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Government of Ireland

Health in Ireland

Key Trends 2022

Prepared by the
Department of Health,
[gov.ie/health](https://www.gov.ie/health)



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Introduction

The 2022 edition of Health in Ireland: Key Trends provides summary statistics on health and health care over the past ten years.

Health in Ireland: Key Trends 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 to assess progress. The publication is divided into seven chapters covering topics from population growth, life expectancy and health status and introduces the Health System Performance Assessment (HSPA), an essential tool for monitoring health outcomes, outputs, processes and structures in the health system.

This volume of Key Trends provides valuable insight into; overarching trends from the past decade, the impact that Covid-19 is having on the health system and an opportunity to highlight the upcoming release of the HSPA, and the extent of key performance indicators and metrics covered.

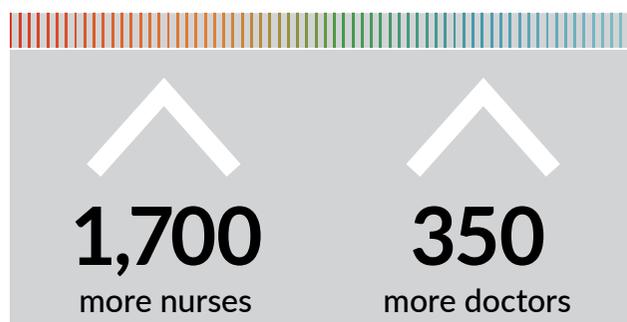
Hospital activity was extensively affected by the pandemic, with total discharges (inpatient and day case) falling over 14% in 2020 from 2019. However, there was an 8.2% increase from 2020 to 2021. Hospital activity has yet to reach levels experienced

prior to the Covid-19 pandemic. ED attendances increased by over 13% from 2020-2021. The effects on hospital waiting lists are significant. In August 2022, there were over 71,000 adults on a waiting list and almost 18% of those were waiting more than 12 months.

The response to the pandemic continues to be very evident in staff figures which have continued to grow from 2019-2021. There were just under 1,700 more nurses, and over 350 more doctors, working in the HSE by the end of 2021, compared to the end of 2020. The increase in healthcare workers contributed to an expenditure increase of over €1.6bn between 2020 and 2021.

This volume of Key Trends is the second in a series that will chart post-pandemic impacts on the health service and demographics. Despite overall positive long-term trends, there are some shorter-term negative trends emerging from the aftermath of the pandemic. For example, the ultimate indicator for any health service is life expectancy. Recent Eurostat data for 2021 (for available countries) shows life expectancy has further dropped in 2021, most likely as a result of the Covid-19 pandemic.

GROWTH IN HSE STAFF NUMBERS FROM 2020 TO 2021





Even if the focus is naturally on the pandemic, 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. 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. Equally, Ireland's changing demographics will remain the singular challenge we face when planning our health service into the future. It has been evident in previous publications, but it bears repeating that the largest proportional increases in the population in Ireland will continue to be in the category of those aged 85 years and older. The number of people aged 65 and over will grow from one-fifth to over one-third of the working population over the next two decades which will have implications on how we fund our health services. It is good that people are living longer, but we need to ensure that more of these years, particularly in later life, are spent in good health.

Successful implementation of the Sláintecare vision will require robust knowledge and information drawing on good quality, timely and relevant data sources. The Sláintecare Implementation Strategy & Action Plan 2021–2023 recognises the importance of demonstrating the benefits of the Sláintecare Reform, through initiatives such as the Health System Performance Assessment (HSPA).

Key Trends, in conjunction with the upcoming HSPA, is a resource that supports Sláintecare's ongoing programme of monitoring, through the establishment of a clear evidence base to measure and assess progress. This allows the impact of the reform programme on the performance of the health system during the course of the 10-year implementation period to be assessed. It also informs and enables decision-making and planning based on the best possible evidence at all levels.

CURRENT LIFE EXPECTANCY

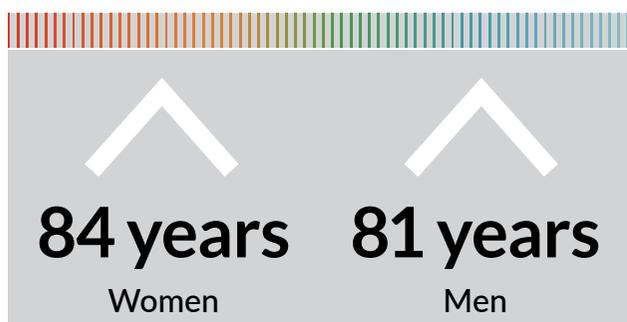


Table 1.6

Chapter 1

Population and Life Expectancy



Chapter 1 Population and Life Expectancy

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

Based on the results of the 2016 Census, population estimates and projections have been updated in this year's publication with the latest information. The population in 2022 has grown by an estimated 7.6% since the 2016 Census. Since 2013, the population has increased by 10.5% to a figure of 5.1 million. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups (Table 1.2). The population aged 65 and over has increased by 35% since 2013, which is considerably higher than the EU average increase of 17.3% (Figure 1.1).

The latest population projections released by the Central Statistics Office indicate that this population growth is set to continue for at least the next two decades (Table 1.4). Assuming moderate changes in migration and fertility rates, the total population is projected to reach 5.77 million by 2042.

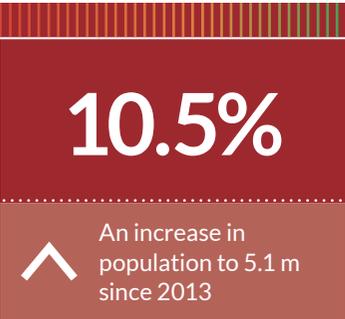
The total fertility rate has continued to decrease and is now at its lowest in the last decade, Ireland has the 6th highest fertility rate in the EU behind France,

Romania, Czechia, Denmark and Sweden (Figure 1.3). Since 2012 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 81 years for men (Table 1.6). Life expectancy for women is higher than for men, as in most countries (Figure 1.5). However, this gap has narrowed in the past decade, and male life expectancy in 2020 was 3.6 years below female life expectancy compared to 5.2 years in 2000 (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 1.7).

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.

GROWTH IN POPULATION



10.5%

An increase in population to 5.1 m since 2013

Table 1.1
Population Estimates ('000s) for Regional Authority Areas by Age Group, 2022

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
Male	209.5	155.1	237.7	710.1	370.5	247.7	223.3	363.7	2517.5
Female	211.4	155.8	242.6	740.9	382.4	250.1	228.6	370.9	2582.7
Total	420.9	310.9	480.3	1,451.0	753.0	497.8	451.9	734.6	5,100.2
Age Groups:									
0-14	84.1	68.9	93.4	264.8	160.9	95.4	90.1	143.4	1000.9
15-24	55.7	39.9	60.9	183.8	98.4	63.2	60.1	89.5	651.3
25-34	44.9	33.3	52.8	218.5	81.8	54.2	47.8	84.6	617.9
35-44	58.5	46	69.2	249.1	116.7	69.9	62.6	110.1	782.2
45-54	56.8	42.8	65.7	192.4	111.4	69.5	62.9	102.4	703.9
55-64	49.7	35.4	56.8	147.6	84.4	60.1	54.4	86.6	575
65-74	39.9	26.4	45.5	107.7	58.5	47.9	41.6	66.4	434.1
75-84	22.8	13.9	25.9	62.6	31	27.5	24.1	38.1	245.9
85+	8.3	4.2	10.2	24.4	9.9	10.1	8.3	13.5	88.9
2016	394.3	292.3	453.1	1347.4	688.9	473.3	422.1	690.6	4761.9
% change 2016-2022	6.7	6.4	6.0	7.7	9.3	5.2	7.1	6.4	7.1

Source: Central Statistics Office.

Notes:

- (i) Data for 2022 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, 2013 to 2022

Age Group	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	% change 2013-2022	% change 2021-2022
0-14	993.9	997.6	1,001.6	1,005.6	1,007.0	1,008.8	1,008.9	1,003.6	995.6	1000.9	0.7	0.5
15-64	3,051.5	3,058.5	3,075.9	3,104.3	3,135.5	3,174.9	3,216.2	3,253.6	3,273.7	3330.3	9.1	1.7
65 and over	569.2	589.5	610.3	629.9	649.9	673.5	696.3	720.1	742.3	768.9	35.1	3.6
All Ages	4,614.7	4,645.4	4,687.8	4,739.6	4,792.5	4,857.0	4,921.5	4,977.4	5,011.5	5,100.2	10.52	1.77

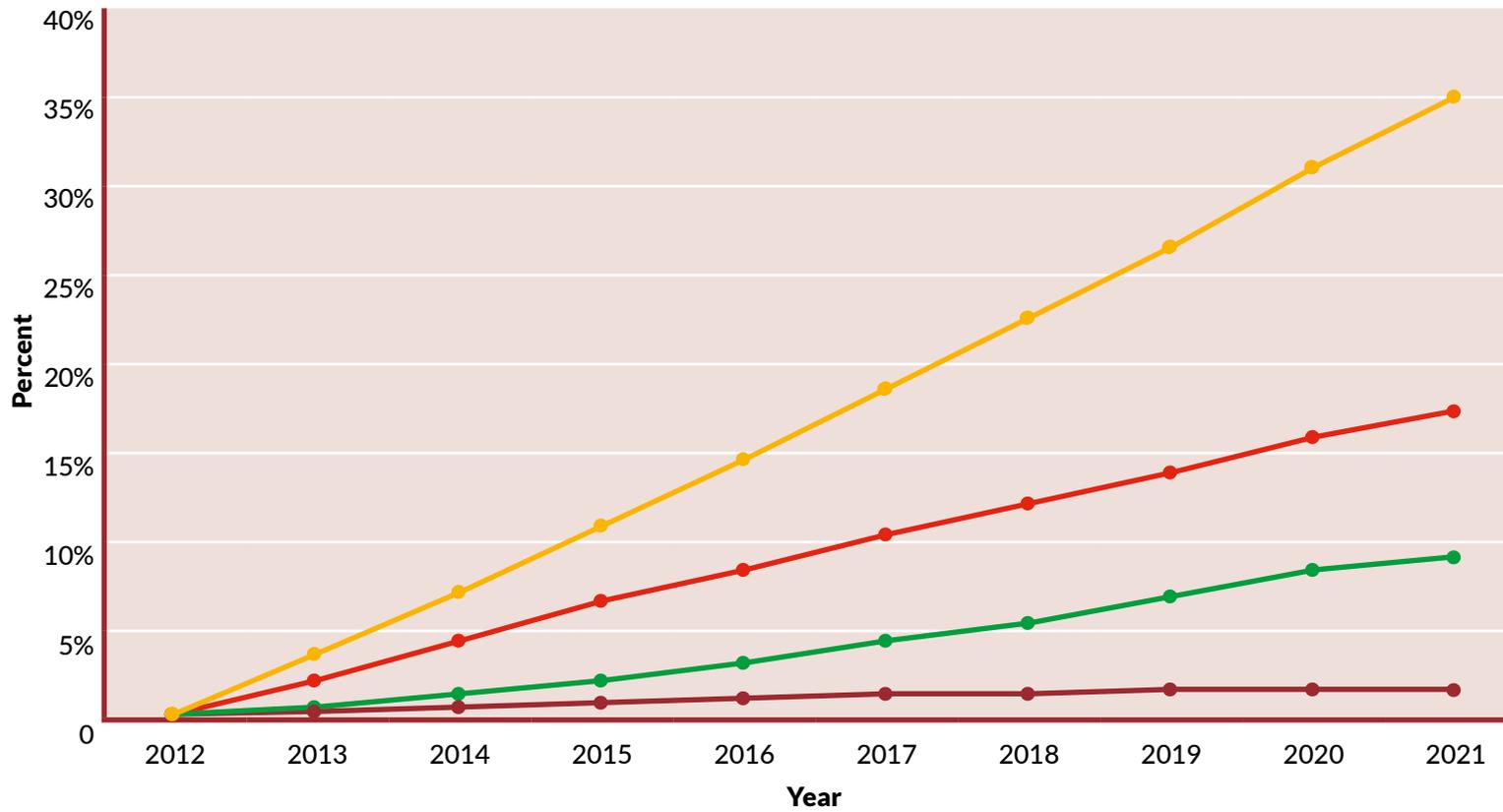
Source: Central Statistics Office.

Notes:

- (i) Data for 2017, 2018, 2019, 2020, 2021 and 2022 are estimates, preliminary and subject to revision after Census 2022.
- (ii) Age groups may not sum to total due to rounding.

Figure 1.1

Cumulative Percentage Increase in Population, All Ages and 65+ for Ireland and EU-27, 2012 to 2021



Source: Eurostat.

Note:

(i) Data for 2017–2021 are provisional.

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

Table 1.3
Live Births, Birth Rate and Total Fertility Rate, Ireland and EU-27, 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% Change 2012-2021	% Change 2020-2021	
Number of live births	71,674	68,954	67,295	65,536	63,841	62,053	61,016	59,796	55,959	58,443	-18.5	4.4	
Birth rate (per 1,000 population)	15.6	15.0	14.6	14.0	13.5	12.9	12.6	12.1	11.2	11.7	-25.0	4.5	
Total fertility rate	Ireland	1.98	1.93	1.9	1.86	1.81	1.8	1.75	1.7	1.6	1.7	-14.1	6.2
	EU-27	1.59	1.55	1.58	1.57	1.6	1.59	1.56	1.53	1.50	-5.7	-2.0	

Source: Central Statistics Office, Eurostat.

Notes:

- (i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
- (ii) % change for EU-27 total fertility rate relates to 2012-2019 and 2019-2020.
- (iii) There is a break in TFR data for EU-27 between 2010-2012 and 2014-2015.
- (iv) Data for 2021 based on Department of Health calculations.

Figure 1.2
Total Fertility Rate by County, Ireland, 2021

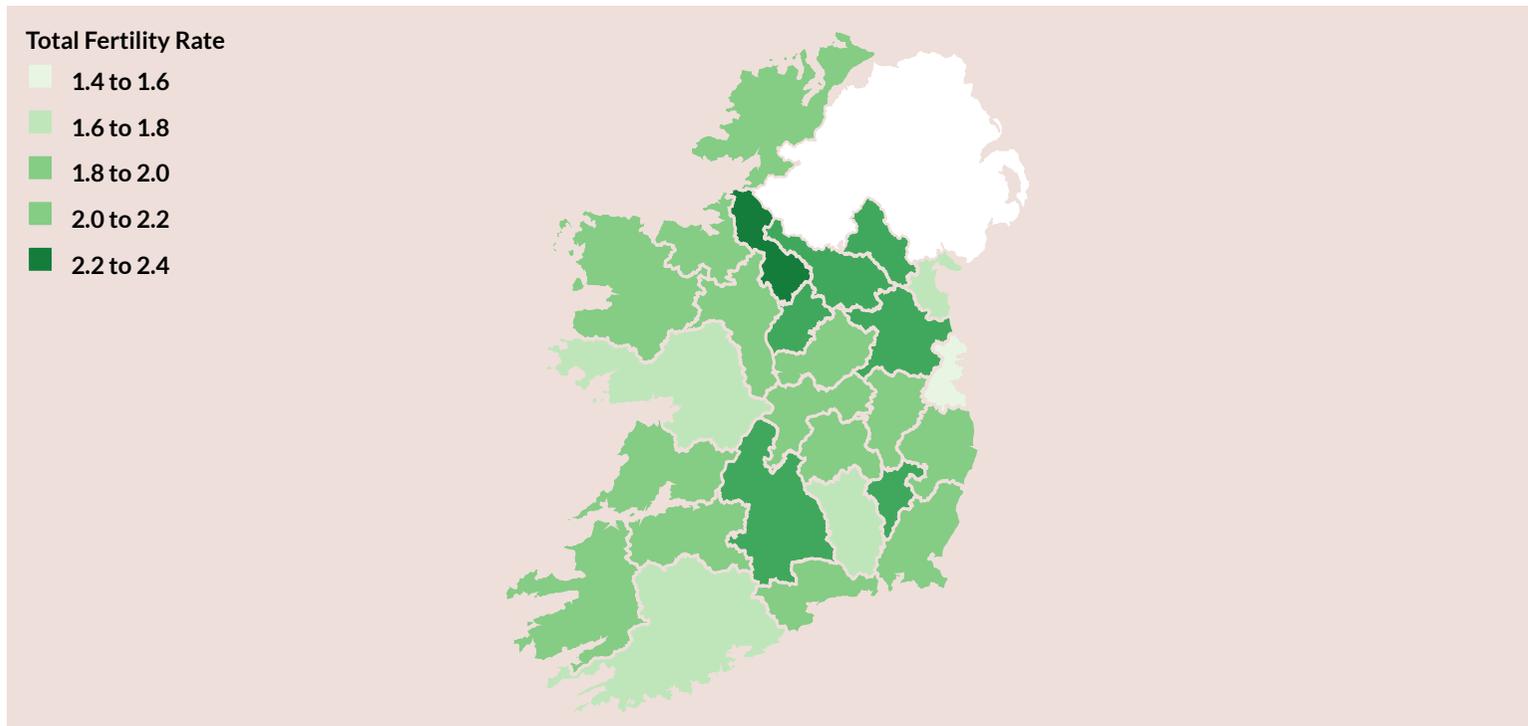
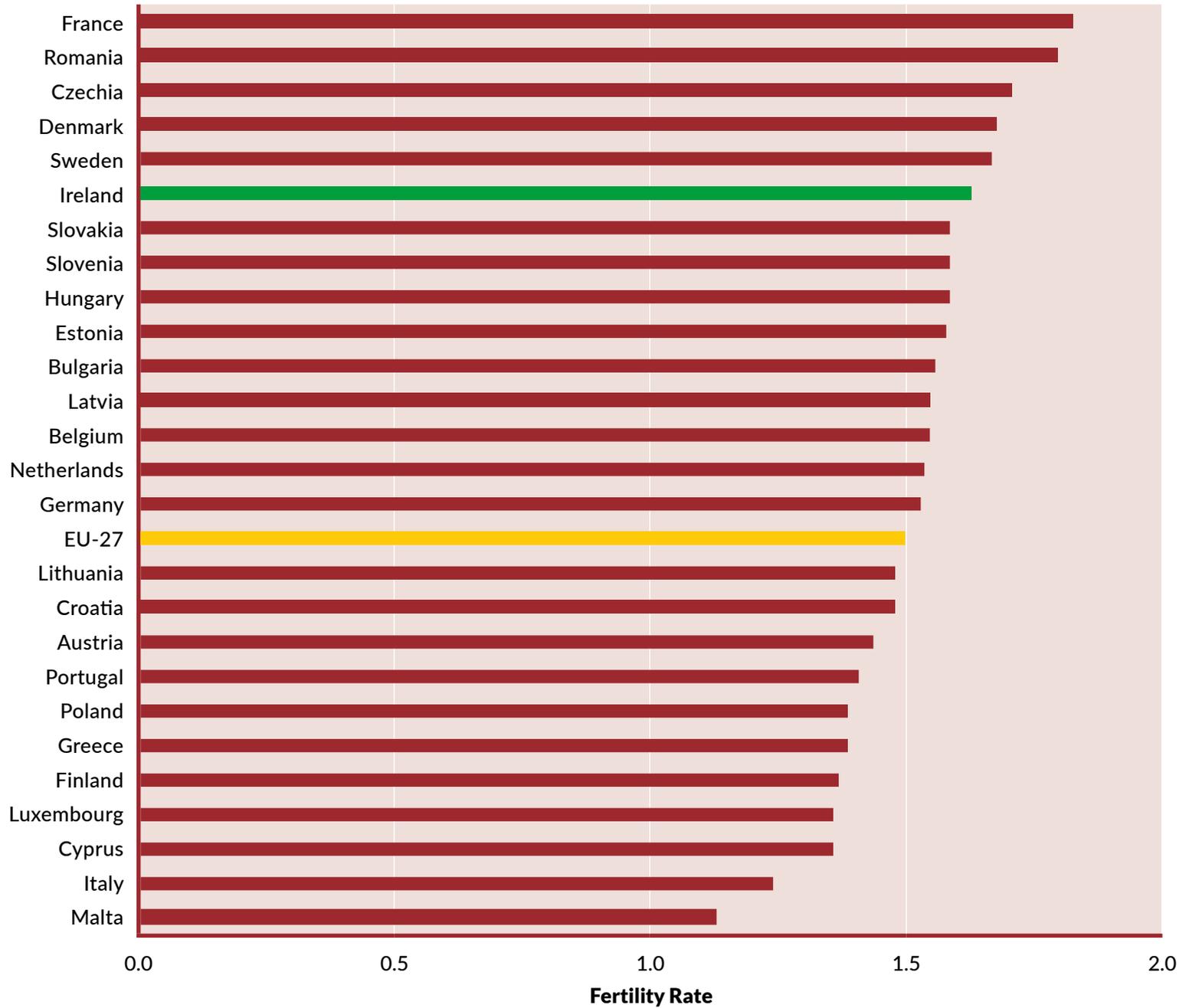


Figure 1.3
Total Fertility Rates in Europe, 2020



Source: Eurostat

Table 1.4
Population 2022 and Projected Population to 2042 ('000s) by Age Group, Ireland

Age Group	2022(e)	2027	2032	2037	2042	% Change 2022-2042
0-14	1001.0	921.1	869.6	853.5	874.9	-12.6
15-64	3330.4	3432.1	3535.2	3587.3	3590.7	7.8
65-84	680.0	786.2	884.2	983.7	1088.2	60.0
85 and over	88.9	106.1	141.2	182.2	222.1	149.8
Total	5100.2	5245.5	5430.2	5606.7	5775.9	13.3

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 2022 figures.

Table 1.5
Dependency Ratio Ireland, 2022 and Projected to 2042

Age Group	2022(e)	2027	2032	2037	2042	% change 2022-2042
0-14	30.10	26.8	24.6	23.8	24.4	-18.9
65 and over	23.10	26.0	29.0	32.5	36.5	58.0
All ages	53.2	52.8	53.6	56.3	60.9	14.5

Source: Central Statistics Office.

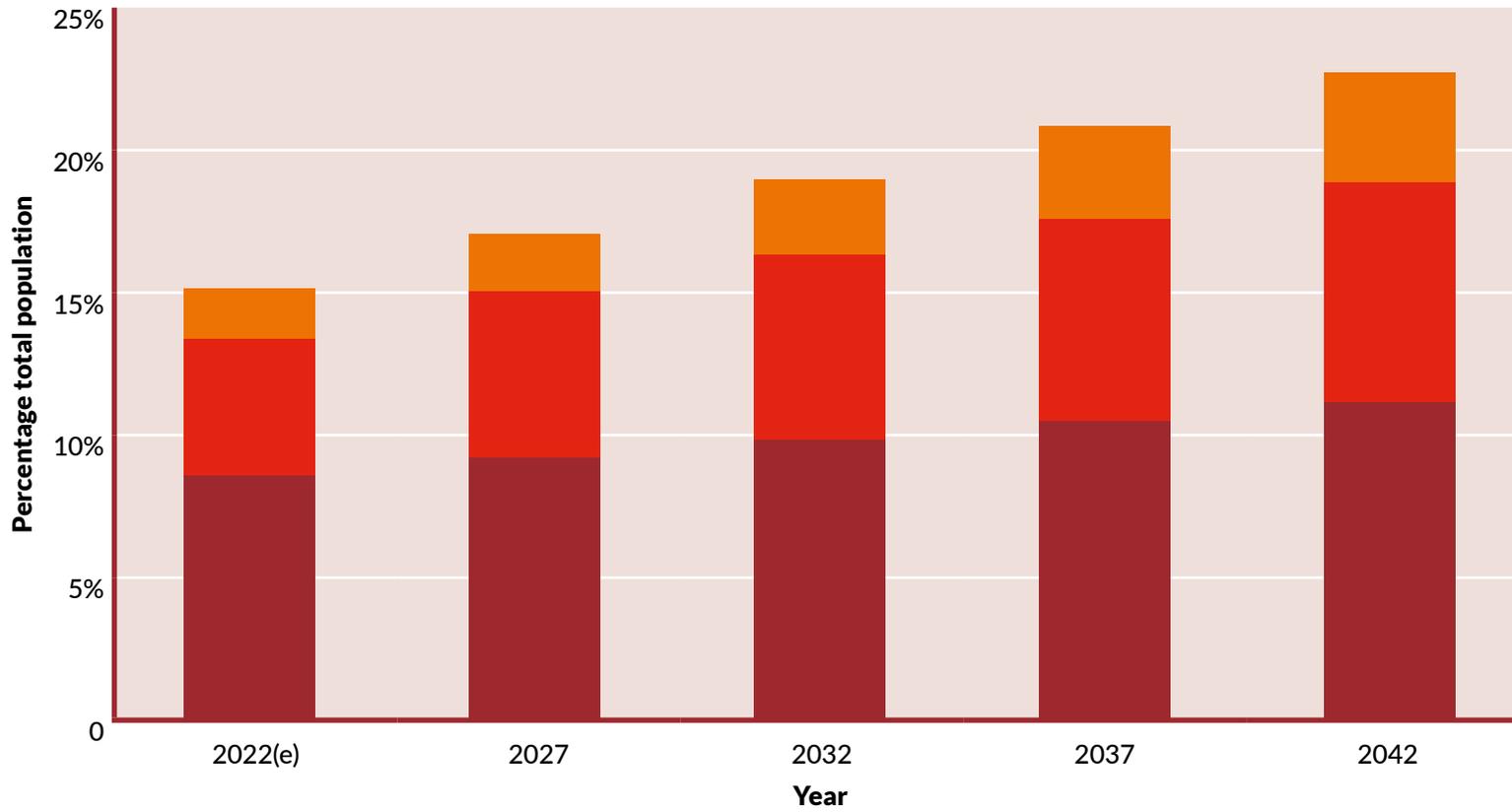
(p) = Projection (e) = estimated

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.

