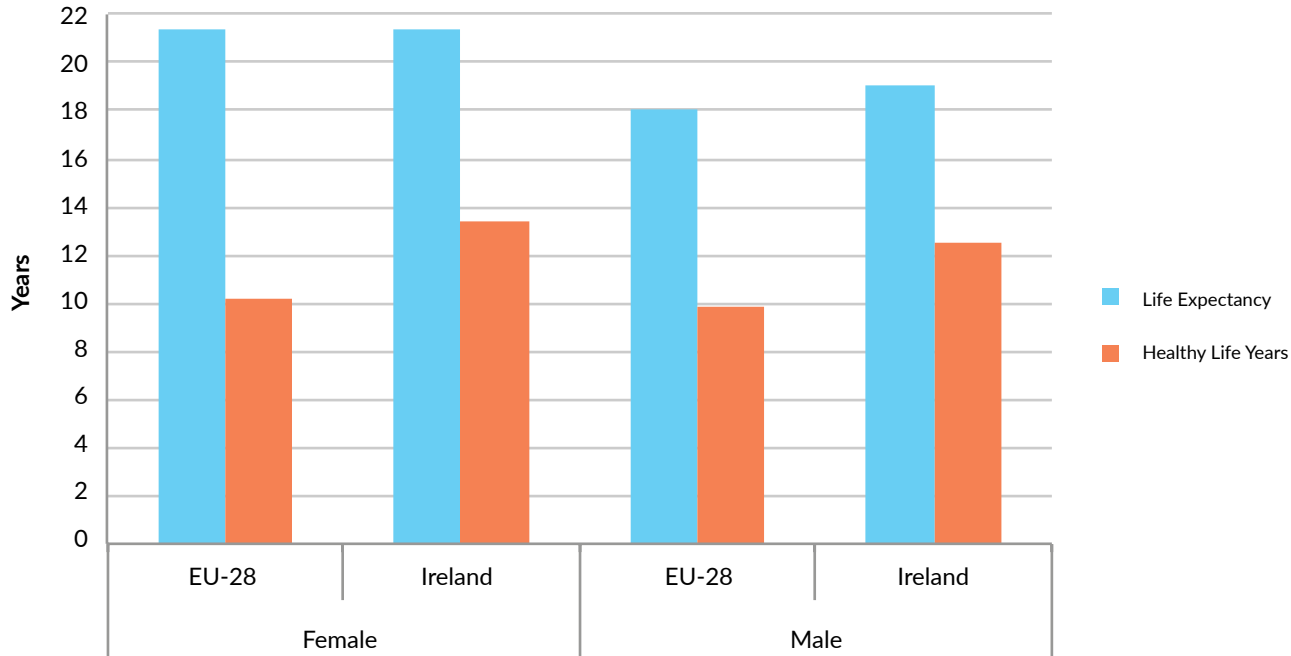
### Life Expectancy at Birth for EU-28 Countries, 2017



Source: Eurostat.

**Figure 1.8**

Healthy Life Years and Life Expectancy at Age 65 by Gender, Ireland and EU-28, 2017



Source: Eurostat.

## 2. Health of the Population

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

Ireland has the highest self-perceived health status in the EU, with 82.9% of people rating their health as good or very good (Figure 2.3). The number of people reporting a chronic illness or health problem is also better than the EU average, at around 27.7% of the population (Table 2.2). However, as shown in Figure 2.2, health status reflects income inequality, with fewer low income earners reporting good health both in Ireland and across the EU.

Table 2.4 shows that age-standardised mortality rates have declined for all causes over the past decade by 10.5%. This decrease is particularly strong for mortality rates from suicide (-37.8%), pneumonia (-36.8%) and stroke (-35.7%). Infant mortality, measured as deaths per 1,000 live births, has also decreased by 5.2% since 2009 and remains below the EU average (Figure 2.10).

Provisional data for 2018 shows a slight increase of 2.3% in the overall mortality rate over the previous year. Figure 2.8 shows that Ireland is currently below the EU average for suicide rates for both men and women. After a rise in the male suicide rate from 2008 to 2012, the three-year moving average has decreased and in 2015 the rate fell below the EU average for the first time since 2010. However, improvements in mortality rates and high levels of self-rated health can mask variations between regions, age groups and other population subgroups. The variation in external injury and poisoning across counties can be seen in Figure 2.6, and the differing primary causes of deaths among over 65s and under 65s is shown in Figures 2.5a and 2.5b.

A death is considered treatable, or amenable, if it could have been avoided with optimal quality healthcare. For example, if a person under 50 years of age suffers from diabetes, then timely health care is very likely to successfully prevent this individual dying because of their diabetes. A death from diabetes among this group is therefore considered treatable. Figure 2.9 shows that Ireland performs better than the European average for treatable deaths.

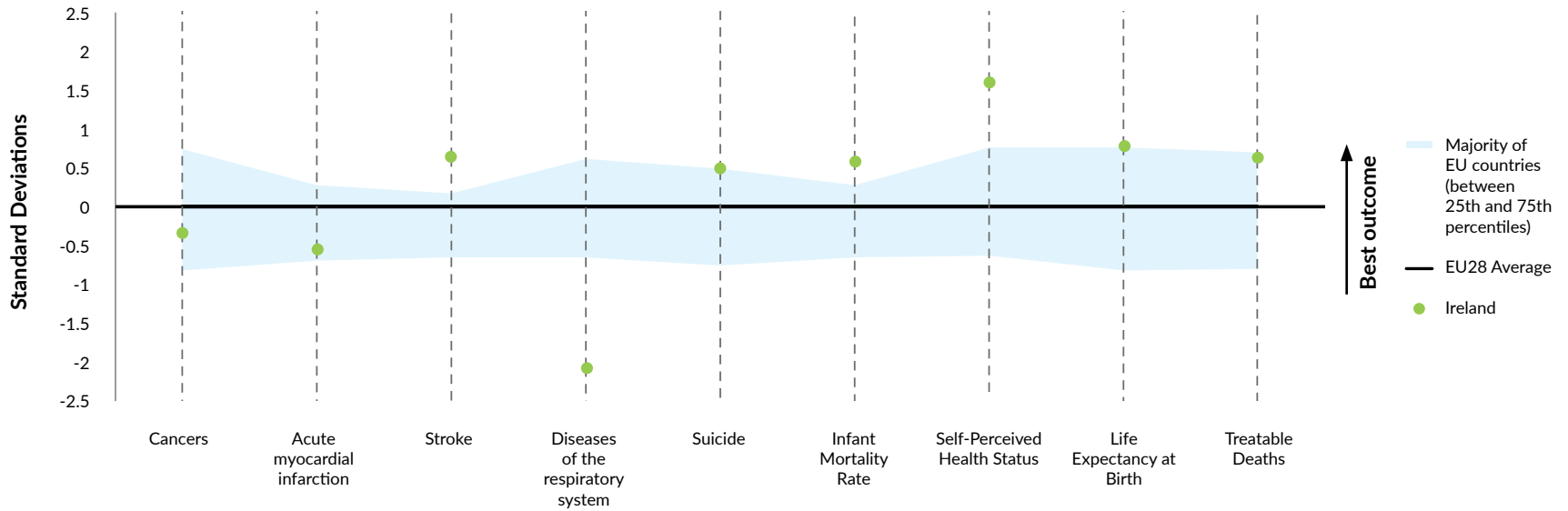
Figure 2.11 demonstrates the levels of risky health behaviour among children, with a constant

downward trend among all behaviours. Cigarette consumption has decreased since 2000, as shown in Figure 2.12. Alcohol consumption has also decreased over the same period, but not as dramatically. In 2018, Irish people consumed 11 litres of alcohol per capita, based on Revenue figures.

Chapter 2 concludes with data from the latest Healthy Ireland survey. Figure 2.13 examines differences between genders across a number of health indicators. Figure 2.14 compares the incidence of chronic illnesses between smokers and non-smokers.

## Figure 2.1

### Summary of Population Health, Ireland and EU28 Average, 2016



Source: Eurostat

**Notes:**

- (i) Standard deviation is a measure of how much a value varies from the mean average.
- (ii) Values have been adjusted so that the upper half of the graph is more desirable. For example, Ireland's stroke mortality rate is lower than the EU average, but as this is the more desirable outcome Ireland is positioned higher up on the graph.
- (iii) For details on the measurement of these indicators, see the following graphs: Table 2.4 and Figure 2.9.

**Table 2.1****Self-Perceived Health Status, Ireland and EU-28, 2017**

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	73.5	70.3	23.2	24.4	3.4	5.3
25-34	55.8	53.8	34	39.2	10.2	7
35-44	48.9	51.1	39.4	38.7	11.7	10.2
45-64	35.1	38.6	44.6	40.1	20.4	21.3
65+	20.7	22	43.8	47.3	35.5	30.7
Ireland	44.5	44.8	38.4	38.1	17.1	16.4
EU-28	24.8	21.2	47.8	46.1	27.7	32.8

Source: EU-SILC, Eurostat.

**Table 2.2****People with a Long-Standing Illness or Health Problem, Ireland and EU-28, 2017**

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	13.8	12.4	86.2	87.6
25-34	16.2	15.6	83.8	84.4
35-44	18.3	17.1	81.7	82.9
45-64	33.8	32.2	66.2	67.8
65+	50.8	50.3	49.2	49.7
Ireland	28.1	27.3	71.9	72.7
EU-28	35.0	38.9	65.0	61.1

Source: EU-SILC, Eurostat.

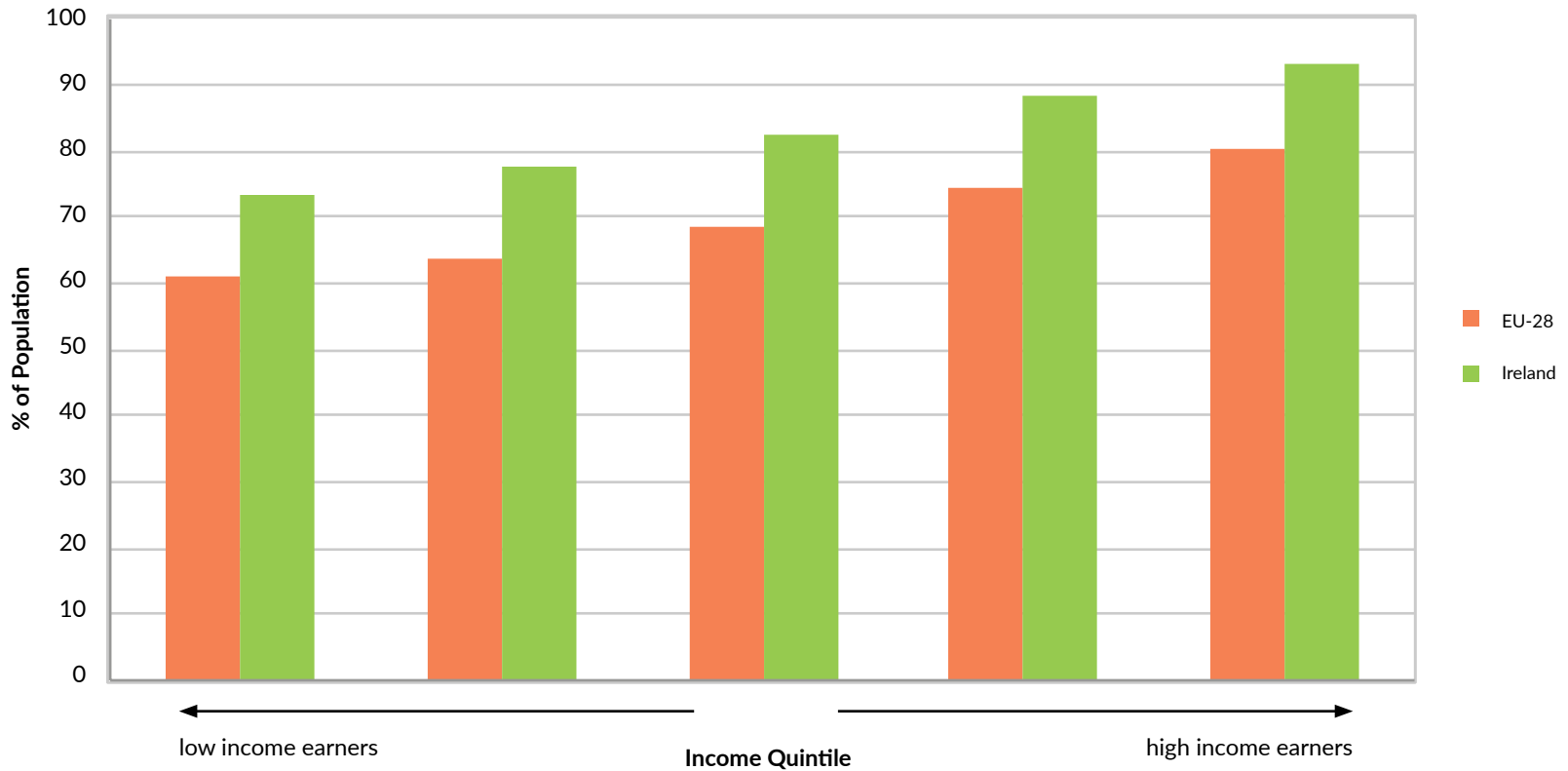
**Table 2.3****Self-Perceived Long-Standing Limitations in Usual Activities Due to Health Problems, Ireland and EU-28, 2017**

Age Group	Some		Severe	
	% Male	% Female	% Male	% Female
16-44	6.0	5.8	2.5	2.0
45-64	13.5	15.0	6.4	7.3
65-74	16.2	15.1	9.4	9.5
75+	24.6	29.0	16.1	16.6
Ireland	10.9	11.7	5.5	5.8
EU-28	15.4	18.8	6.8	8.1

Source: EU-SILC, Eurostat.

## Figure 2.2

### Self-Perceived Health Rated Good or Very Good by Income Quintile, Ireland and EU-28, 2017



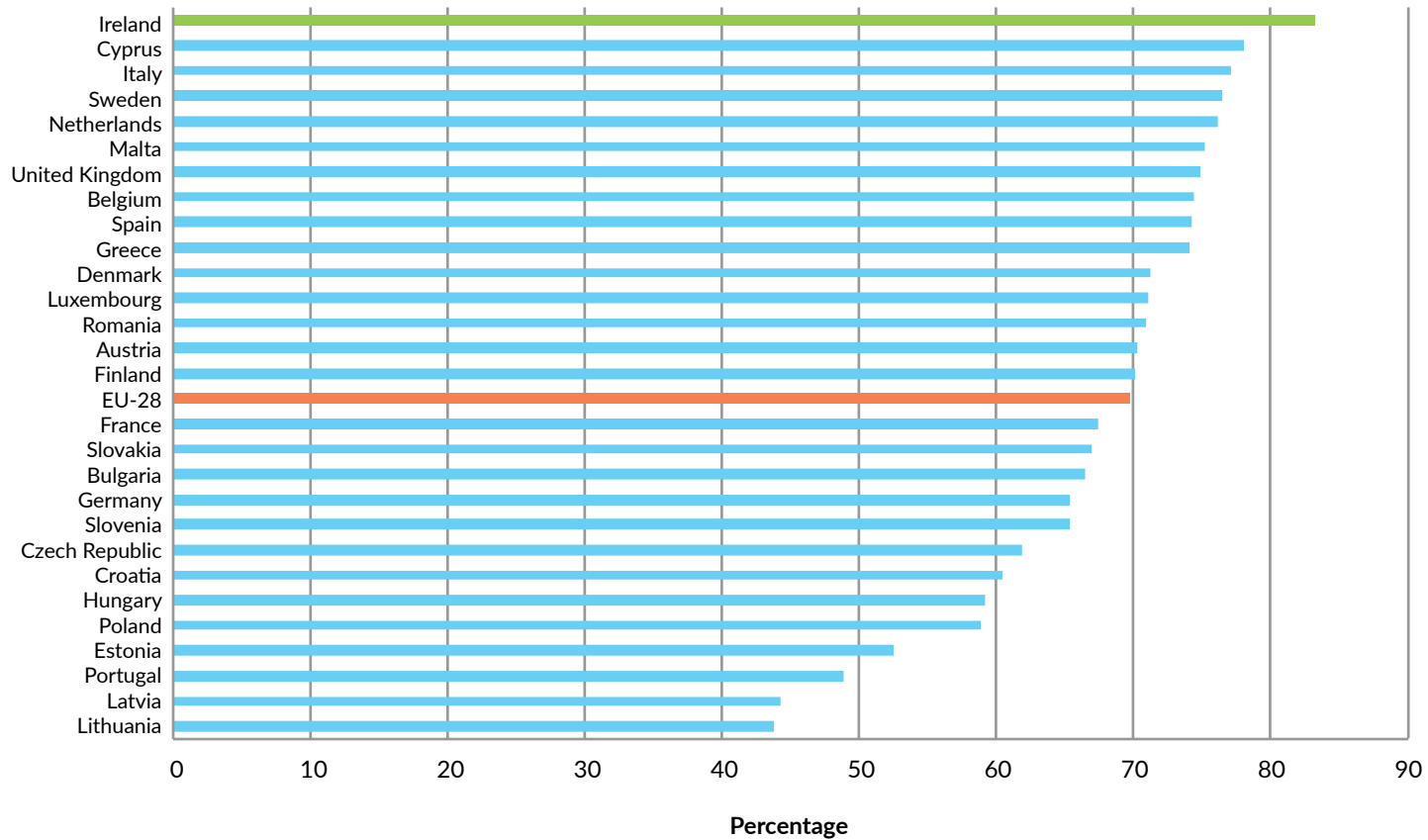
Source: Eurostat.

**Note:**

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

**Figure 2.3**

Percentage of the Population Reporting Good or Very Good Health in EU-28 countries, 2017



Source: EU-SILC, Eurostat.



**Table 2.4**

Principal causes of death and infant mortality rate: numbers and age-standardised death rates per 100,000 population, 2009-2018

		2009	2013	2017	2018(p)	% change	
						2009-2018	2017-2018
<b>All Causes</b>	Number	28,380	29,504	30,418	31,116	9.6	2.3
	Rate	1092.4	1043.9	955.5	977.9	-10.5	2.3
<b>Diseases of the circulatory system</b>							
All Circulatory System Diseases:	Number	9,507	9,473	8,889	8,938	-6.0	0.6
	Rate	391.6	354.8	291.4	293.1	-25.1	0.6
Ischaemic Heart Disease:	Number	5,016	4,642	4,160	4,140	-17.5	-0.5
	Rate	204.0	171.6	133.8	133.3	-34.7	-0.4
Stroke:	Number	2,054	1,959	1,706	1,680	-18.2	-1.5
	Rate	86.5	75.0	56.6	55.6	-35.7	-1.6
<b>Cancer</b>							
All Malignant Neoplasms:	Number	8,336	8,725	9,141	9,198	10.3	0.6
	Rate	302.7	288.8	270.4	272.6	-10.0	0.8
Cancer of the Trachea, Bronchus and Lung:	Number	1,728	1,831	1,911	1,812	4.9	-5.2
	Rate	62.3	60.1	56.2	53.2	-14.7	-5.4
Cancer of the Female Breast:	Number	662	704	724	773	16.8	6.8
	Rate	41.6	40.6	37.8	40.4	-2.9	7.1
<b>Diseases of the Respiratory system*</b>							
All Respiratory System Diseases:	Number	3,606	3,504	4,059	4,165	15.5	2.6
	Rate	154.4	135.6	135.7	138.1	-10.5	1.8
Chronic Lower Respiratory Disease	Number	1,516	1,657	1,611	1,743	15.0	8.2
	Rate	62.0	61.6	52.2	56.1	-9.5	7.6
Pneumonia	Number	1,320	983	1,088	1,084	-17.9	-0.4
	Rate	59.8	40.5	38.4	37.8	-36.8	-1.5
<b>External causes of injury and poisoning</b>							
All Deaths from External Causes:	Number	1,726	1,491	1,299	1,341	-22.3	3.2
	Rate	44.4	38.1	32.5	33.9	-23.6	4.3
Transport Accidents:	Number	225	167	127	106	-52.9	-16.5
	Rate	4.9	3.9	3.0	2.5	-49.7	-18.8
Suicide:	Number	552	487	383	352	-36.2	-8.1
	Rate	12.2	11.1	8.3	7.6	-37.8	-8.5
<b>Infant deaths</b>							
Infant Mortality Rate (per 1,000 live births)	Number	247	245	174	187	-24.3	7.5
	Rate	3.3	3.6	3.0	3.1	-5.2	3.3

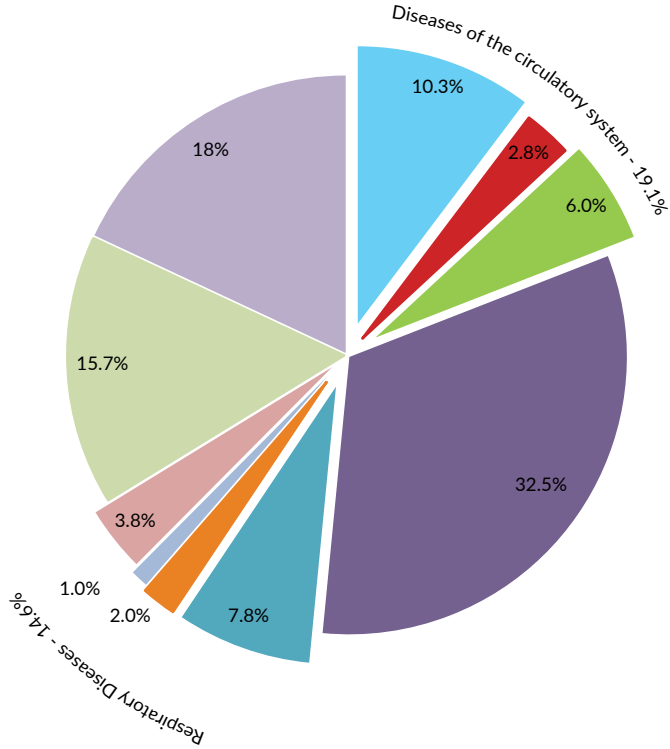
**Source:** Central Statistics Office, Public Health Information System (PHIS) - Department of Health.

**Notes:**

- (i) (p) The figures for 2018 are provisional. They should be treated with caution as they refer to deaths registered in these years and may be incomplete.
- (ii) The rates provided in the table are age-standardised to the European standard population and are presented as rates per 100,000 population except for infant mortality rates which are expressed as deaths per 1,000 live births.
- (iii) \*Excludes cancer of the trachea, bronchus and lung.