Figure 1.4

Older Age Groups: Population 2022 and Projected Population 2027–2042



Source: Central Statistics Office.

Note:

(i) See notes under Table 1.4.

- 65-74
- 75-85
- 85+

Table 1.6
Life Expectancy, Ireland, by Age and Gender, 2000, 2010 and 2020

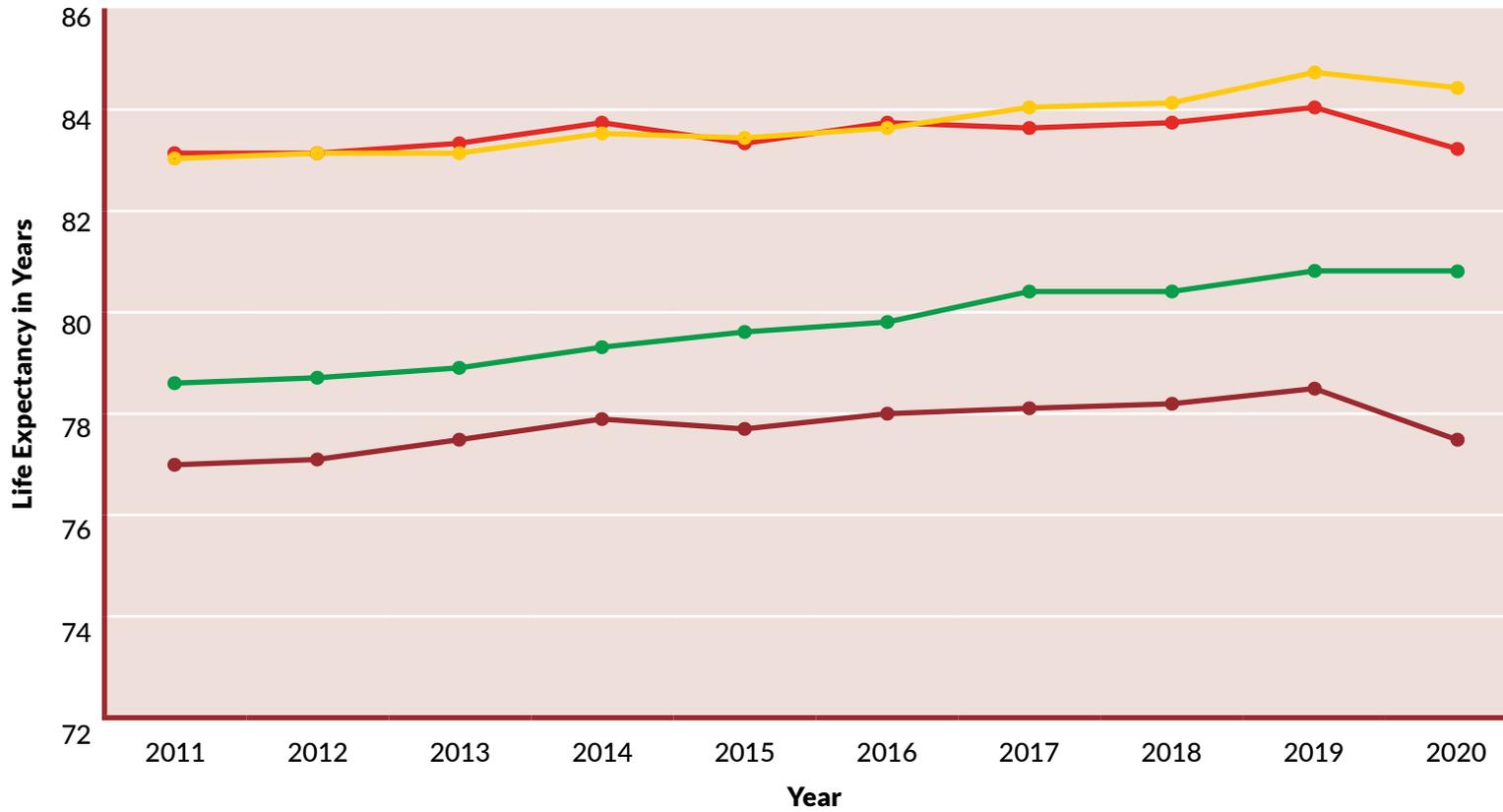
	Life expectancy at age	2000	2010	2020(e)	% Change 2000-2020
Male	0	74.0	78.5	80.8	9.2
	1	73.5	77.8	80.1	9.0
	40	36.1	39.9	41.9	16.1
	65	14.6	17.7	19.4	32.9
	75	8.5	10.6	12.0	41.2
Female	0	79.2	83.1	84.4	6.6
	1	78.6	82.3	83.7	6.5
	40	40.4	43.8	45.1	11.6
	65	18.0	20.8	21.9	21.7
	75	10.7	13.0	13.9	29.9

Source: Eurostat.

Note:

(i) Data for 2020 is estimated (e).

Figure 1.5
Life Expectancy at Birth by Gender, Ireland and EU-27, 2011 to 2020



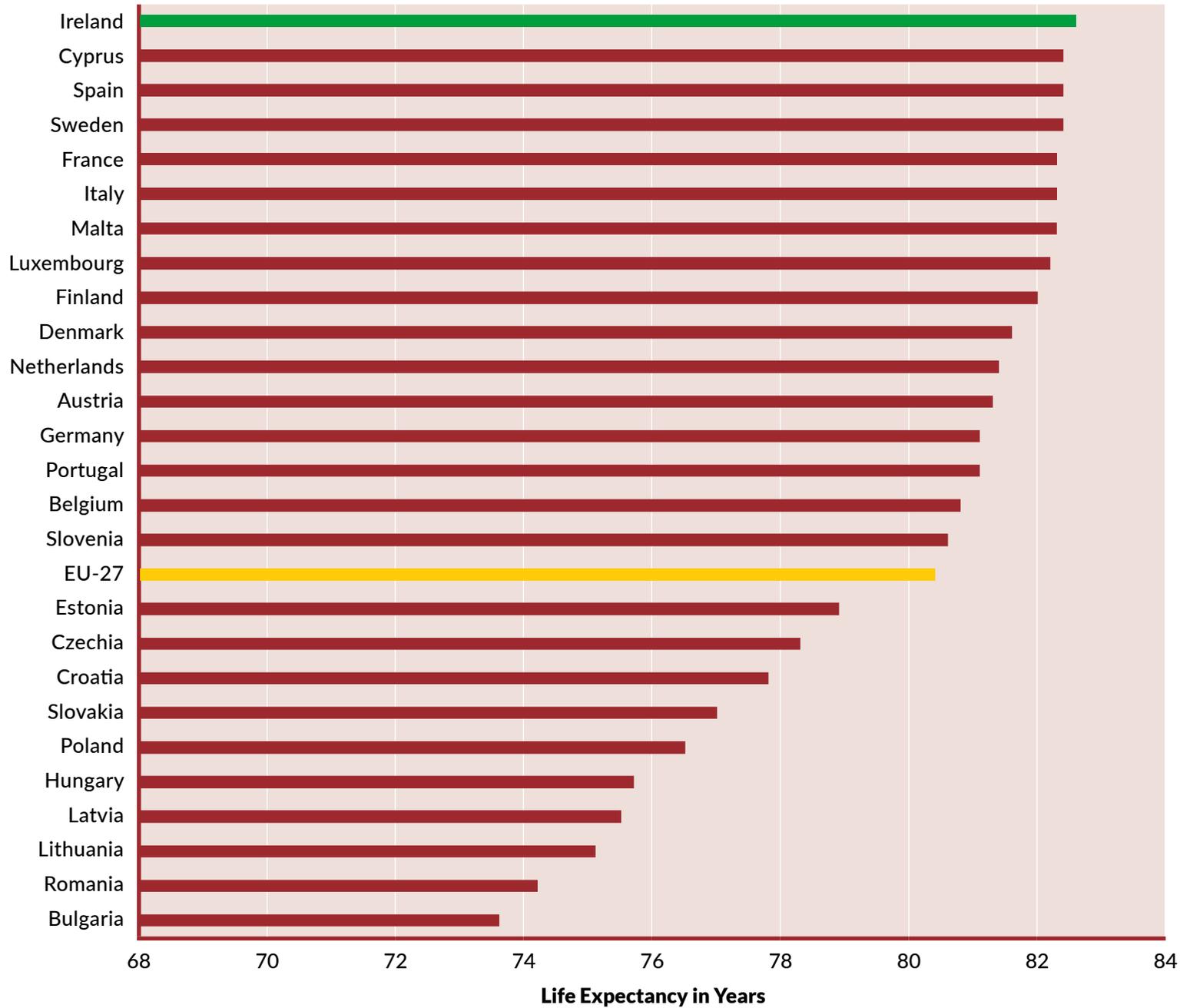
Source: Eurostat.

Notes:

- (i) Data for EU-27 in 2018, 2019 and 2020 are estimated and provisional.
- (ii) Data for Ireland in 2018, 2019 and 2020 are estimated.
- (iii) There is a break in data for EU-27 for 2010-2012 and 2019.

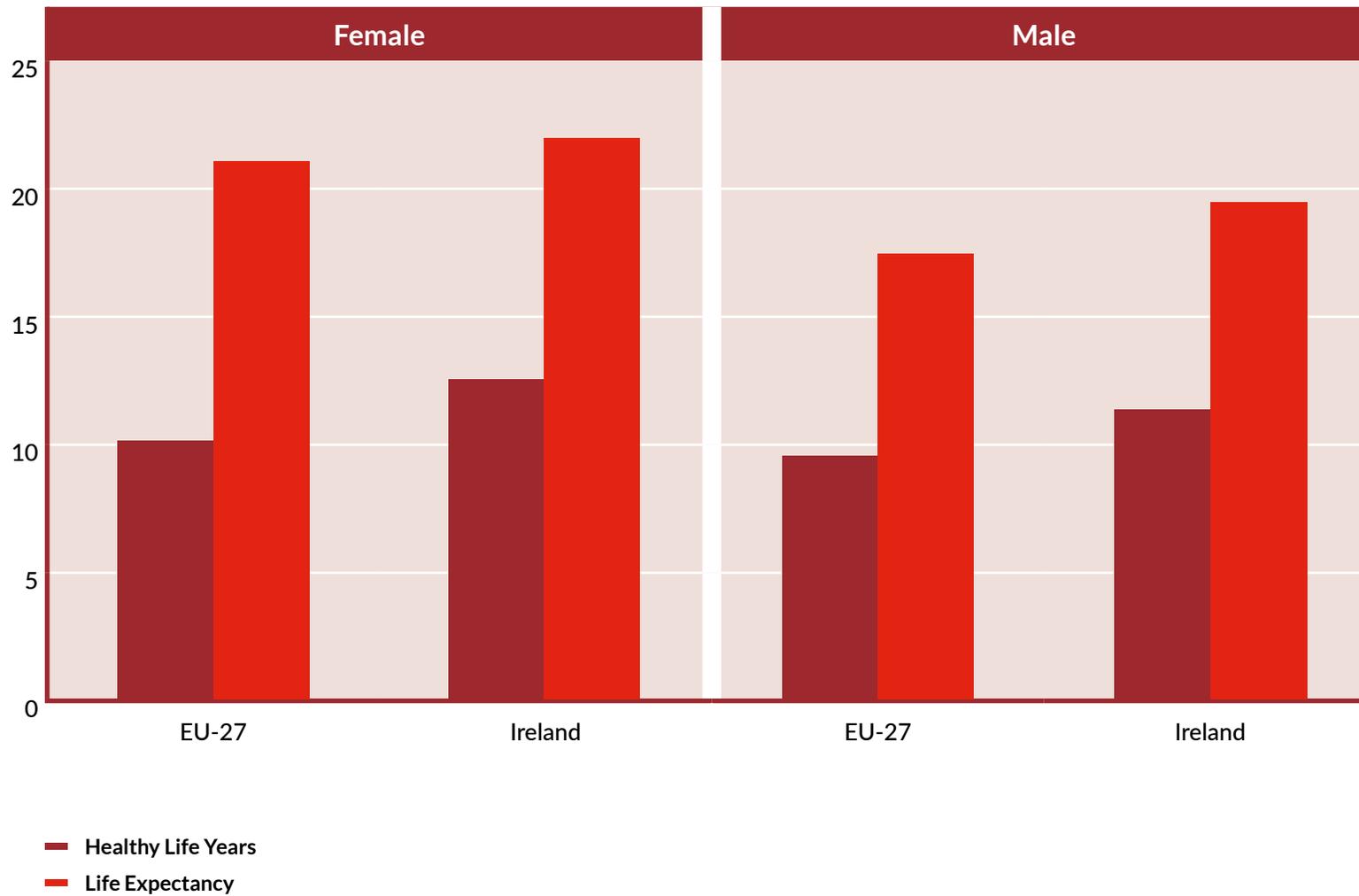
Figure 1.6

Life Expectancy at Birth for EU-27 Countries, 2020



Source: Eurostat

Figure 1.7
Healthy Life Years and Life Expectancy at Age 65 by Gender, Ireland and EU-27, 2020



Chapter 2

Health of the Population



Population health at the national level presents a picture of decreasing mortality rates and high self-perceived health over the past ten years.

Ireland has the highest self-perceived health status in the EU, with 82.1% of people rating their health as good or very good (Figure 2.2). The number of people reporting a chronic illness or health problem is also better than the EU average, at around 29% of the population (Table 2.2). However, as shown in Figure 2.1, health status reflects income inequality, with fewer low-income earners reporting good health both in Ireland and across the EU.

Table 2.4 shows that age-standardised mortality rates have declined for all causes over the past decade by 15.8%. This decrease is particularly strong for mortality rates from suicide (-32.6%), Transport accidents (-54.7%), pneumonia (-59.1%) and stroke (-47.8%). Infant mortality, measured as deaths per 1,000 live births, has also decreased by 14.3% since 2011 and remains below the EU average (Figure 2.8). Provisional data for 2021 shows a slight decrease of 2.5% in the overall mortality rate over the previous year. Figure 2.6 shows that Ireland was below the EU average for suicide rates for both men and women up until 2017 (latest available data for the EU27). From 2017-2021 in Ireland, the suicide rate continues to decrease year on year in males and remains low in females with little variation over time.

However, improvements in mortality rates and high levels of self-rated health can mask variations between regions, age groups and other population subgroups. The variation in mortality from external injury and poisoning across counties can be seen in Figure 2.4, and the differing primary causes of deaths can be seen among over 65s and under 65s, shown in Figures 2.3a and 2.3b.

A death is considered treatable, or amenable, if it could have been avoided with optimal quality healthcare. For example, if a person under 50 years of age suffers from diabetes, then timely health care is very likely to successfully prevent this individual dying because of their diabetes. A death from diabetes among this group is therefore considered treatable. Figure 2.7a shows that Ireland performs better than the European average for treatable deaths.

Cigarette consumption has decreased since 2001, as shown in Figure 2.9. Alcohol consumption has also decreased over the same period, but not as dramatically. In 2021, Irish people consumed 9.5 litres of alcohol per capita, based on Revenue figures.

AGE-STANDARDISED MORTALITY RATES



15.8%

✓ Age-standardised mortality rates have declined for all causes

Table 2.1
Self-Perceived Health Status, Ireland and EU-27, 2021

Source: EU-SILC, Eurostat.

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	71.1	71.5	18.7	22.4	10.2	6.2
25-34	60.3	59	28.2	31.4	11.5	9.6
35-44	54.8	50.1	34.3	35.4	10.8	14.4
45-54	38.8	40.0	42.0	40.4	19.3	19.6
55-64	29.1	34.9	40.8	40.8	28.7	24.3
65+	21.7	22.6	43.0	43.0	34.0	34.4
Total	45.6	45.2	36.1	36.1	19.1	18.7
EU-27	24.3	21.1	47.2	45.5	28.5	33.4

Table 2.2
People with a Long-Standing Illness or Health Problem, Ireland and EU-27, 2021

Source: EU-SILC, Eurostat.

Age Group	Yes		No	
	% Male	% Female	% Male	% Female
16-24	15.4	11.7	84.6	88.3
25-34	21.9	18.8	78.1	81.2
35-44	17.9	23.8	82.1	76.2
45-64	34.3	32.6	65.7	67.5
65+	48.0	48.1	52.0	51.9
Ireland	28.6	28.7	71.4	71.3
EU-27	33	37.4	67	62.6

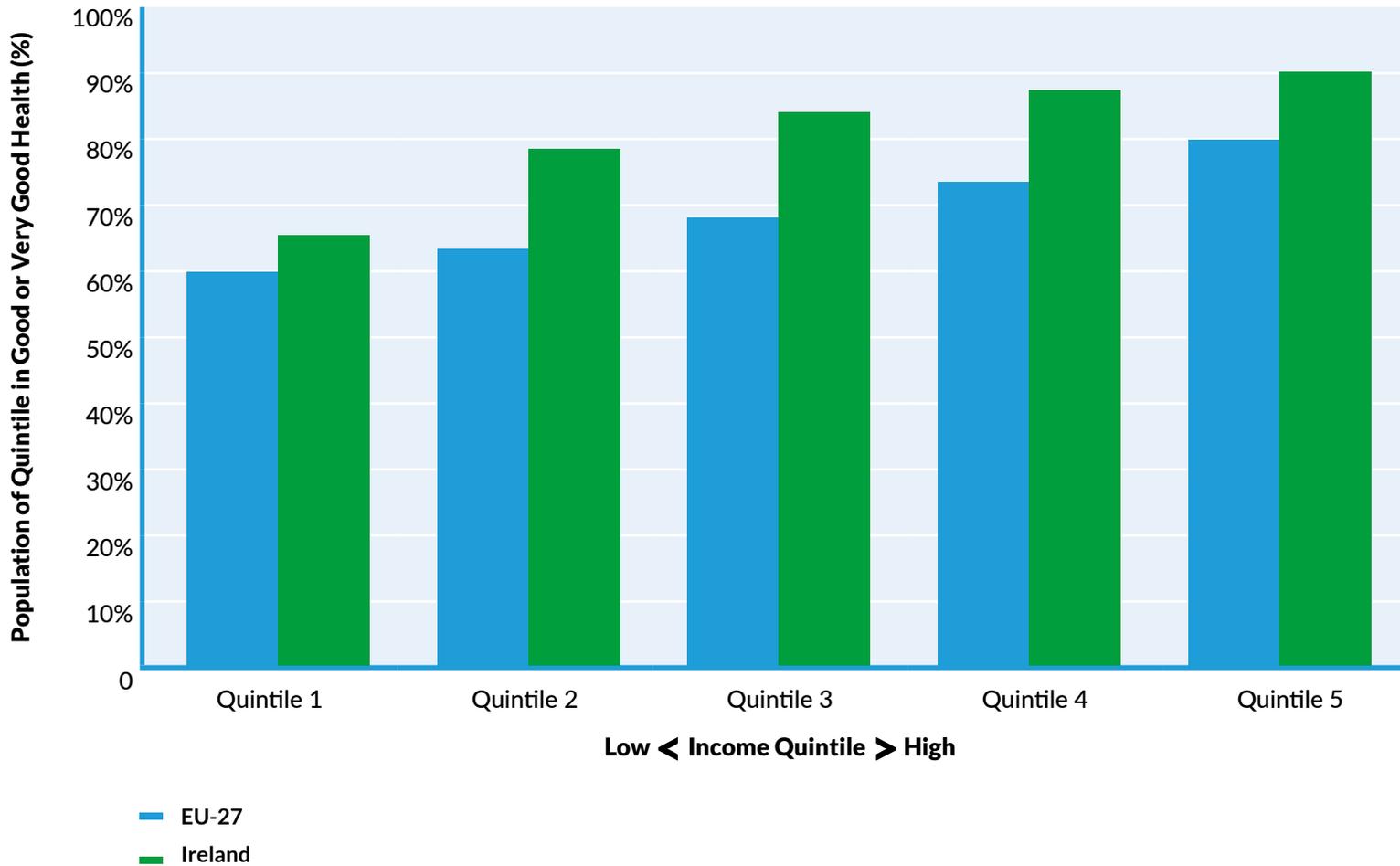
Table 2.3**Self-Perceived Long-Standing Limitations in Usual Activities Due to Health Problems, Ireland and EU-27, 2021**

Age Group	Some		Severe	
	% Male	% Female	% Male	% Female
16-44	8.0	8.7	2.8	2.7
45-64	15.0	15.6	6.9	5.9
65-74	22.3	25.2	7.7	6.6
75+	28.1	31.2	11.9	15.1
Total	13.2	14.5	5.3	5.2
EU-27	15.8	19.2	7.0	8.3

Source: EU-SILC, Eurostat.

Figure 2.1

Self-Perceived Health Rated Good or Very Good by Income Quintile, Ireland and EU-27, 2021



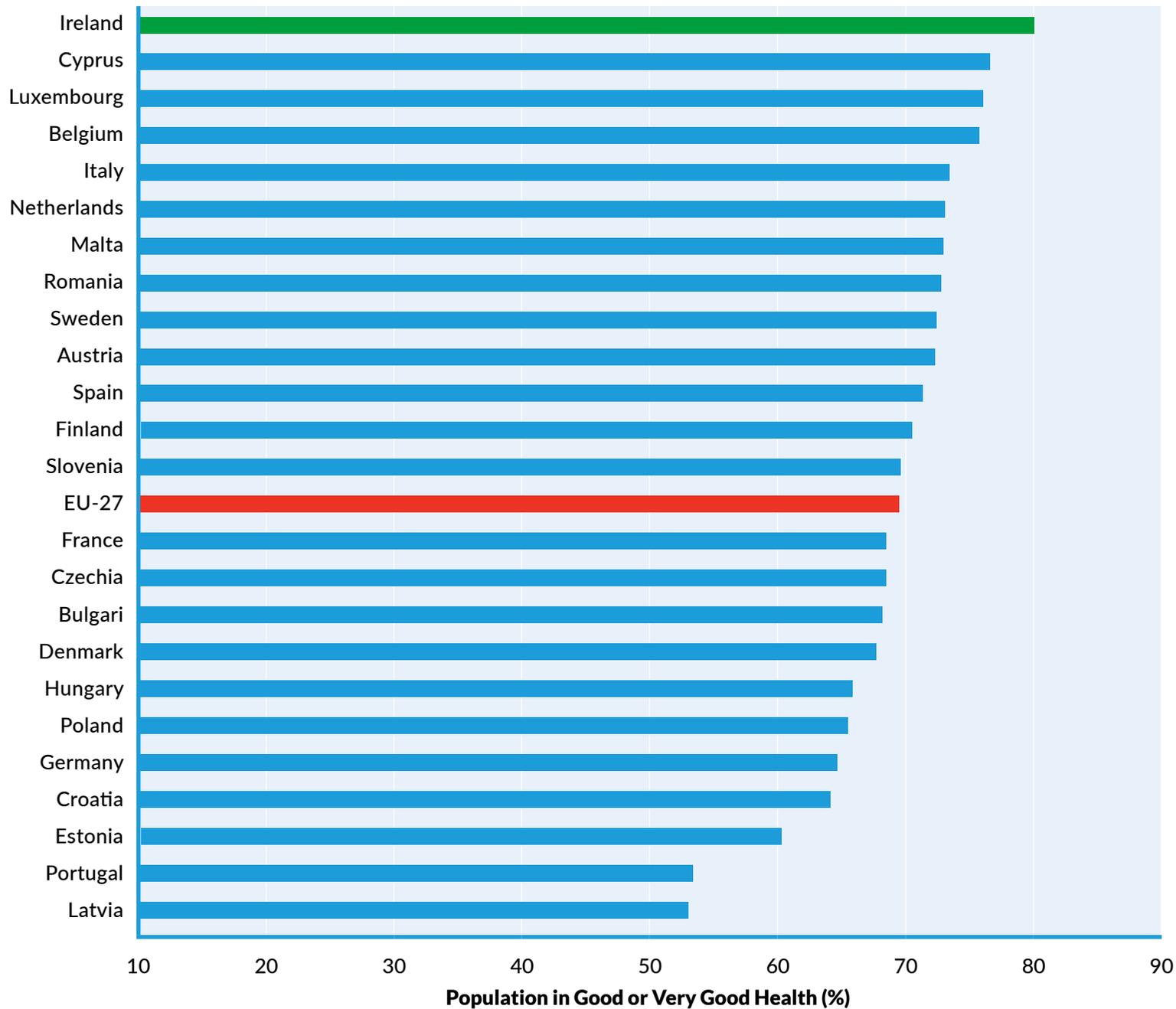
Source: EU-SILC, Eurostat.

Note:

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

Figure 2.2

Percentage of the Population Reporting Good or Very Good Health in EU-27 Countries, 2021



Source: EU-SILC, Eurostat.

Table 2.4
Principal Causes of Death: Numbers and Age-Standardised Death Rates per 100,000 Population, 2012-2021

		2012	2016	2020	2021(p)	% change 2012-2021	% change 2020-2021
All Causes	Number	29,186	30,667	32,856	33,055	13.3	0.6
	Rate	1048.5	994.3	905.5	882.5	-15.8	-2.5
Diseases of the circulatory system							
All Circulatory System Diseases:	Number	9,480	9,237	8,835	8,753	-7.7	-0.9
	Rate	360.5	313.6	250.1	238.4	-33.9	-4.7
Ischaemic Heart Disease:	Number	4,758	4,449	4,207	4,121	-13.4	-2.0
	Rate	178.2	148.0	117.7	111.2	-37.6	-5.5
Stroke:	Number	1,935	1,830	1,548	1,423	-26.5	-8.1
	Rate	75.2	63.2	44.2	39.2	-47.8	-11.1
Cancer							
All Malignant Neoplasms:	Number	8,571	9,171	9,648	9,436	10.1	-2.2
	Rate	290.1	279.7	258.7	245.8	-15.3	-5.0
Cancer of the Trachea, Bronchus and Lung:	Number	1,801	1,976	2,041	1,985	10.2	-2.7
	Rate	60.6	59.5	54.3	51.2	-15.5	-5.7
Cancer of the Female Breast:	Number	689	755	771	686	-0.4	-11.0
	Rate	40.2	40.7	37	32.1	-20.0	-13.1
Diseases of the Respiratory system*							
All Respiratory System Diseases:	Number	3,497	3,935	3,721	3,011	-13.9	-7.9
	Rate	137.6	135.8	93.4	83.0	-39.7	-11.1
Chronic Lower Respiratory Disease:	Number	1,587	1,712	1,541	1,443	-9.1	-6.4
	Rate	59.8	57.3	43.7	39.8	-33.6	-9.1
Pneumonia:	Number	1,086	1,086	759	677	-37.7	-10.8
	Rate	45.8	39.9	22	18.7	-59.1	-14.9
External causes of injury and poisoning							
All Deaths from External Causes:	Number	1,577	1,323	1,692	1,428	-9.4	-15.6
	Rate	40.9	33.0	38.7	32.4	-20.9	-16.4
Transport Accidents:	Number	162	145	114	82	-49.4	-28.2
	Rate	3.9	3.5	2.5	1.8	-54.7	-29.7
Suicide:	Number	541	437	465	399	-26.2	-14.2
	Rate	12.1	9.5	9.6	8.2	-32.6	-15.2

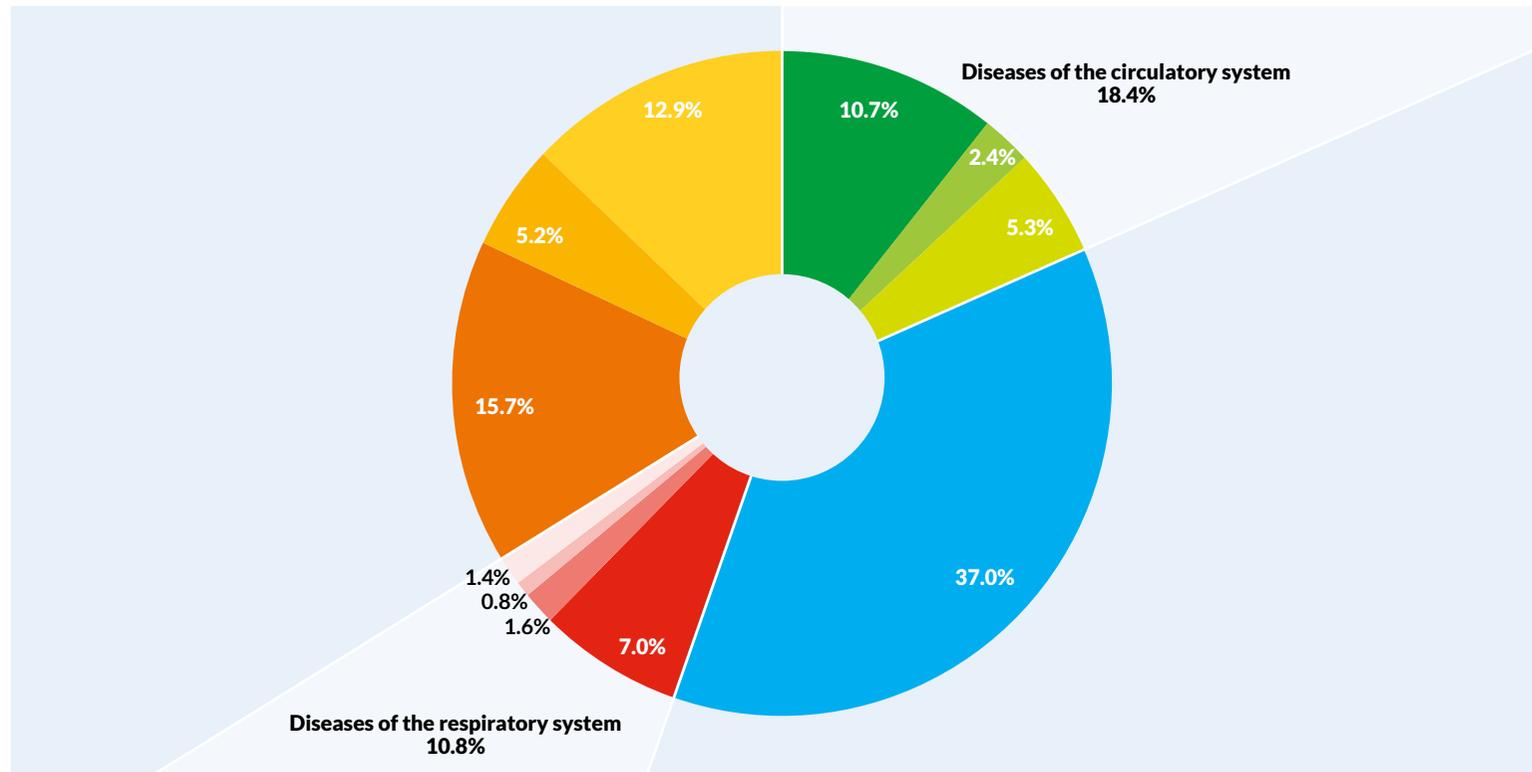
Source: Central Statistics Office, Public Health Information System (PHIS) - Department of Health.

Notes:

- (i) (p) The figures for 2021 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.
- (iii) *Excludes cancer of the trachea, bronchus and lung.

Figure 2.3A

Deaths by Principal Causes, Percentage Distribution, 2021, Ages 0-64



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

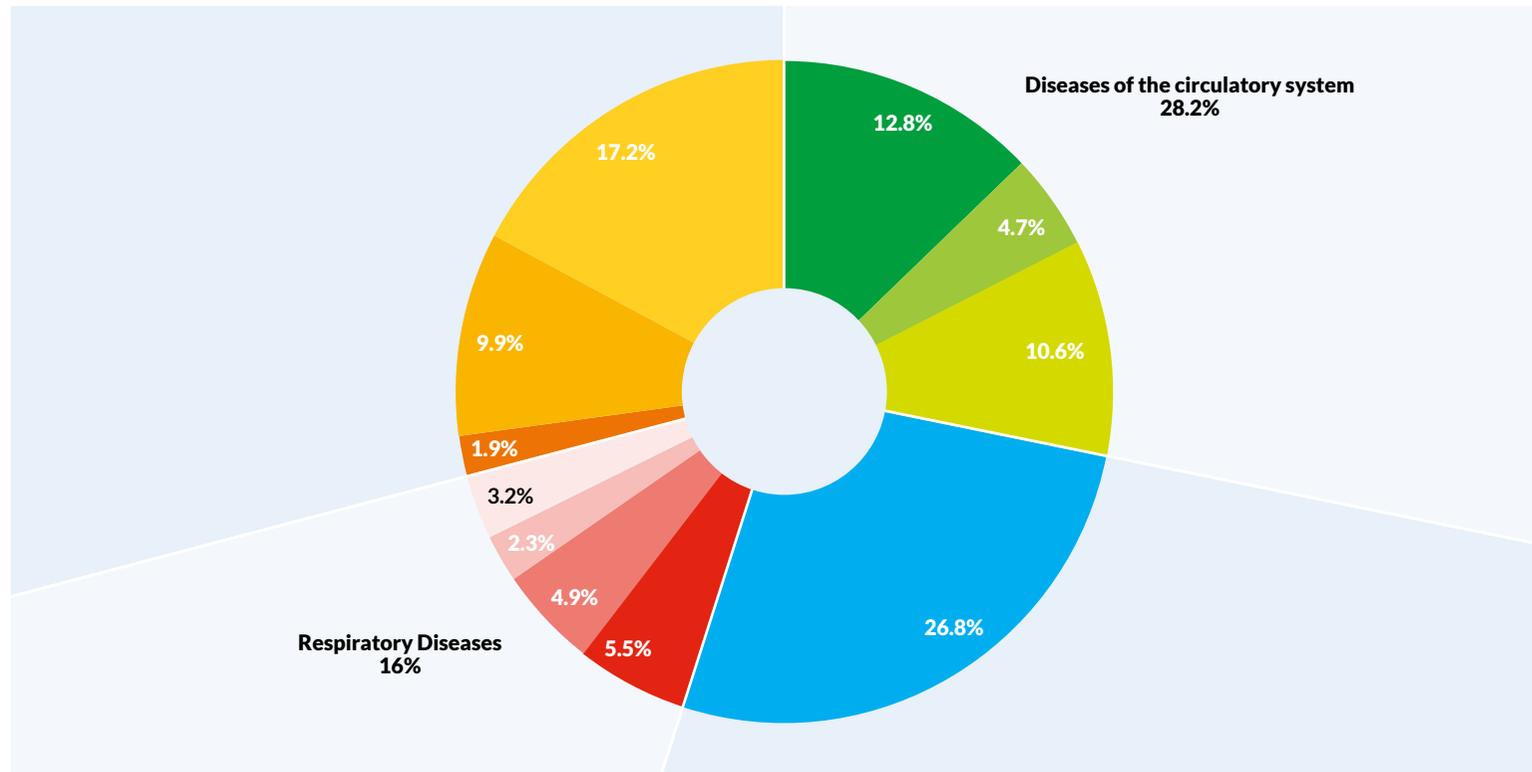
Notes:

- (i) The data for 2021 is provisional. Deaths are based on the year of registration and not occurrence.
- (ii) The data in Figure 2.3(a) and Figure 2.3(b) refers to underlying cause of death.

- 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
- Covid-19
- All other causes

Figure 2.3B

Deaths by Principal Causes, Percentage Distribution, 2021, Ages 65 and Over



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

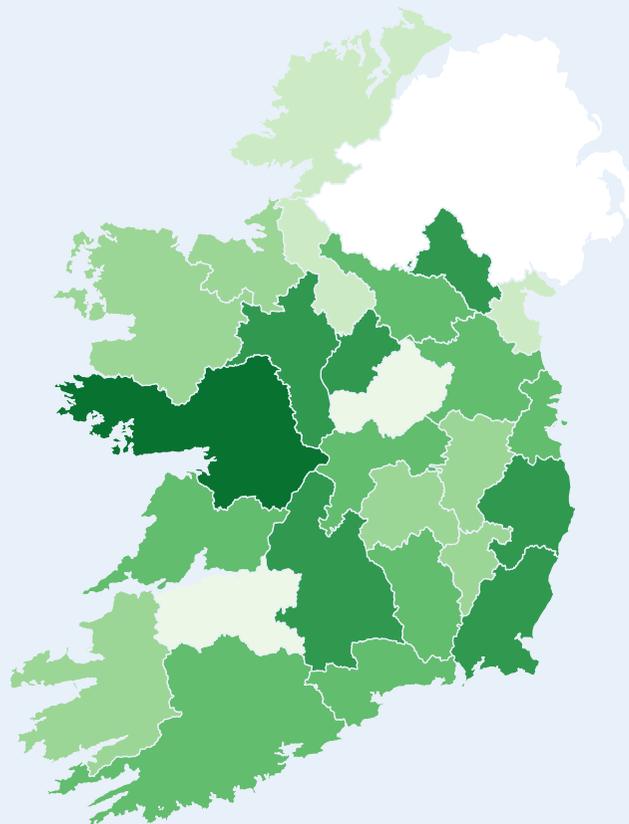
- Ischaemic Heart Disease
- Stroke
- Other circulatory diseases
- Non-respiratory cancers
- Cancer of the Trachea, Bronchus and Lung
- Chronic Lower Respiratory Disease
- Pneumonia
- Other respiratory diseases
- External Causes of Injury and Poisoning
- Covid-19
- All other causes

Figure 2.4

5-Year Age-Standardised Mortality Rate per 100,000 Population from External Injury or Poisoning, 2017-2021

5-year Age-Standardised Mortality Rate per 100,000 population

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



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

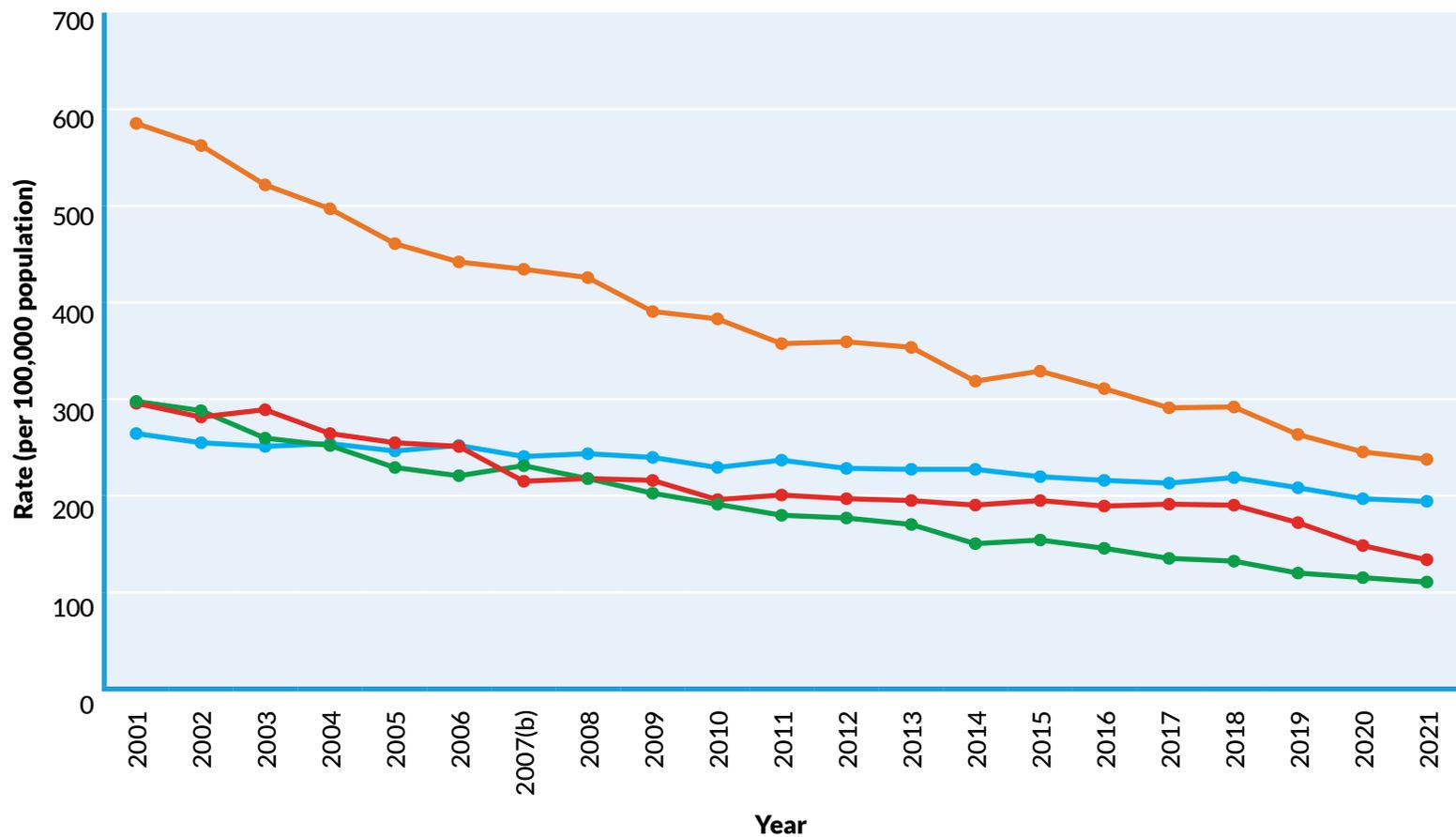
Table 2.5**Age-Standardised Death Rates per 100,000 Population by Principal Causes of Death, Ireland and Selected Comparator Countries, 2019**

Source: Eurostat.

Cause	Ireland	Belgium	Denmark	Netherlands	Norway	Portugal	Sweden	Comparator Country Averages	% Difference between Ireland - Comparator Countries Average
All causes	880.9	910.5	979	934.9	849.3	965.7	848.1	914.6	-3.7%
Non-respiratory cancers	261.5	229	282.5	266.6	228	244.8	216.7	244.6	6.9%
Circulatory system diseases	258.4	228.5	215.4	238.9	208.4	278.8	272	240.3	7.5%
Respiratory system diseases (incl. cancer of trachea, bronchus and lung)	115.5	102.7	112.4	79.3	94	105.3	59.1	92.1	25.3%
External causes of injury and poisoning	31.3	60.4	40.8	55.2	52.5	45.3	48.4	50.4	-37.9%

Figure 2.5

Age-Standardised Death Rates for Selected Causes, Ireland, 2001 to 2021



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

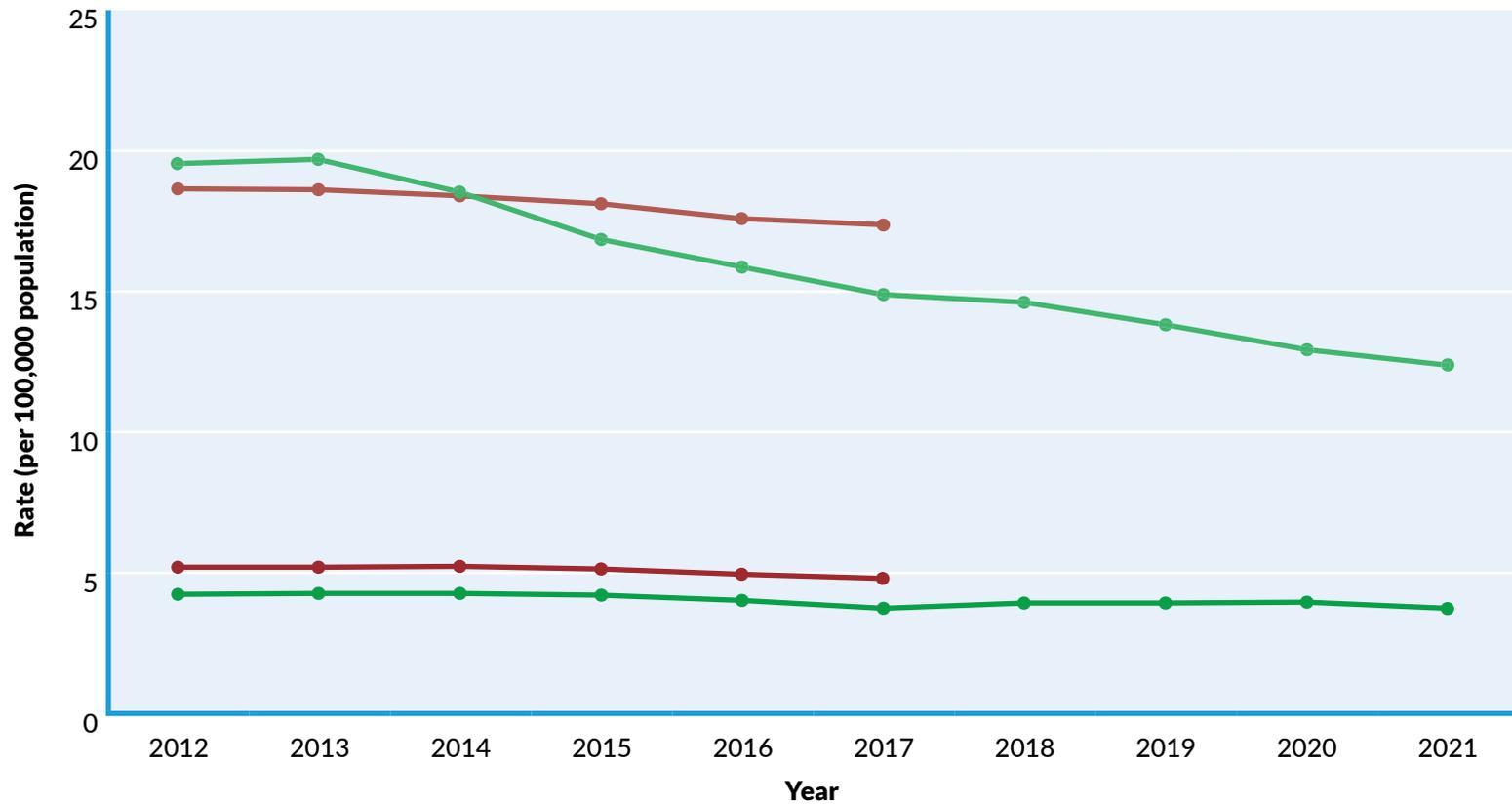
Notes:

- (i) See notes under Table 2.4.
- (ii) b - break in series. Due to a change in classification system used to determine underlying cause of death from ICD9 to ICD10 in 2007, caution should be used in comparing rates over time.

In particular, the rate for respiratory diseases shows a decrease in 2007 which is largely due to this change.

Figure 2.6

Age-Standardised Death Rate for Suicide by Gender, 3-Year Moving Average, Ireland and EU-27, 2012-2021



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

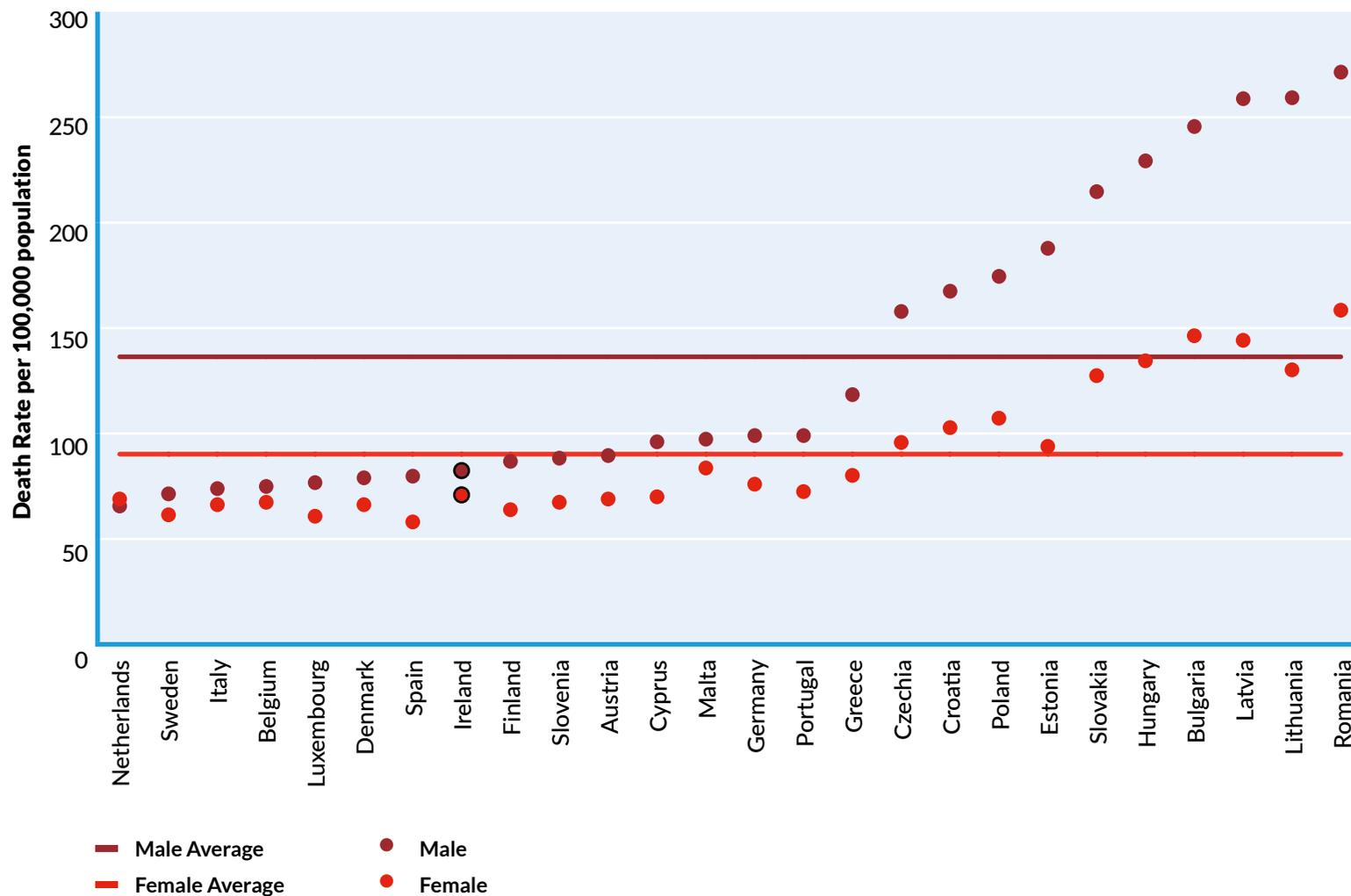
Notes:

- (i) EU data is latest available.
- (ii) 3-year moving average is the average of the rate for the previous 3 years.