**Figure 2.5a**

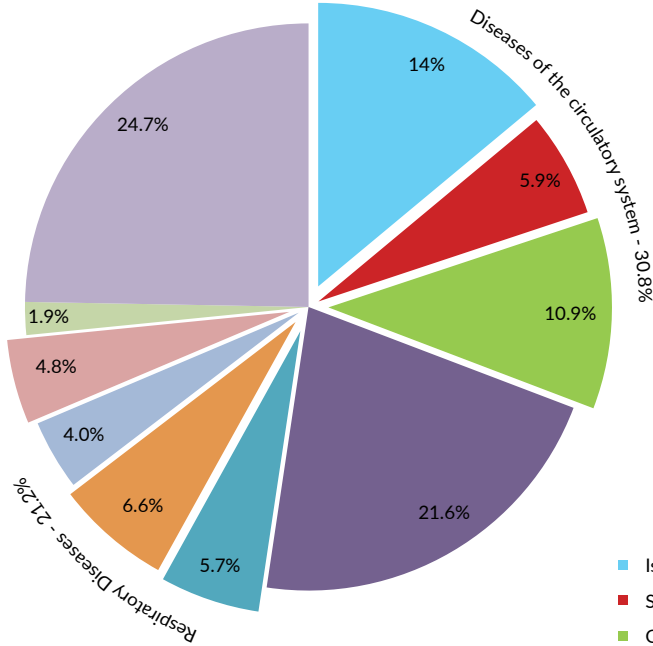
Deaths by Principal causes, percentage distribution, 2018, ages 0-64



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

**Figure 2.5b**

Deaths by Principal Causes, Percentage Distribution, 2018, Ages 65 and Over

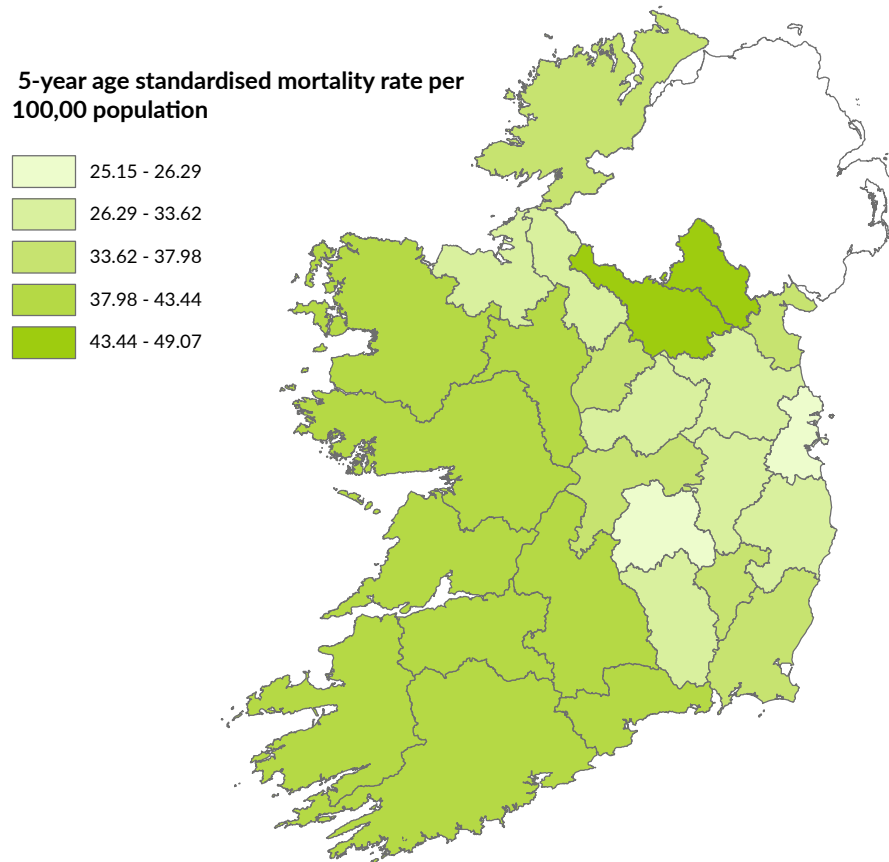


Source: Public Health Information System (PHIS) - Department of Health

- Ischaemic Heart Disease
- Stroke
- 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
- All other causes

## Figure 2.6

### 5-year Age Standardised Mortality Rate from External Injury or Poisoning



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

## Table 2.5

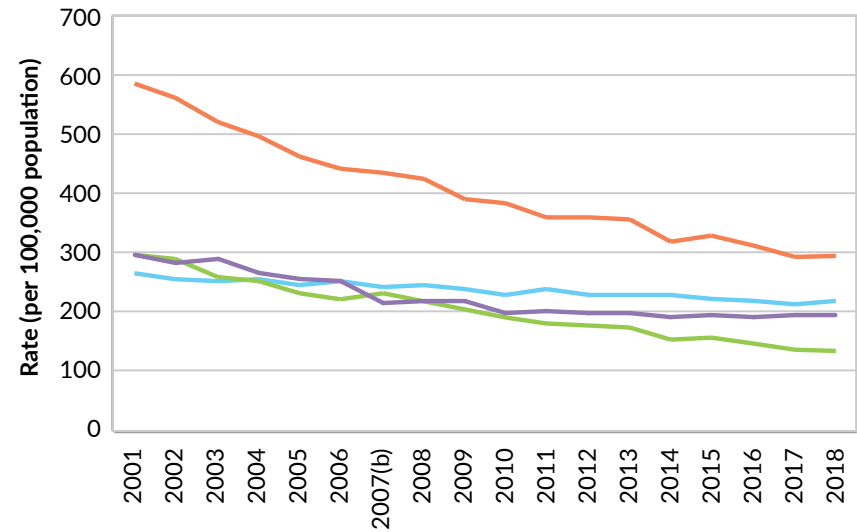
### Age-Standardised Death Rates per 100,000 Population by Principal Causes of Death, Ireland and EU-28, 2016

Cause	Ireland	EU-28	% difference Ireland-EU
All causes	983.0	1002.3	-1.9
Circulatory system diseases	309.0	358.3	-13.8
Non-respiratory cancers	220.1	205.9	6.9
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	191.1	136.3	40.2
External causes of injury and poisoning	33.0	46.2	-28.7

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

## Figure 2.7

### Age-standardised death rates for selected causes, Ireland, 2001 to 2018



- Cancer (excl. trachea, bronchus, lung)
- Circulatory System Diseases
- Ischaemic Heart Disease
- Respiratory System Diseases (incl. cancer of trachea, bronchus, lung)

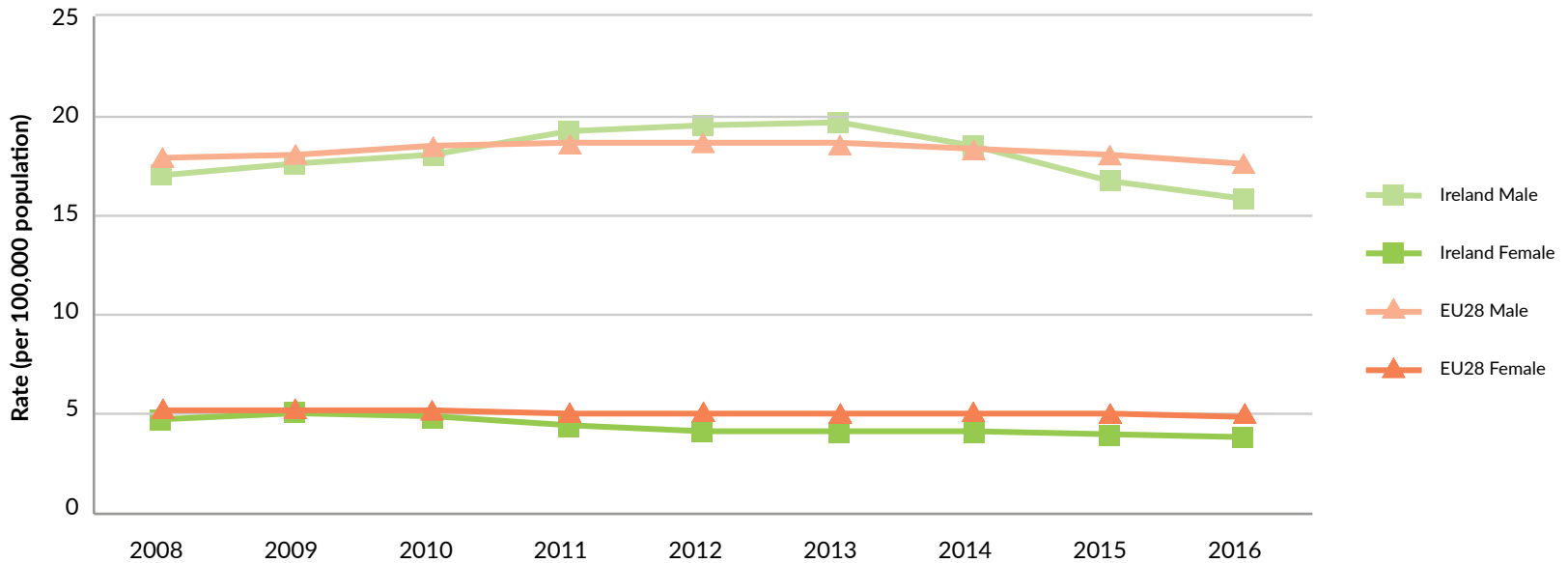
Source: Public Health Information System (PHIS) - Department of Health.

#### 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.
- (iii) Circulatory system diseases includes Ischaemic heart disease.

## Figure 2.8

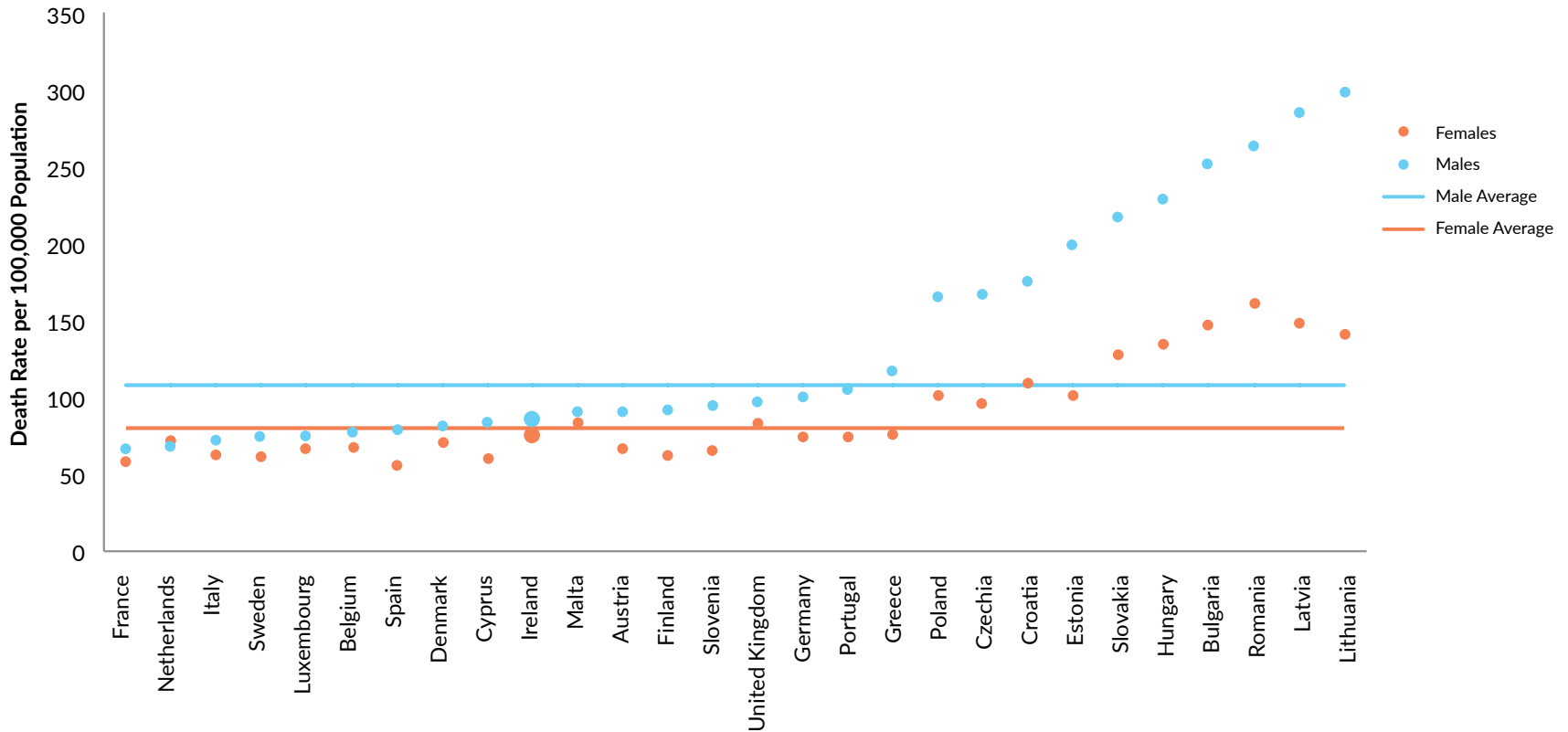
Age-Standardised Death Rate for Suicide by Gender, 3-year moving average, Ireland and EU28, 2008 to 2016



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

## Figure 2.9

### Treatable Deaths by Gender, Difference from EU28 Average, 2016



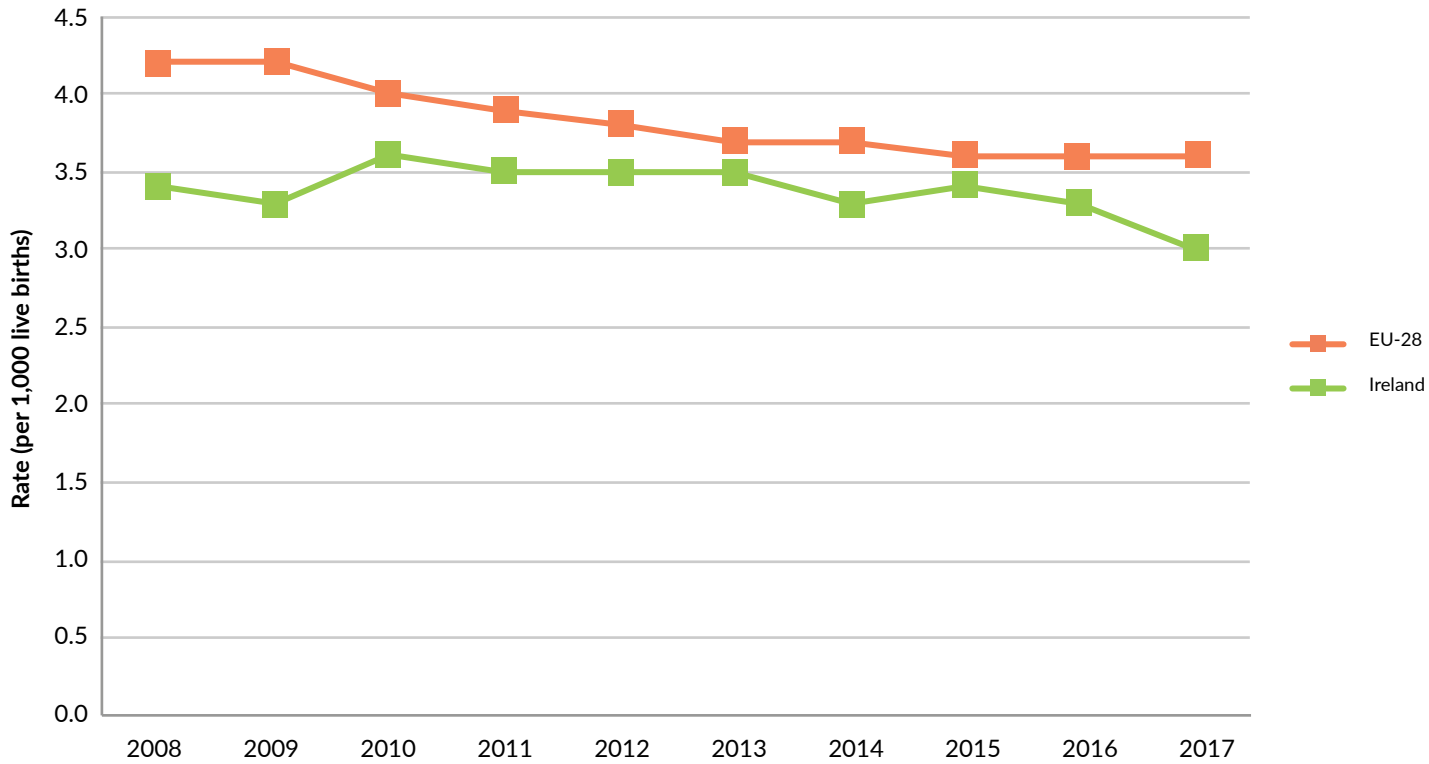
Source: Eurostat

**Note:**

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

**Figure 2.10**

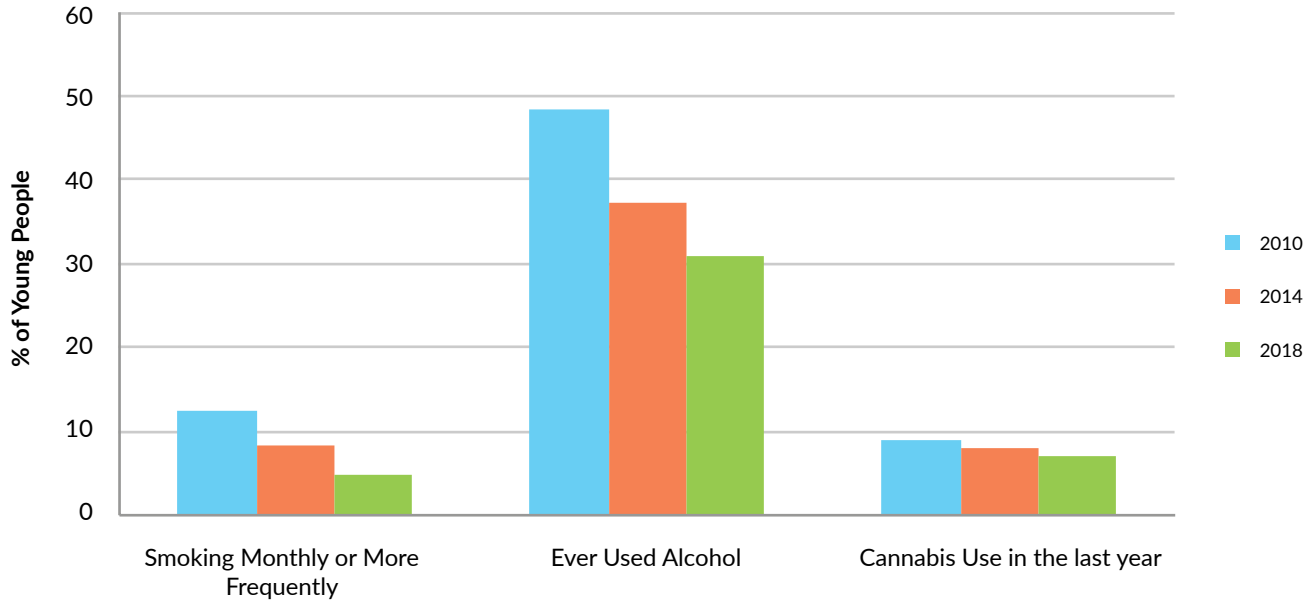
Infant Mortality Rates, Ireland and EU-28, 2008 to 2017



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

## Figure 2.11

Percentage of Children, Aged 11-17 engaged in Risky Health Behaviours, Ireland, 2010, 2014 and 2018

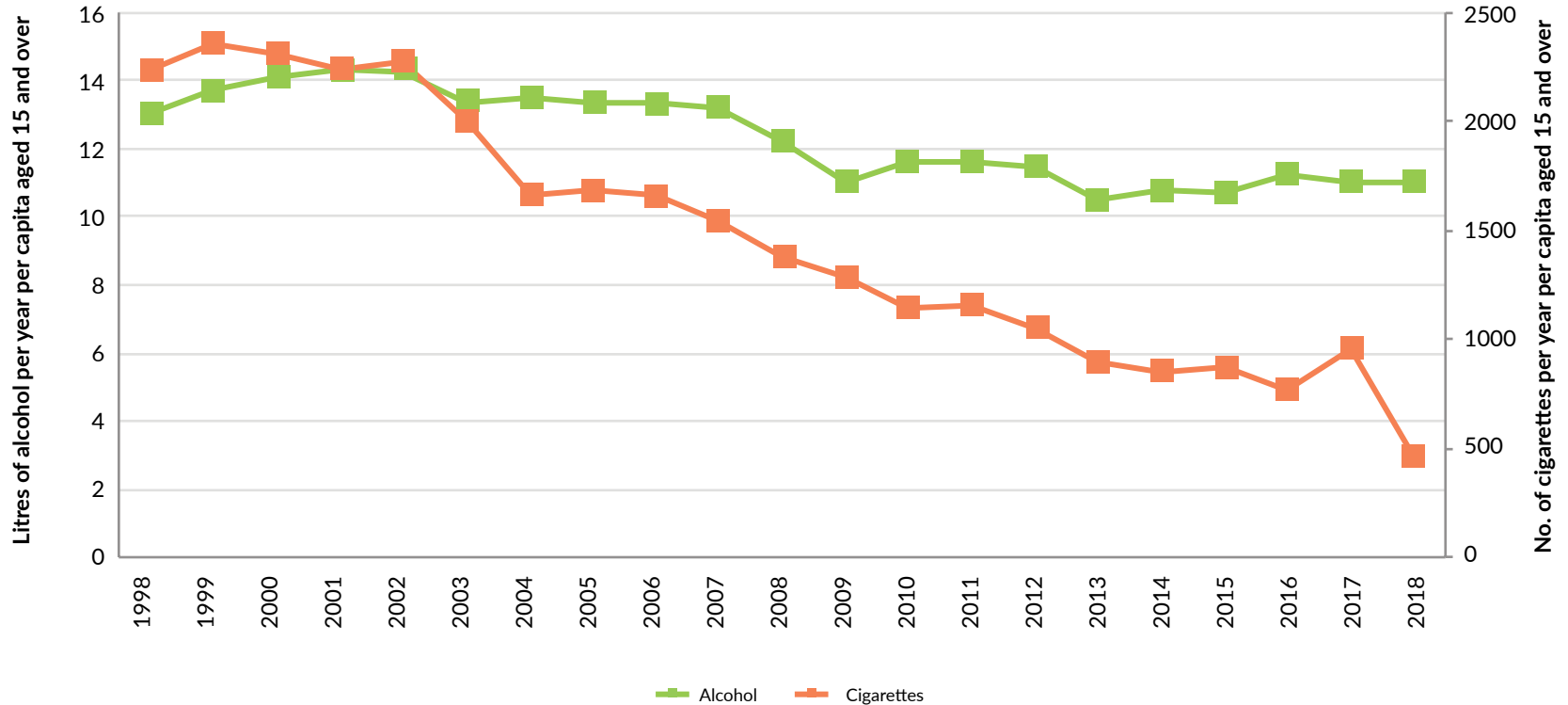


**Source:** Health Behaviour in School-aged Children (HBSC), World Health Organization.



**Figure 2.12**

**Alcohol and Cigarette Consumption per Annum, per Capita Aged 15 years and over, 1998 to 2018**

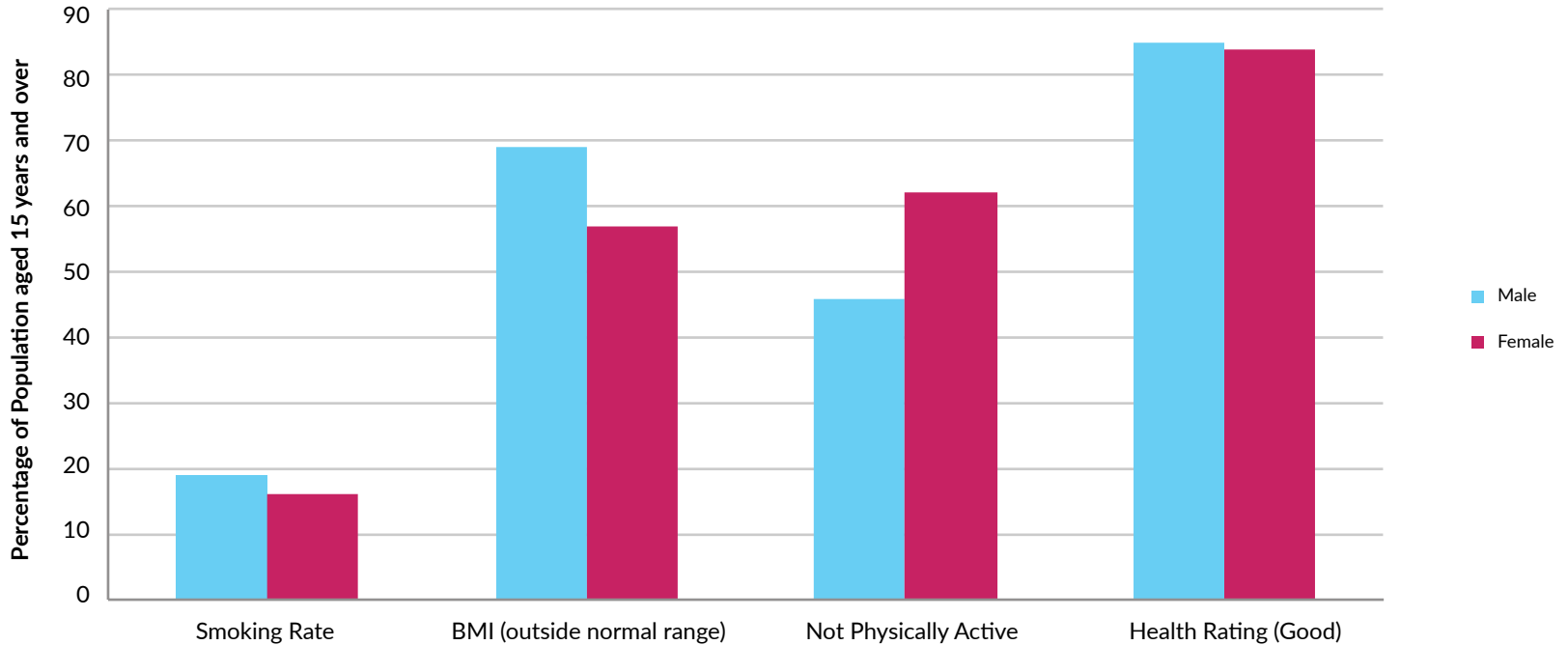


**Source:** Revenue Commissioners, CSO (population data).

- 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.

**Figure 2.13**

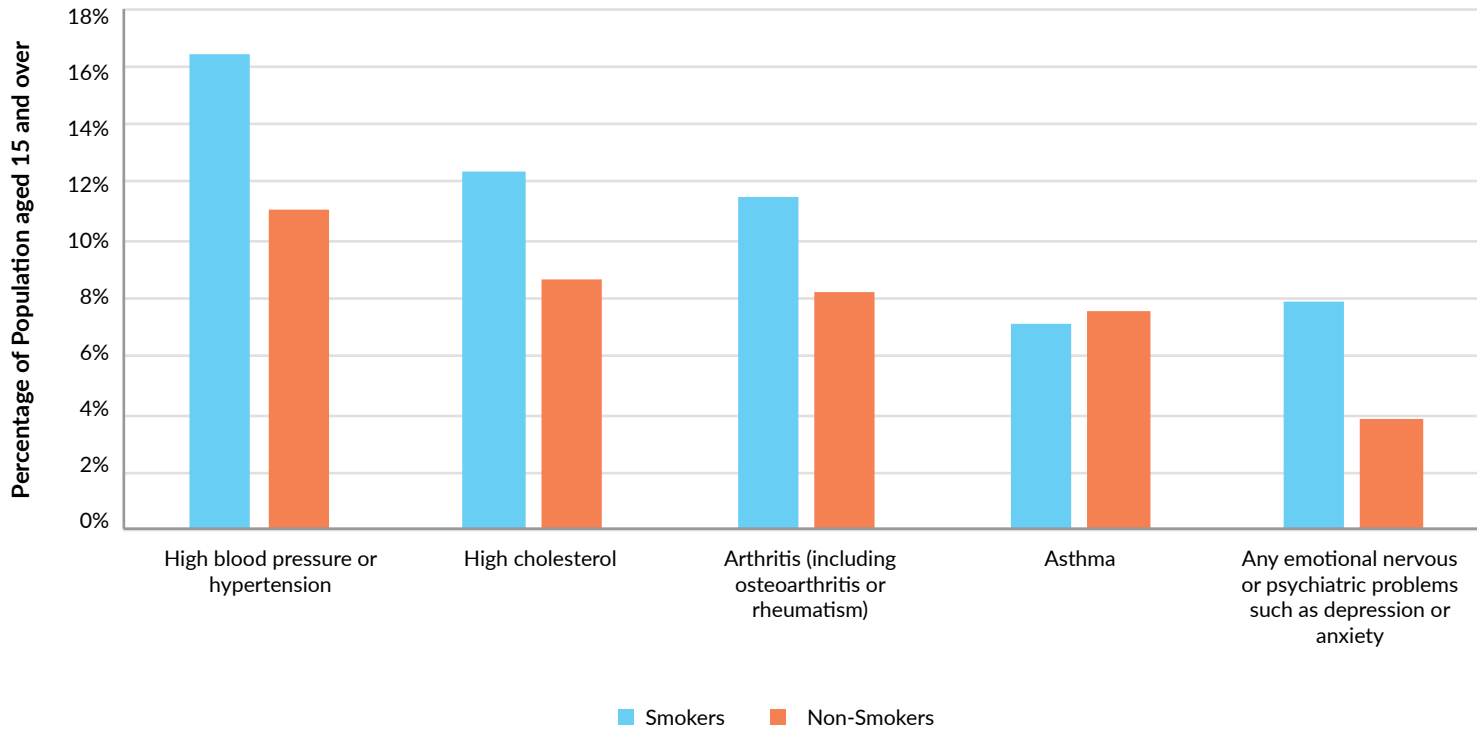
**Comparison of Different Health Indicators Across Genders, 2019**



Source: Healthy Ireland Survey, 2019.

## Figure 2.14

### Incidence of chronic conditions among smokers and non-smokers, 2019



Source: Healthy Ireland, 2019

**Notes:**

(i) Smokers refers to both current smokers and ex-smokers

### 3. Hospital Care

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

Figure 3.1 shows medical, surgical and other hospital attendance in terms of bed days used in 2018. By far, the majority of bed days are used by those aged 65 and over. There is also a significant gender difference among the older age groups, owing to greater female life expectancy. The rises in discharge numbers across in-patients and day cases show an overall increase in hospital activity in recent years.

62.6% of hospital discharges are now for day case treatment, an increase of 7.1% since 2009 (Table 3.1a). In 2018, in-patients on average spent 5.8 days in hospital, an overall decrease of -2.7% since 2009 (Table 3.1a), though this has increased slightly in recent years.

As of November 2019, there were 12,710 adults waiting 9 months or more for an elective procedure (Figure 3.3). This is a decrease of 13.8% on November last year. For children, we can also see a slight downward trend and in November

2019, there were 1,785 children waiting 6 months or more for elective procedures. The total number of people waiting for outpatient appointments has risen steadily over the last year, and the number of those waiting 52 weeks or more has risen 16% since November 2018 (Figure 3.4).

The number of people waiting on trolleys in emergency departments is illustrated in Figure 3.5. After a large spike in the first few months of this year (on a similar vein to other years), the 30-day moving average has diverged upwards and is now significantly higher than previous years. The number of emergency discharges in public hospitals over time and across age-groups are shown in Figure 3.6, and show an increase every year.

Figure 3.7 shows the time experienced by 50%, 75% and 95% of people who attend Emergency Departments (as measured through the median, 75th percentile and 95th percentile respectively). Monthly data since 2017 shows that 50% of attendees spent less than 6 hours in the Emergency Department and 75% of attendees experience a time less than 9 hours. The figure also shows little monthly variation in both of these measures over the period of interest. However, when examining the time spent in the Emergency Department by 95% of people as measured by the

95th percentile, there is a large degree of monthly variation. Overall, this chart indicates that while the large numbers of ED attendees will experience little variation in the time experienced in the emergency department, seasonal factors have had an impact on Emergency Department experience times.

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 79.5% and for life threatening other than cardiac or respiratory arrest (Clinical Status 1 DELTA) was 57.4%.

Five pancreas transplants were performed in Ireland in 2017, with a total of 234 transplants undertaken (Figure 3.9). The rate of transplants per population has decreased following a gradual increase in previous years (Figure 3.10).

According to the most recent census of Irish psychiatric units and hospitals, there were 2,356 patients resident in 2018, an increase of 1.4% from 2017. Admissions to psychiatric hospitals and units have fallen by 16.2% in the period 2010-2018 (Table 3.2).

## Table 3.1a

### Public Acute Hospital Summary Statistics, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	% Change	
											2009-2018	2017-2018
<b>In-Patients</b>												
Acute Beds	11,369	10,990	10,694	10,337	10,411	10,480	10,473	10,592	10,665	10,856	-4.5	1.8
In-patient Discharges	583,488	583,017	583,053	616,934	615,211	622,763	625,541	635,353	633,155	642,646	10.1	1.5
Bed Days Used	3,479,835	3,441,538	3,334,248	3,351,489	3,332,974	3,380,587	3,471,997	3,502,570	3,537,719	3,743,133	7.6	5.8
% Bed Days Used by Patients Aged 65+	48.3	49.4	49.3	49.9	50.9	51.5	52.2	52.6	53.1	54.0	11.8	1.7
Average Length of Stay in Days	6.0	5.9	5.7	5.4	5.4	5.4	5.6	5.5	5.6	5.8	-2.7	3.8
Surgical In-Patients	140,694	139,269	134,654	135,202	134,022	134,118	134,240	132,858	133,531	133,859	-4.9	0.2
<b>Day Cases</b>												
Beds	1,772	1,857	1,936	2,049	2,021	2,006	2,026	2,140	2,170	2,240	26.4	3.2
Day Cases	819,254	857,654	883,422	915,254	931,381	957,258	1,025,797	1,056,656	1,072,902	1,074,172	31.1	0.1
% Day Cases Aged 65+	35.3	36.3	36.1	36.4	37.0	37.7	38.8	38.9	39.4	40.3	14.0	2.2
Surgical Day Cases	107,465	115,846	127,544	138,686	142,728	148,072	152,556	158,065	165,295	160,837	49.7	-2.7
<b>Total Discharges</b>												
In-Patients and Day Cases	1,402,742	1,440,671	1,466,475	1,532,188	1,546,592	1,580,021	1,651,338	1,692,009	1,706,057	1,716,818	22.4	0.6
Daycases as a % of Total Discharges	58.4	59.5	60.2	59.7	60.2	60.6	62.1	62.4	62.9	62.6	7.1	-0.5
Emergency Department Attendances	1,253,178	1,232,908	1,226,820	1,278,522	1,252,385	1,218,132	1,232,255	1,296,571	1,318,368	1,323,466	5.6	0.4
Outpatient Attendances	3,419,705	3,583,290	n/a	2,355,030	3,071,995	3,206,056	3,298,868	3,327,526	3,287,693	3,335,855	-2.5	1.5

**Source:** In-patient & Day Case Activity data: Hospital In-Patient Enquiry (HIPE).

Beds, Emergency Department, Out-patient data: Health Service Executive.

#### Notes:

- (i) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
- (ii) The above table excludes inpatient and day case activity data for a small number of hospitals who report data to HIPE which are not HSE acute hospitals.
- (iii) From 2012, data on discharges includes additional activity in acute medical assessment units (AMAU) which would previously have been excluded. The inclusion of additional same-day discharge patients from AMAUs can result in a reduction in the average length of stay. Therefore the % change in average length of stay and number of inpatients should be viewed with caution.

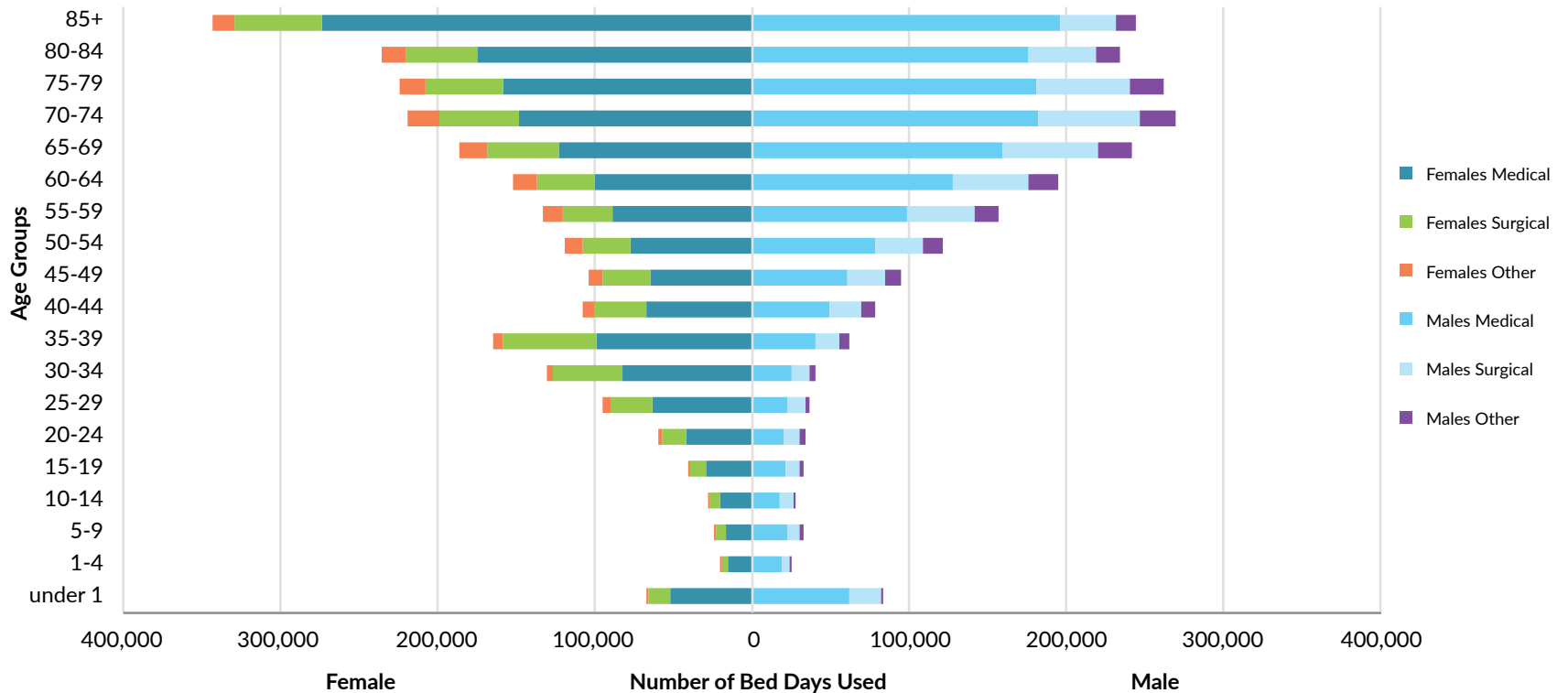
(iv) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments.

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

(vi) From 2015 this data includes day case activity from St. Luke's Radiation Oncology Network centres located in Beaumont and St. James's Hospitals. These centres are operational since 2011, but data has only been included in HIPE from 2015.

### Figure 3.1

#### Public Hospital Bed Days Used by Type of Care, Age Group and Gender, 2018



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

## Table 3.1b

### Private Acute Hospital Summary Statistics, 2016-2017

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

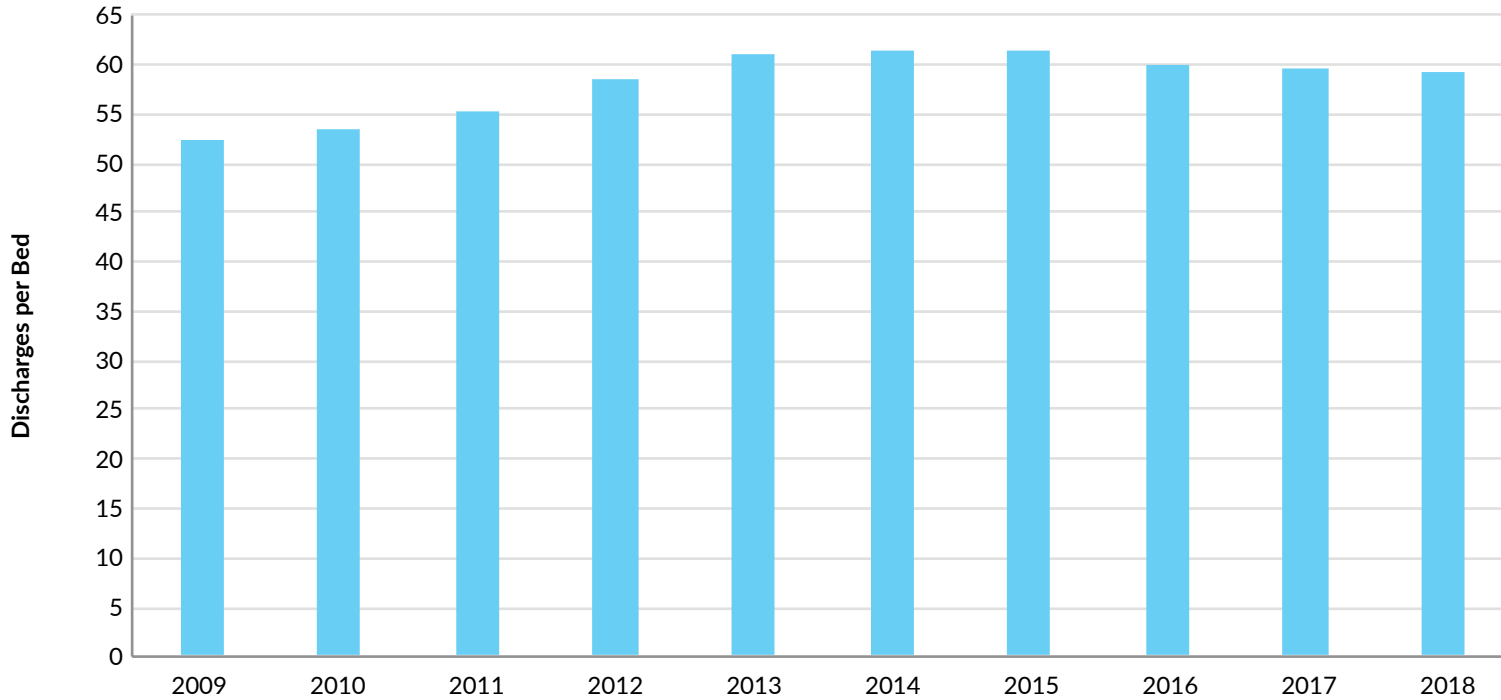
**Source:** Survey of Private Hospitals conducted by the Department of Health, 2016 and 2017.

**Notes:**

- (i) The data presented above was collected from a data collection exercise conducted with acute private hospitals operating in the State. Survey questions have changes between the two years and data may not be strictly comparable.
- (ii) Data for beds and discharges refers to acute hospitals only.

## Figure 3.2

### In-Patient Discharges per Bed, 2009 to 2018

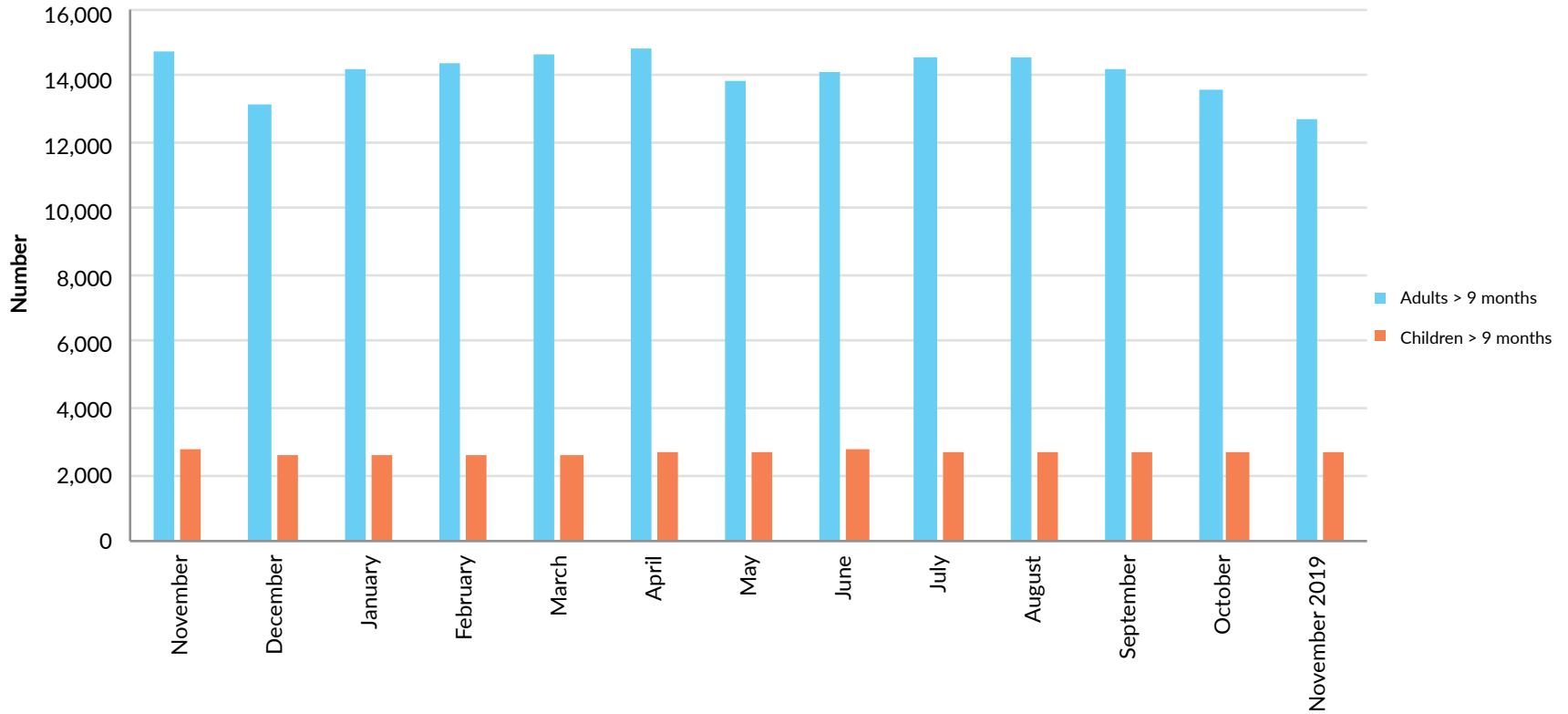


Source: HSE Business Intelligence Unit



**Figure 3.3**

**Numbers of Adults and Children waiting for In-Patient and Daycase Elective Procedures, November 2018-2019**

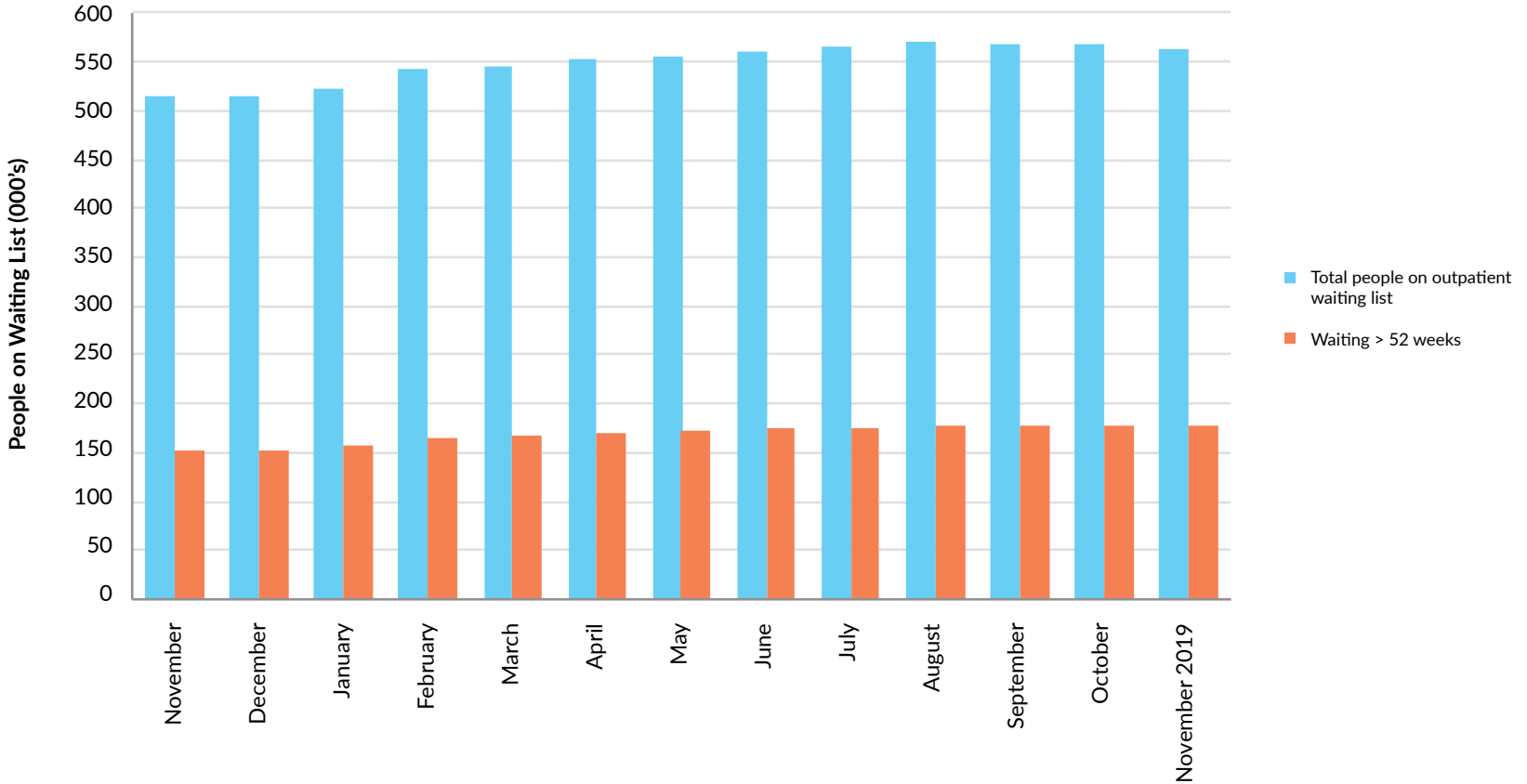


**Source:** National Treatment Purchase Fund.

**Note:** Excludes patients waiting for GI endoscopy.

**Figure 3.4**

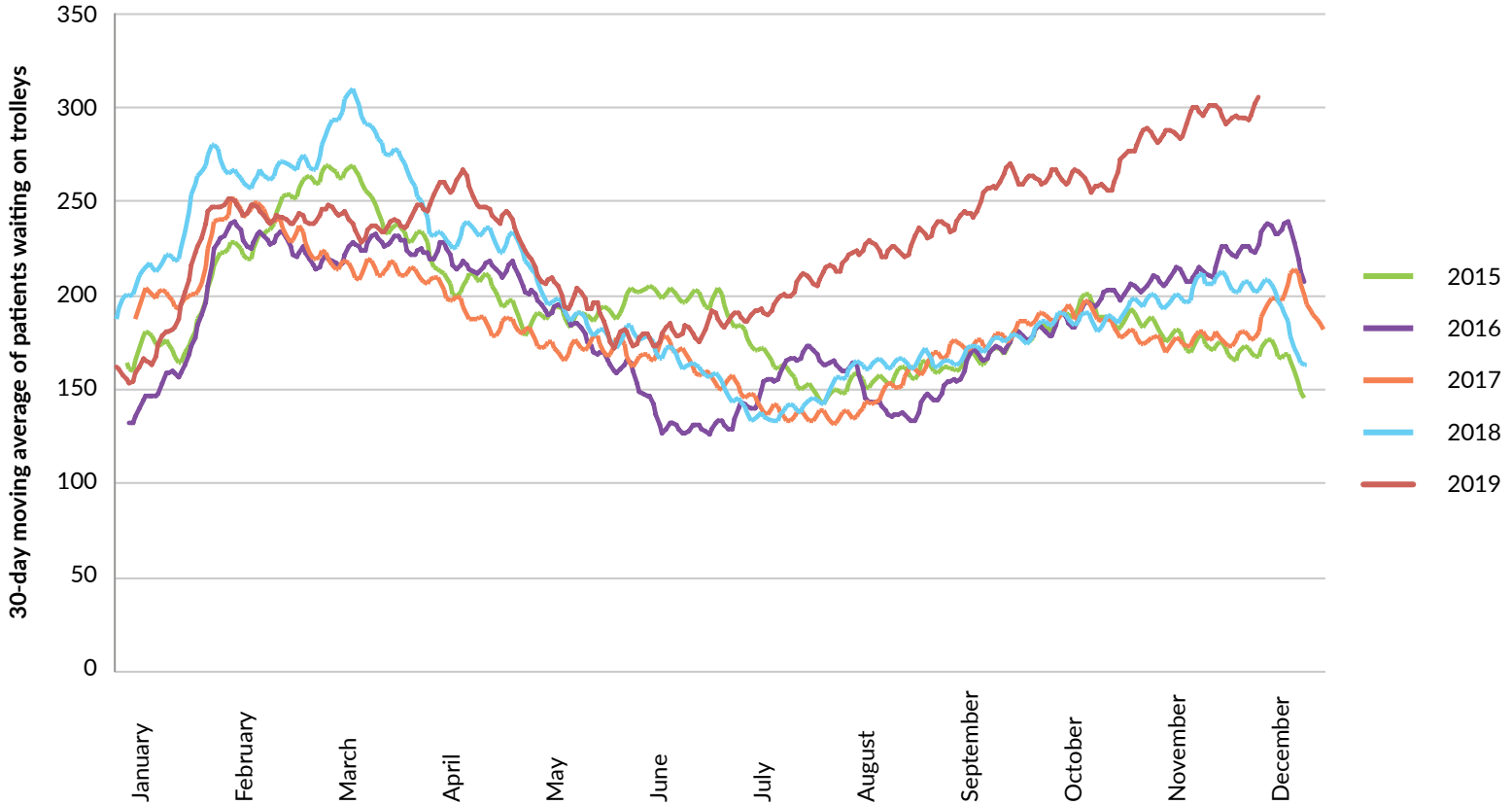
Number of People waiting 52 weeks or Longer for an Outpatient Appointment and Total Number of People on Outpatient Waiting List, 2018-2019



Source: National Treatment Purchase Fund.