- Ireland Male
- Ireland Female
- EU-27 Male
- EU-27 Female

Figure 2.7a

Treatable Deaths by Gender (Death Rate per 100,000 Population), Difference from EU-27 Average, 2019



Source: Eurostat

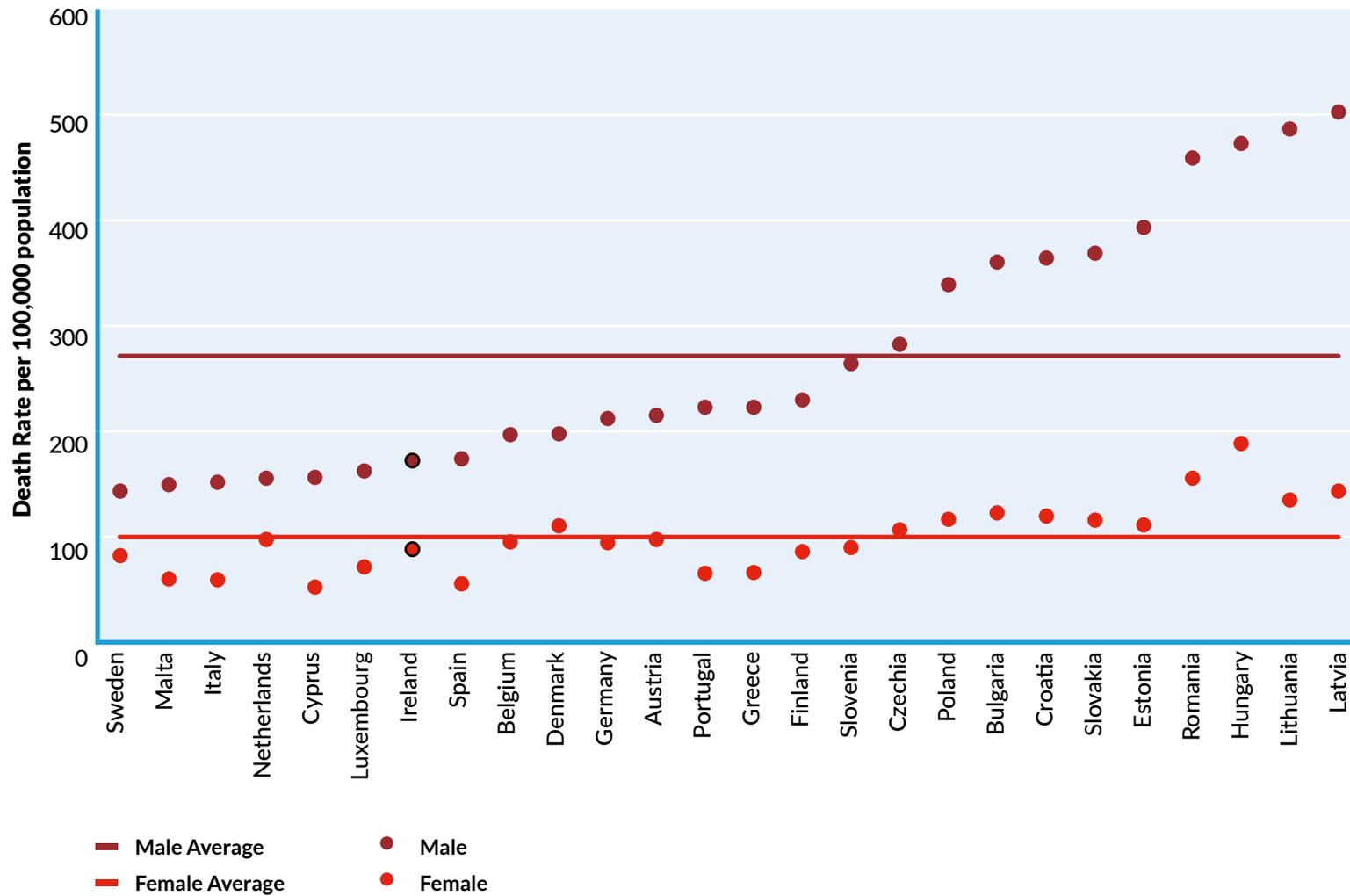
Note:

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

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

Figure 2.7b

Preventable Deaths by Gender (Death Rate per 100,000 Population), Difference from EU-27 Average, 2019



Source: Eurostat.

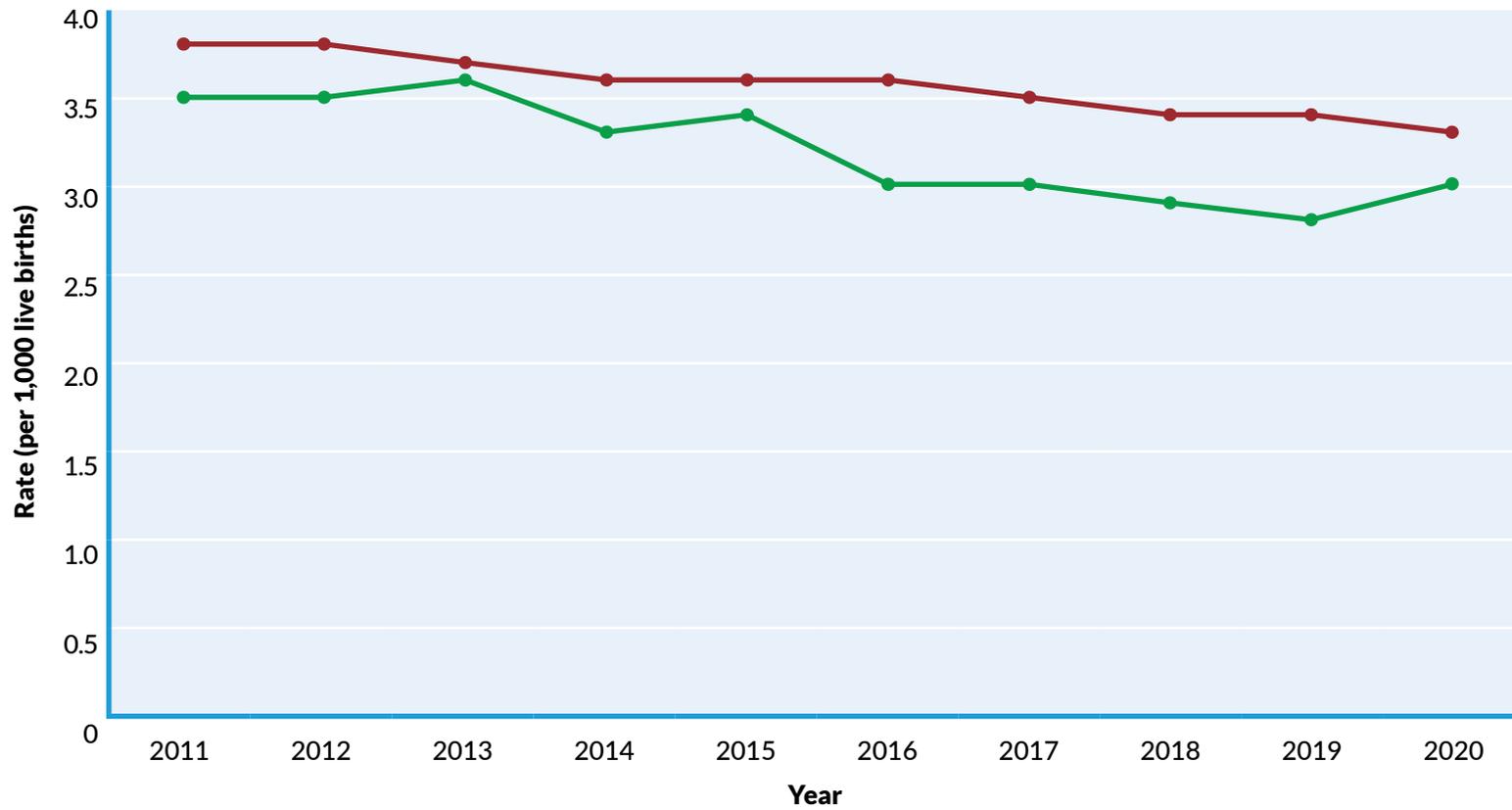
Notes:

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

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

Figure 2.8

Infant Mortality Rates, Ireland and EU-27, 2011 to 2020

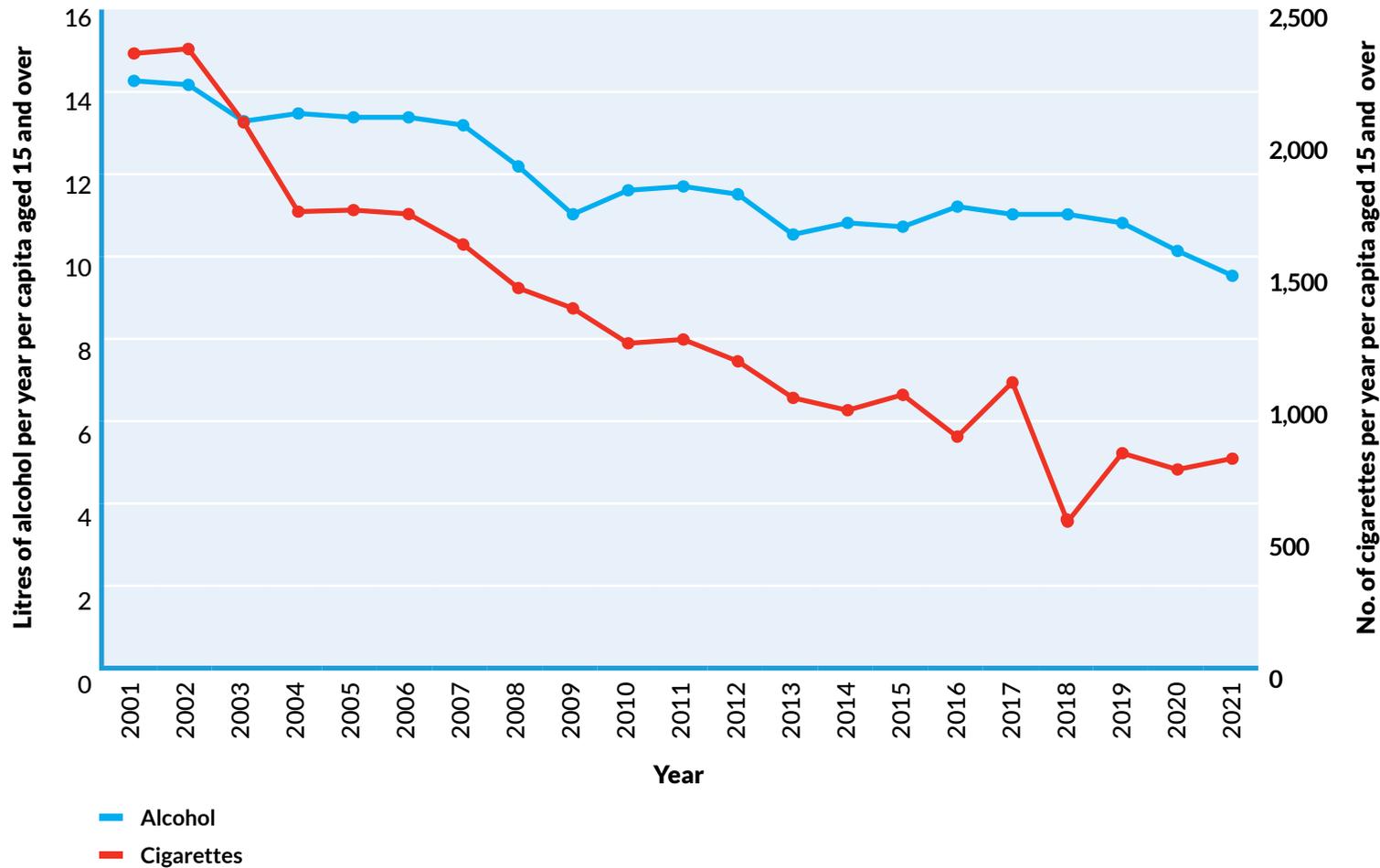


Source: Eurostat, Public Health Information System (PHIS).

— EU-27
— Ireland

Figure 2.9

Alcohol and Cigarette Consumption per Annum, per Capita Aged 15 Years and Over, 2001 to 2021



Source: Revenue Commissioners, CSO (population data).

Notes:

- (i) Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits.
- Tobacco is measured in terms of sales of cigarettes recorded by the Revenue Commissioners.
- (ii) Cigarette consumption excludes ‘roll your own’ cigarettes and other tobacco products.
- (iii) The Cigarette clearances in 2017 were higher than normal due to the stockpiling of cigarettes with branded packs before the cut-off date for the introduction of plain packaging for cigarettes. The higher clearances in 2017 resulted in reduced clearances in 2018.

Chapter 3

Hospital Care



Chapter 3 Hospital Care

This section presents statistics on publicly funded acute hospitals (Tables 3.1). 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 2021. 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 prior to 2020 when the Covid-19 pandemic began. During the early stages of the Covid-19 pandemic there was a sharp reduction in discharge numbers across in-patients and day cases in 2020. However, in 2021 in-patient and day case levels began to return to pre-pandemic levels.

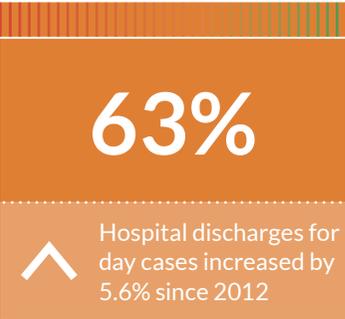
In 2021, day case treatment accounted for 63.1% of hospital discharges, an increase of 5.6% since 2012 (Table 3.1). In 2021, in-patients on average spent 6.1 days in hospital, an overall increase of 12.3% since 2012 (Table 3.1).

As of August 2022, there were 58,272 (or 82%) of all adults waiting for an elective procedure were waiting 12 months or less (Figure 3.3). This is up 15.6% from 50,399 (or 74%) of all adults waiting for an elective procedure were waiting 12 months or less in August 2021. For children, we can also see a similar increase in children waiting 12 months or less from August 2021 to August 2022. In August 2022, 6,008 (or 76%) of all children waiting for an elective procedure were waiting 12 months or less. The total number of people waiting for outpatient appointments has lowered over the last year, and the number of those waiting 52 weeks or more has fallen 26% since August 2021 (Figure 3.4).

The number of people waiting on trolleys in emergency departments is illustrated in Figure 3.5. The trend in large numbers of patients waiting on trolleys has continued from 2019 to 2021. From March 2020 there was a sharp reduction in the 30-day moving average. The 30-day moving average remained low throughout the rest of 2020 and into the first half of 2021. In the second half of 2021 numbers began to return to levels seen prior to the pandemic. These numbers have since been surpassed in 2022 continuing the upward trend and remain higher than any of the previous 5 years for late Summer/early Autumn time.

The number of emergency discharges in public hospitals over time and across age-groups are shown in Figure 3.6. There is an increase every year until 2020, which shows a decrease, primarily due to the large drop across all age groups, most notably in under 15's. Levels in 2021 have increased slightly from 2020 in most age groups, again most notably for those under 15.

DAY CASE TREATMENT AS A % OF TOTAL DISCHARGES



63%

Hospital discharges for day cases increased by 5.6% since 2012

Chapter 3 Hospital Care

Figure 3.7 shows the time experienced by 50%, 75% and 95% of people who attend Emergency Departments (as measured through the median, 75th and 95th percentile respectively). Monthly data since 2020 shows that 50% of attendees spent less than 6 hours in the Emergency Department, 75% of attendees experience a time less than 9 hours and 95% of attendees spend less than 24 hours. In March 2020 to June 2021, 75% of attendees spent less or closer to 6 hours and 95% of attendees spent less than or close to 24 hours in the Emergency Department. However, from August 2021 to August 2022 the trend is continuing to rise to levels experienced prior to the Covid-19 pandemic. 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 and the Covid-19 pandemic 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 54%.

Two pancreas transplants were performed in Ireland in 2020, with a total of 190 transplants undertaken (Figure 3.9). The rate of transplants per population continues to decrease from 2018 following a gradual increase in previous years with a sharp drop in transplants from 2019 to 2020 (Figure 3.10).

According to the most recent census of Irish psychiatric units and hospitals, there were 1,826 patient residents in 2021, an increase of 1.5% from 2020. Admissions to psychiatric hospitals and units have fallen by 20.8% in the period 2012–2021 (Table 3.2).

PSYCHIATRIC HOSPITALS AND UNITS ADMISSIONS

20.8%



Psychiatric hospital
and unit admissions
declined since 2011

Table 3.1
Public Acute Hospital Summary Statistics, 2012-2021

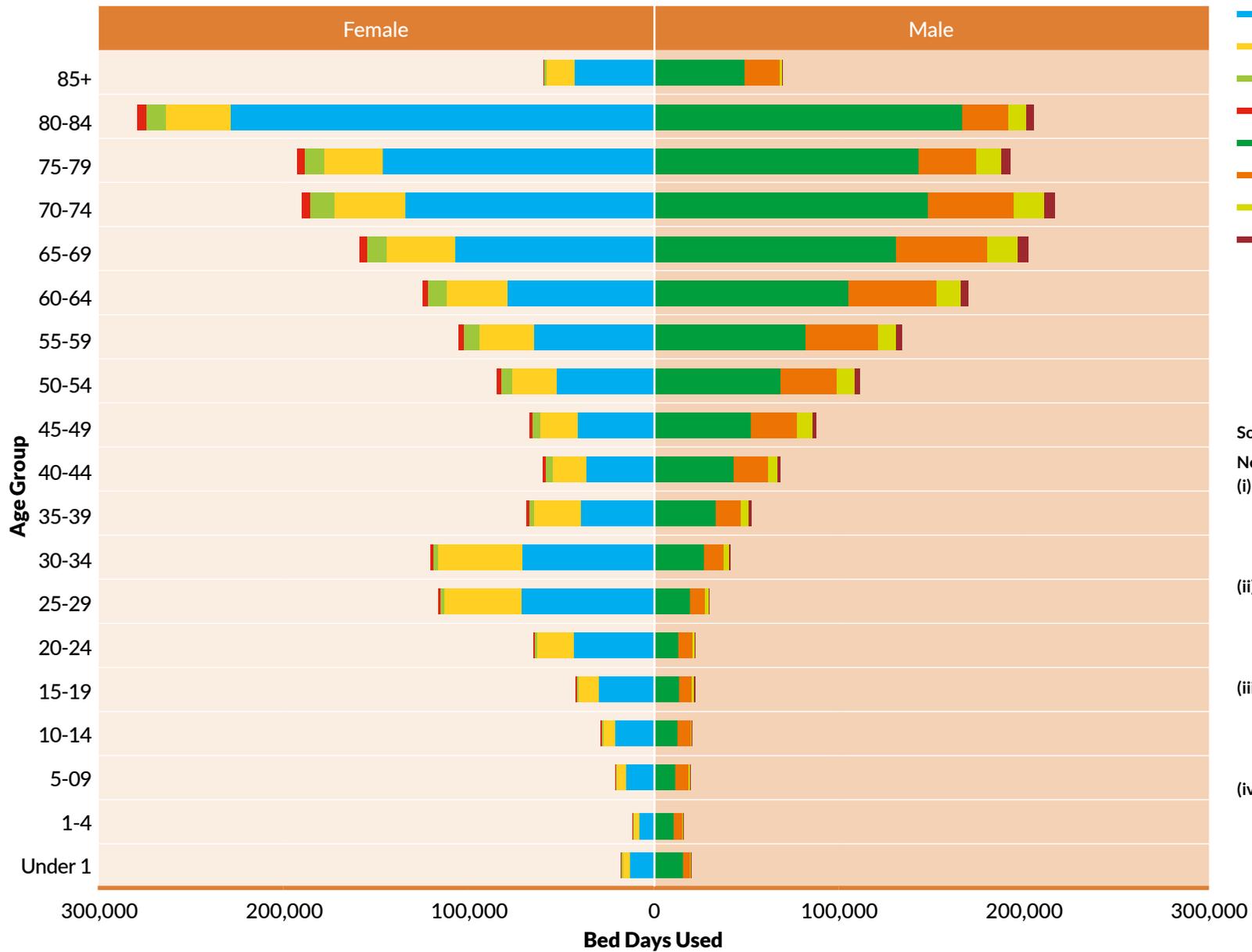
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% Change 2012-2021	% Change 2020-2021
In-Patients												
Acute Beds	10,337	10,411	10,480	10,473	10,592	10,665	10,856	10,951	11,048	11,337	9.7	2.6
In-patient Discharges	616,934	615,211	622,763	625,541	635,353	633,155	642,646	636,550	564,400	595,071	-3.5	5.4
Bed Days Used	3,351,489	3,332,974	3,380,587	3,471,997	3,502,570	3,537,719	3,743,133	3,820,556	3,294,019	3,604,659	7.6	9.4
% Bed Days Used by Patients Aged 65+	49.9	50.9	51.5	52.2	52.6	53.1	54.0	55.3	55.3	54.9	10.1	-0.7
Average Length of Stay in Days	5.4	5.4	5.4	5.6	5.5	5.6	5.8	6.0	5.8	6.1	12.3	5.2
Surgical In-Patients	135,202	134,022	134,118	134,240	132,858	133,531	133,859	131,051	115,519	119,935	-11.3	3.8
Day Cases												
Beds	2,049	2,021	2,006	2,026	2,140	2,170	2,240	2,290	2,290	2,440	19.1	6.6
Day Cases	915,254	931,381	957,258	1,025,797	1,056,656	1,072,902	1,074,172	1,104,495	925,119	1,016,146	11.0	9.8
% Day Cases Aged 65+	36.4	37.0	37.7	38.8	38.9	39.4	40.3	40.9	41.6	41.7	14.5	0.2
Surgical Day Cases	138,686	142,728	148,072	152,556	158,065	165,295	160,837	159,842	120,838	142,723	2.9	18.1
Total Discharges												
In-Patients and Day Cases	1,532,188	1,546,592	1,580,021	1,651,338	1,692,009	1,706,057	1,716,818	1,741,045	1,489,519	1,611,217	5.2	8.2
Daycases as a % of Total Discharges	59.7	60.2	60.6	62.1	62.4	62.9	62.6	63.4	62.1	63.1	5.6	1.6
Emergency Department Attendances	1,278,522	1,252,385	1,218,132	1,232,255	1,296,571	1,318,368	1,323,466	1,506,436	1,278,170	1,448,550	13.3	13.3
Outpatient Attendances	2,355,030	3,071,995	3,206,056	3,298,868	3,327,526	3,287,693	3,335,855	3,354,919	3,005,518	3,243,263	5.6	7.9

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 in-patients and day cases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
- (ii) The above table excludes in-patient and day case activity data for a small number of hospitals who report data to HIPE which are not HSE acute hospitals.
- (iii) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments.
- (iv) 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, 2021



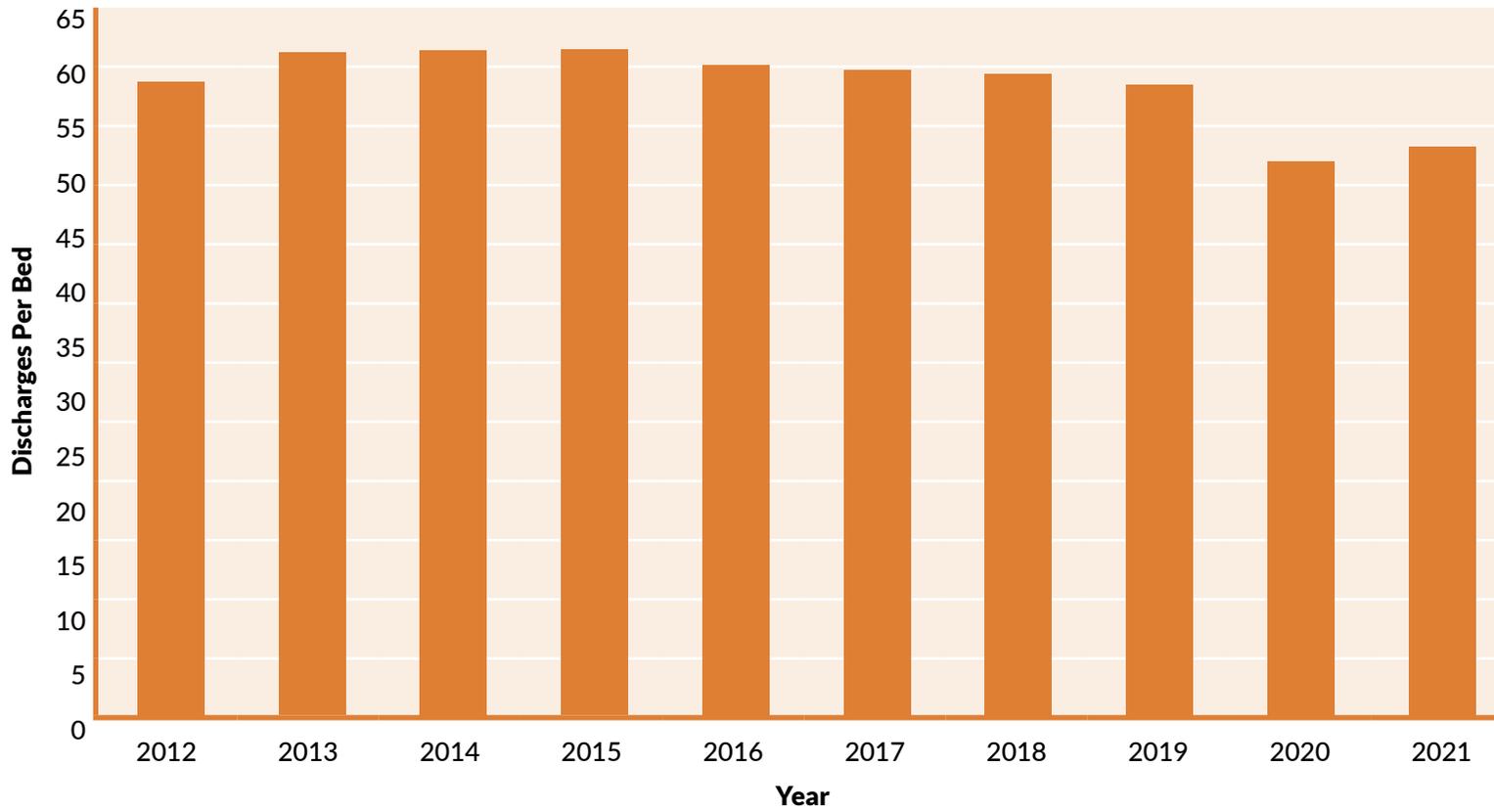
Source: Hospital Inpatient Enquiry (HIPE).