**Figure 3.5**

National 30-day moving average of admitted patients waiting on trolleys in Emergency Departments in public acute hospitals, 2015 to 2019

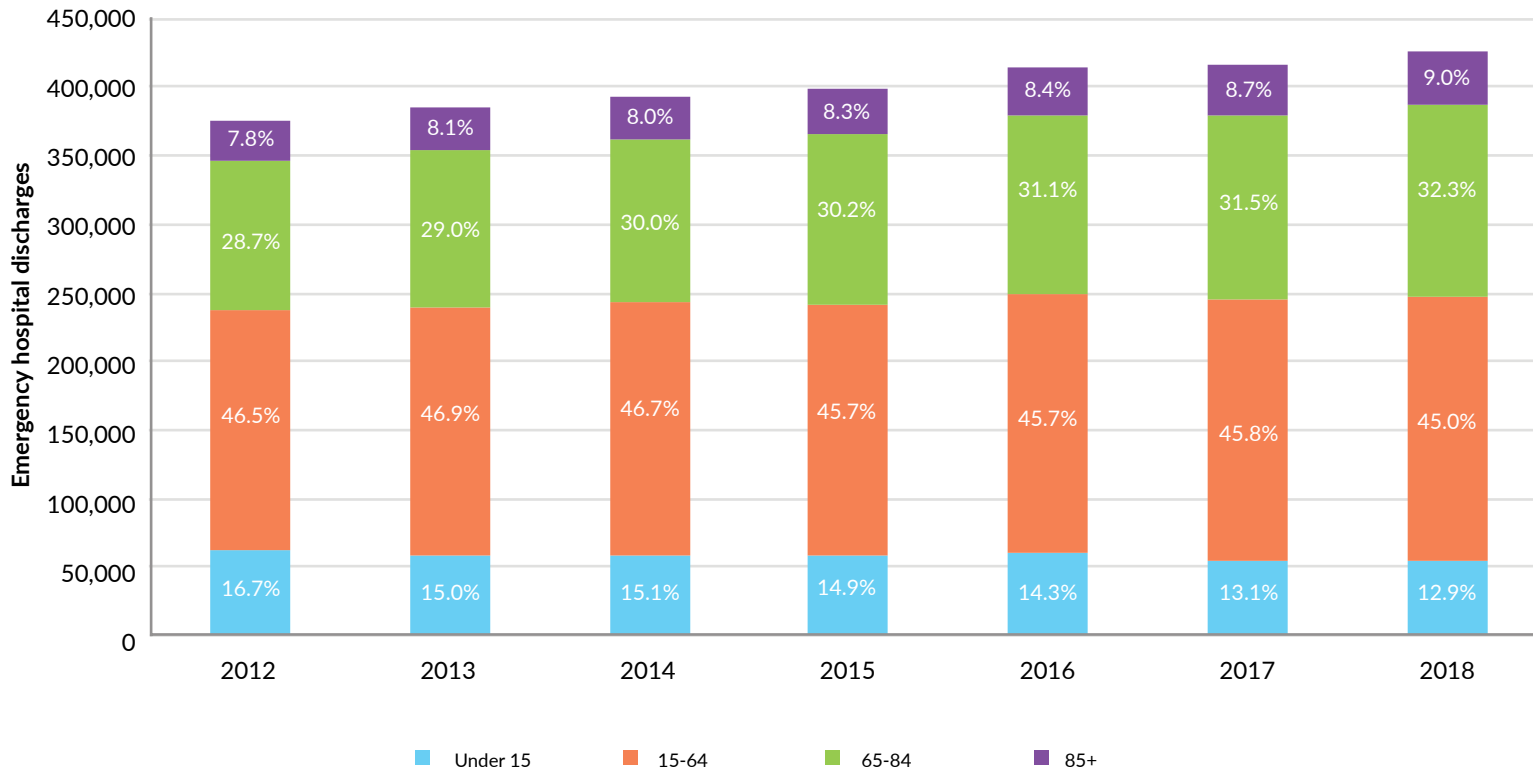


Source: TrolleyGar, HSE

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

### Figure 3.6

#### Emergency Hospital Discharges, 2012-2018



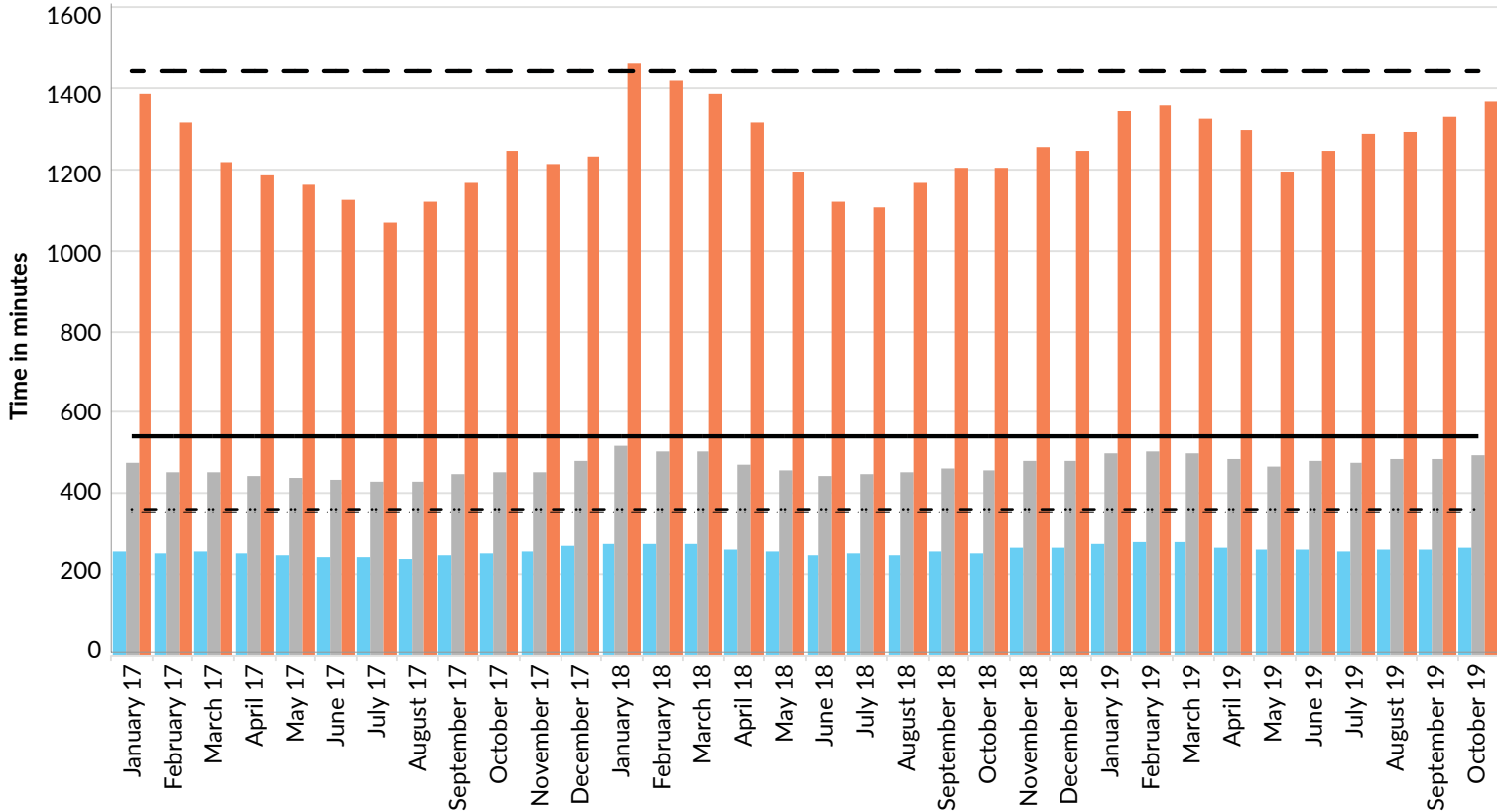
Source: Hospital Inpatient Enquiry (HIPE)

Notes:

(i) Emergency admissions relate to persons who attend the emergency department and were subsequently admitted to hospital as an in-patient.

# Figure 3.7

## Patient experience time in Emergency departments , 2017-2019\*



Source: Patient Experience Time database

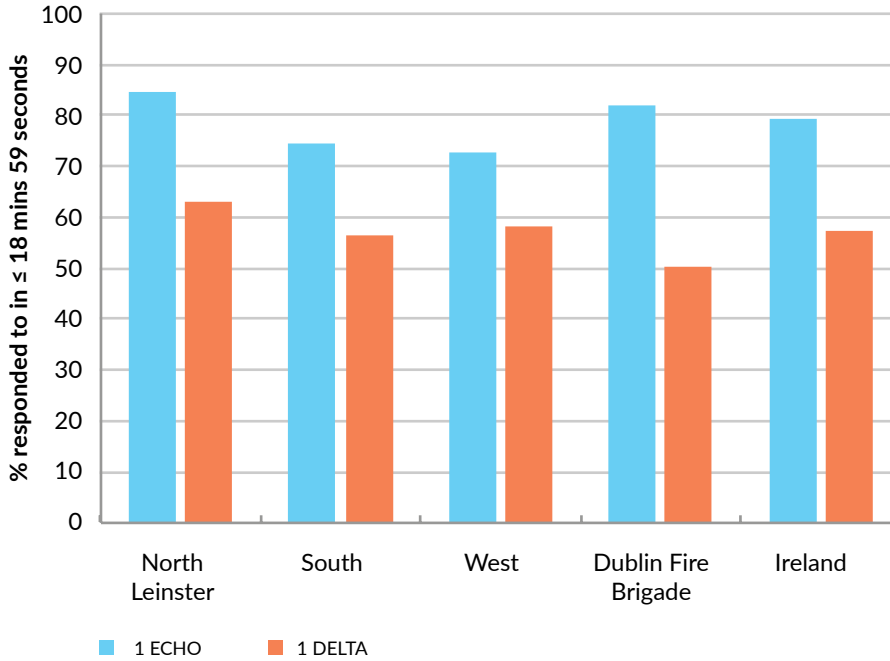
Notes:

1. Time in minutes above is measured from ED registration time to ED Departure Time.
2. 50% of ED attendances refers to the median.
3. 75% of ED attendances refers to the 75th Percentile.
4. 95% of ED attendances refers to the 95th Percentile.
5. Monthly figures for 2019 are up to October 2019.

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

**Figure 3.8**

**DELTA and ECHO Ambulance Response Times, 2019**



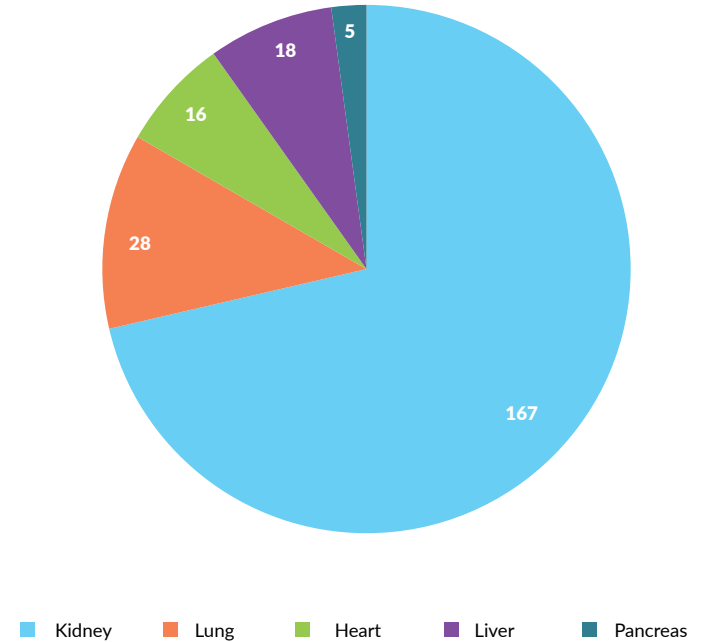
Source: HSE.

**Notes:**

- (i) Clinical Status 1 ECHO refers to a life threatening cardiac or respiratory arrest.
- (ii) Clinical Status 1 DELTA refers to a life threatening emergency other than cardiac or respiratory arrest
- (iii) Dublin Fire Brigade is included as it has an ambulance service to support the health service executive.
- (iv) Data refers to September 2019 year to date activity

**Figure 3.9**

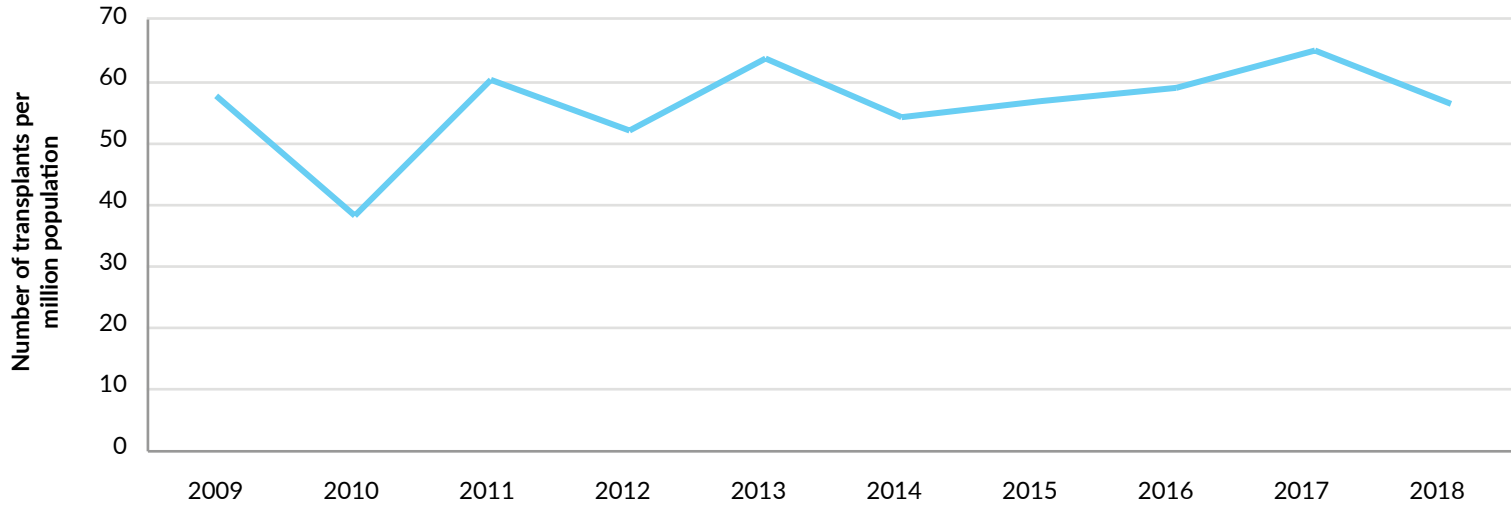
**Number of Transplants in Ireland by Type, 2018**



Source: National Organ Donation and Transplantation Office, HSE.

**Figure 3.10**

**Total Transplants in Ireland per Million Population, 2009 to 2018**



**Source:** National Organ Donation and Transplantation Office, HSE.

**Table 3.2****Psychiatric Hospitals and Units Summary Statistics, 2009 to 2018**

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	% Change	
											2009-2018	2017-2018
Number of In-Patient Admissions	20,195	19,619	18,992	18,173	18,457	17,797	17,860	17,290	16,743	17,000	-15.8	1.5
% Male	50.1	50.2	50.5	50.2	49.4	49.6	50.7	50.0	49.8	50.1	0.1	0.7
% Female	49.9	49.8	49.5	49.8	50.6	50.4	49.3	50.0	50.2	49.9	-0.1	-0.7
Admission Rate per 100,000 Population by Age Group												
<25 years	155.5	159.4	140.1	131.3	148.0	144.6	152.3	142.5	138.4	145.0	-6.8	4.8
25-44	587.7	571.1	536.4	515.8	518.7	506.7	511.8	481.1	460.6	471.0	-19.9	2.3
45-64	661.6	636.4	604.0	590.3	573.6	546.3	520.9	490.5	462.1	477.2	-27.9	3.3
65+	551.9	499.1	509.3	464.9	476.1	450.3	444.7	424.0	426.7	417.7	-24.3	-2.1
Total	452.9	438.8	413.9	396.1	401.8	387.5	385.3	363.1	349.4	357.0	-21.2	2.2
Total of In-Patient Census	-	2,812	-	-	2,401	2,228	2,337	2,408	2,324	2,356	-16.2	1.4

**Source:** Health Research Board and Mental Health Commission.

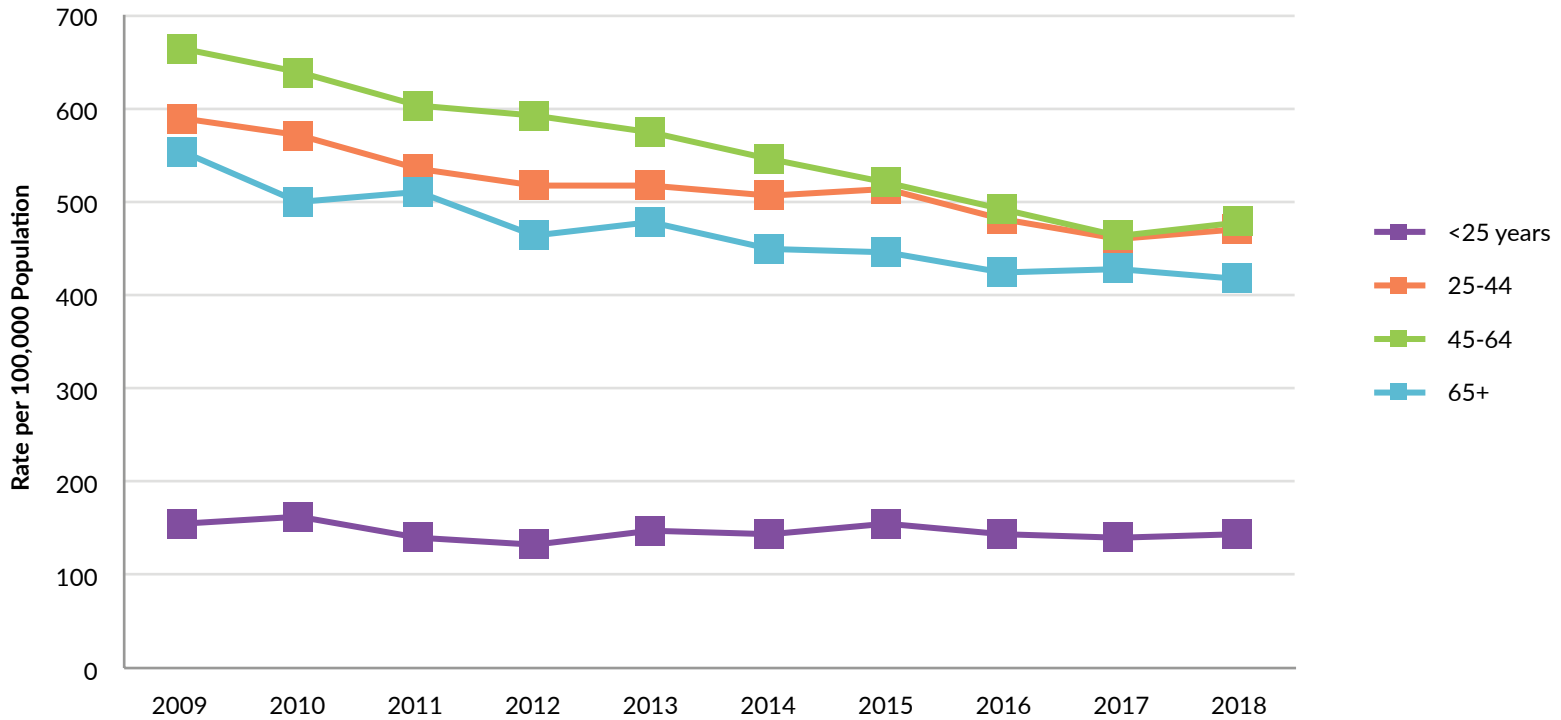
**Notes:**

- (i) Cases with an unspecified age were excluded from the age analysis.
- (ii) Since 2013 there has been an annual census recorded at midnight December 31st.
- (iii) \*This figure shows percent change 2010-2018, as 2009 data is not available.



**Figure 3.11**

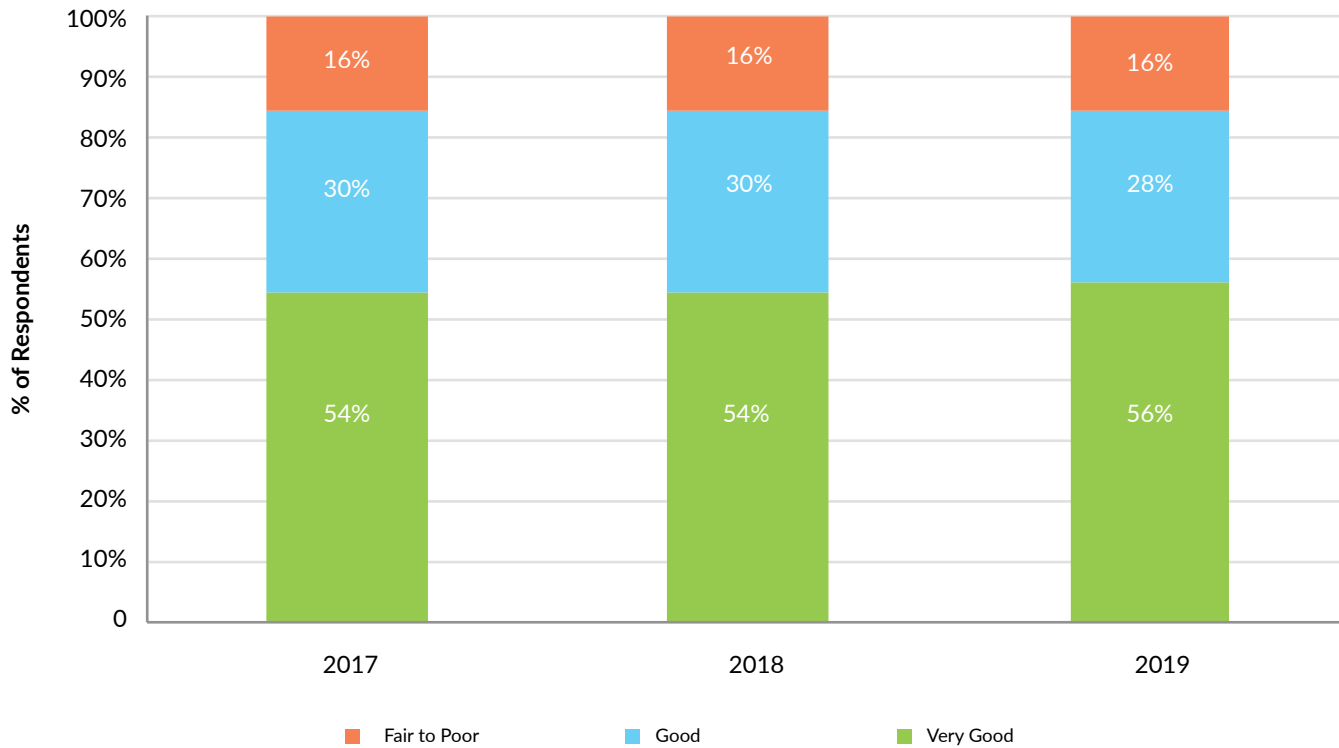
**Psychiatric Hospitals and Units: Admission Rate per 100,000 Population by Age Group, 2009 to 2018**



Source: Table 3.2.

## Figure 3.12

### Hospital Inpatient Experience Rating, 2019



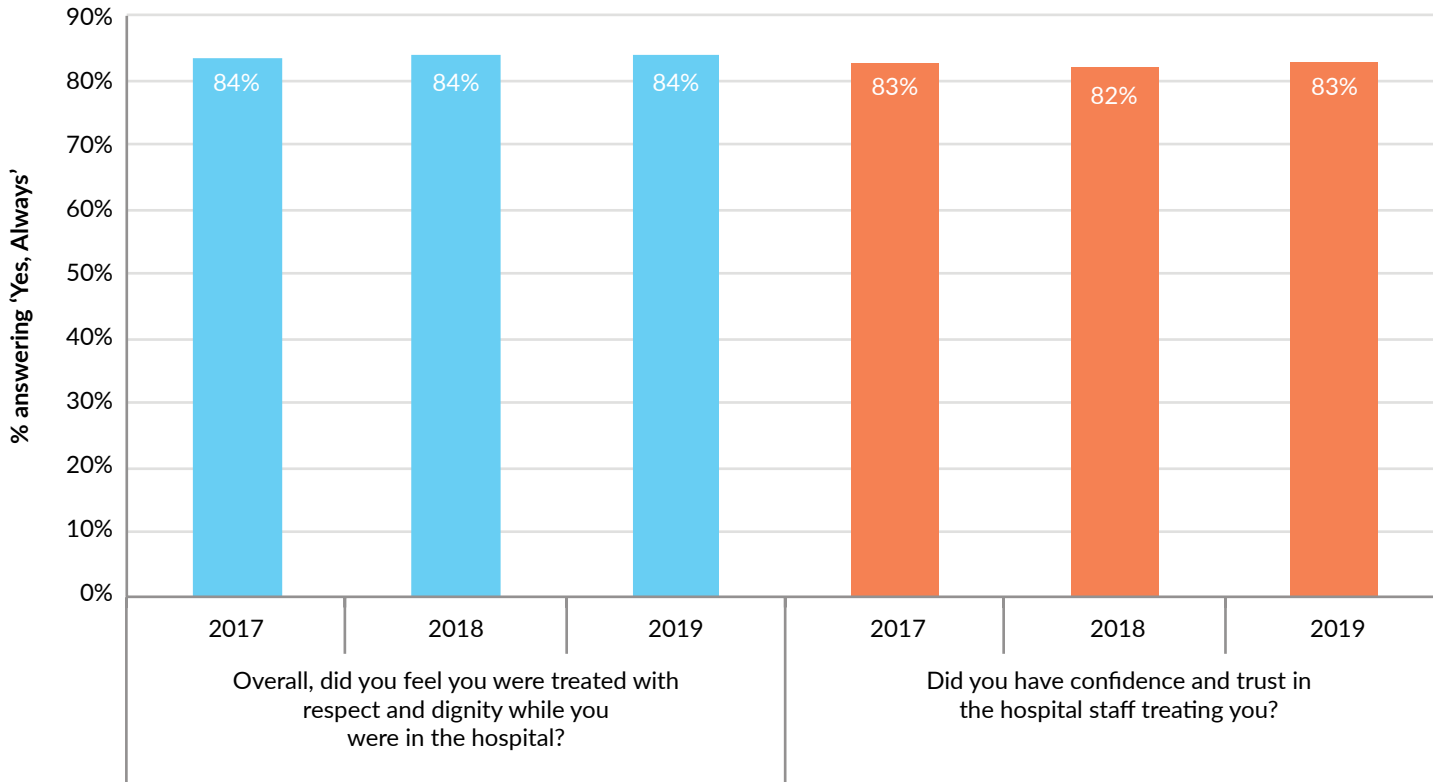
**Source:** National Patient Experience Survey

**Notes:**

- (i) All patients aged 16 and over discharged in May 2019, who spend 24 hours or more in a public acute hospital and have a postal address in the Republic of Ireland were asked to complete the survey.