Notes:

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

Figure 3.2

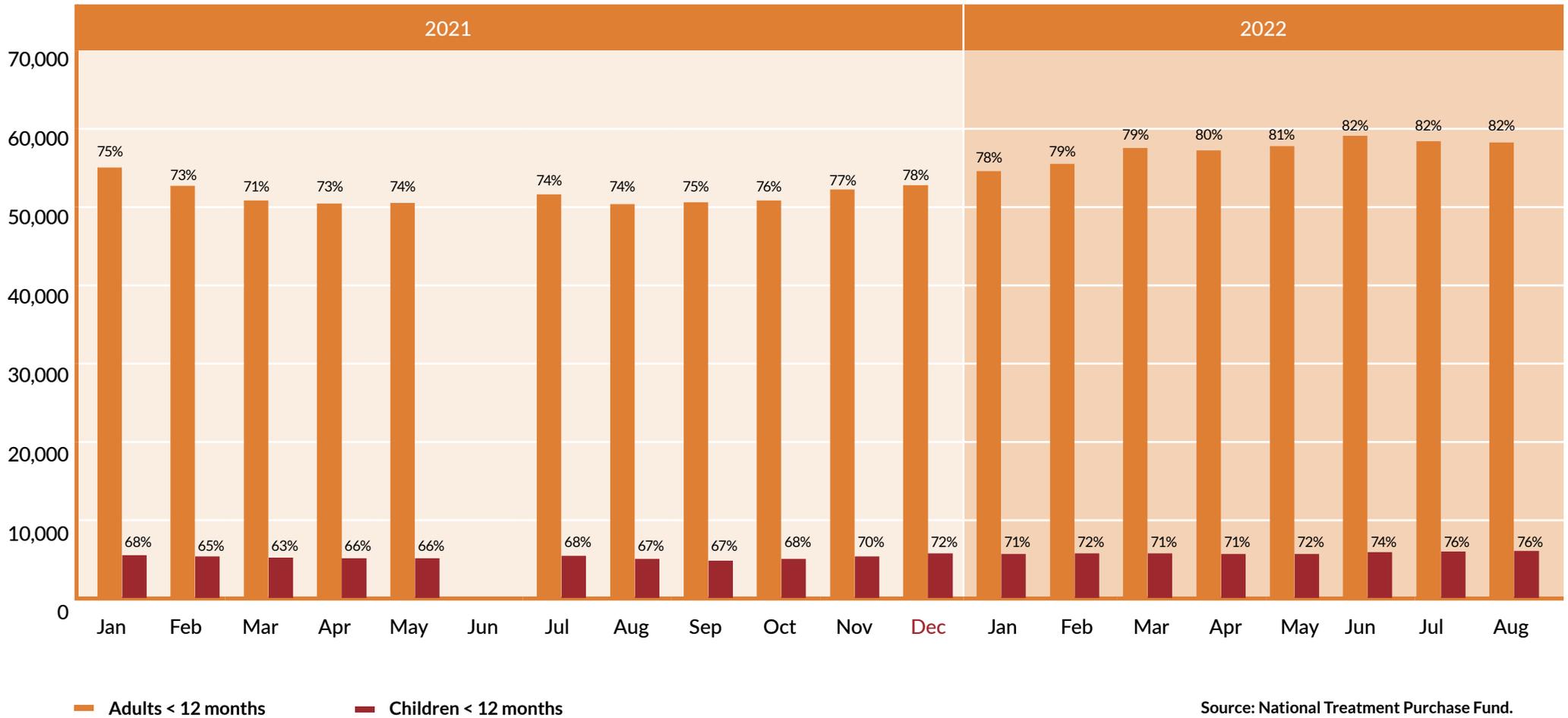
In-Patient Discharges per Bed, 2012 to 2021



Source: Table 3.1

Figure 3.3

Number of Adults and Children Waiting Less than 12 months for In-Patient and Daycase Elective Procedures, 2021–2022



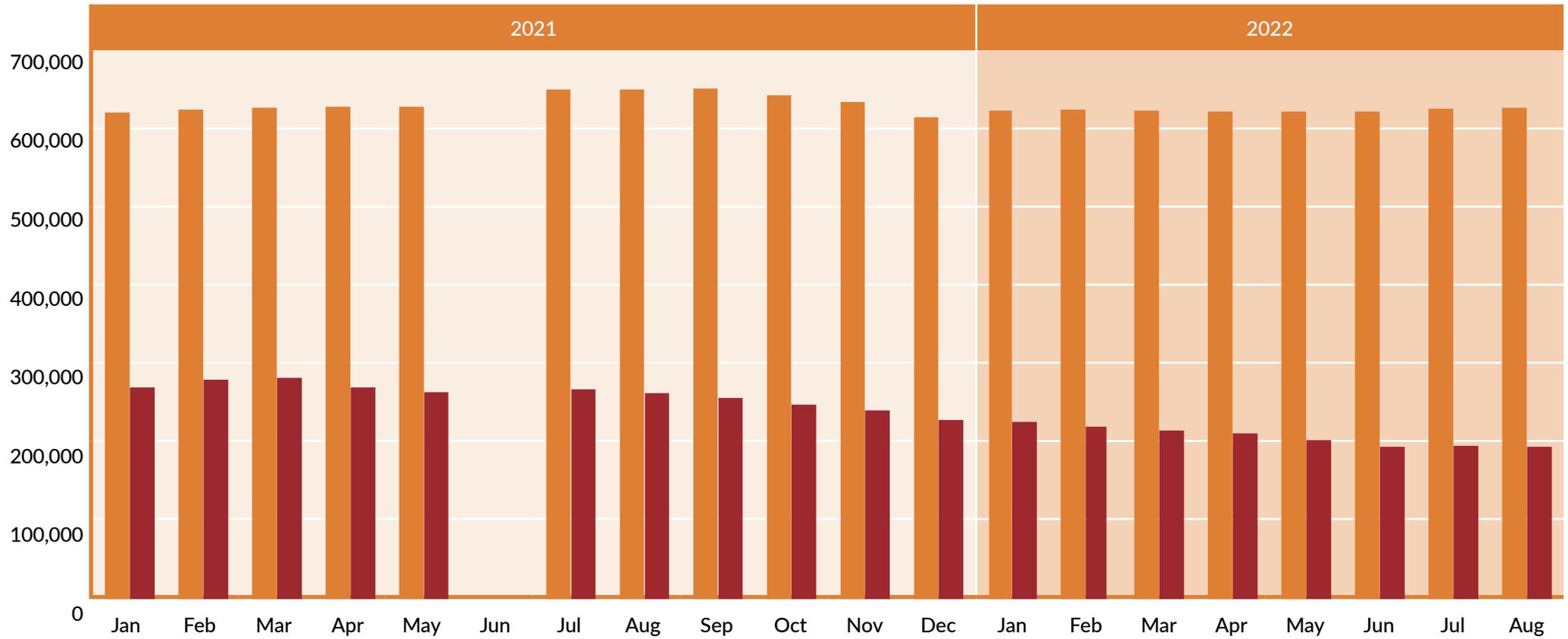
Source: National Treatment Purchase Fund.

Notes:

- (i) Excludes patients waiting for GI endoscopy.
- (ii) No data available for June due to cyber-attack.
- (iii) The percentage is the proportion of the total waiting list who are currently waiting 12 months or less for an elective procedure.

Figure 3.4

Number of People Waiting 52 weeks or Longer for an Outpatient Appointment and Total Number of People on Outpatient Waiting List, 2021-2022



— Total people on Outpatient waiting list
— Waiting ≥ 52 weeks

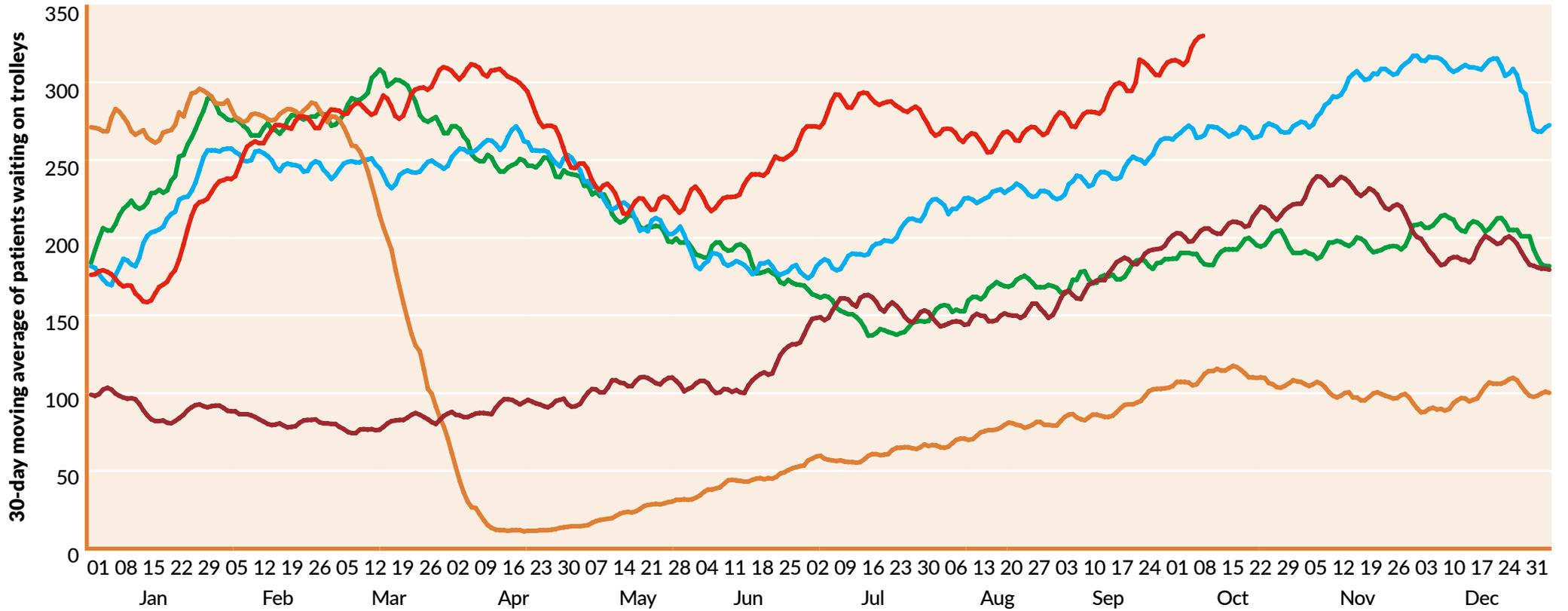
Source: National Treatment Purchase Fund.

Note:

(i) No data in June due to cyber-attack.

Figure 3.5

National 30-day Moving Average of Admitted Patients Waiting on Trolleys in Emergency Departments in Public Acute Hospitals, 2018 to 2022



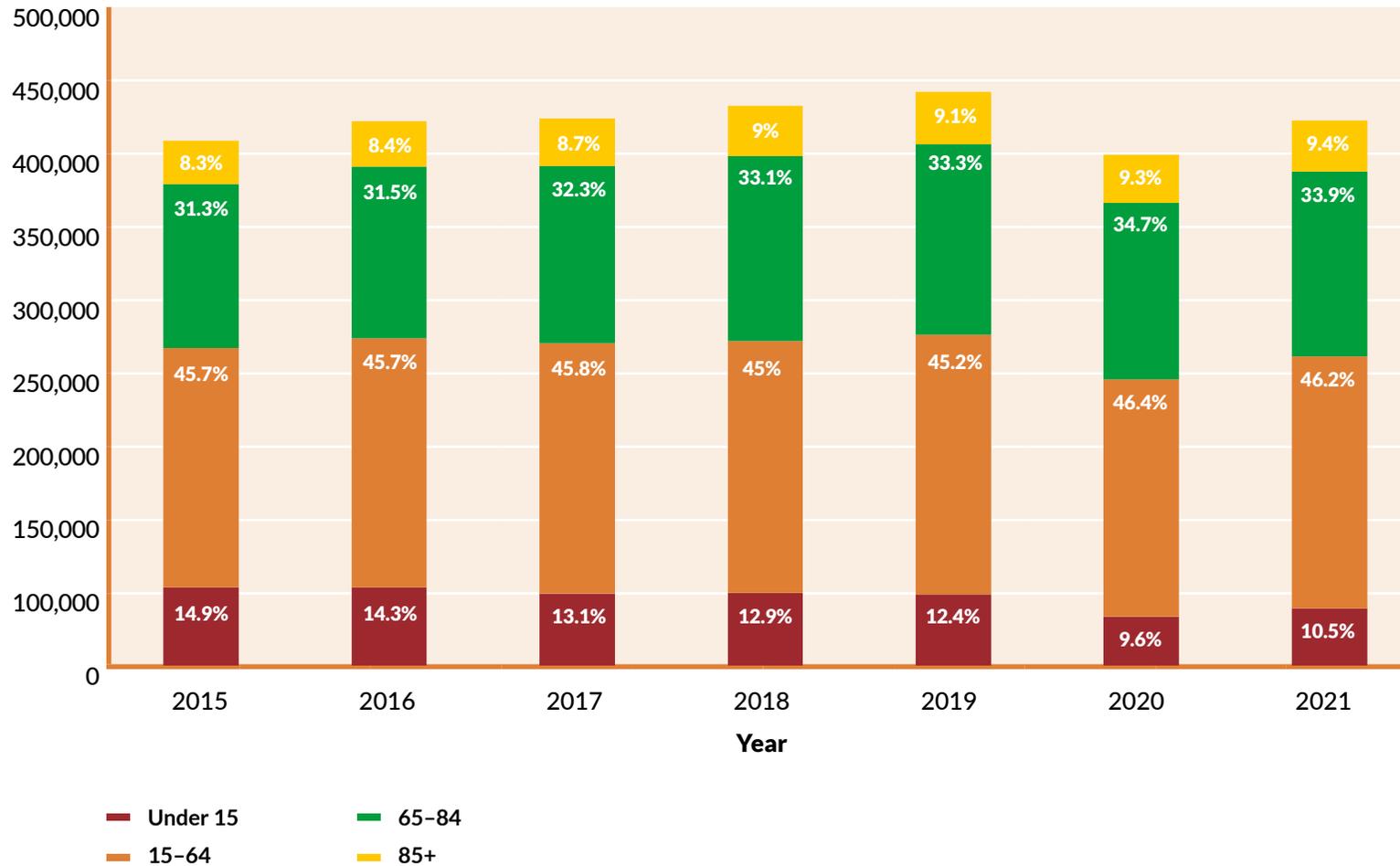
- 2018
- 2019
- 2020
- 2021
- 2022

Source: TrolleyGar, HSE.

Notes:

- (i) Data relates to figures collected daily at 2pm, Monday to Sunday.
- (ii) Data for 2022 up to 6th October

Figure 3.6
Emergency Hospital Discharges, 2015–2021

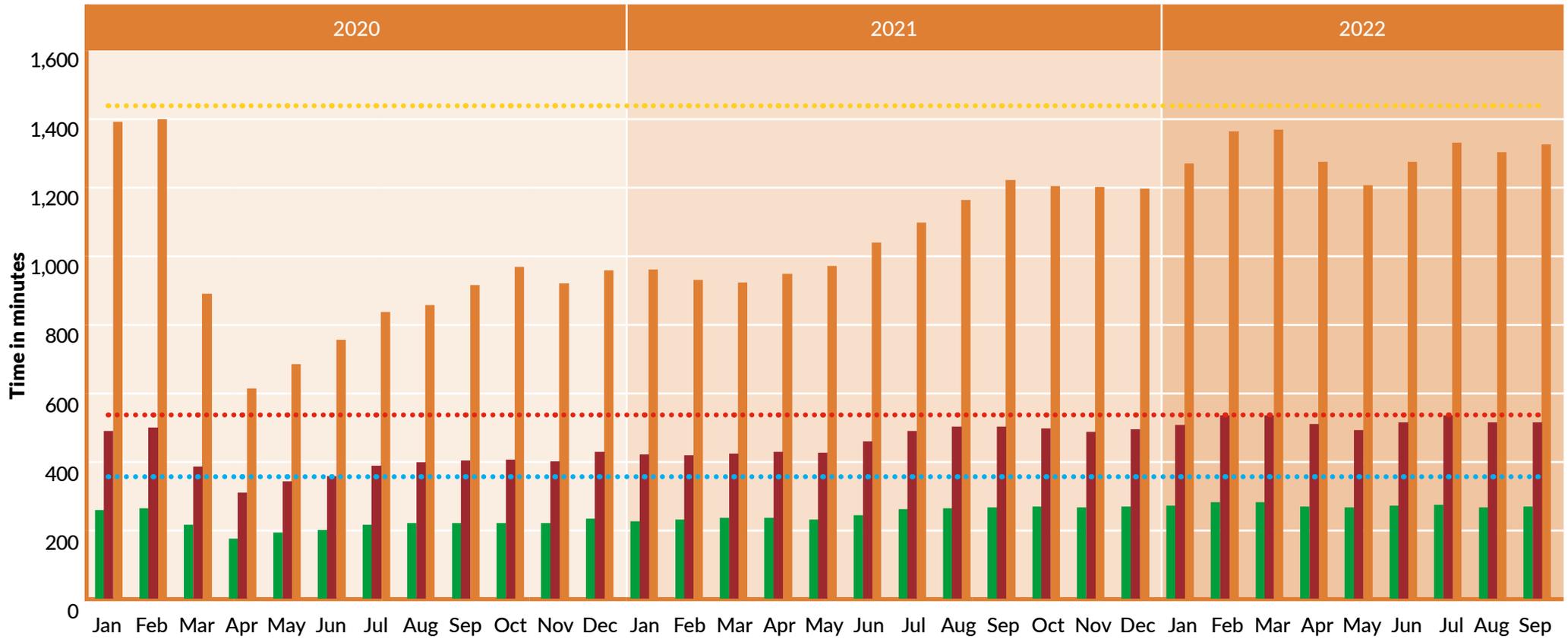


Source: Hospital Inpatient Enquiry (HIPE)

Notes:

(i) Emergency discharges relate to persons who were admitted as an in-patient to hospital through the Emergency Department, the Acute Medical Assessment unit, the Acute Surgical Assessment Unit or other (i.e Transfer)

Figure 3.7
Patient Experience Time in Emergency Departments, 2020-2022



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

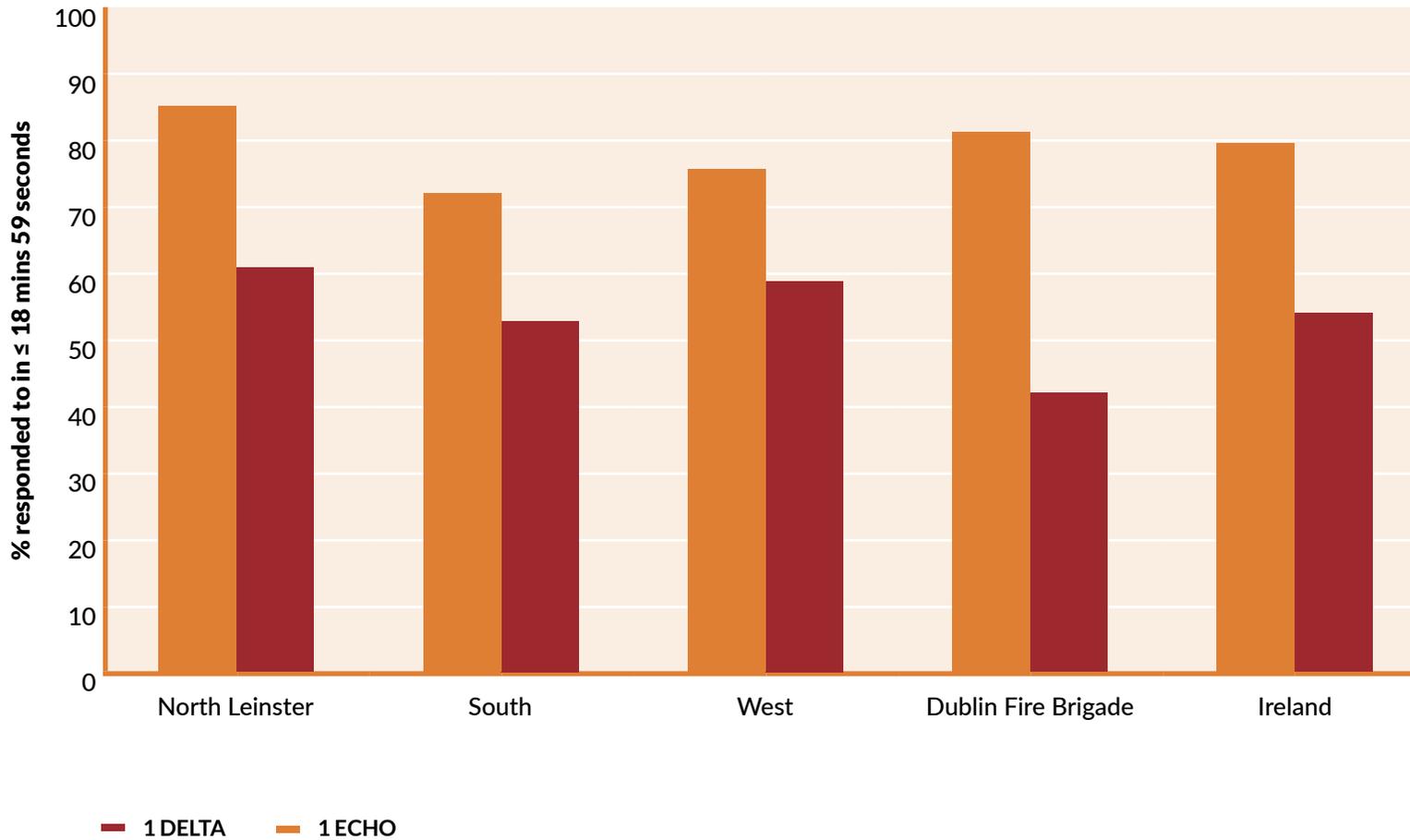
Source: Patient Experience Time database.

Notes:

- (i) Time in minutes above is measured from ED registration time to ED Departure Time.
- (ii) 50% of ED attendances refers to the median.
- (iii) 75% of ED attendances refers to the 75th Percentile.
- (iv) 95% of ED attendances refers to the 95th Percentile.
- (v) Monthly figures for 2022 are up to September 2022.