### Figure 3.13

#### Patient Experience Survey, Confidence in Staff and Dignity of Patients, 2019



Source: National Patient Experience Survey

Notes: See notes under Figure 3.12

## 4. Primary Care and Community Services

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

The number of medical card holders peaked in 2012 and has slowly decreased since (Table 4.1). 32.4% of the population had a medical card in December 2018, compared to 40.4% in 2012 and 32.6% in 2009. When broken down by age group (Figure 4.1), the percentage of people with a medical card has decreased among the younger age groups following a steady decrease over the previous periods. That decrease among the youngest age groups could be partly attributed to the introduction of free GP visit cards for children under 6 from 2015.

The percentage of the population participating in the Drugs Payment Scheme has decreased by 24% since 2009, while numbers for the Long-Term Illness scheme have more than doubled (Table 4.1).

The percentage of the population covered by private health insurance has risen slightly in the

past few years, from 40.6% to 43.4% (Figure 4.5). This increase can be seen across all age groups and is particularly large among those aged 80 and over (+5% since 2014).

There has been a 5.6% rise in the number of people residing in long-stay care facilities since 2015, and almost half of these residents are over the age of 85 (Table 4.2). There has been a 14.6% increase in the percentage of long-stay residents aged under 65 during this period.

Figure 4.6 shows a downward trend in blood donations since 2014. The percentage of blood donors in the population has decreased from 1.74% to 1.64% and the number of whole blood donations per year has decreased by almost 3,000 since 2014.

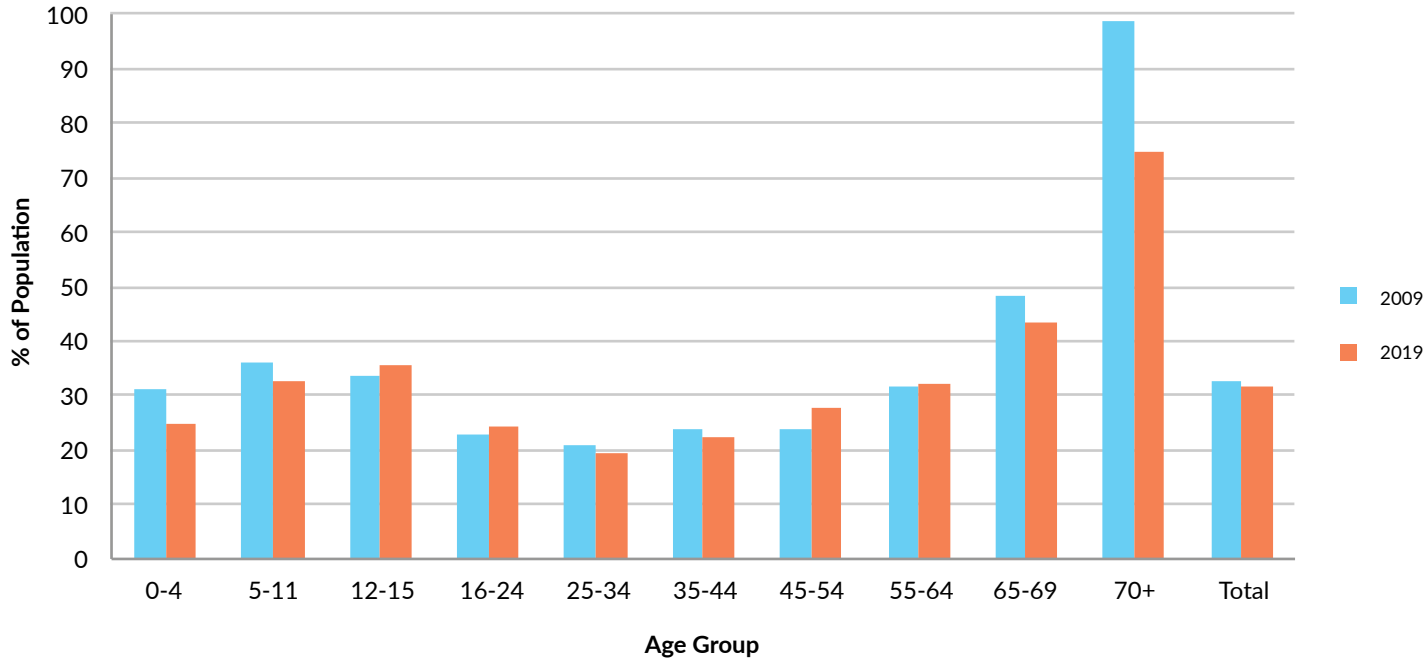
There has been an increase in HPV vaccine uptake in 2018 following a drop-off in the previous period. Immunisation uptake rates for most other major illnesses have remained mostly stable and above 90%, with the exception of the Pneumococcal Conjugate vaccination uptake at 88% (Table 4.3).

Table 4.4 and Figure 4.7 present data on the treatment of problem drug and alcohol use. There

were 17,093 cases treated in 2018, representing a rate of 217 people per 100,000 aged 15-64 (Table 4.4). Figure 4.7 shows that this rate peaked in 2011 at 251.7 and has been slowly decreasing since.

## Figure 4.1

### Percentage of Population with a Medical Card by Age Group, 2009 and 2019



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

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

**Table 4.1****Primary Care Reimbursement Service Schemes, 2009 to 2018**

Scheme	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	% change	
											2009-2018	2017-2018
<b>Medical Card</b>												
Number	1,478,560	1,615,809	1,694,063	1,853,877	1,849,380	1,768,700	1,734,853	1,683,792	1,581,526	1,574,507	6.5	-0.4
% of population	32.6	35.5	37.0	40.4	40.1	38.1	37.0	35.5	33.0	32.4	-0.6	-1.8
of which 0-15 years	335,297	370,354	388,098	432,082	427,961	403,027	390,730	371,819	340,167	335,958	0.2	-1.2
% of 0-15 years	33.8	36.5	37.6	41.3	40.6	38.1	36.8	34.9	31.8	33.3	-1.5	4.7
<b>GP Visit Card<sup>a</sup></b>												
Number	98,325	117,423	125,657	131,102	125,426	159,576	431,306	470,505	486,920	503,650	412.2	3.4
% of population	2.2	2.6	2.7	2.9	2.7	3.4	9.2	9.9	10.2	10.4	372.7	2.4
<b>Drugs Payments Scheme</b>												
Number	1,587,448	1,557,048	1,518,241	1,463,388	1,399,959	1,332,817	1,301,905	1,272,724	1,259,410	1,290,634	-18.7	2.5
% of population	35.0	34.2	33.2	31.9	30.3	28.7	27.8	26.9	26.3	26.6	-24.0	1.2
<b>Long-term Illness Scheme</b>												
Number	127,636	134,926	142,585	150,598	158,924	196,902	225,631	245,964	263,336	281,075	120.2	6.7
% of population	2.8	3.0	3.1	3.3	3.4	4.2	4.8	5.2	5.5	5.8	107.1	5.5
<b>Dental</b>												
Number of treatments	1,584,598	1,408,686	1,030,032	1,198,124	1,310,773	1,312,383	1,250,925	1,215,042	1,194,730	1,113,774	-29.7	-6.8
Number of people treated	343,067	382,404	347,773	394,399	435,292	436,433	420,459	416,662	413,133	389,791	13.6	-5.6
<b>Ophthalmic</b>												
Number of treatments	564,606	637,850	675,841	730,629	758,275	756,305	756,036	767,280	770,741	691,965	22.6	-10.2
Number of people treated	238,844	269,076	279,505	307,522	317,218	317,731	315,040	318,021	318,570	287,305	20.3	-9.8

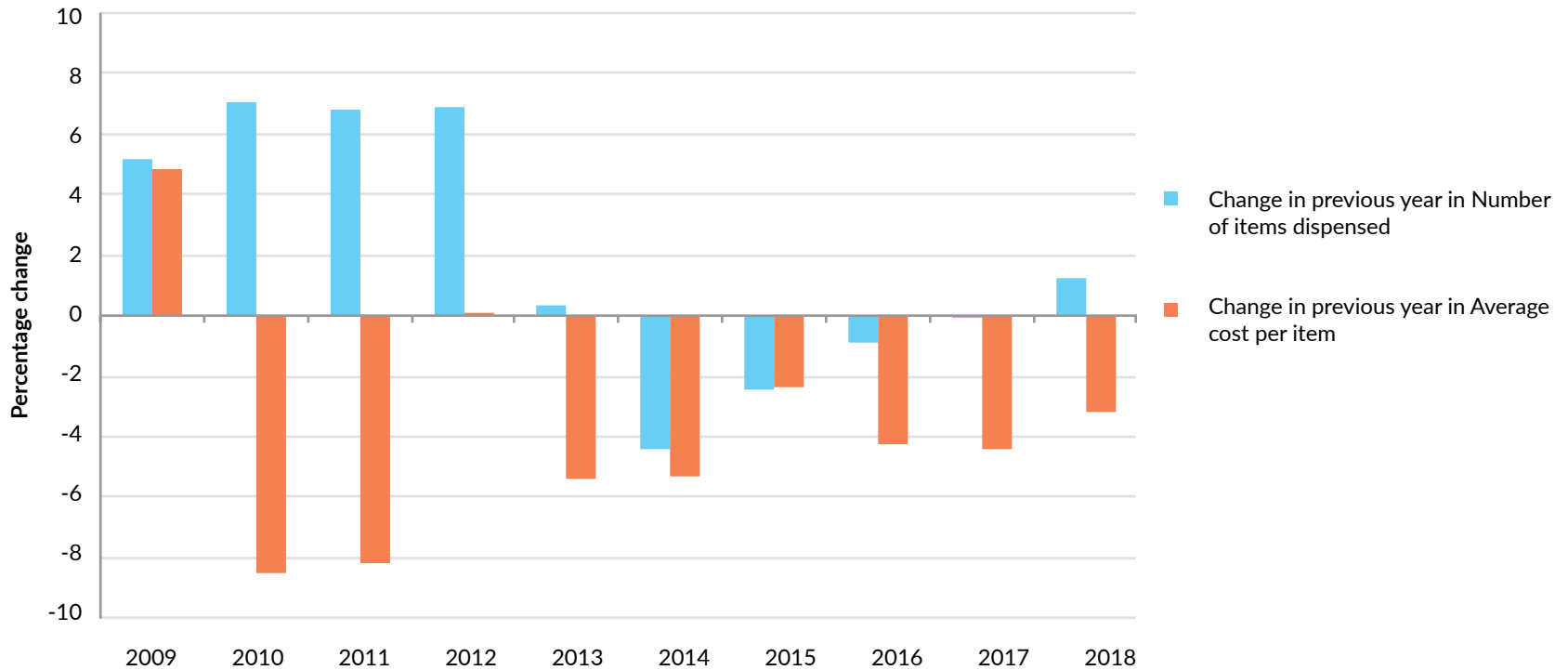
**Source:** General Medical Services (Payments) Board / Primary Care Reimbursement Service, HSE.

**Notes:**

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

## Figure 4.2

Prescription items dispensed under the General Medical Services (GMS) scheme: % change from previous year in number of items dispensed and average cost per item paid to pharmacies, 2009 to 2018



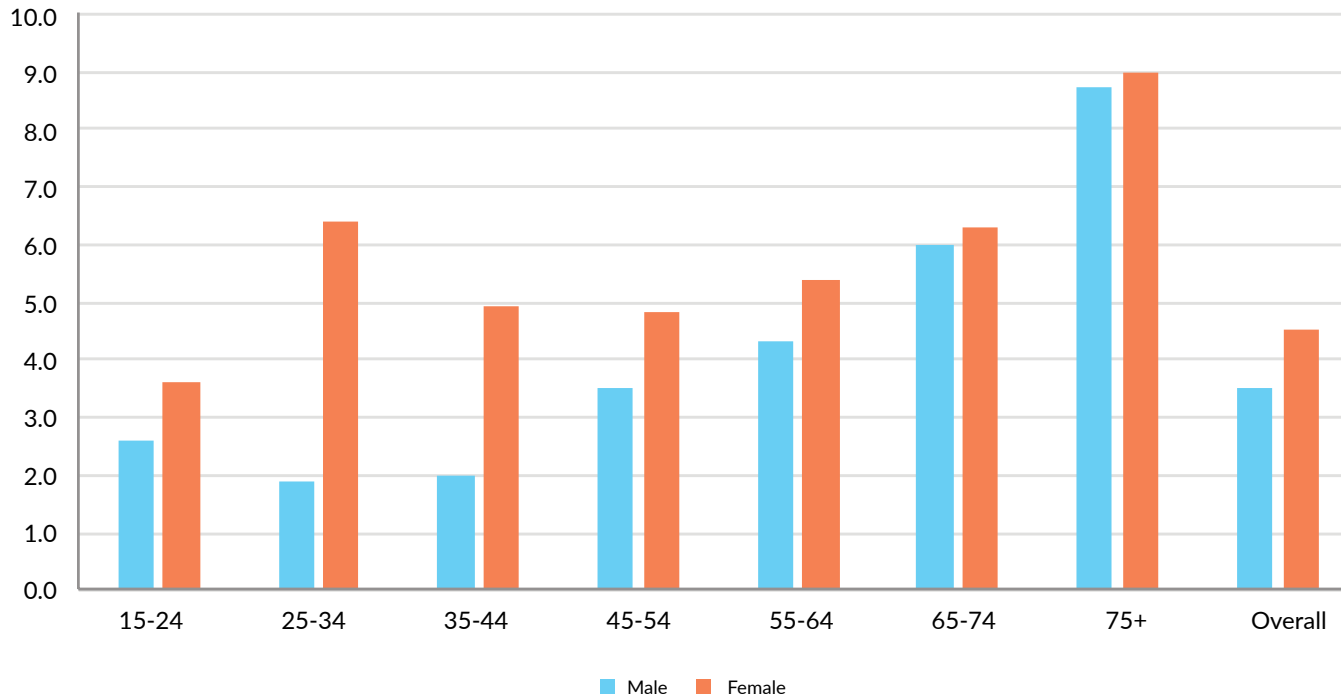
Source: General Medical Services (Payments) Board / Primary Care Reimbursement Service, HSE.

### 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 no. of GP visits in the last 12 months by age group and gender, 2019

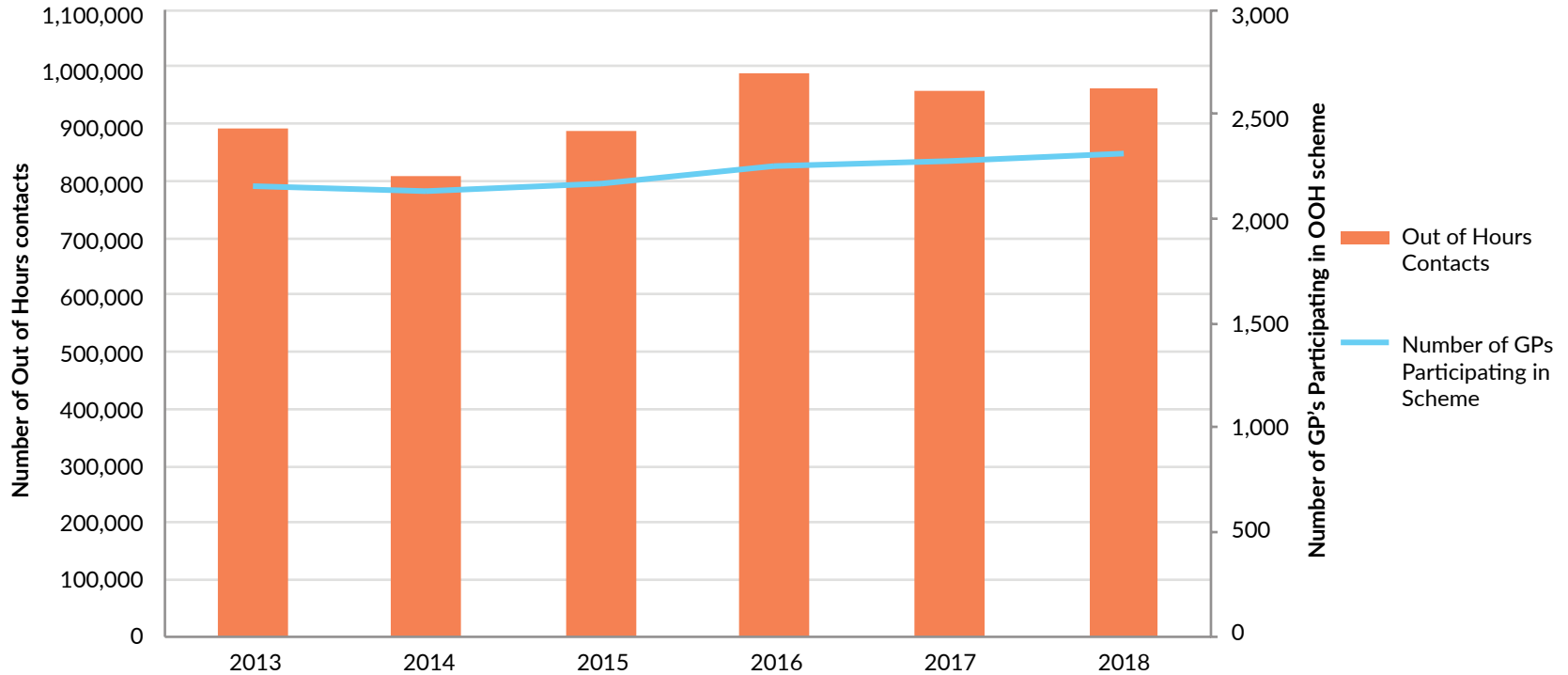


Source: Healthy Ireland Survey, 2019



## Figure 4.4

### Out of Hours GP Contacts, 2013-2018

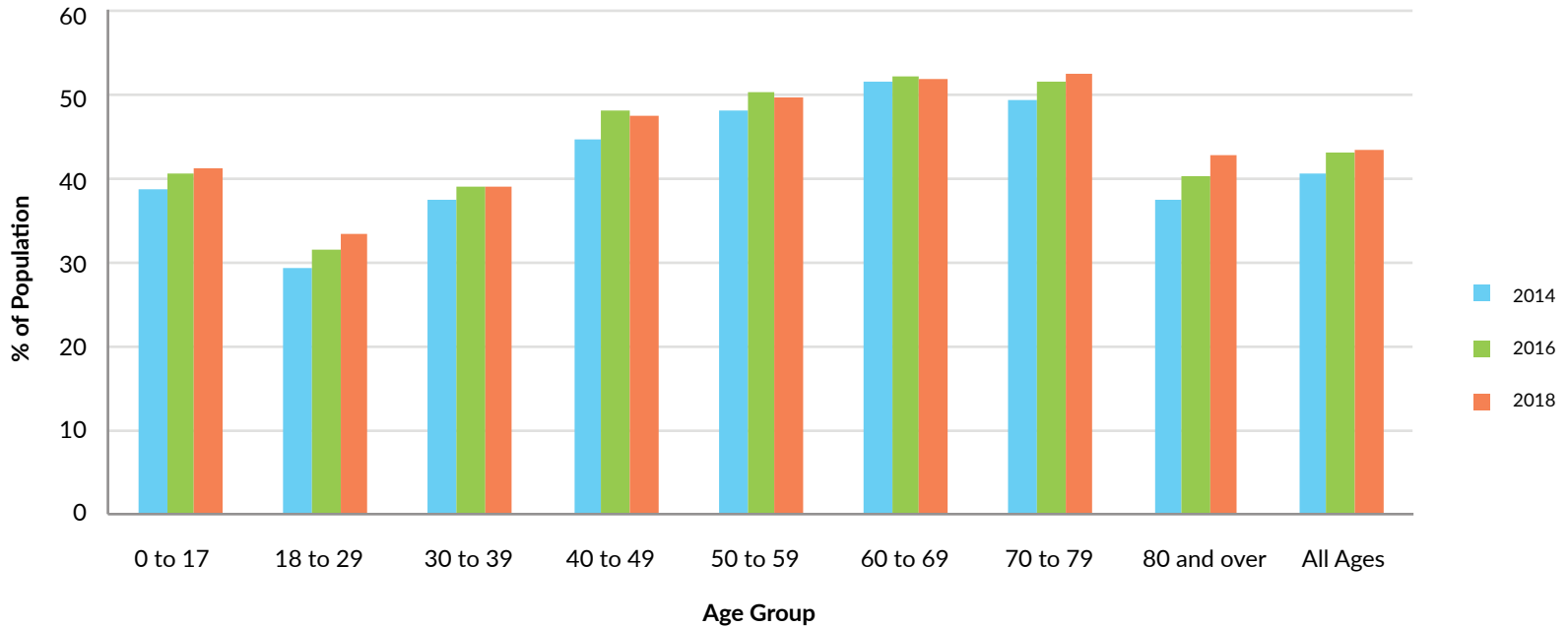


Source: Primary Care Reimbursement Service (PCRS)

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

## Figure 4.5

### Percentage of Population Covered by Private Health Insurance in Ireland by age group, 2014, 2016 and 2018



**Source:** Health Insurance Authority.

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

## Table 4.2

### Long-Stay Care Summary Statistics, 2015 to 2018

	2015	2016	2017	2018	% change	
					2015-2018	2017-2018
Number of Beds	30,106	30,396	30,674	31,340	4.1	2.2
Number of Patients Resident at 31/12	22,273	23,086	23,154	23,529	5.6	1.6
Average age of Resident	82.9	82.7	82.6	83.1	0.2	0.6
Age Distribution (as % of total)						
Under 65	4.8	5.3	5.5	5.5	14.6	0.0
65-69	4.1	4.2	4.2	4.3	4.2	2.4
70-74	7.2	7.4	7.6	7.8	9.0	2.6
75-79	12.9	12.7	12.7	12.7	-1.8	0.0
80-84	20.8	20.9	20.5	20.5	-1.2	0.0
85+	50.2	49.4	49.5	49.2	-1.9	-0.6

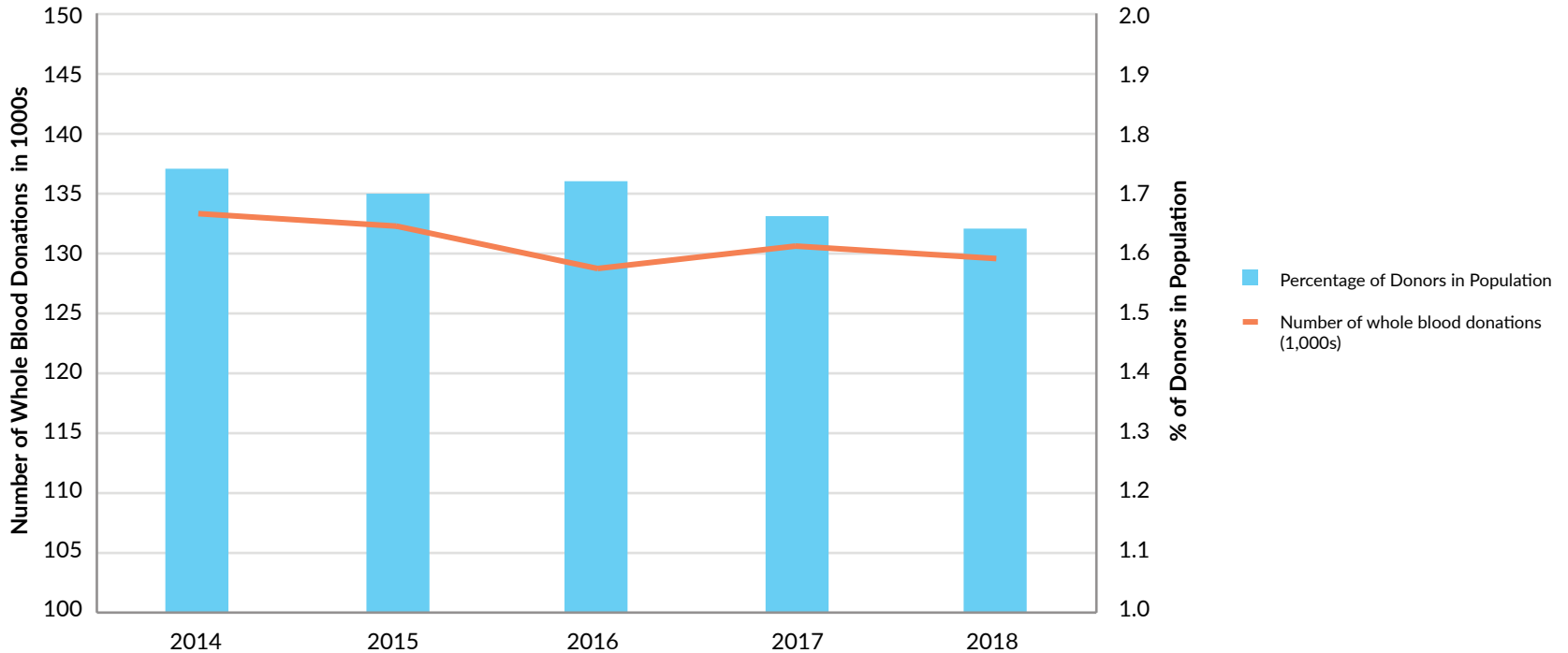
**Source:** HIQA (Number of beds), Nursing Homes Support Scheme, HSE.