Figure 3.8

DELTA and ECHO Ambulance Response Times, 2021



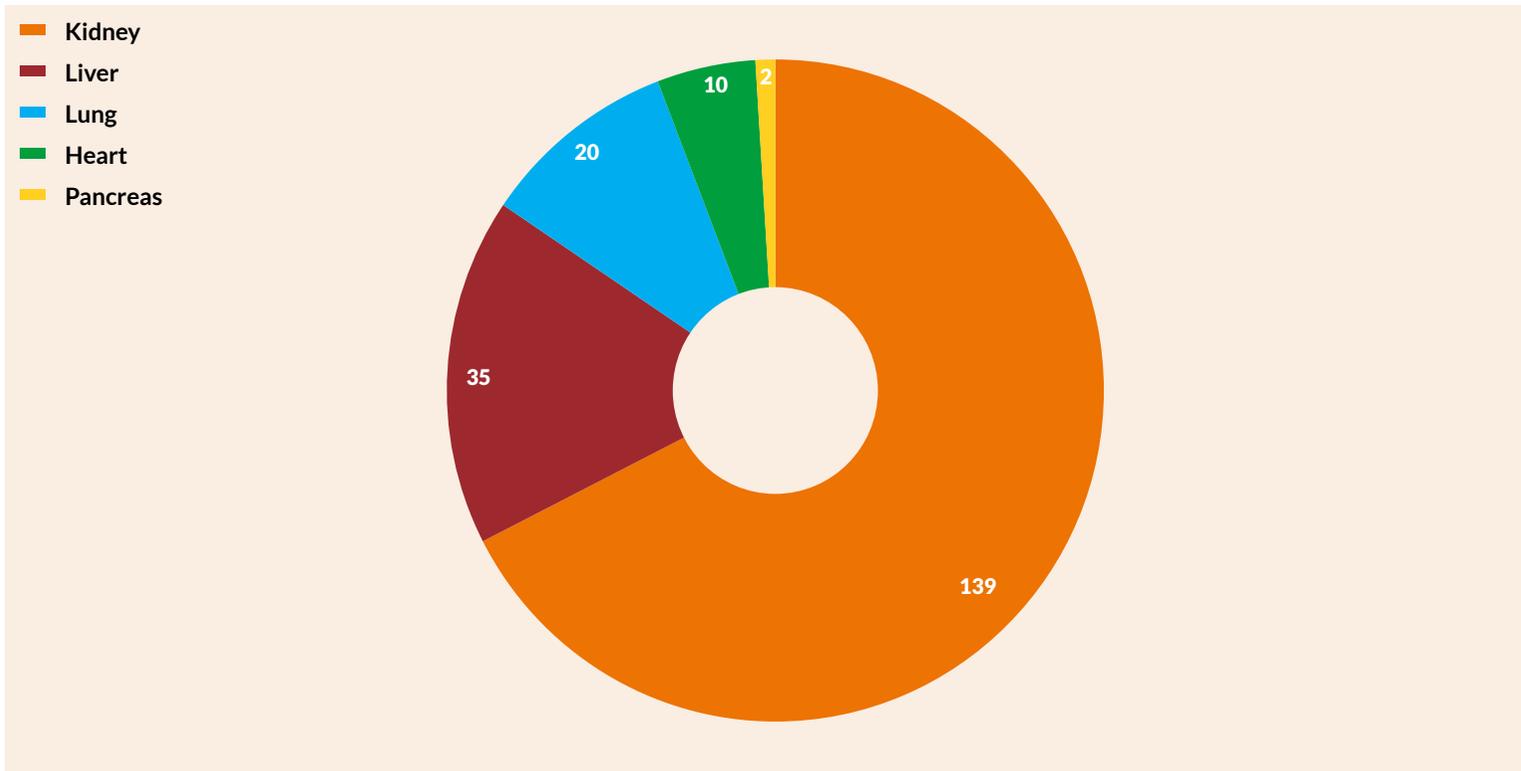
Source: HSE.

Notes:

- (i) Clinical Status 1 ECHO refers to a life threatening cardiac or respiratory arrest.
- (ii) Clinical Status 1 DELTA refers to a life threatening emergency other than cardiac or respiratory arrest
- (iii) Dublin Fire Brigade is included as it has an ambulance service to support the Health Service Executive.
- (iv) Data refers to December 2021 year to date activity.

Figure 3.9

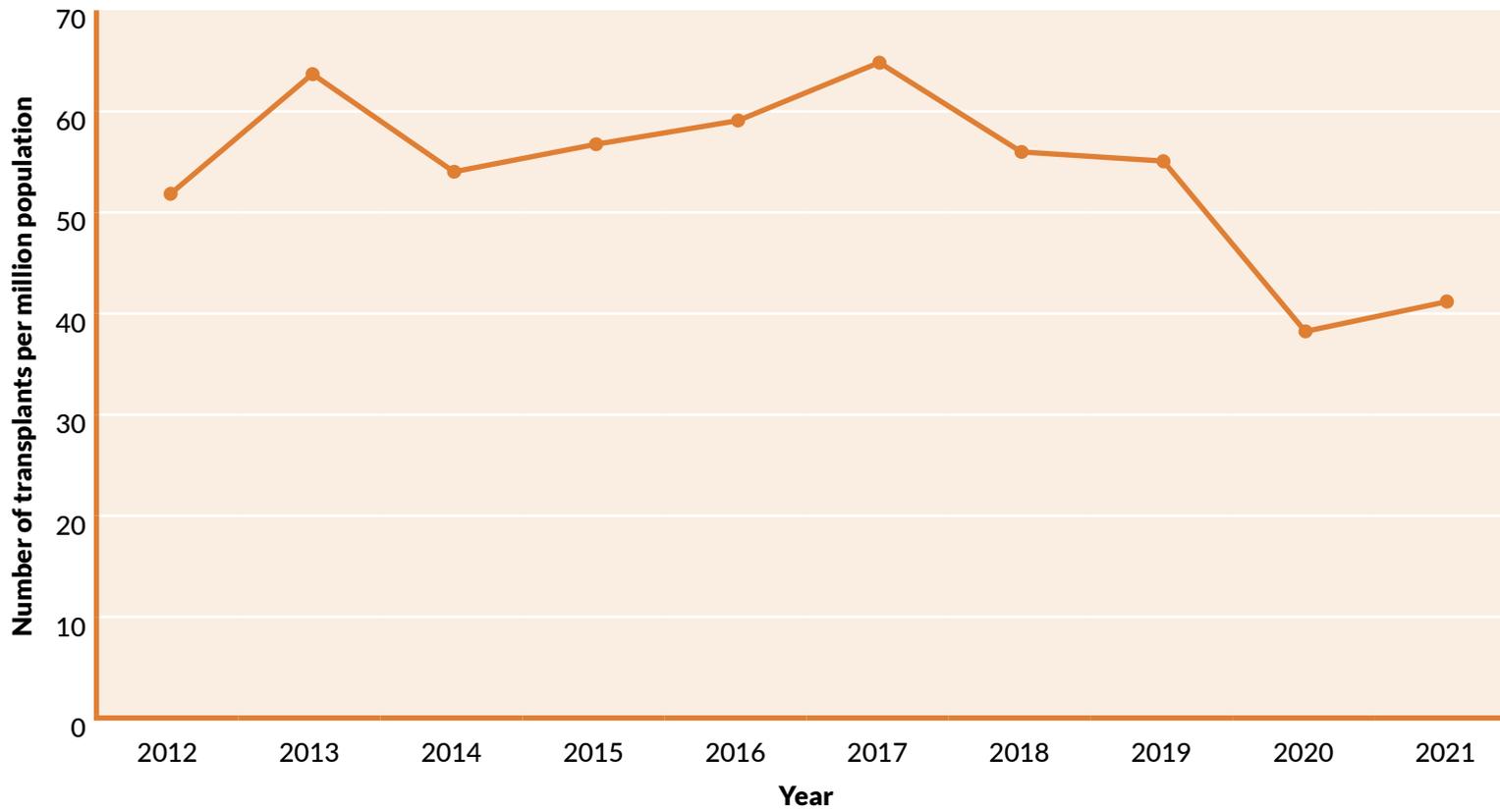
Number of Transplants in Ireland by Type, 2021



Source: National Organ Donation and Transplantation Office, HSE.

Figure 3.10

Total Transplants in Ireland per Million Population, 2012 to 2021



Source: National Organ Donation and Transplantation Office, HSE.

Table 3.2
Psychiatric Hospitals and Units Summary Statistics, 2012 to 2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021(p)	% Change 2012-2021	% Change 2020-2021
Number of In-Patient Admissions	18,173	18,457	17,797	17,860	17,290	16,743	17,000	16,710	15,391	15,723	-13.5%	2.2%
% Male	50.2	49.4	49.6	50.7	50.0	49.8	50.1	50.9	49.7	49.3	-1.7%	-0.8%
% Female	49.8	50.6	50.4	49.3	50.0	50.2	49.9	49.1	50.3	50.7	1.8%	0.8%
Admission Rate per 100,000 Population by Age Group												
<25 years	131.3	148.0	144.6	152.3	142.5	138.4	145.0	134.3	125.7	141	7.2%	11.9%
25-44	515.8	518.7	506.7	511.8	481.1	460.6	471.0	467.9	427.4	433	-16.0%	1.4%
45-64	590.3	573.6	546.3	520.9	490.5	462.1	477.2	441.5	389.4	374	-36.6%	-4.0%
65+	464.9	476.1	450.3	444.7	424.0	426.7	417.7	384.6	360.1	369	-20.7%	2.4%
Total	396.1	401.8	387.5	385.3	363.1	349.4	357.0	339.5	309.2	313.7	-20.8%	1.5%
Total of In-Patient Census	-	2,401	2,228	2,337	2,408	2,324	2,356	2,198	1,826	1,871	-22.1%	2.5%

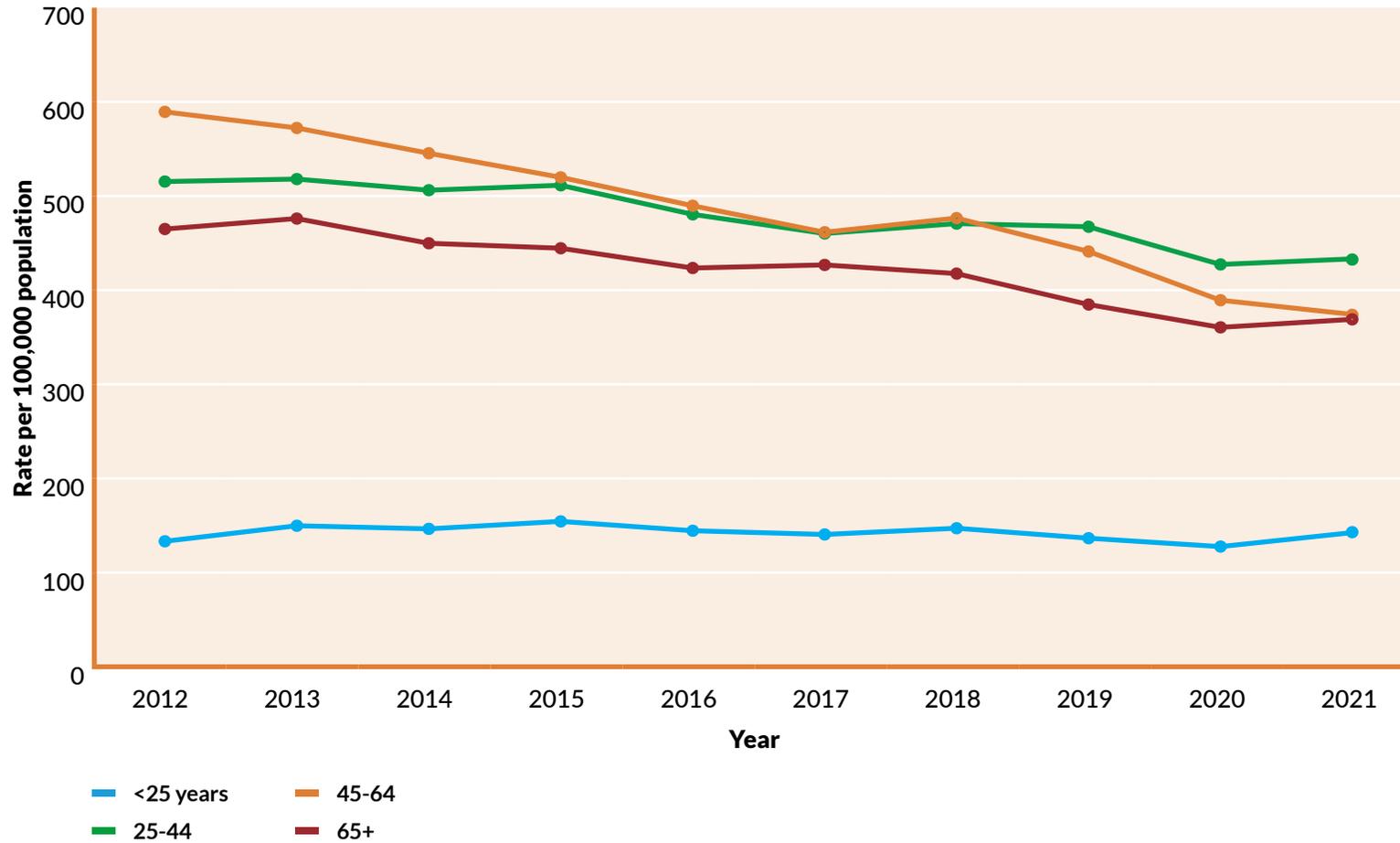
Source: Health Research Board and Mental Health Commission.

Notes:

- (i) Cases with an unspecified age were excluded from the age analysis.
- (ii) Since 2013 there has been an annual census recorded at midnight December 31st.
- (iii) (p) Data for 2021 are provisional and subject to change.

Figure 3.11

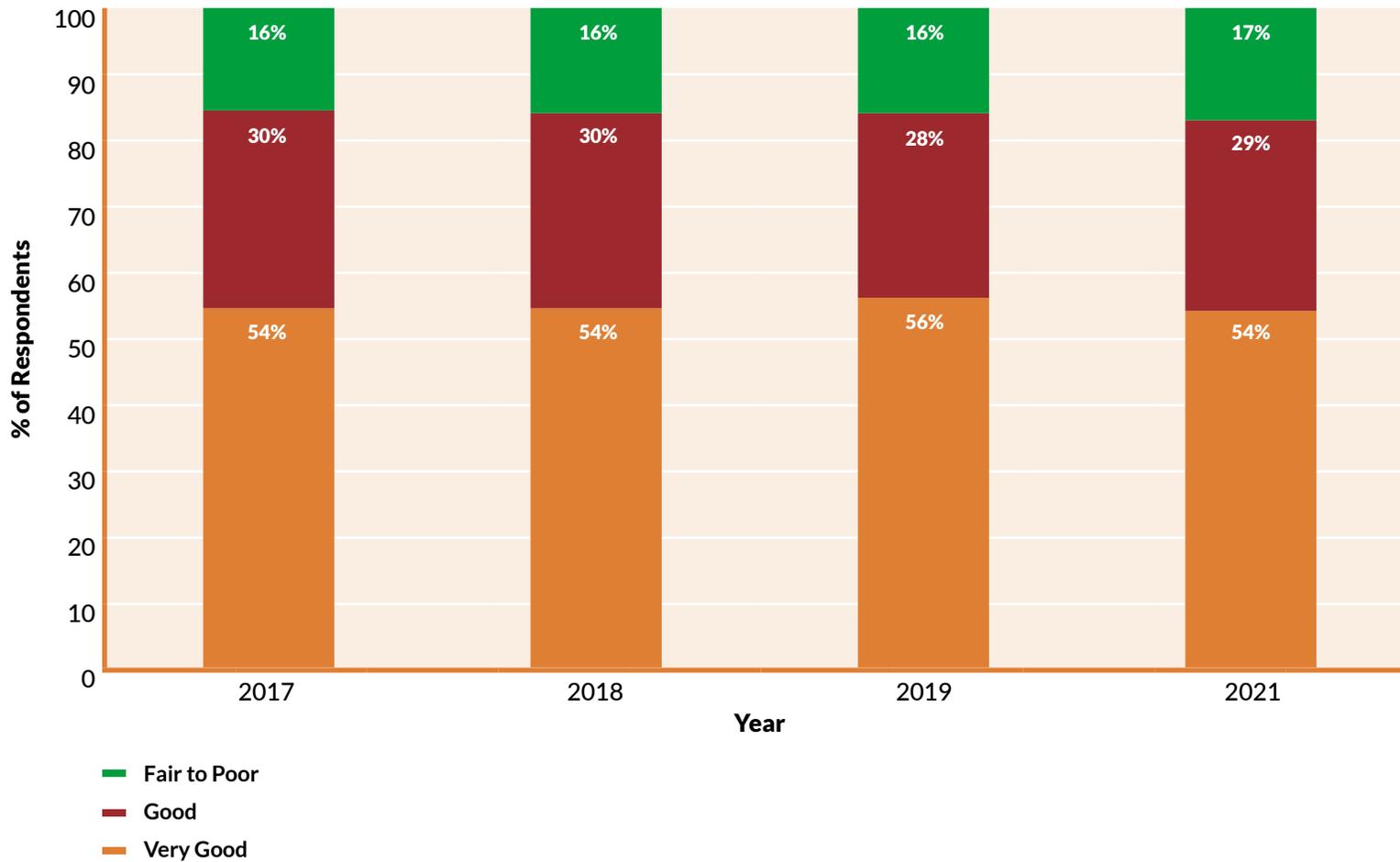
Psychiatric Hospitals and Units: Admission Rate per 100,000 Population by Age Group, 2012 to 2021



Source: Table 3.2.

Figure 3.12

Hospital Inpatient Experience Rating, 2017–2021



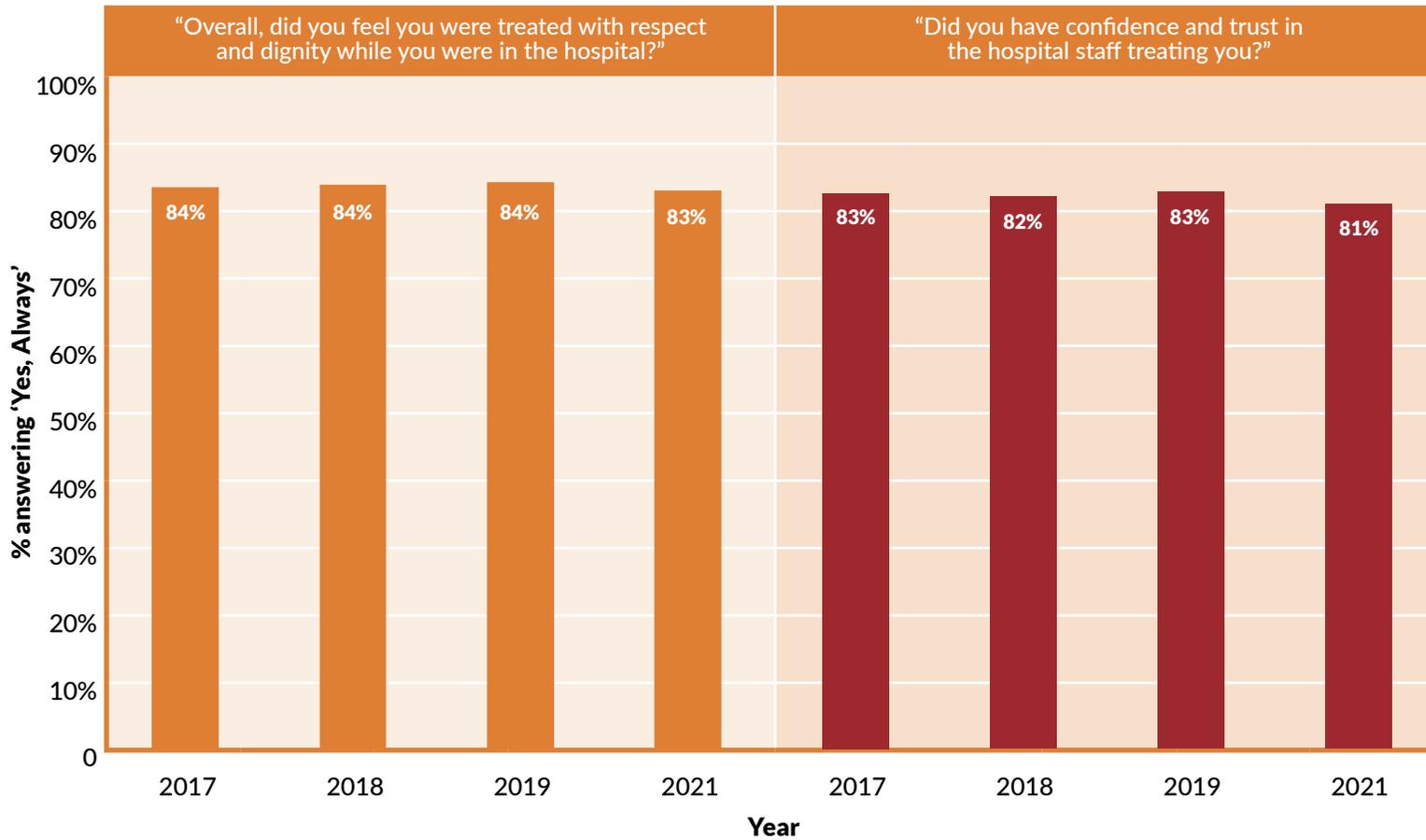
Source: National Inpatient Experience Survey

Notes:

- (i) All patients aged 16 and over discharged in September 2021, who spend 24 hours or more in a public acute hospital and have a postal address in the Republic of Ireland were asked to complete the survey.
- (ii) Data collection took place in May for years 2017, 2018 and 2019.

Figure 3.13

Inpatient Experience Survey, Confidence in Staff and Dignity of Patients, 2017–2021



Source: National Patient Experience Survey

Note:
See notes under Figure 3.12.

Chapter 4

Primary Care and Community Services



Chapter 4 Primary Care and Community Services

This chapter provides an overview of the extensive primary care sector, 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). 30.8% of the population had a medical card in December 2021, compared to 35.5% in 2016 and 40.4% in 2012. When broken down by age group (Figure 4.1), the percentage of people with a medical card has decreased more significantly in the younger and older age groups. That decrease among the youngest and oldest age groups could be partly attributed to the introduction of free GP visit cards for children under 6 and those under 70 from 2015.

The percentage of the population participating in the Drugs Payment Scheme has decreased by 10.5% since 2012, while numbers for the Long-Term Illness scheme has more than doubled (Table 4.1).

The percentage of the population covered by private health insurance has risen slightly in the past few years, from 42.8% in 2017 to 45.2% in 2021 (Figure 4.5). This increase can be seen across all age

groups and is particularly large among those aged 80 and over (+4% since 2017).

There has been a 3% fall in the number of people residing in long-stay care facilities covered by the Nursing Home Support Scheme (NHSS) since 2016, and almost half of these residents (48.7%) are over the age of 85 (Table 4.2). There has been a 9.4% 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 2017. The percentage of blood donors in the population has decreased from 1.47% to 1.45% although the number of whole blood donations has rebounded from the dip in 2020 which most likely was a result of the pandemic.

There has been a significant increase in HPV vaccine uptake since 2018 to 2020 following a drop-off in the previous period, however, there has been a slight decrease in uptake of 2% from 2020-2021. Immunisation uptake rates for most other major illnesses have remained mostly stable and above 90%, except for the Pneumococcal Conjugate vaccination uptake at 87% and Meningococcal vaccination uptake at 79% (Table 4.3).

Table 4.4 and Figure 4.7 present data on the treatment of problem drug and alcohol use. There were 17,136 cases treated in 2021, representing a rate of 213 people per 100,000 aged 15–64 (Table 4.4). Figure 4.7 shows that this rate peaked over the last decade in 2014 at 237 and has been slowly decreasing since.

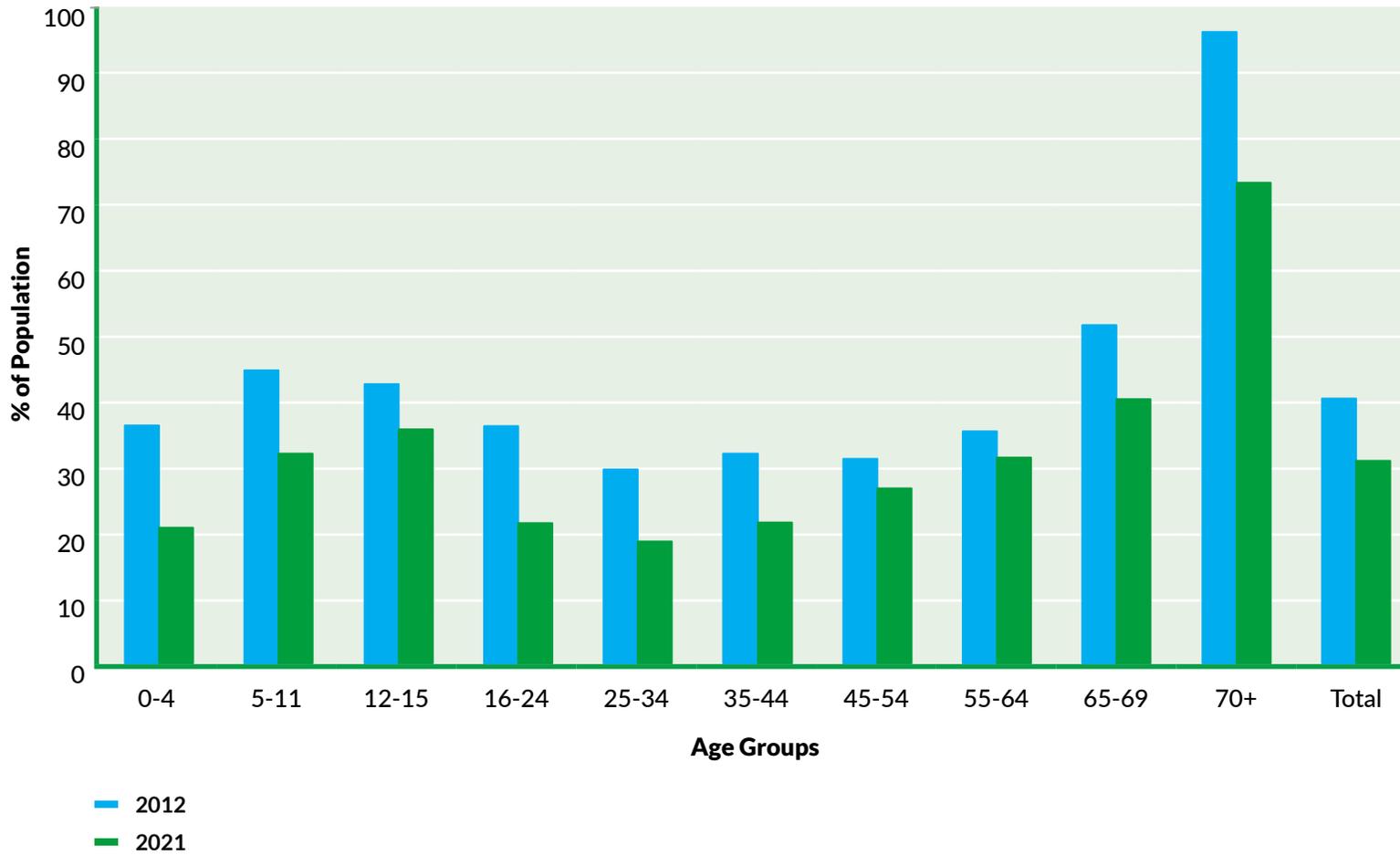
MEDICAL CARD HOLDER POPULATION PERCENTAGE

30.8%

✓ The number of medical card holders has decreased since 2012

Figure 4.1

Percentage of Population with a Medical Card by Age Group, 2012 and 2021



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

Note:

(i) Data refer to April each year and exclude GP visit cards.