**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, 2014 to 2018



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

## Table 4.3

### Immunisation rates, percentage uptake, 2008 to 2017

	2009	2010B	2011	2012	2013	2014	2015	2016	2017	2018	% change	
											2009-2018	2017-2018
Diphtheria	94	94	95	95	96	96	95	95	95	94	0.0	-1.1
Pertussis	94	94	95	95	96	96	95	95	95	94	0.0	-1.1
Tetanus	94	94	95	95	96	96	95	95	95	94	0.0	-1.1
Haemophilus Influenzae Type B	93	94	95	95	95	96	95	95	95	94	1.1	-1.1
Polio	94	94	95	95	96	96	95	95	95	94	0.0	-1.1
Meningococcal	93	86	84	85	87	88	88	87	88	90	-3.2	2.3
Measles, Mumps & Rubella (MMR)	90	90	92	92	93	93	93	92	92	92	2.2	0.0
Hepatitis B	-	94	95	95	95	95	95	95	95	94	-	-1.1
Pneumococcal Conjugate	-	88	90	91	91	92	92	91	91	88	-	-3.3
Human Papillomavirus	-	-	82	87	86	88	87	72	51	64	-	25.5

**Source:** Health Protection Surveillance Centre (HPSC).

**Notes:**

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

## Table 4.4

### Number of Cases in Treatment for Problem Drug and Alcohol Use and Rate per 100,000 Population Aged 15-64 years, Ireland, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	% Change	
											2009-2018	2017-2018
<b>Drugs including Alcohol</b>												
All cases in treatment	15,092	16,422	16,827	16,126	16,312	17,077	16,933	16,325	15,742	17,093	13.3	8.6
New entries into treatment each year†	7,517	7,738	7,719	7,114	6,899	7,237	7,007	6,922	6,482	6,889	-8.4	6.3
Rate per 100,000 (15-64 year olds)	242.6	250.9	251.7	232.9	226.1	236.5	227.8	223.0	206.7	216.9	-10.6	4.9
<b>Drugs excluding Alcohol</b>												
All cases in treatment	7,389	8,699	8,283	7,903	8,894	9,672	9,711	9,097	8,772	10,113	36.9	15.3
New entries into each treatment year	3,359	3,657	3,265	3,191	3,389	3,648	3,651	3,446	3,168	3,859	14.9	21.8
Rate per 100,000 (15-64 year olds)†	108.4	118.6	106.5	104.4	111.1	119.2	118.7	111.0	101.0	121.5	12.1	20.3

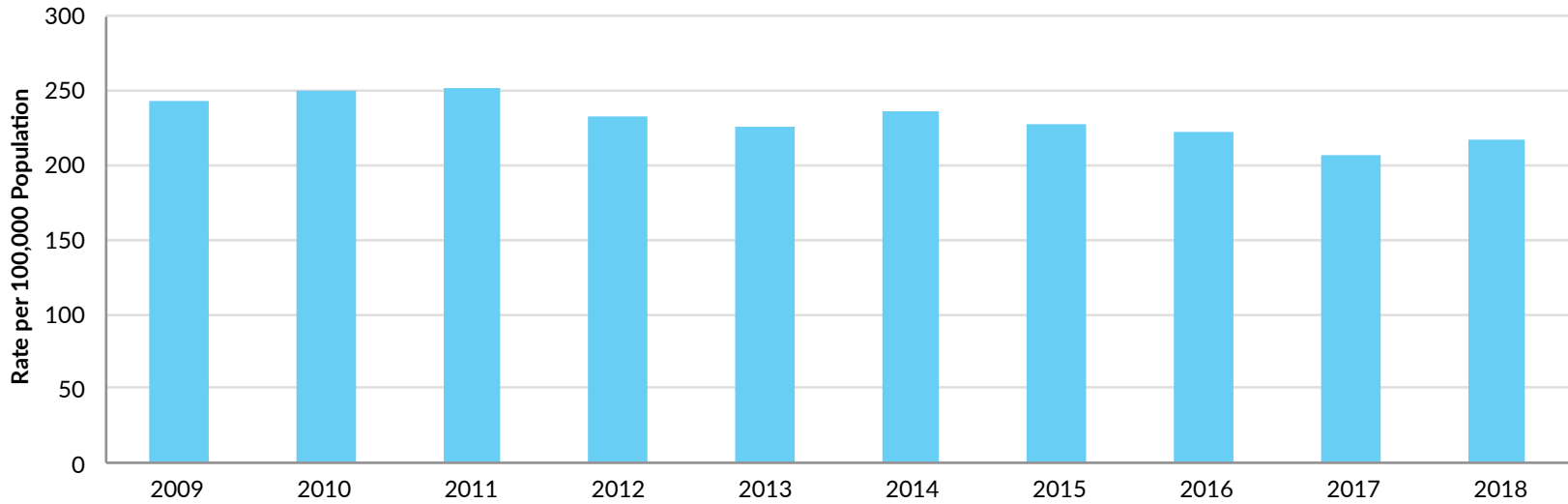
**Source:** National Drug Treatment Reporting System, Health Research Board. CSO for population data.

\* This data supersedes all previously published data from NDTRS publications.

\*Ongoing data validations and corrections to the NDTRS dataset may have resulted in minor changes to previously reported figures.

## Figure 4.7

Number of Cases in Treatment for Problem Drug and Alcohol Use and Rate per 100,000 Population ages 15-64, 2009 - 2018



Source: Table 4.6

## 5. Health Service Employment

This chapter shows fluctuations and trends in Irish health service employment over the past decade. The total number of whole time equivalent (WTE) staff employed has increased by 6.2% since 2010 (Table 5.1). After dropping almost 8% between 2010 and 2014, this trend has reversed and numbers have been growing steadily since. All grade categories have increased since 2018, and total public health employment now stands at over 119,000. However, it should be noted that data for 2019 in this Table 5.1 refer to the end of September 2019, whereas figures for all other years refer to the end of December, meaning they are not strictly comparable due to seasonal fluctuations in employment such as student nurses. A comparable trend in public health service employment can be found in Figure 5.1 which uses employment figures related to September annually.

Nursing remains the single largest grade category with almost 38,000 nurses currently employed in the public health service in Ireland. Nurses account

for almost a third (31.8%) of the total public health service workforce (Figure 5.2). This proportion has remained relatively constant over the past decade, and the numbers of nurses has only seen a small percentage change between 2010 and 2019 (3.7%).

The chapter also shows a breakdown of consultant hospital doctors by speciality (Table 5.2). All specialities have seen an increase in the past ten years (apart from the 'other' category), and the total number of consultant hospital doctors now stands at 3,190. The largest consultant categories are medical and surgical.

The total number of consultant and non-consultant hospital doctors in Ireland is 10,018, an increase of over a third since 2010 (37.8%). The rapid rate of growth among hospital doctors since 2013 can be seen in Figure 5.3.

Despite these increases, our rate of practising doctors per 1,000 population is low compared to other OECD countries. Out of the 30 countries for which data is available, Ireland is placed 21st between Luxembourg and Belgium (Figure 5.5).



## Table 5.1

### Public Health Service Employment (HSE & Section 38), 2010 to 2019

Grade Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	% change	
											2010-2019	2018-2019
Medical/Dental	8,096	8,331	8,320	8,353	8,817	9,336	9,723	10,121	10,467	10,737	32.6	2.6
Nursing	36,503	35,902	34,637	34,178	34,509	35,353	35,835	36,777	37,644	37,843	3.7	0.5
Health and Social Care Professionals#	16,355	16,217	15,717	15,844	13,640	14,578	15,364	15,950	16,496	16,588	1.4	0.6
Management/Administration	17,301	15,983	15,726	15,503	15,112	16,164	16,767	17,714	18,504	18,809	8.7	1.6
General Support Staff	11,413	10,445	9,974	9,700	9,419	9,494	9,448	9,454	9,454	9,486	-16.9	0.3
Other Patient and Client Care	22,537	21,758	20,878	20,504	21,532	22,350	23,122	24,281	25,292	25,664	13.9	1.5
<b>Total</b>	<b>112,206</b>	<b>108,637</b>	<b>105,251</b>	<b>104,082</b>	<b>103,030</b>	<b>107,275</b>	<b>110,258</b>	<b>114,297</b>	<b>117,857</b>	<b>119,126</b>	<b>6.2</b>	<b>1.1</b>

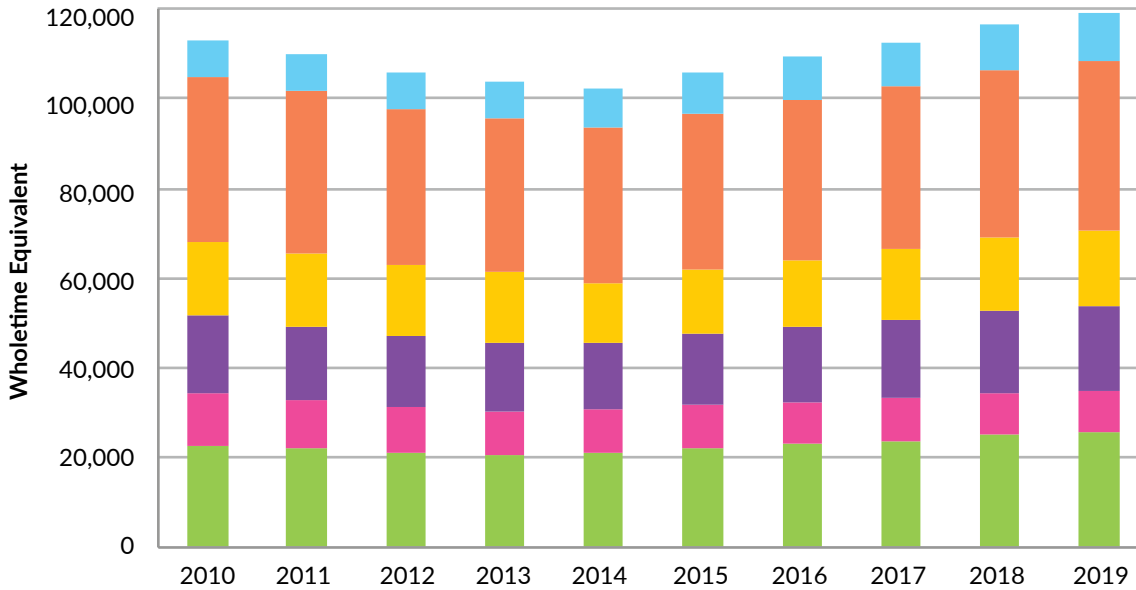
**Source:** HSE Health Service Personnel Census at 31st December (except for 2019 - see note (v) below).

**Notes:**

- (i) Figures refer to wholetime equivalents (WTE). Previous figures have been revised to comply with current methodologies around Graduate Nurses and Support/Care interns. Pre-registration Student Nurses on clinical placement are recorded at 50% actual WTE, in line with a WRC agreement.
- (ii) #It is not possible to make valid staffing comparisons over extended timeframes due to changes in the configuration of the health sector. In particular, it should be noted that Children & Family Services transferred to TUSLA on 01 Jan 2014. This change had a significant impact on the Health and Social Care Professionals grouping which includes Social Work.
- (iii) Management/Administration includes staff who are of direct service to the public and include consultant's secretaries, out-patient departmental personnel, medical records personnel, telephonists and other staff who are engaged in frontline duties.
- (iv) Directly employed home help staff are included under General Support Staff w.e.f. 2018 and historical figures have been restated to reflect this methodology change.
- (v) \*The 2019 data refers to September 2019 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

**Figure 5.1**

**Public Health Service Employment by Grade Category, 2010 to 2019**



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

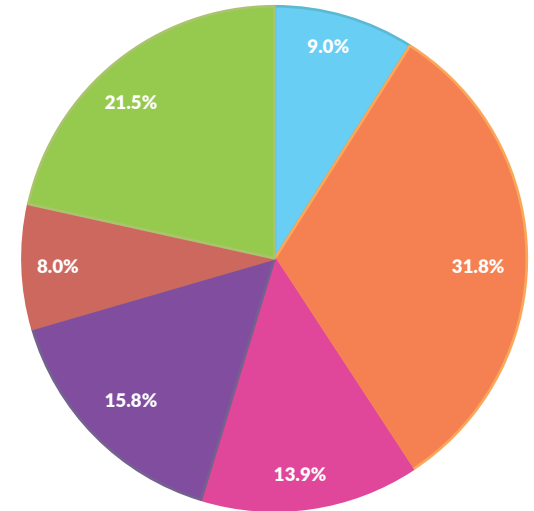
**Source:** HSE Personnel Census.

**Notes:**

1. For comparability purposes, information in chart above relates to annual September employment figures.
2. See notes under Table 5.1.

**Figure 5.2**

**Proportion of Staff Employed in the Public Health Service in each Grade Category, September 2019**



- Medical/Dental

**Source:** Table 5.1.

- Nursing

**Notes:**

See notes under Table 5.1.

- Health and Social Care Professionals#

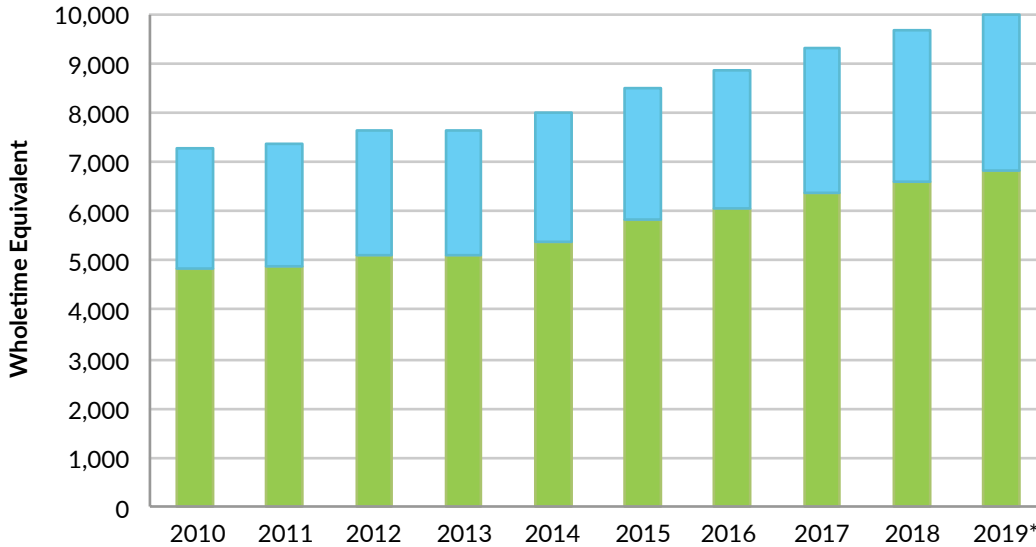
- Management/Administration

- General Support Staff

- Other Patient and Child Care

### Figure 5.3

Consultant and Non-Consultant Hospital Doctors (HSE & Section 38), 2010 to 2019



■ Consultants  
■ Non-Consultant Hospital Doctors

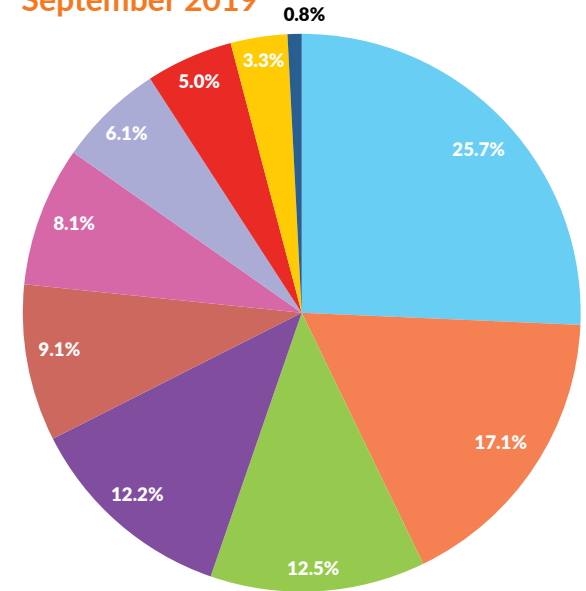
Source: HSE Personnel Census.

**Notes:**

1. For comparability purposes, information in chart above relates to annual September employment figures.
2. See notes under Table 5.2.

### Figure 5.4

Consultant Hospital Doctors Employed in the Public Health Service by Category, September 2019



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

Source: HSE Health Service Personnel Census.

Notes: See notes under Table 5.2.

**Table 5.2****Consultant and Non-Consultant Hospital Doctors Employed in the Public Health Service, 2010 to 2019**

Grade Category	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019*	% change	
											2010-2019	2018-2019
<b>Consultant Hospital Doctors:</b>												
Consultant Anaesthesia	348	356	353	351	348	350	373	389	394	398	14.2	1.0
Consultant Emergency Medicine	56	63	72	75	75	83	92	98	97	105	86.5	7.3
Consultant Medicine	518	543	563	601	654	675	723	756	795	820	58.2	3.2
Consultant Obstetrics & Gynaecology	118	119	125	122	124	135	140	151	157	161	36.0	2.8
Consultant Paediatrics	136	138	144	135	148	151	157	172	182	195	43.5	6.9
Consultant Pathology	182	200	203	206	207	213	230	239	249	259	42.2	3.9
Consultant Psychiatry	364	355	356	356	351	362	362	364	374	391	7.5	4.6
Consultant Radiology	227	238	239	240	244	249	268	270	286	290	27.8	1.4
Consultant Surgery	433	435	440	451	465	488	498	511	535	547	26.2	2.2
Consultant, Other	30	27	18	19	20	19	19	21	28	26	-12.0	-4.6
Sub-Total Consultant Hospital Doctors	2,412	2,474	2,514	2,555	2,635	2,724	2,862	2,971	3,096	3,190	32.3	3.1
<b>Non-Consultant Hospital Doctors:</b>												
Interns	532	597	565	631	674	712	713	720	730	729	36.9	-0.1
Registrar	1,733	1,761	1,809	1,761	1,775	1,948	2,055	2,160	2,265	2,315	33.6	2.2
Senior House Officer	1,709	1,812	1,807	1,808	2,034	2,158	2,217	2,295	2,346	2,360	38.1	0.6
Senior Registrar	141	140	105	93	146	141	186	175	202	210	48.5	4.0
Specialist Registrar	741	768	785	792	854	933	964	1,067	1,092	1,214	63.8	11.1
Sub-Total Non-Consultant Hospital Doctors	4,857	5,079	5,070	5,086	5,483	5,894	6,135	6,417	6,635	6,828	40.6	2.9
<b>Total</b>	<b>7,269</b>	<b>7,553</b>	<b>7,584</b>	<b>7,641</b>	<b>8,118</b>	<b>8,618</b>	<b>8,997</b>	<b>9,388</b>	<b>9,731</b>	<b>10,018</b>	<b>37.8</b>	<b>3.0</b>

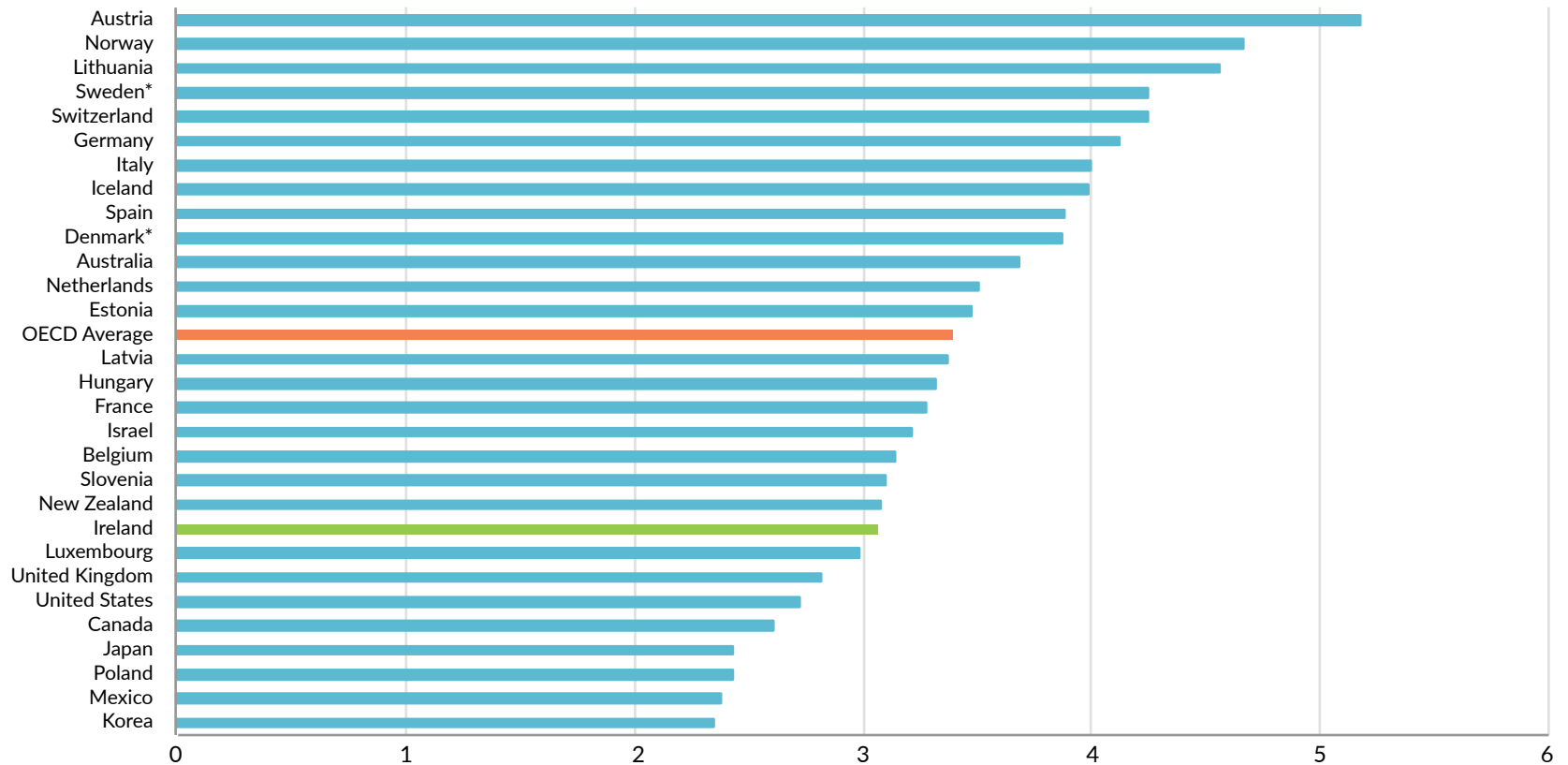
**Source:** HSE Health Service Personnel Census.

**Notes:**

- (i) Figures refer to wholetime equivalents (WTE), excluding staff on career break.
- (ii) \*The 2019 data refers to September 2019 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.
- (iii) Consultant Obstetrics & Gynaecology includes Masters of Maternity Hospitals.
- (iv) All figures for registrars have been updated to include Registrars in General Practice.
- (v) Consultants, Other includes consultants in Dentistry and Intensive Care Medicine.

## Figure 5.5

### Practising Doctors per 1,000 Population, 2017



Source: OECD.

**Notes:**

- (i) Practising doctors are defined as those who are providing care directly to patients.
- (ii) \*Data is from 2016

## 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 2010 to estimates for 2019. There was an increase in total public health expenditure of 8.4% from 2018 to 2019. Capital expenditure, which accounted for 4.0% of total expenditure in 2019, was 17.2% higher in 2019 than in 2018 (Table 6.3). Table 6.2 and Figure 6.2 provide a more detailed breakdown on non-capital expenditure by area of care.

Public capital health expenditure is shown in Table 6.3. Capital expenditure has increased by 21.8% since 2009, and by 17.2% between 2017-2018.

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 (73.3%) was financed by Government schemes and compulsory contributory health care financing schemes in 2017. Curative and rehabilitative care accounts for the majority of health care expenditure at 55.9% (Table 6.5); while Hospitals account for over a third (37.2%) (Table 6.6).

Figure 6.3 presents the health expenditure per capita from 2008 to 2018, 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 3rd behind Switzerland and the United States. This position changes to 7th when looking at public expenditure only (Figure 6.4).

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

**Table 6.1****Public Health Expenditure in Millions of Euro, 2010 to 2019**

	2010	2011	2012	2013	2014	2015 <sup>A</sup>	2016 <sup>A</sup>	2017	2018	2019	% change	
											2010-2019	2018-2019
Total Public Non-Capital Expenditure on Health	13,818	13,181	13,218	13,084	13,276	13,879	14,581	15,316	16,304	17,525	26.8	7.5
Public Non-Capital Expenditure on Health (excluding treatment benefits)	13,762	13,156	13,197	13,063	13,246	13,846	14,548	15,263	16,221	17,417	26.6	7.4
Total Public Capital Expenditure on Health	366	347	350	347	386	398	423	465	545	742	102.8	36.1
Total Public Expenditure	14,184	13,528	13,568	13,431	13,662	14,277	15,004	15,781	16,849	18,267	28.8	8.4

**Source:** Non-capital expenditure - Revised Estimates for Public Services and HSE Performance Assurance Reports.

Capital expenditure - revised estimates for Public Services and HSE Reports on Capital Programme.