Table 4.1
Primary Care Reimbursement Service Schemes, 2012 to 2021

Scheme	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% change 2012-2021	% change 2020-2021
Medical Card												
Number	1,853,877	1,849,380	1,768,700	1,734,853	1,683,792	1,581,526	1,574,507	1,549,432	1,584,790	1,545,222	-16.6	-2.5
% of population	40.4	40.1	38.1	37.0	35.5	33.0	32.4	31.5	31.8	30.8	-23.6	-3.2
of which 0-15 years	432,082	427,961	403,027	390,730	371,819	340,167	335,958	329,683	330,416	315,128	-27.1	-4.6
% of 0-15 years	41.3	40.6	38.1	36.8	34.9	31.8	33.3	30.7	30.9	29.7	-28.1	-4.0
GP Visit Card												
Number	131,102	125,426	159,576	431,306	470,505	486,920	503,650	524,298	529,842	530,378	304.6	0.1
% of population	2.9	2.7	3.4	9.2	9.9	10.2	10.4	10.7	10.6	10.6	270.8	-0.6
Drugs Payments Scheme												
Number	1,463,388	1,399,959	1,332,817	1,301,905	1,272,724	1,259,410	1,290,634	1,362,639	1,429,554	1,429,554	-2.3	0.0
% of population	31.9	30.3	28.7	27.8	26.9	26.3	26.6	27.7	28.7	28.5	-10.5	-0.7
Long-term Illness Scheme												
Number	150,598	158,924	196,902	225,631	245,964	263,336	281,075	295,033	306,978	318,967	111.8	3.9
% of population	3.3	3.4	4.2	4.8	5.2	5.5	5.8	6.0	6.2	6.4	94.1	3.2
Dental												
Number of treatments	1,198,124	1,310,773	1,312,383	1,250,925	1,215,042	1,194,730	1,113,774	1,048,321	789,940	760,669	-36.5	-3.7
Number of people treated	394,399	435,292	436,433	420,459	416,662	413,133	389,791	374,408	282,796	264,591	-32.9	-6.4
Ophthalmic												
Number of treatments	730,629	758,275	756,305	756,036	767,280	770,741	691,965	776,032	594,492	660,334	-9.6	11.1
Number of people treated	307,522	317,218	317,731	315,040	318,021	318,570	287,305	304,515	241,128	268,979	-12.5	11.6

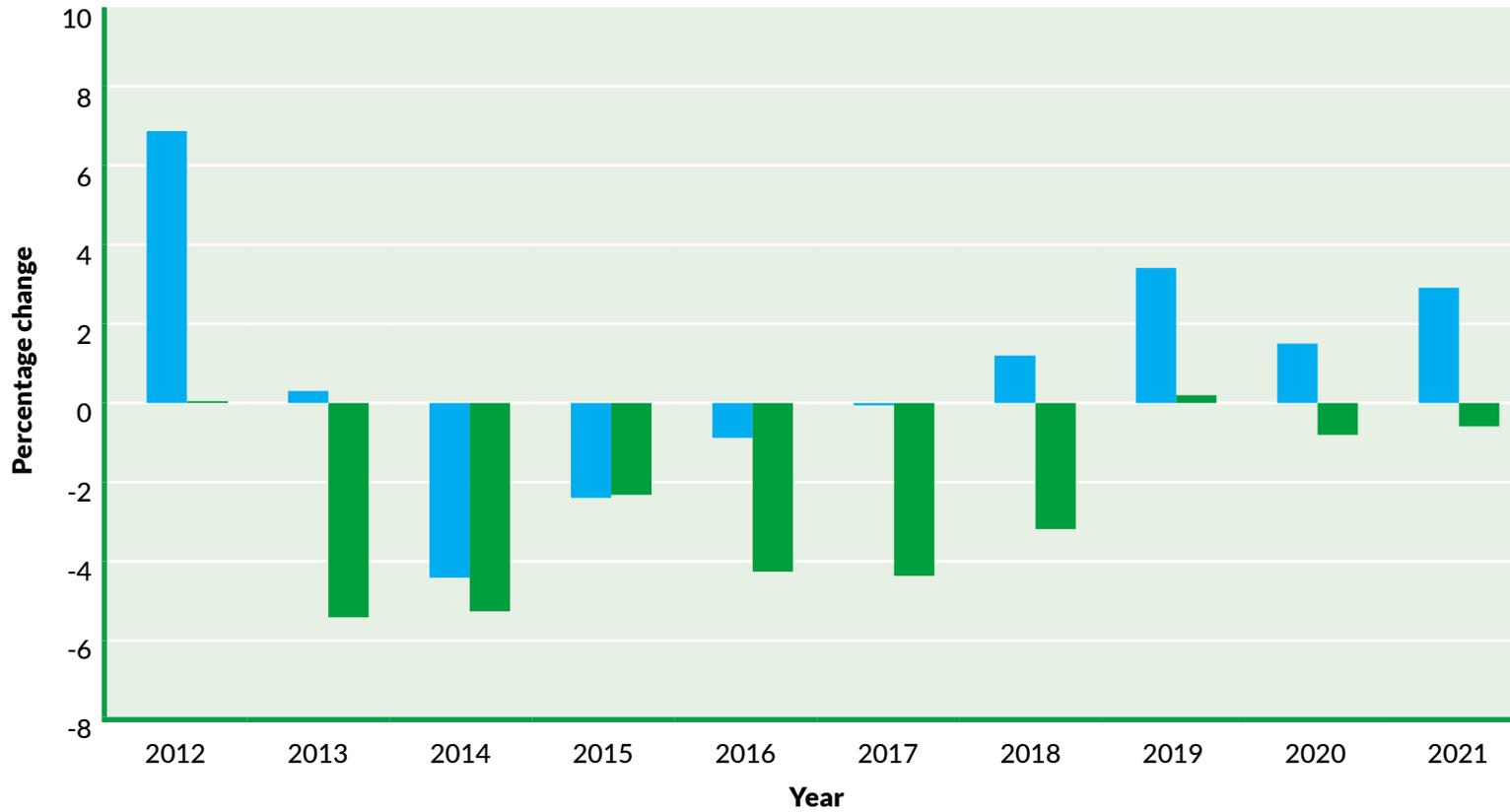
Source: General Medical Services (Payments) Board/Primary Care Reimbursement Service, HSE.

Note:

(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, 2012 to 2021**



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

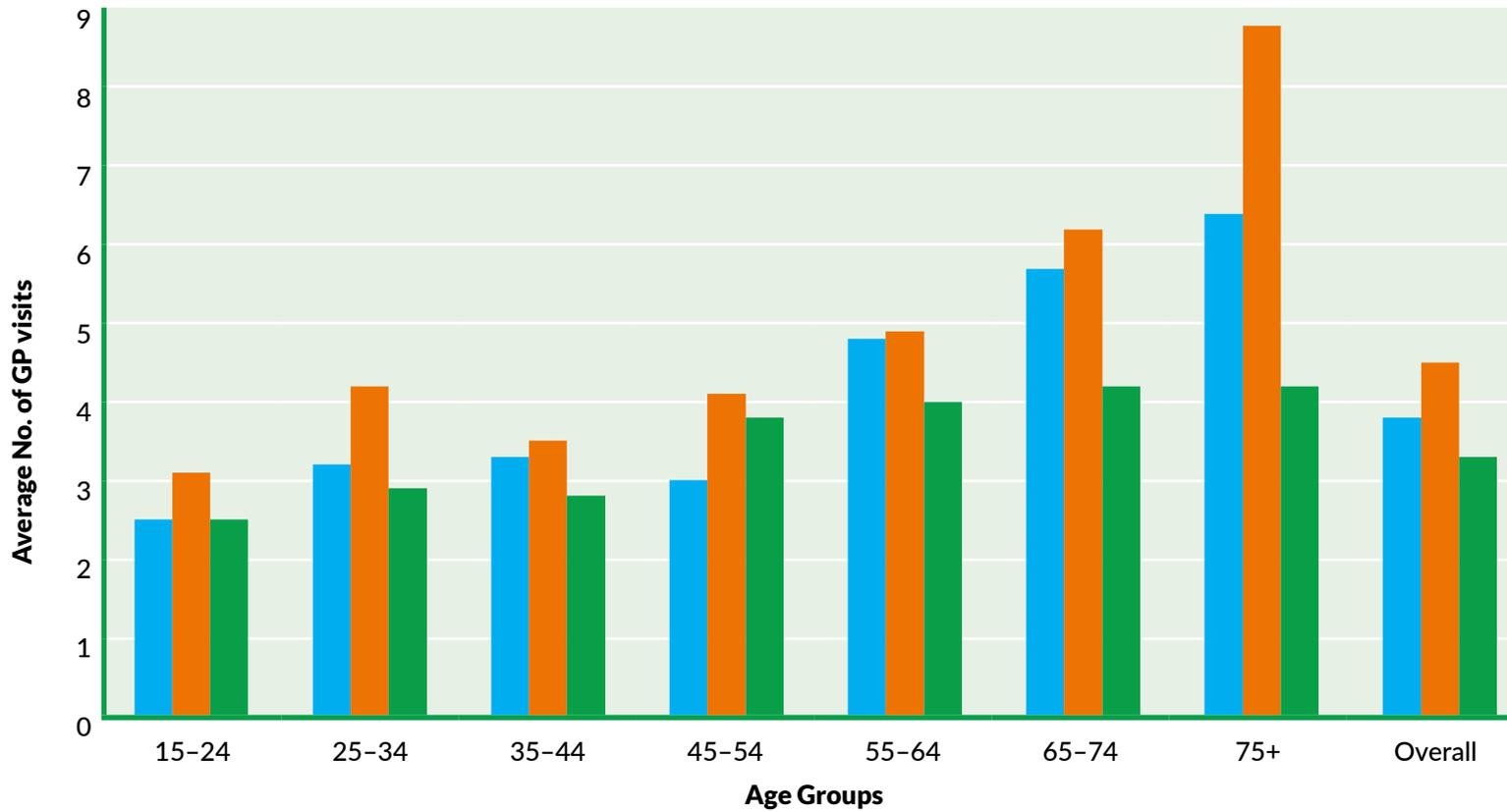
Notes:

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

— Change from previous year in Number of items dispensed
— Change from previous year in Average cost per item

Figure 4.3

Average Number of GP Visits in 12 Months by Age Group, 2018-2021



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

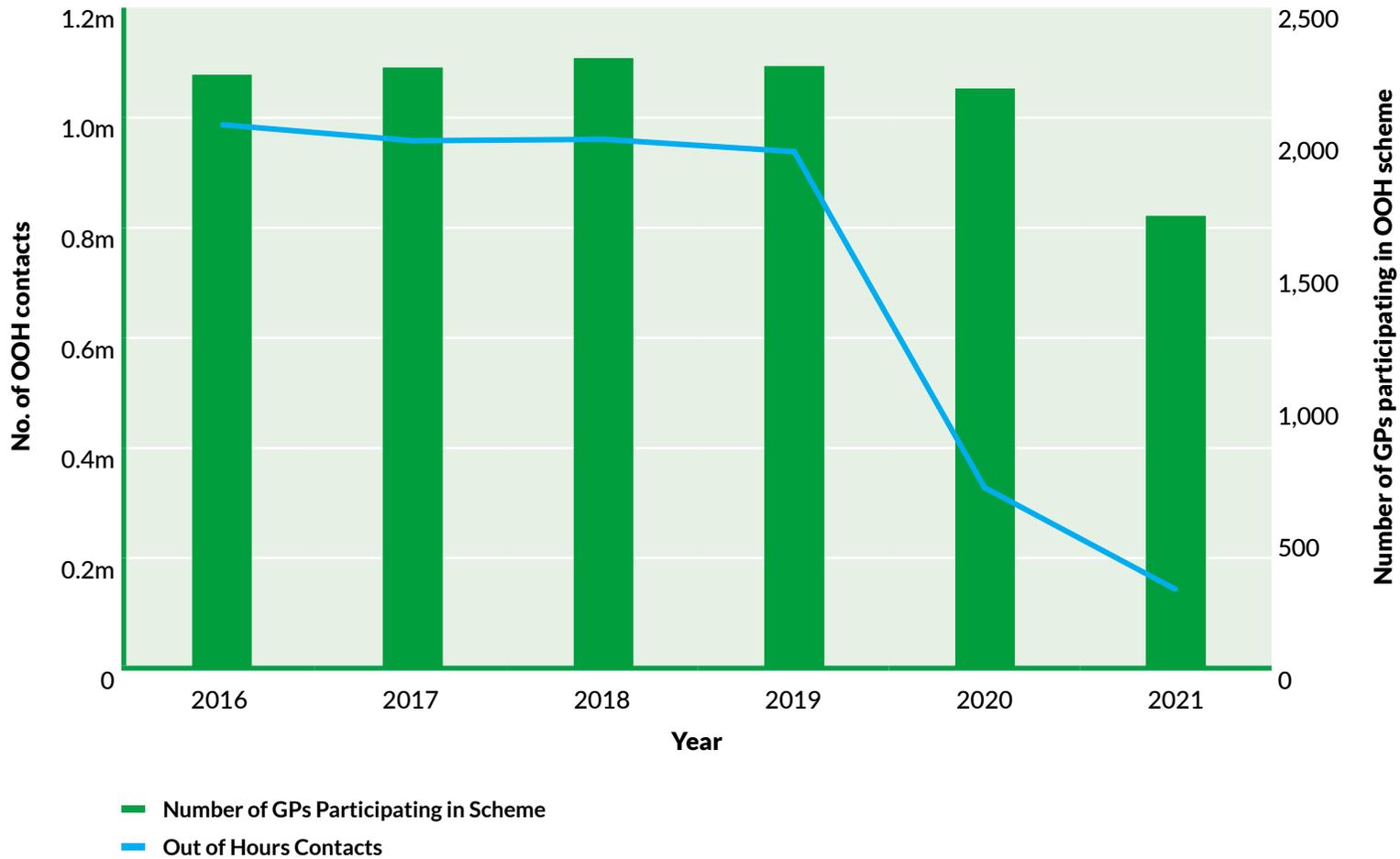
Note:

(i) Break in series for the year 2020.

- Wave 4 - 2018
- Wave 5 - 2019
- Wave 7 - 2021

Figure 4.4

Out of Hours GP Contacts under the General Medical Services Scheme, 2016–2021



Source: Primary Care Reimbursement Service (PCRS)

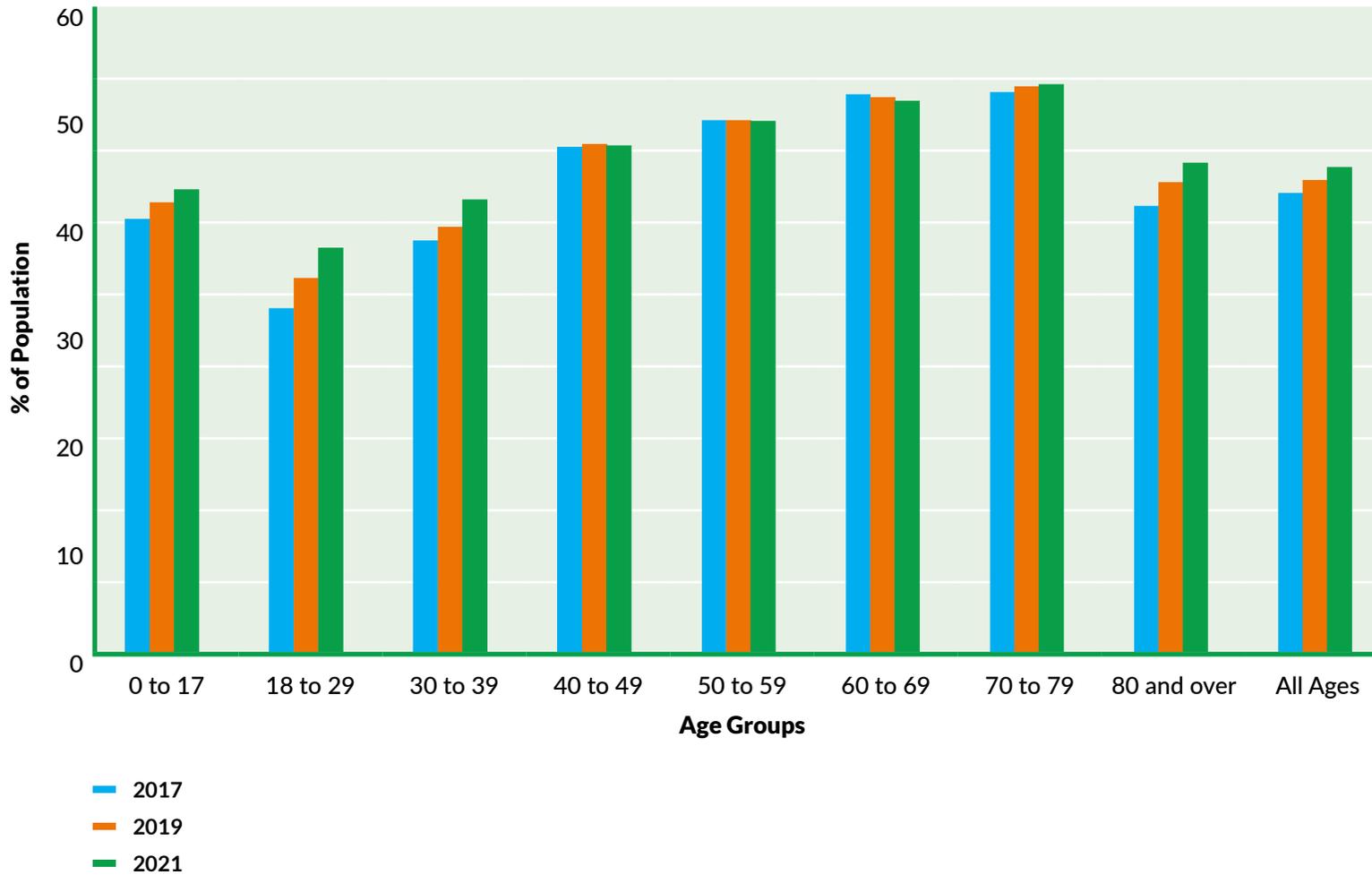
Notes:

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

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

Figure 4.5

Percentage of Population Covered by Private Health Insurance in Ireland by Age Group, 2017, 2019 and 2021



Source: Health Insurance Authority.

Note:

(i) Data excludes insurance offered by insurers with restricted membership undertakings.

Table 4.2
Long-Stay Care Summary Statistics, 2016 to 2021

	2016	2017	2018	2019	2020	2021	% change 2016-2021	% change 2020-2021
Number of Beds	30,396	30,674	31,340	32,071	32,104	31,842	4.8	-0.8
Number of Patients Resident at 31/12	23,086	23,154	23,529	23,649	22,831	22,403	-3.0	-1.9
Average age of Resident	82.7	82.6	83.1	83.1	83.9	82.9	0.2	-1.2
Age Distribution (as % of total)								
Under 65	5.3	5.5	5.5	6.0	5.9	5.8	9.4	-1.7
65-69	4.2	4.2	4.3	4.0	4.4	4.3	2.4	-2.3
70-74	7.4	7.6	7.8	8.0	8.4	8.3	12.2	-1.2
75-79	12.7	12.7	12.7	13.0	13.1	13.8	8.7	5.3
80-84	20.9	20.5	20.5	20.0	19.6	19.1	-8.6	-2.6
85+	49.4	49.5	49.2	49.0	48.7	48.7	-1.4	0.0

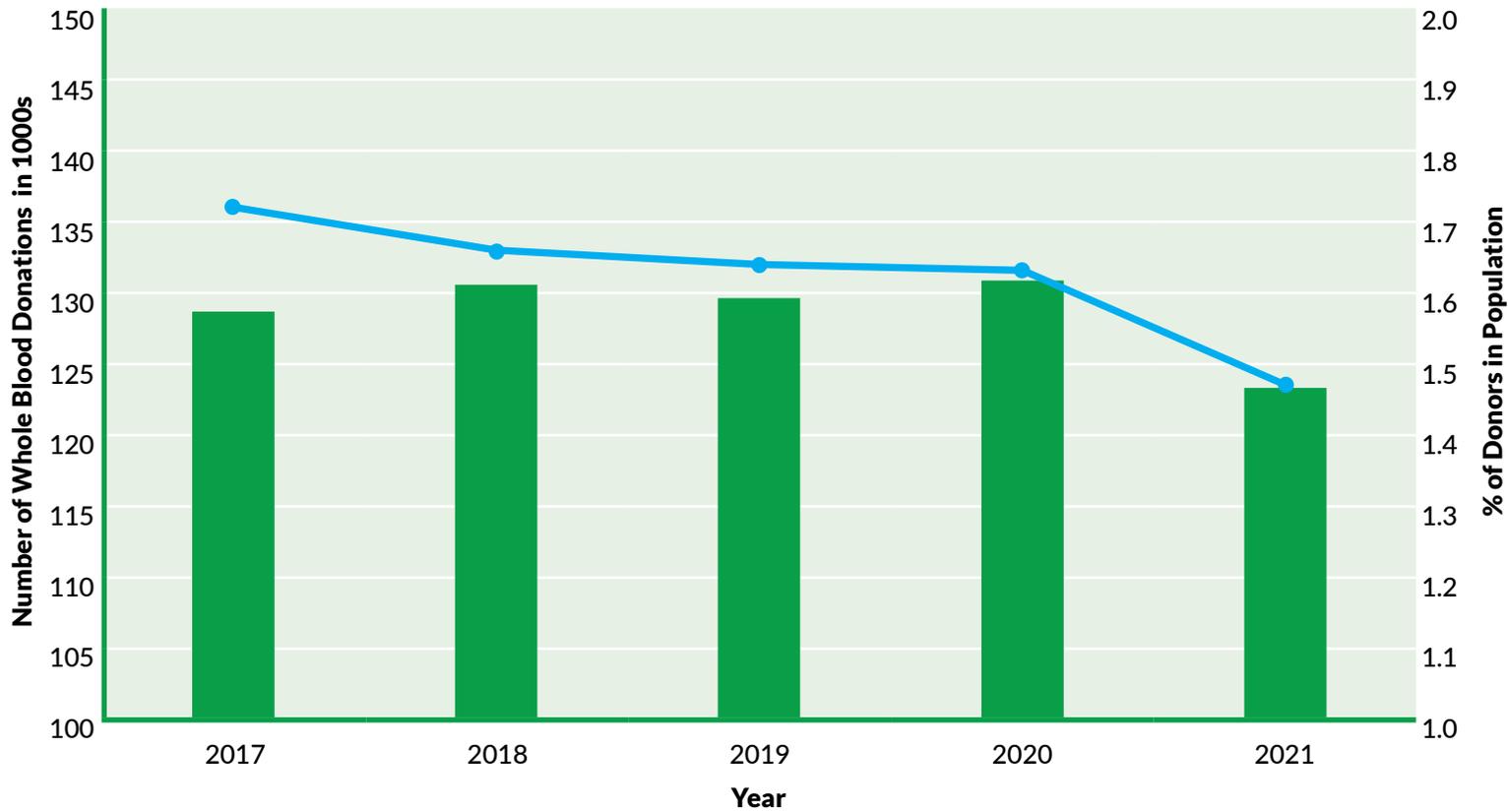
Source: HIQA (Number of beds), Nursing Homes Support Scheme, HSE.