**Notes:**

- (i) In 2014 funding of c. €540 million was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs). For comparison purposes, this table has been revised for the period 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) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. For comparison purposes, the figures above for 2015 and after include 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 includes Treatment Benefits (funded from the Vote of the Office of the Minister for Social Protection).
- (iv) Public Non-Capital Expenditure refers to the Health Vote and HSE Vote in the Revised Estimates for Public Services: excludes expenditure in respect items not considered health expenditure, such as expenditure in relation to the State Claims Agency
- (v) Figures for 2019 are estimated.

## Table 6.2

### HSE Non-Capital Vote Allocation in Millions of Euro, 2012-2018

	2012	2013	2014 <sup>A</sup>	2015 <sup>A</sup>	2016	2017	2018	% change 2017-2018
Care of Older People	1,366	1,366	1,468	1,569	1,620	1,693	1,774	4.8
Care for Persons with Disabilities	1,554	1,535	1,554	1,654	1,773	1,858	2,004	7.8
Mental Health	711	737	754	780	804	860	913	6.1
Primary Care & Community Health*	3,129	3,352	3,462	3,506	3,892	4,009	4,203	4.8
Multi Care Group Services <sup>^</sup>	482	113	-	-	-	-	-	-
Palliative Care & Chronic Illness <sup>^</sup>	73	72	75	78	-	-	-	-
Social Inclusion <sup>^</sup>	115	-	-	129	-	-	-	-
Health and Wellbeing	-	228	214	185	191	211	112	-46.9
Other <sup>^</sup>	81	-	-	-	-	-	-	-
<b>Primary, Community and Continuing Care Total</b>	<b>7,510</b>	<b>7,403</b>	<b>7,527</b>	<b>7,901</b>	<b>8,280</b>	<b>8,633</b>	<b>9,006</b>	<b>4.3</b>
Acute Division	3,978	4,286	4,496	4,701	4,929	5,243	5,589	6.6
Long Term Charges Repayment Scheme	2	8	8	4	2	2	2	0.0
Statutory Pensions <sup>#</sup>	737	678	597	626	670	686	728	6.1
Other <sup>#</sup>	850	647	628	667	708	812	992	22.1
<b>HSE Gross Non-Capital Total</b>	<b>13,077</b>	<b>13,022</b>	<b>13,256</b>	<b>13,899</b>	<b>14,589</b>	<b>15,376</b>	<b>16,316</b>	<b>6.1</b>
Total Appropriations-in-Aid	1,485	1,354	1,043	1,075	1,061	1,054	1,085	3.0
<b>HSE Net Non-Capital Total</b>	<b>11,592</b>	<b>11,668</b>	<b>12,213</b>	<b>12,824</b>	<b>13,528</b>	<b>14,322</b>	<b>15,231</b>	<b>6.3</b>

**Source:** Revised Estimates for Public Services (2012 - 2019); HSE National Service Plans (2012 - 2017); and HSE Performance Reports (2014-2018).

#### 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) <sup>^</sup> 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, 2009 to 2018

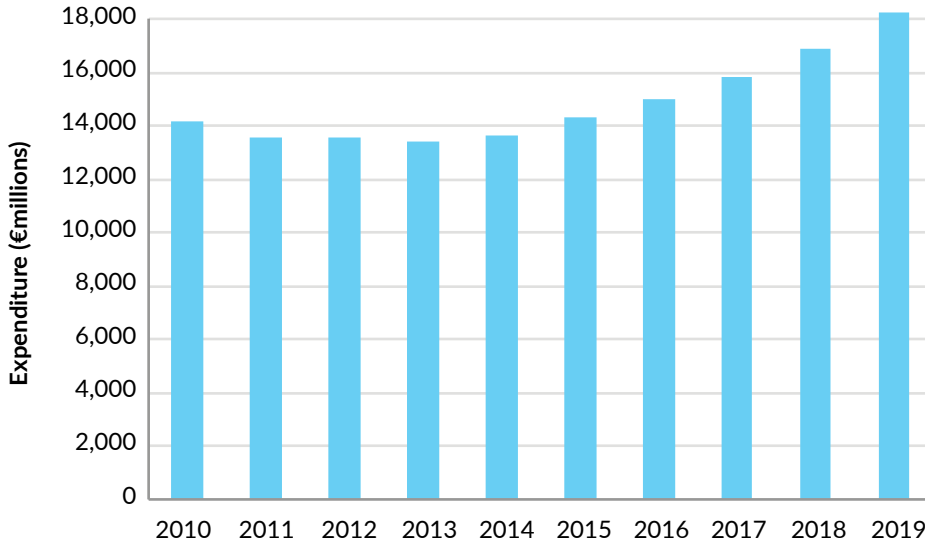
Programme	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	% change	
											2009-2018	2017-2018
Acute Hospitals	209	220	202	208	203	197	185	237	253	254	21.4	0.4
Community Health	161	97	71	53	62	79	100	79	79	87	-46.0	10.1
Mental Health	25	27	39	54	23	50	38	21	38	81	223.1	113.2
Disability Services	27	5	11	6	8	6	8	16	26	50	82.5	92.3
ICT	13	7	16	22	41	41	55	54	56	61	381.0	8.9
Miscellaneous	12	10	8	7	11	14	12	16	13	12	-0.9	-7.7
<b>Total Public Capital Expenditure</b>	<b>447</b>	<b>366</b>	<b>347</b>	<b>350</b>	<b>347</b>	<b>386</b>	<b>398</b>	<b>423</b>	<b>465</b>	<b>545</b>	<b>21.8</b>	<b>17.2</b>

**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, 2010 to 2019**

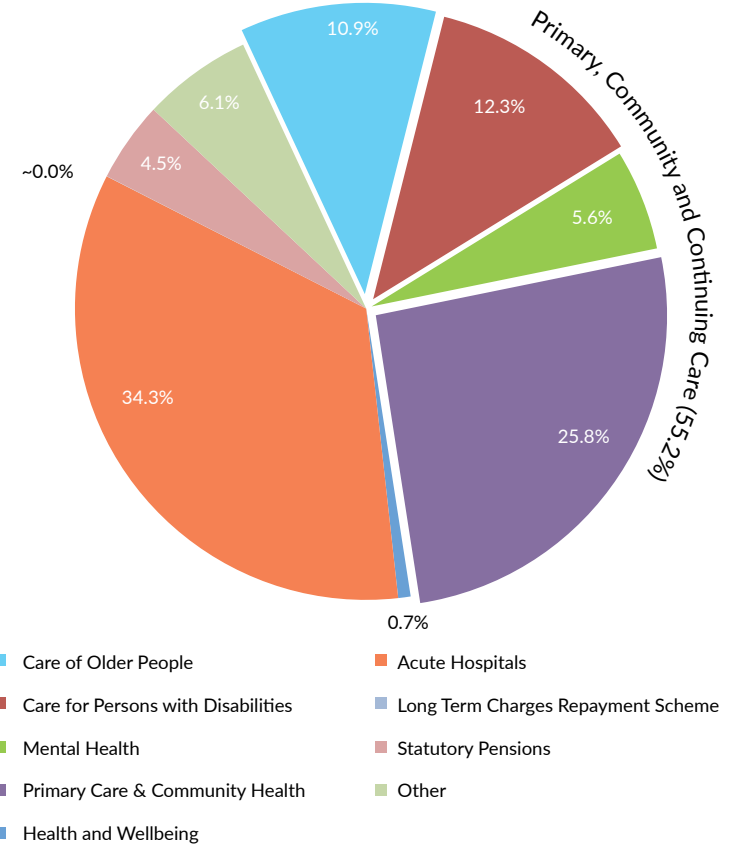


**Source:** Table 6.1.

**Note:** See notes under Table 6.1.

**Figure 6.2**

**Percentage gross non-capital voted expenditure by programme, HSE 2018**



**Source:** Table 6.2.

**Note:** See notes under Table 6.2.

**Table 6.4****Current Health Care Expenditure by Financing Scheme, 2012 to 2017**

Financing Scheme	2012		2013		2014		2015		2016		2017	
	€m	%	€m	%	€m	%	€m	%	€m	%	€m	%
Govt. Financing Schemes and Compulsory Contributory Health Care Financing Schemes	13,425	70.987	13,096	70.5	13,264	70.4	13,891	71.2	14,653	72.1	15,487	73.3
Voluntary Health Care Payment Schemes (e.g. Health insurance)	2,908	15.376	2,850	15.3	2,909	15.4	2,971	15.2	3,038	14.9	3,048	14.4
Household Out-of-Pocket Payments	2,579	13.637	2,626	14.1	2,671	14.2	2,650	13.6	2,641	13.0	2,595	12.3
<b>Total Current Health Care Expenditure</b>	<b>18,912</b>	<b>100</b>	<b>18,572</b>	<b>100.0</b>	<b>18,844</b>	<b>100.0</b>	<b>19,512</b>	<b>100.0</b>	<b>20,332</b>	<b>100.0</b>	<b>21,130</b>	<b>100.0</b>

**Source:** System of Health Accounts, Central Statistics Office.

**Table 6.5****Current Health Care Expenditure by Health Care Function, 2012 to 2017**

Health care function	2012		2013		2014		2015		2016		2017	
	€m	%	€m	%	€m	%	€m	%	€m	%	€m	%
Curative and Rehabilitative Care	10,068	53.2	10,008	53.9	10,142	53.8	10,626	54.5	11,126	54.7	11,808	55.9
Long-Term Care (Health)	4,188	22.1	3,994	21.5	4,153	22.0	4,301	22.0	4,499	22.1	4,469	21.1
Ancillary Services	514	2.7	569	3.1	545	2.9	581	3.0	603	3.0	593	2.8
Medical Goods (Non-Specified by Function)	3,029	16.0	2,804	15.1	2,745	14.6	2,790	14.3	2,912	14.3	3,074	14.5
Preventive Care	616	3.3	622	3.3	624	3.3	642	3.3	666	3.3	555	2.6
Governance and Health System Administration and Financing	490	2.6	568	3.1	629	3.3	564	2.9	519	2.6	625	3.0
Health Care Services N.E.C	6	0.0	6	0.0	6	0.0	6	0.0	7	0.0	8	0.0
<b>Total Current Health Care Expenditure</b>	<b>18,911</b>	<b>100.0</b>	<b>18,571</b>	<b>100.0</b>	<b>18,844</b>	<b>100.0</b>	<b>19,510</b>	<b>100.0</b>	<b>20,332</b>	<b>100.0</b>	<b>21,132</b>	<b>100.0</b>

Source: System of Health Accounts, Central Statistics Office.

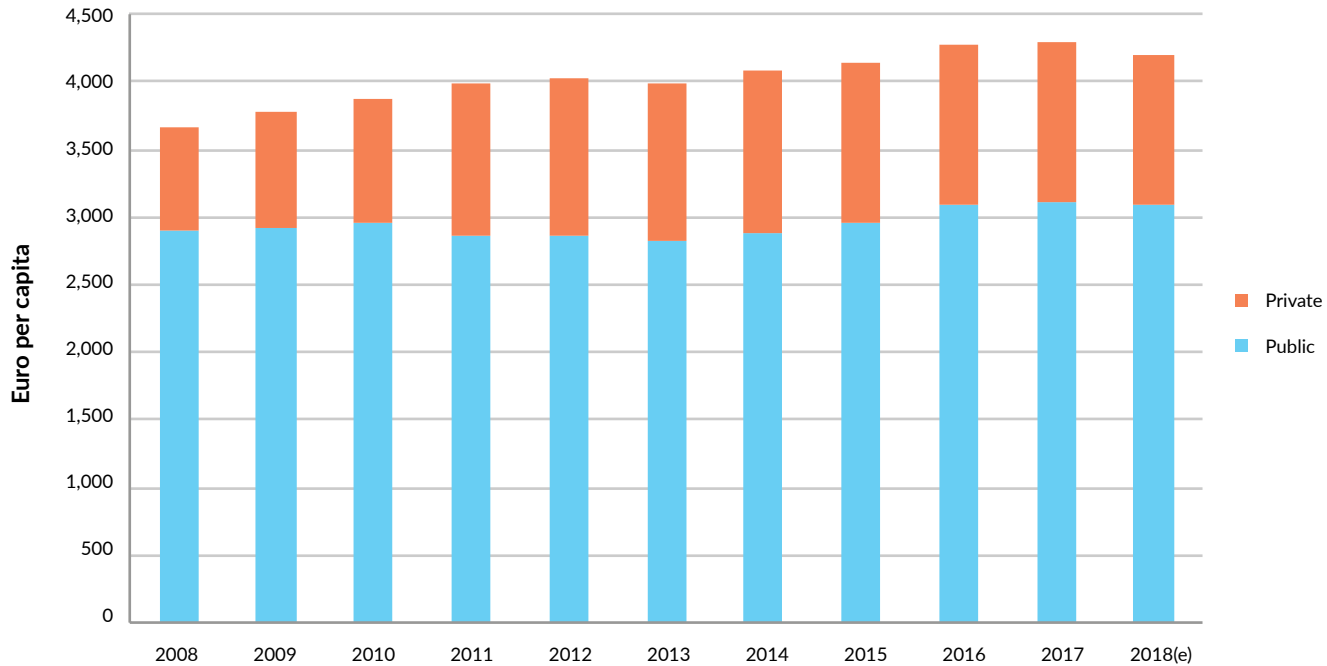
**Table 6.6****Current Health Care Expenditure by Provider, 2012 to 2017**

Provider	2012		2013		2014		2015		2016		2017	
	€m	%	€m	%	€m	%	€m	%	€m	%	€m	%
Hospitals	6,534	34.9	6,535	35.3	6,663	35.3	6,976	36.2	7,429	36.8	7,854	37.2
Long-Term Residential Facilities	3,624	19.4	3,449	18.6	3,493	18.5	3,534	18.4	3,646	18.1	3,724	17.6
Ambulatory Health Care Providers	3,767	20.1	3,760	20.3	3,774	20.0	3,918	20.3	4,098	20.3	4,207	19.9
Ancillary Health Care Providers	283	1.5	284	1.5	263	1.4	271	1.4	280	1.4	277	1.3
Retailers of Medical Goods	2,891	15.4	2,738	14.8	2,705	14.3	2,737	14.2	2,851	14.1	2,983	14.1
Providers of Preventative Care	238	1.3	230	1.2	228	1.2	228	1.2	233	1.2	256	1.2
Providers of Health Care Administration and Financing	423	2.3	488	2.6	625	3.3	557	2.9	544	2.7	618	2.9
Rest of the Economy	917	4.9	985	5.3	1,070	5.7	994	5.2	1,045	5.2	1,151	5.4
Rest of the World	26	0.1	26	0.1	28	0.1	36	0.2	41	0.2	51	0.2
Providers N.E.C.	13	0.1	12	0.1	3	0.0	4	0.0	4	0.0	10	0.0
<b>Total Current Health Care Expenditure</b>	<b>18,716</b>	<b>100.0</b>	<b>18,507</b>	<b>100.0</b>	<b>18,852</b>	<b>100.0</b>	<b>19,255</b>	<b>100.0</b>	<b>20,171</b>	<b>100.0</b>	<b>21,131</b>	<b>100.0</b>

Source: System of Health Accounts, Central Statistics Office.

## Figure 6.3

### Total Health Expenditure per Capita in Ireland in Real Terms, 2008 to 2018



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, 2018# (or nearest year)**

Country	Per Capita			% GDP/GNI*		
	Public	Private	Total	Public	Private	Total
Australia	3,467.0	1,538.3	5,005.3	6.4	2.8	9.3
Austria	4,032.6	1,362.5	5,395.1	7.7	2.6	10.3
Belgium	3,819.9	1,123.6	4,943.5	8.0	2.4	10.4
Canada	3,466.0	1,508.3	4,974.3	7.5	3.3	10.7
Chile	1,272.1	909.6	2,181.7	5.2	3.7	8.9
Czech Republic	2,502.2	530.4	3,032.6	6.2	1.3	7.5
Denmark	4,472.2	826.6	5,298.8	8.8	1.6	10.5
Estonia	1,678.9	552.5	2,231.4	4.9	1.6	6.4
Finland	3,185.8	1,049.7	4,235.6	6.8	2.3	9.1
France	4,141.2	823.5	4,964.7	9.3	1.9	11.2
Germany	5,056.1	930.4	5,986.4	9.5	1.7	11.2
Greece	1,348.8	885.4	2,238.2	4.7	3.1	7.8
Hungary	1,438.8	608.0	2,046.8	4.6	2.0	6.6
Iceland	3,570.1	779.0	4,349.1	6.8	1.5	8.3
Ireland (GNI*)	3,583.1	1,286.3	4,869.4	8.8	3.2	12.0
Israel	1,773.0	960.1	2,779.7	4.8	2.6	7.5
Italy	2,544.6	883.2	3,427.8	6.5	2.3	8.8
Japan	4,007.8	758.3	4,766.1	9.2	1.7	10.9
Korea	1,907.6	1,284.0	3,191.6	4.8	3.3	8.1
Latvia	1,003.7	744.8	1,748.5	3.4	2.5	5.9
Lithuania	1,606.6	808.7	2,415.8	4.5	2.3	6.8
Luxembourg	4,256.5	748.0	5,070.2	4.5	0.8	5.4
Mexico	585.8	552.2	1,138.0	2.8	2.6	5.5
Netherlands	4,342.7	945.8	5,288.4	8.2	1.8	9.9
New Zealand	3,107.7	815.0	3,922.6	7.4	1.9	9.3
Norway	5,288.8	898.2	6,186.9	8.7	1.5	10.2
Poland	1,475.9	580.4	2,056.4	4.5	1.8	6.3
Portugal	1,901.8	959.6	2,861.4	6.0	3.1	9.1
Slovak Republic	1,833.9	456.4	2,290.3	5.4	1.3	6.7
Slovenia	2,085.4	774.0	2,859.4	5.8	2.2	7.9
Spain	2,341.4	981.2	3,322.6	6.2	2.6	8.9
Sweden	4,569.5	877.6	5,447.1	9.3	1.8	11.0
Switzerland	4,660.4	2,656.2	7,316.6	7.8	4.4	12.2
Turkey	957.1	269.5	1,226.6	3.3	0.9	4.2
United Kingdom	3,138.5	931.1	4,069.6	7.5	2.2	9.8
United States	8,949.0	1,637.1	10,586.1	14.3	2.6	16.9

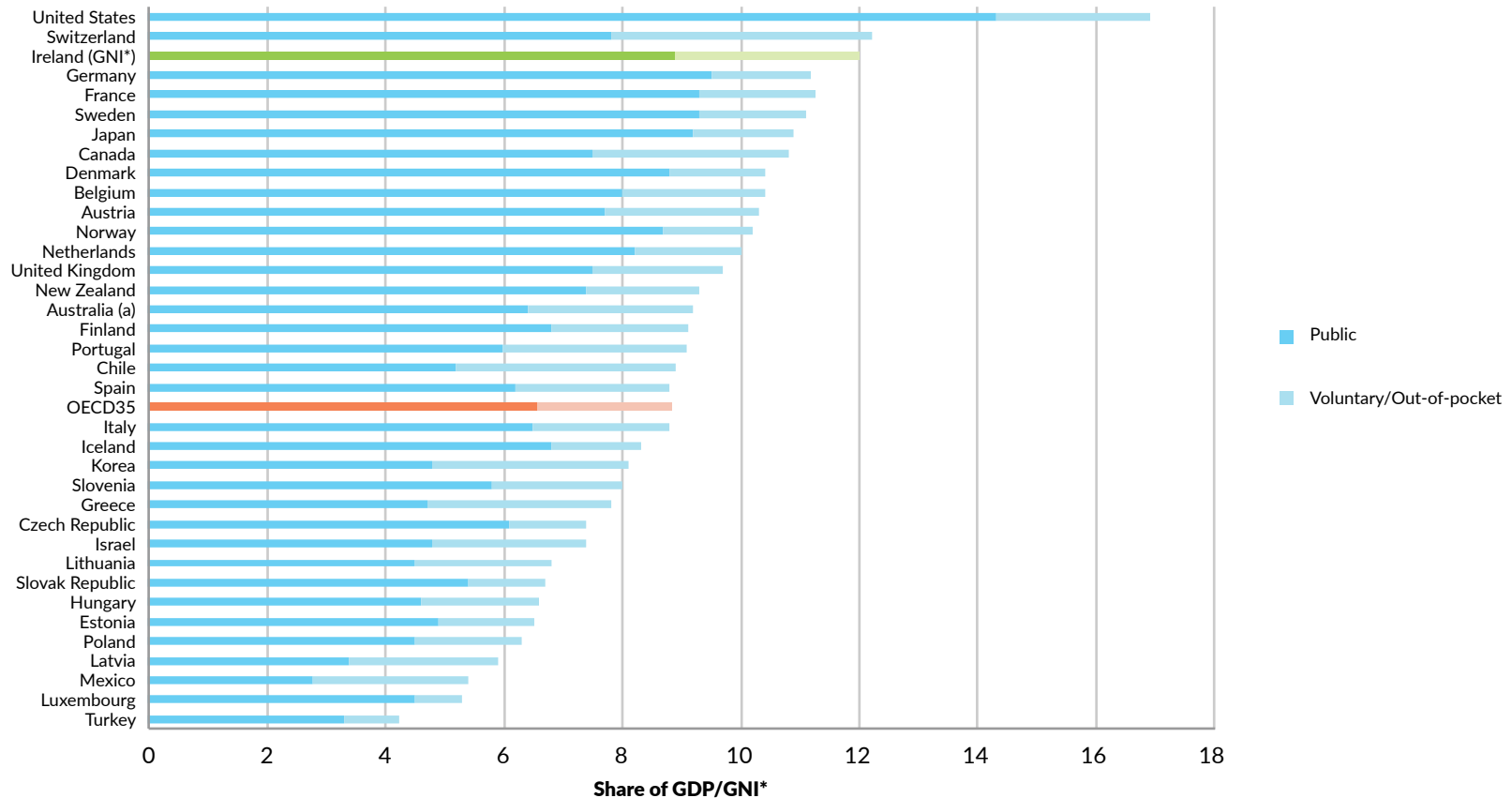
**Source:** OECD, Eurostat.

**Notes:**

- (i) #Data for 2018 are provisional.
- (ii) Per Capita Expenditure is expressed in US\$ Purchasing Power Parities (US\$PPPs).
- (iii) GDP: Gross Domestic Product.
- (iv) As PPPs are statistical constructs rather than precise measures, minor differences between countries should be interpreted with caution.
- (v) Modified Gross National Income (GNI\*): adjusted for retained earnings of re-domiciled firms and depreciation on foreign-owned domestic capital assets.

## Figure 6.4

Health Expenditure as a share of GDP for selected OECD Countries and GNI\* for Ireland, 2018 (or nearest year)



Source: OECD Health Statistics

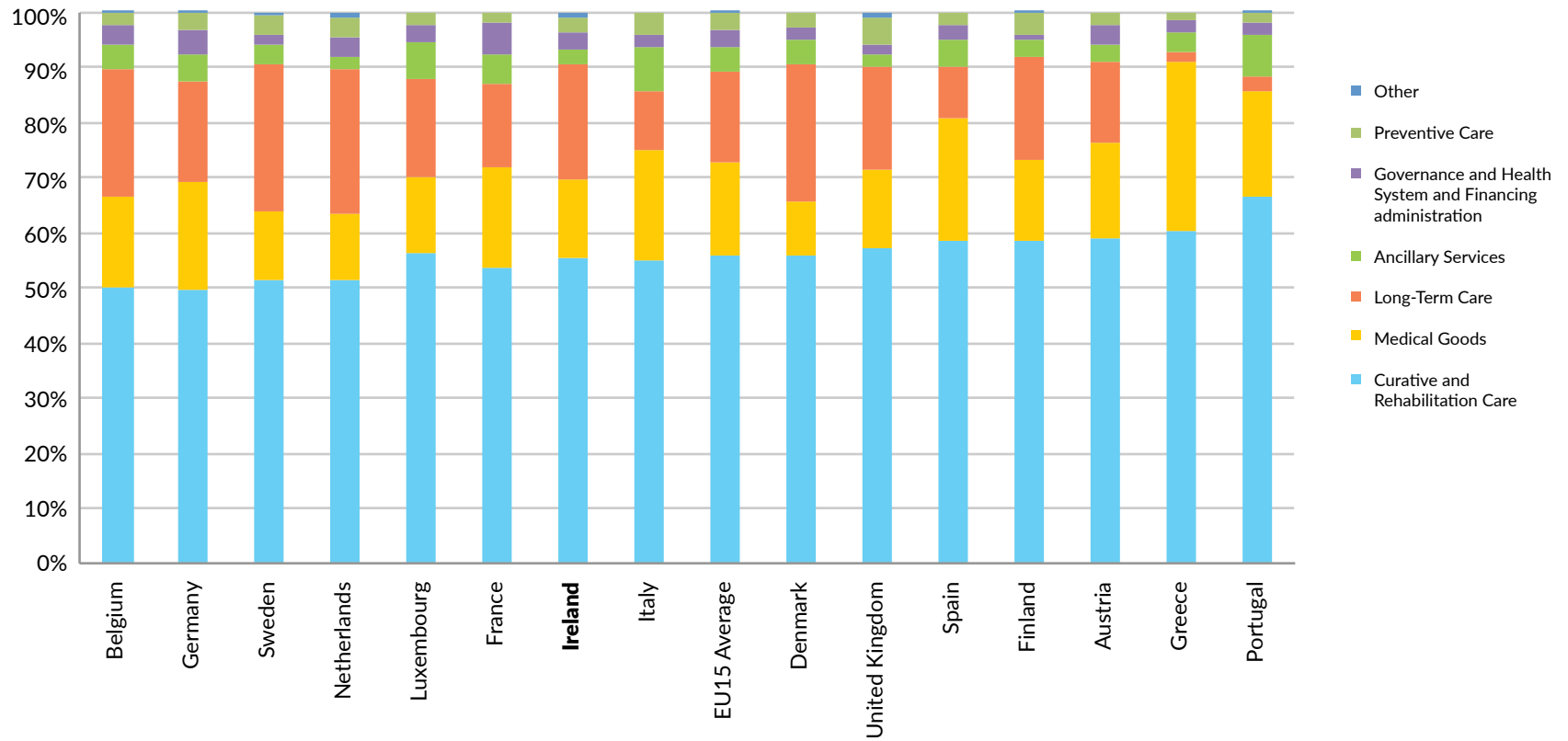
**Notes:**

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



**Figure 6.5**

**Health Expenditure by Type of Care as a % of Total Health Expenditure, EU15, 2017**



Source: Eurostat

## 7. New Regional Health Areas

In July 2019 Minister for Health, Simon Harris TD, announced the approval by Government of the geographies of six new regional health areas. This represents a major step towards reconfiguring our health service in line with recommendations made in the Oireachtas Committee on the Future of Healthcare Sláintecare Report (2017). Ultimately, it is envisaged that the HSE will evolve into a leaner national centre with responsibility for national planning, strategy and standard setting, complemented by the establishment of six new regional health structures in the six regions with responsibility for the planning and delivery of services in those regions. Detailed proposals to support this reconfiguration are under development and will be subject to further consideration by Government in 2020.

The establishment of Regional Health Areas with clearly defined population catchments will enable a fundamental shift towards a population health approach to planning, resourcing and delivering integrated health and social care services based on population need. Population profiling to describe and understand regional populations, health status, health service activity and resources commenced between the Department of Health and HSE in 2019. Some initial findings are presented in this section.

Population size and age structure are key determinants of health and social care need in the

six new regional health areas. As shown in Figure 7.1, the six regional health areas vary in size: regional health area A has the largest population (1.11 million) and regional health area E has the smallest population (0.39 million). Older people are a key focus in the planning and delivery of integrated care and Figure 2 maps the population aged 65 and older across the six regional health areas.

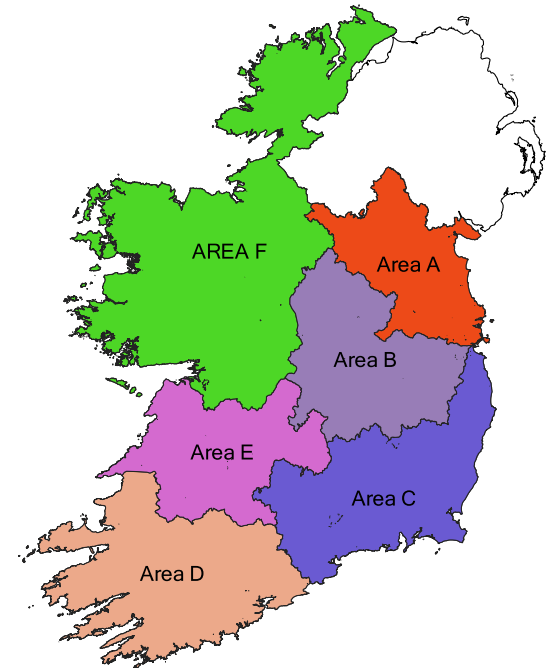
Population pyramids in Figures 7.3a-f summarise and display the age structure of each regional health area. While the regional health areas share some common features, each is unique and this will have implications that will need to be reflected in population-based planning for integrated care. In addition to understanding population, the profiling of health status at national and regional level through a range of health information systems will inform population-based planning and delivery of integrated care.

Census 2016 afforded an opportunity to analyse the percentage of those in the population with a disability and who are from disadvantaged areas. The results of this regional analysis are presented in Figures 7.4 and 7.6 respectively. Figure 7.5 for the first time presents the regions according to the percentage of population holding a medical card.

Figures 7.7a-c profile mortality rates by regional health area and illustrate the scale and nature of

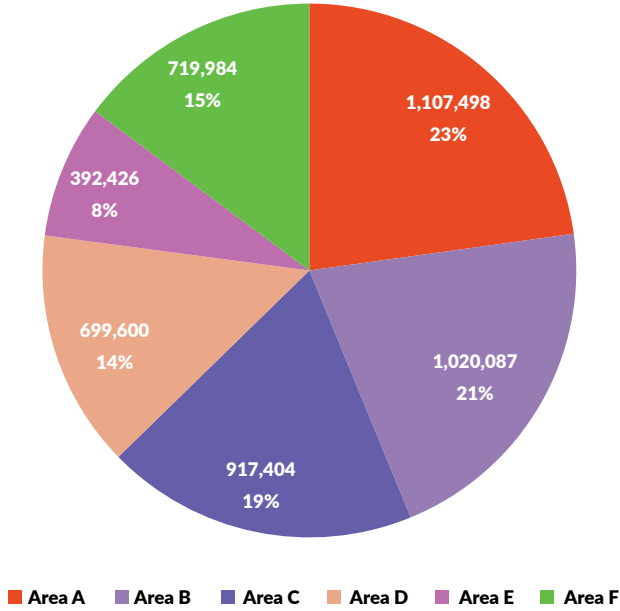
health needs. Major causes of death are presented in these figures to illustrate the variation across regions of mortality rates due to circulatory diseases, respiratory diseases and non-respiratory cancers respectively.

This section provides initial data from the current profiling exercise, with further development of regional statistical analysis continuing during 2020.



### Figure 7.1

#### Population breakdown by RHA, 2018



Source: Department of Health

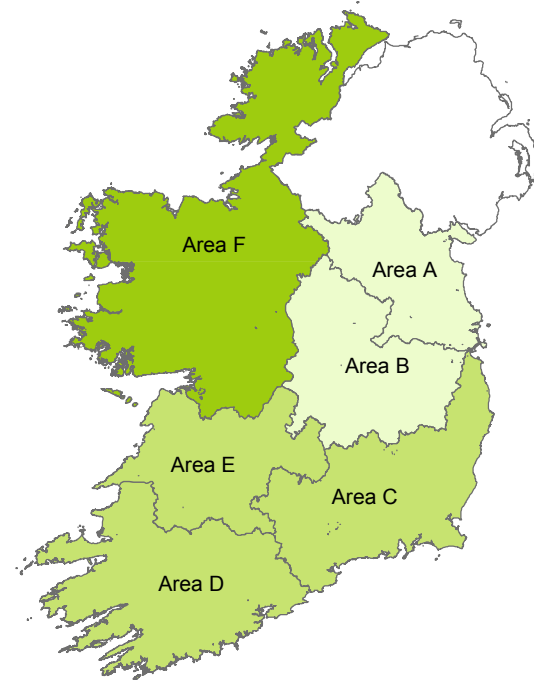
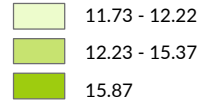
**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated

### Figure 7.2

#### Percentage of Population aged over 65 by RHA, 2018

% of Total Population 65+



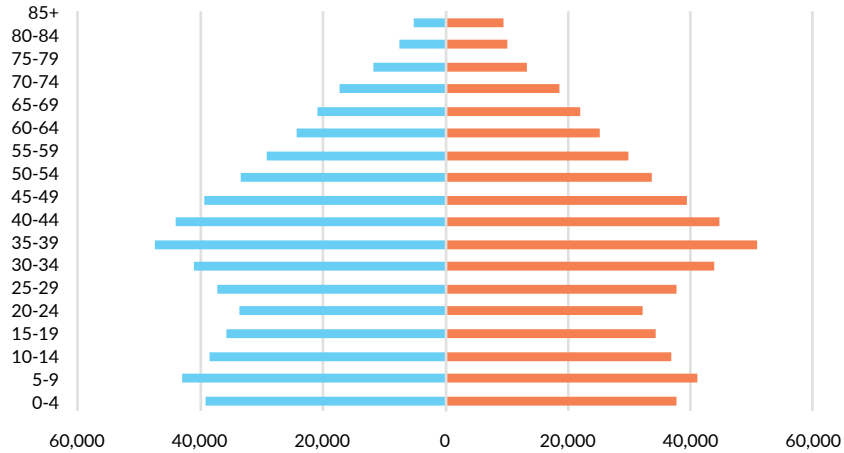
Source: Department of Health

**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated

### Figure 7.3a

#### Population Distribution by Age Group for Area A, 2018



Source: Department of Health

Male Female

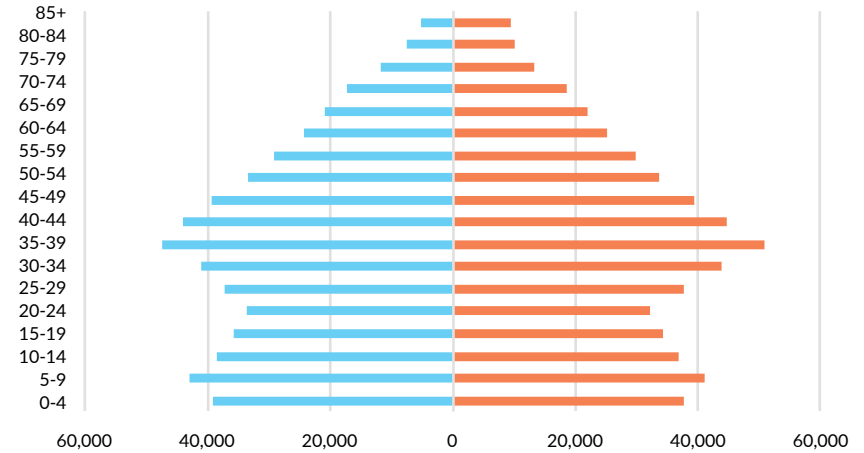
**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated



### Figure 7.3b

#### Population Distribution by Age Group for Area B, 2018



Source: Department of Health

Male Female

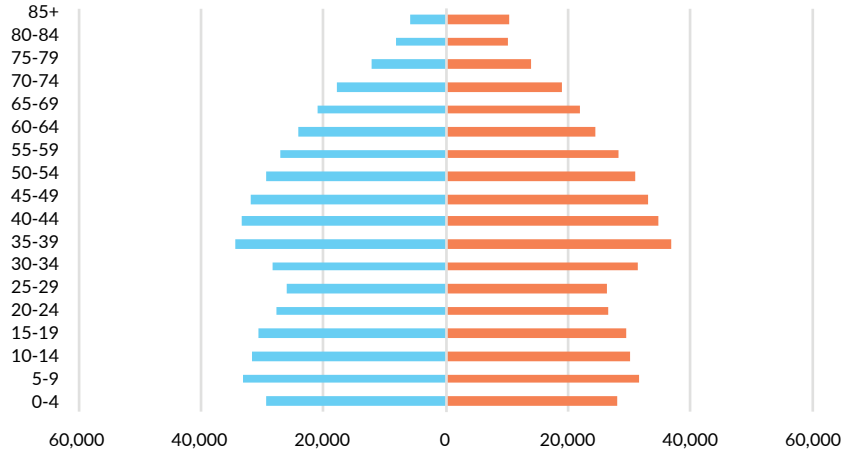
**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated



### Figure 7.3c

#### Population Distribution by Age Group for Area C, 2018



Source: Department of Health

■ Male ■ Female

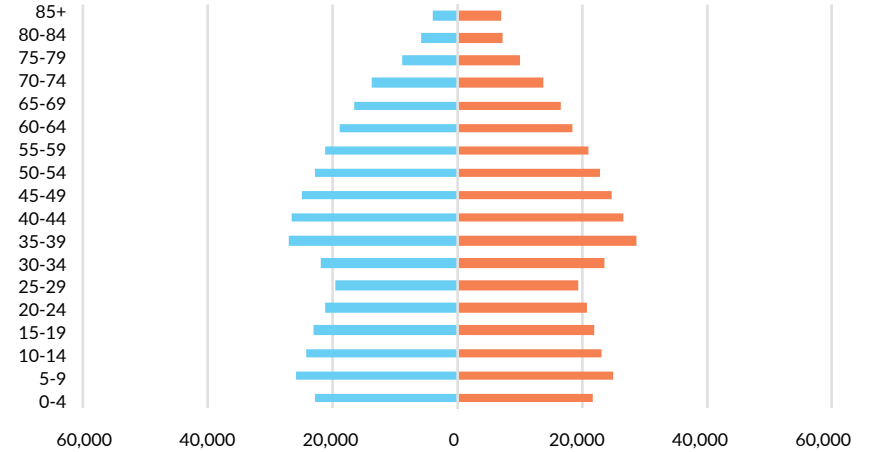
**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated



### Figure 7.3d

#### Population Distribution by Age Group for Area D, 2018



Source: Department of Health

■ Male ■ Female

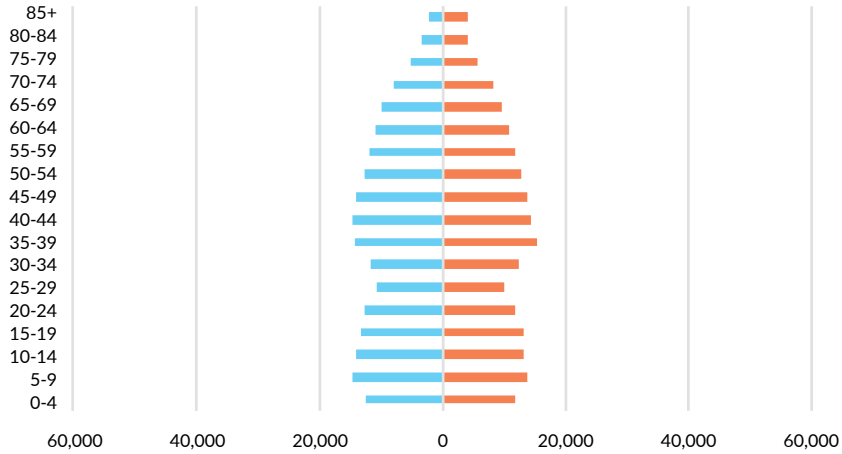
**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated



**Figure 7.3e**

**Population Distribution by Age Group for Area E, 2018**



Source: Department of Health

Male Female

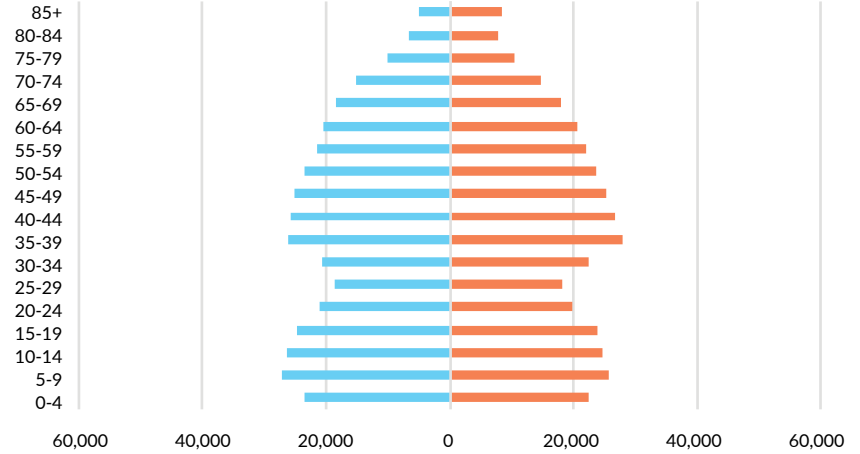
**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated



**Figure 7.3f**

**Population Distribution by Age Group for Area F, 2018**



Source: Department of Health

Male Female

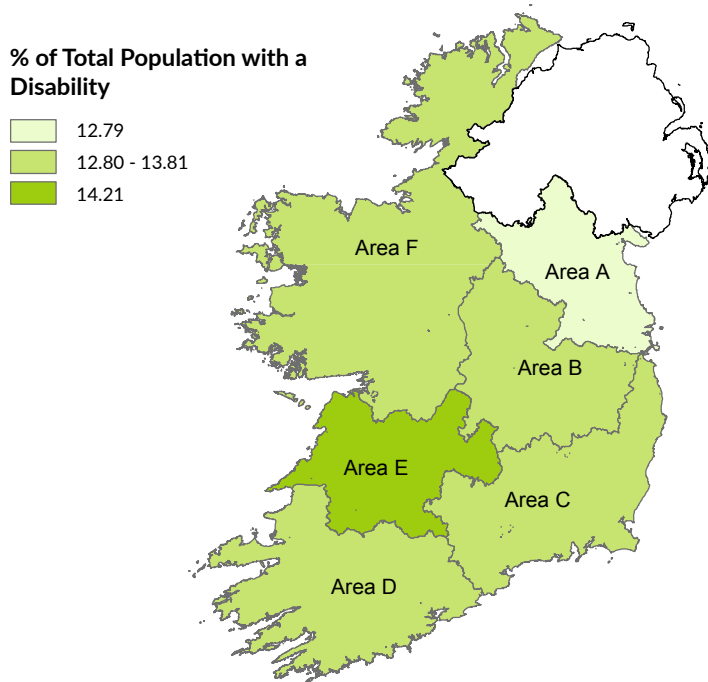
**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated



### Figure 7.4

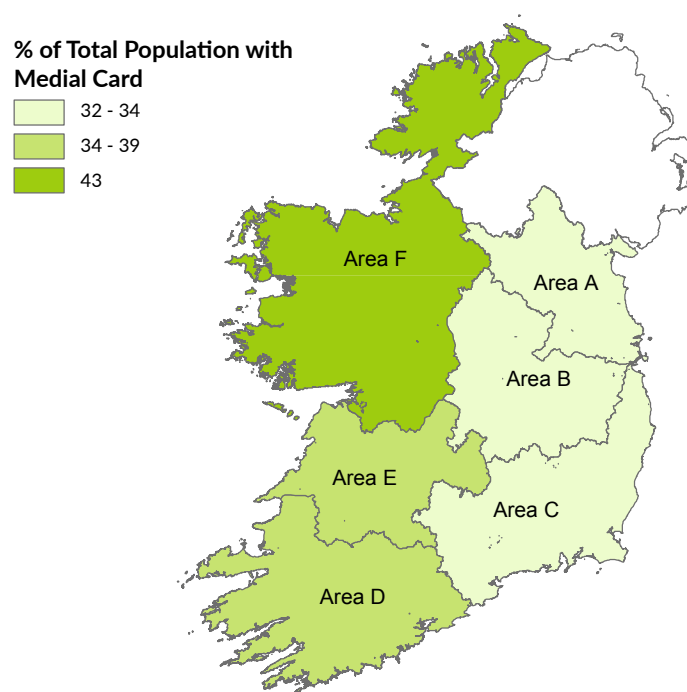
Percentage of Population with a Disability by RHA, 2016



Source: HSE Health Intelligence Unit

### Figure 7.5

Percentage of Population with a Medical Card by RHA, 2018



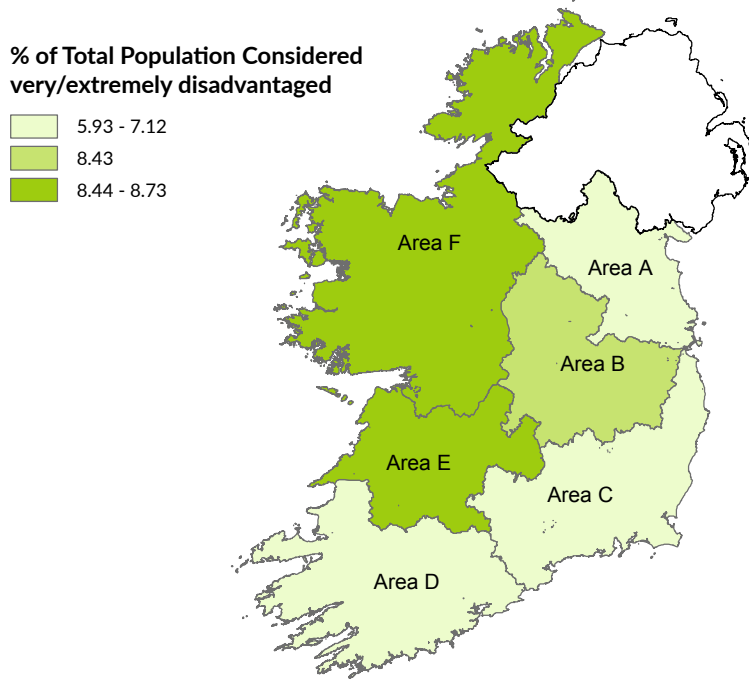
Source: Department of Health

**Notes:**

- (i) Data from 2018 is provisional
- (ii) Population per RHA is estimated

### Figure 7.6

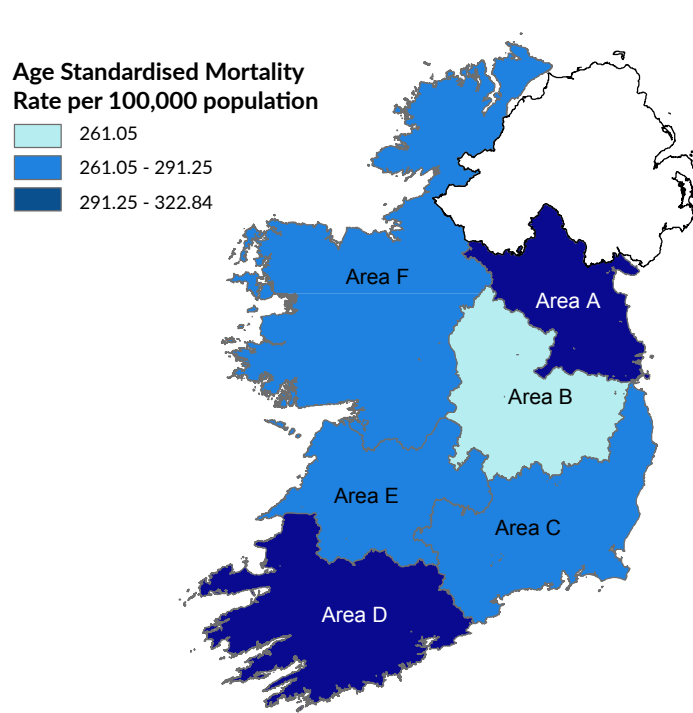
Percentage of Population considered very/extremely disadvantaged by RHA, 2016



Source: HSE Health Intelligence Unit

### Figure 7.7a

Age-Standardised Mortality Rate from Circulatory Diseases by RHA, 2017



Source: Department of Health

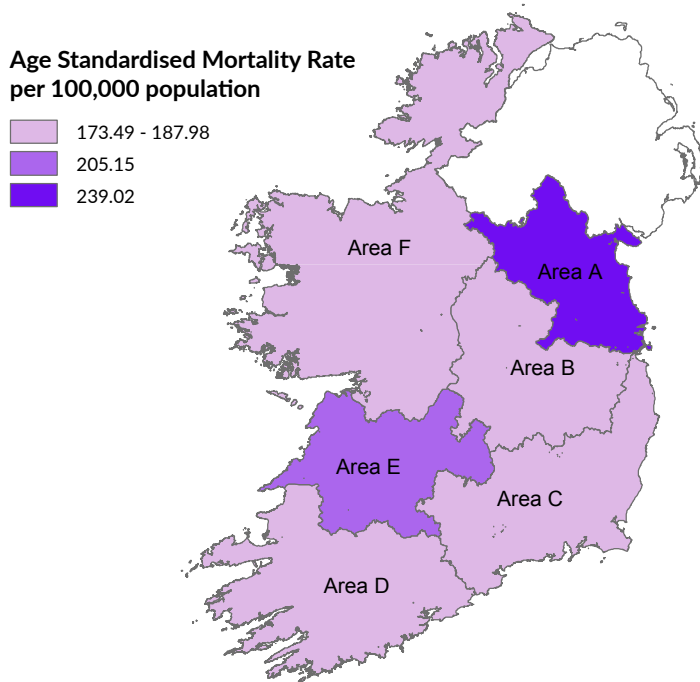
**Notes:**

1. Figures above are estimated.
2. The rates above are age-standardised to the European standard population and are presented as rates per 100,000 population.



## Figure 7.7b

### Age-standardised Mortality Rate from Respiratory Diseases by RHA , 2017



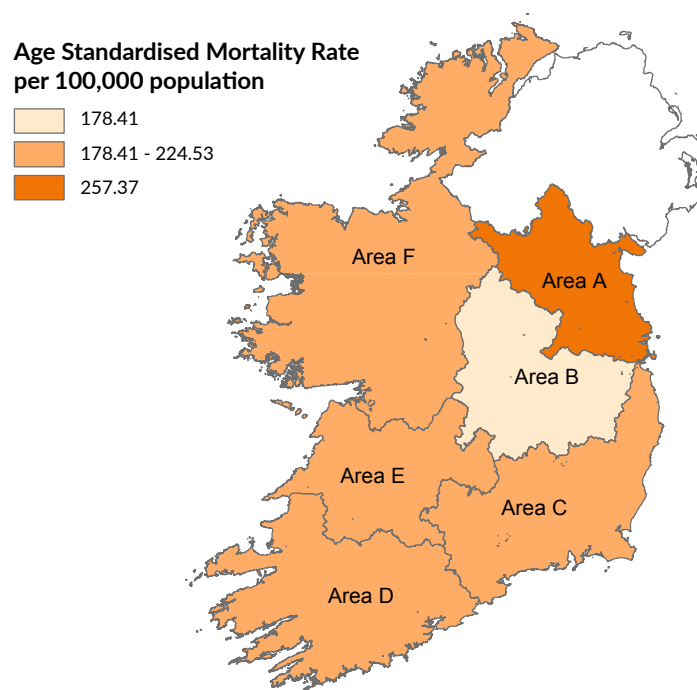
Source: Department of Health

Notes:

1. Figures above are estimated.
2. The rates above are age-standardised to the European standard population and are presented as rates per 100,000 population.
3. Including cancer of the trachea, bronchus and lung

## Figure 7.7c

### Age-Standardised Mortality Rate from Cancers by RHA, 2017



Source: Department of Health

Notes:

1. Figures above are estimated.
2. The rates above are age-standardised to the European standard population and are presented as rates per 100,000 population.
3. Excluding cancer of the trachea , bronchus and lung

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