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, 2017–2021



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

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

Table 4.3
Immunisation Rates, Percentage Uptake, 2012-2021

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% change 2011-2020	% change 2019-2020
Diphtheria	95	96	96	95	95	95	94	94	94	94	-1.1	0.0
Pertussis	95	96	96	95	95	95	94	94	94	94	-1.1	0.0
Tetanus	95	96	96	95	95	95	94	94	94	94	-1.1	0.0
Haemophilus Influenzae Type B	95	95	96	95	95	95	94	94	94	94	-1.1	0.0
Polio	95	96	96	95	95	95	94	94	94	94	-1.1	0.0
Meningococcal	85	87	88	88	87	86	87	88	86	79	-7.5	-8.1
Measles, Mumps & Rubella (MMR)	92	93	93	93	92	92	92	91	92	91	-1.1	-1.1
Hepatitis B	95	95	95	95	95	95	94	94	94	94	-1.1	0.0
Pneumococcal Conjugate	91	91	92	92	91	91	88	86	87	87	-4.4	0.0
Human Papillomavirus	87	86	88	87	72	51	64	74	76	74	-15.2	-2.9

Source: Health Protection Surveillance Centre (HPSC).

Notes:

- (i) The data above relate to children who have reached their second birthday and have received 3 doses of each vaccine, with the exception of MMR which relates to 1 dose and HPV.
- (ii) **Meningococcal (MenC/MenACWY)**
 MenC (meningococcal group C) vaccine is recommended as part of the primary childhood immunisation programme. In recent years, evidence has emerged that immunity to meningococcal disease reduces over time, so a booster dose is recommended now to provide additional protection. The MenC booster vaccine was introduced into the HSE schools immunisation programme in September 2014 following NIAC recommendation it be given to children aged 12-13 years of age. This vaccine was offered to students in first year of second level schools and their age equivalents in special schools and home schooled. In the 2019/2020 academic year the meningococcal ACWY (MenACWY) vaccine, which protects against meningococcal disease caused by Men C and also types A, W and Y, was offered instead of MenC to this age group.
- (iii) Human Papillomavirus figures refer to the 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.

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, 2012–2021**

	2012	2013	2014	2015	2016	2017	2018	2019	2020*	2021	% change 2012–2021	% change 2020–2021
Drugs including Alcohol												
All cases in treatment	16,126	16,312	17,077	16,933	16,325	15,742	17,093	17,608	15,127	17,136	6.3	13.3
New entries into treatment each year	7,114	6,899	7,237	7,007	6,922	6,482	6,889	6,963	6,091	6,971	-2.0	14.4
Rate per 100,000 (15-64 year olds)	232.9	226.1	236.5	227.8	223.0	206.7	216.9	216.5	187.2	212.9	-8.6	13.7
Drugs excluding Alcohol												
All cases in treatment	7,903	8,894	9,672	9,711	9,097	8,772	10,113	10,477	9,583	10,664	34.9	11.3
New entries into each treatment year	3,191	3,389	3,648	3,651	3,446	3,168	3,859	3,853	3,716	4,130	29.4	11.1
Rate per 100,000 (15-64 year olds)	104.4	111.1	119.2	118.7	111.0	101.0	121.5	119.8	114.2	126.2	20.8	10.5

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

Notes:

- (i) This data supersedes all previously published data from NDTRS publications.
- (ii) Ongoing data validations and corrections to the NDTRS dataset may result in minor changes to previously reported figures.
- (iii) *2020 data should be interpreted in the context of the impact of Covid-19 public restrictions on data collection and service provision.

Figure 4.7

Number of Cases in Treatment for Problem Drug and Alcohol Use and Rate per 100,000 Population ages 15–64, 2012–2021



Source: Table 4.4

Chapter 5

Health Service Employment



Chapter 5 Health Service Employment

This chapter shows fluctuations and trends in Irish health service employment over the past decade. The total number of whole time equivalent (WTE) staff employed has increased by 25.7% since 2012 (Table 5.1).

After dropping 2.1% between 2012 and 2015, this trend has reversed, and numbers have been growing steadily since. All grade categories have increased year on year since 2018, and total public health employment now stands at 132,323.

A comparable trend in public health service employment can be found in Figure 5.1 which uses employment figures related to December annually. Nursing remains the single largest grade category with over 40,000 nurses currently employed in the public health service in Ireland. Nurses account for almost a third (31.4%) of the total public health service workforce (Figure 5.2). This proportion has remained relatively constant over the past decade.

The chapter also shows a breakdown of consultant hospital doctors by speciality (Table 5.2). All specialities have seen an increase in the past ten years, and the total number of consultant hospital doctors now stands at 3,608. The largest consultant categories are medical and surgical. The total number of consultant and non-consultant hospital doctors in

Ireland is 11,299, an increase of over 49% since 2012. The rapid rate of growth among hospital doctors since 2013 can be seen in Figure 5.3.

Our position relative to other OECD countries has now improved, though we are still only in the middle grouping. Out of 29 countries for which data was available in 2021 (or latest available year), Ireland placed 11th: ahead of Israel, below Germany, and equal to just above the average for these countries. (Figure 5.5).

IRISH HEALTH SERVICE EMPLOYMENT

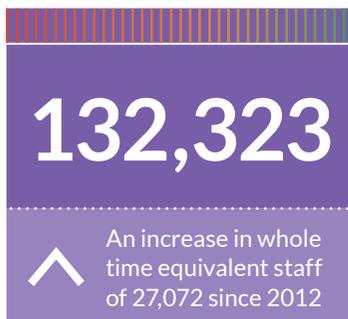


Table 5.1
Public Health Service Employment (HSE & Section 38), 2012 to 2021

Grade Category	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% change 2012-2021	% change 2020-2021
Medical/Dental	8,320	8,353	8,817	9,336	9,723	10,121	10,467	10,857	11,762	12,113	45.6	3.0
Nursing	34,637	34,178	34,509	35,353	35,835	36,777	37,644	38,205	39,917	41,576	20.0	4.2
Health and Social Care Professionals*	15,717	15,844	13,640	14,578	15,364	15,950	16,496	16,774	17,807	18,999	20.9	6.7
Management/Administration	15,726	15,503	15,112	16,164	16,767	17,714	18,504	18,846	19,829	21,583	37.2	8.8
General Support Staff	9,974	9,700	9,419	9,494	9,448	9,454	9,454	9,416	9,876	10,010	0.4	1.4
Other Patient and Client Care	20,878	20,504	21,532	22,350	23,122	24,281	25,292	25,719	26,985	28,042	34.3	3.9
Total	105,251	104,082	103,030	107,275	110,258	114,297	117,857	119,817	126,174	132,323	25.7	4.9

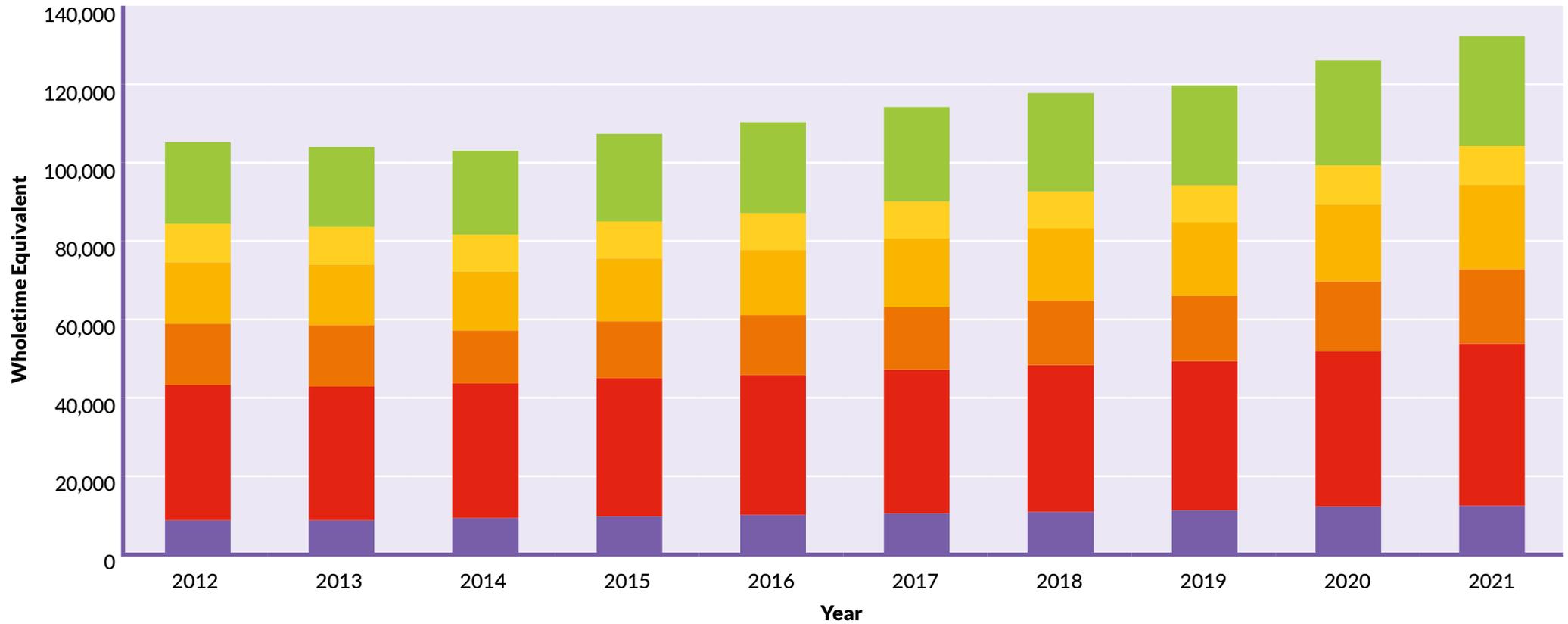
Source: HSE Health Service Personnel Census at 31st December.

Notes:

- (i) Figures refer to wholtime equivalents (WTE). Previous figures have been revised to comply with current methodologies around Graduate Nurses and Support/Care interns. Pre-registration Student Nurses on clinical placement are recorded at 50% actual WTE, in line with a WRC agreement.
- (ii) *It is not possible to make valid staffing comparisons over extended timeframes due to changes in the configuration of the health sector. In particular, it should be noted that Children & Family Services transferred to TUSLA on 01 Jan 2014. This change had a significant impact on the Health and Social Care Professionals grouping which includes Social Work.

- (iii) Management/Administration includes staff who are of direct service to the public and include consultant's secretaries, out-patient departmental personnel, medical records personnel, telephonists and other staff who are engaged in frontline duties.
- (iv) Directly employed home help staff are included under General Support Staff w.e.f. 2018 and historical figures have been restated to reflect this methodology change.

Figure 5.1
Public Health Service Employment by Grade Category, 2012 to 2021



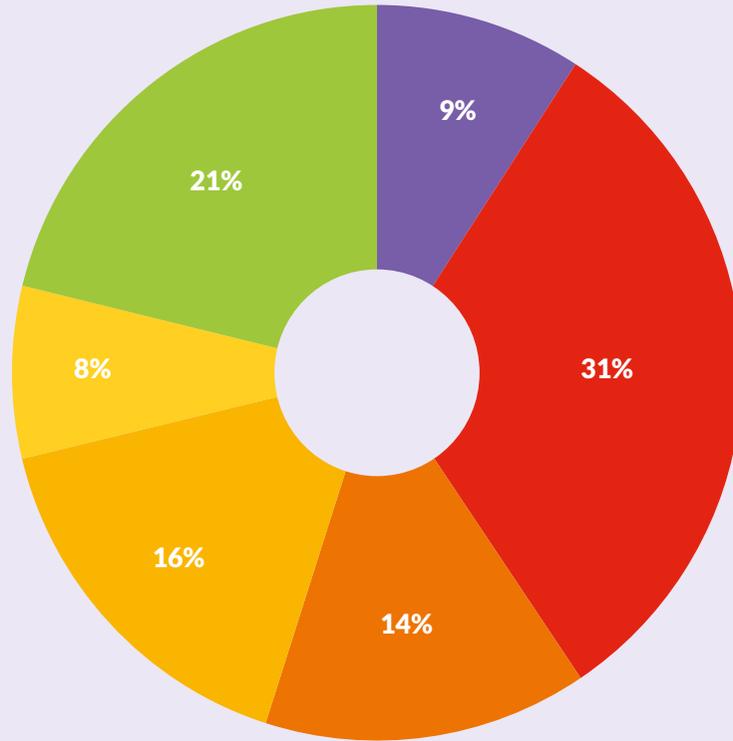
- Medical/Dental
- Nursing
- Health and Social Care Professionals
- Management/Administration
- General Support Staff
- Other Patient and Client Care

Source: HSE Health Service Personnel Census at 31st December

Note:
See note under Table 5.1

Figure 5.2

Proportion of Staff Employed in the Public Health Service in each Grade Category, December 2021



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

Source: Table 5.1.

Note:
See notes under Table 5.1

Table 5.2**Consultant and Non-Consultant Hospital Doctors Employed in the Public Health Service, 2012 to 2021**

Grade Category	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% change 2012-2021	% change 2020-2021
Consultant Hospital Doctors:												
Consultant Anaesthesia	353	351	348	350	373	389	394	407	431	437	23.6	1.4
Consultant Emergency Medicine	72	75	75	83	92	98	97	108	121	131	82.5	8.0
Consultant Medicine	563	601	654	675	723	756	795	833	914	978	73.7	7.0
Consultant Obstetrics & Gynaecology	125	122	124	135	140	151	157	161	170	170	35.5	0.0
Consultant Paediatrics	144	135	148	151	157	172	182	197	216	221	53.7	2.2
Consultant Pathology	203	206	207	213	230	239	249	259	272	285	40.4	4.6
Consultant Psychiatry	356	356	351	362	362	364	374	407	422	438	23.0	3.7
Consultant Radiology	239	240	244	249	268	270	286	295	301	309	29.5	2.9
Consultant Surgery	440	451	465	488	498	511	535	553	575	602	36.8	4.7
Consultant, Other	18	19	20	19	19	21	28	29	34	37	103.6	8.8
Sub-Total Consultant Hospital Doctors	2,514	2,555	2,635	2,724	2,862	2,971	3,096	3,249	3,458	3,608	43.5	4.3
Non-Consultant Hospital Doctors:												
Interns	565	631	674	712	713	720	730	726	971	867	53.6	-10.7
Registrar	1,809	1,761	1,775	1,948	2,055	2,160	2,265	2,332	2,378	2,451	35.5	3.0
Senior House Officer	1,807	1,808	2,034	2,158	2,217	2,295	2,346	2,390	2,623	2,719	50.4	3.7
Senior Registrar	105	93	146	141	186	175	202	211	238	249	138.1	4.8
Specialist Registrar	785	792	854	933	964	1,067	1,092	1,197	1,260	1,405	78.9	11.5
Sub-Total Non-Consultant Hospital Doctors	5,070	5,086	5,483	5,894	6,135	6,417	6,635	6,856	7,470	7,691	51.7	3.0
Total	7,584	7,641	8,118	8,618	8,997	9,388	9,731	10,105	10,928	11,299	49.0	3.4

Source: HSE Health Service Personnel Census.

Notes:

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

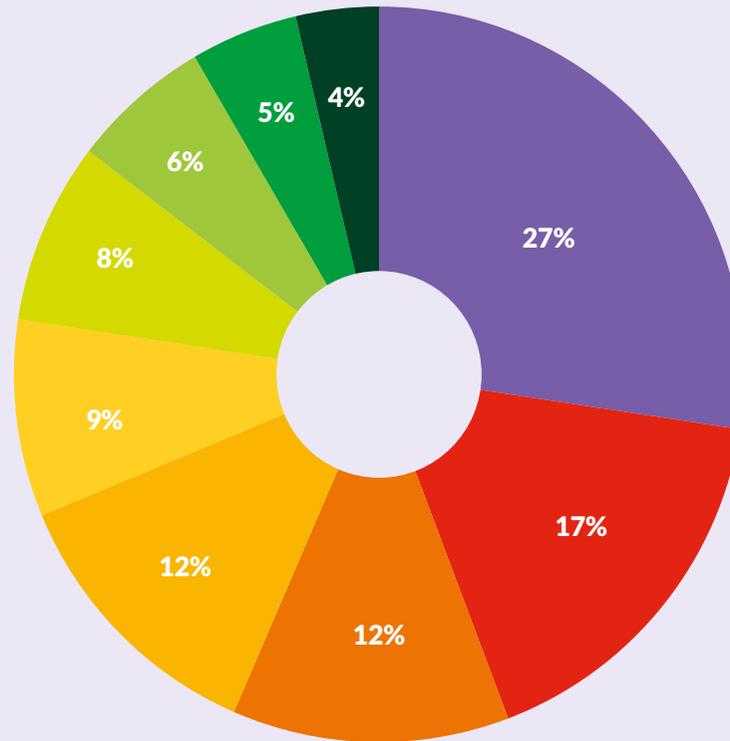
(ii) Consultant Obstetrics & Gynaecology includes Masters of Maternity Hospitals.

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

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

Figure 5.4

Consultant Hospital Doctors Employed in the Public Health Service by Category, December 2021



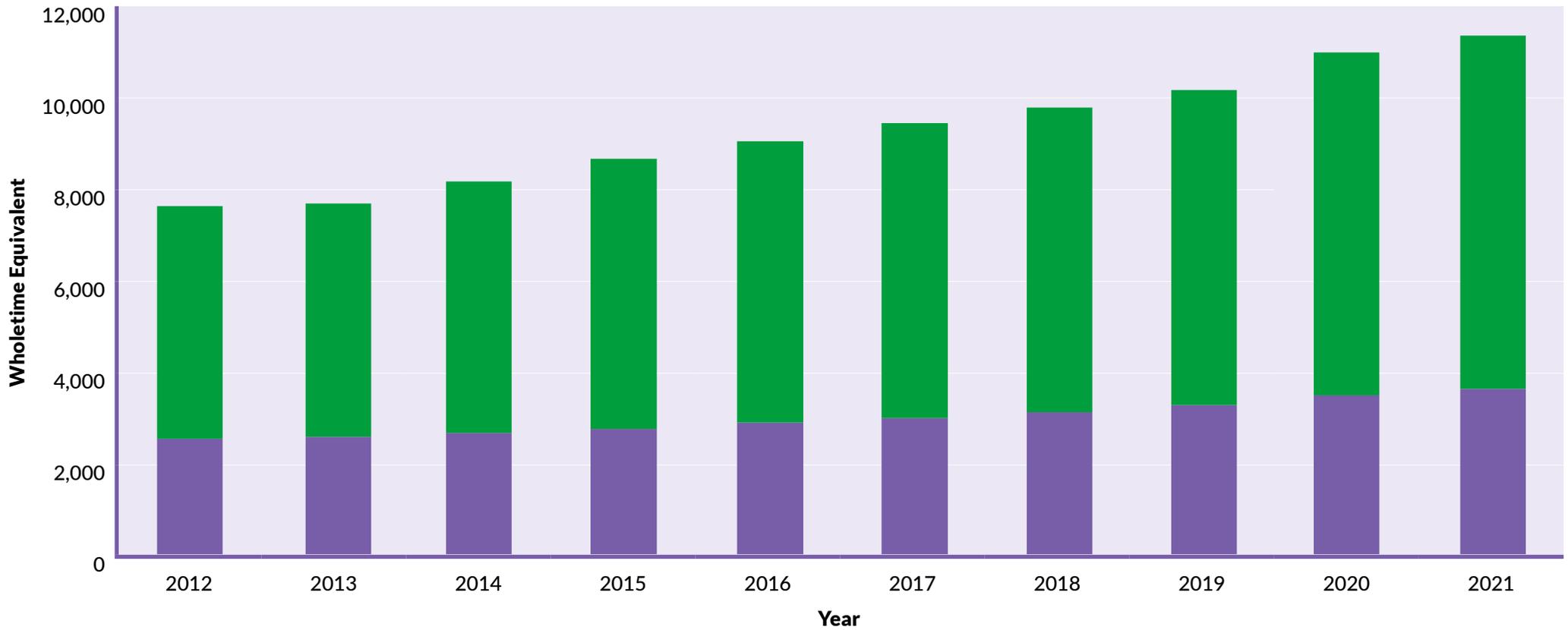
- | | | |
|--------------|---------------|----------------------------|
| ■ Medicine | ■ Anaesthesia | ■ Paediatrics |
| ■ Surgery | ■ Radiology | ■ Obstetrics & Gynaecology |
| ■ Psychiatry | ■ Pathology | ■ Emergency Medicine |

Source: HSE Health Service Personnel Census.

Note:
See notes under Table 5.2.

Figure 5.3

Consultant and Non-Consultant Hospital Doctors (HSE & Section 38), 2012 to 2021



■ Non-Consultant Hospital Doctors
■ Consultants

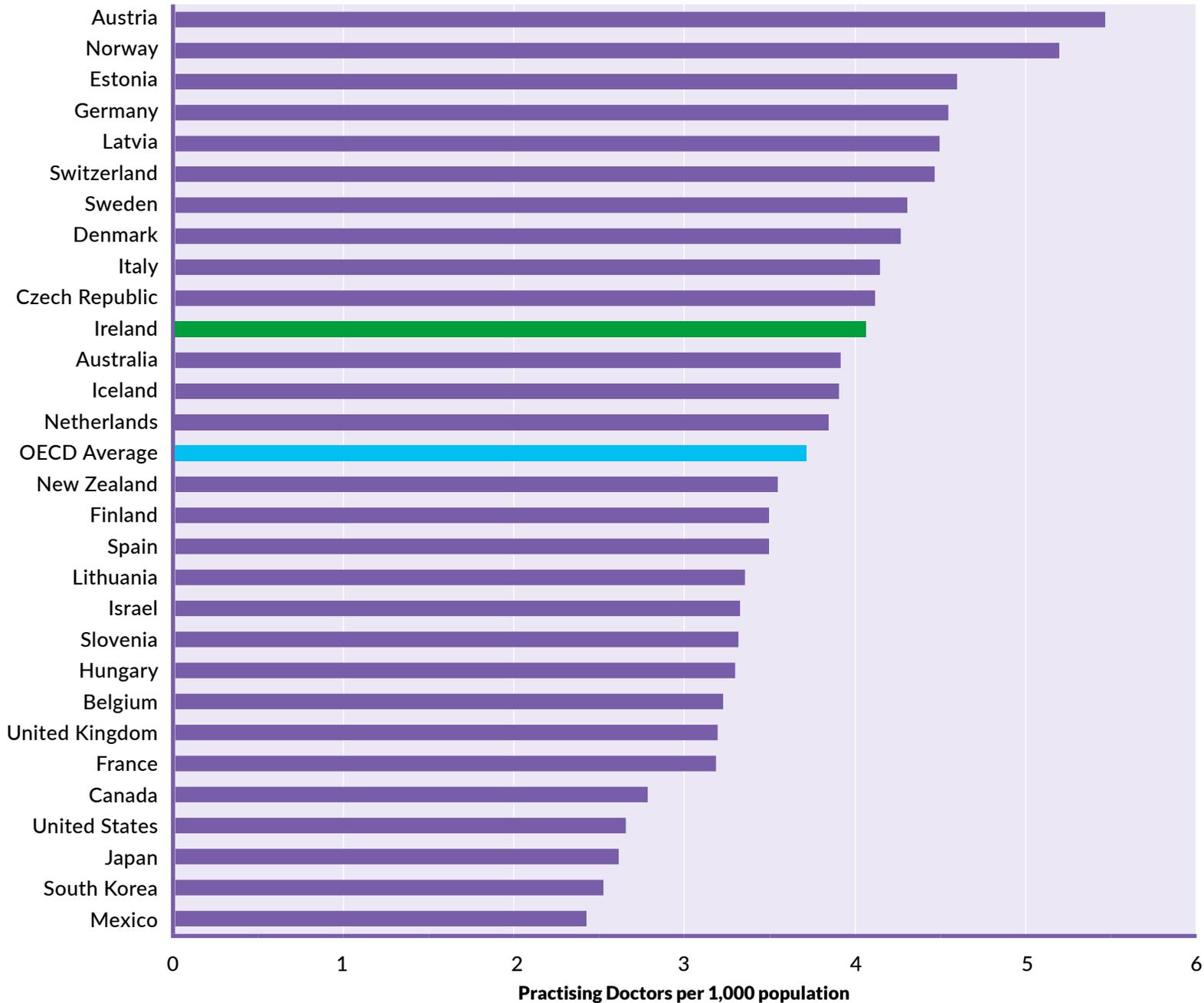
Source: HSE Personnel Census

Notes:

- (i) For comparability purposes, information in chart above relates to annual December Employment figures
- (ii) See notes under Table 5.2.

Figure 5.5

Practising Doctors per 1,000 Population, 2021 (or Latest Available Data)



Source: OECD.

Notes:

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

Chapter 6

Health Service Expenditure



Chapter 6 Health Service Expenditure

This section summarises data and trends in spending on health services during the past decade. It also presents a profile of current health spending for Ireland according to the System of Health Accounts methodology which was developed to allow better cross-country analysis of trends in health expenditure.

Table 6.1 shows total public expenditure on health, capital and non-capital, each year from 2012 to estimates for 2021. There was an increase in total public health expenditure of 8.3% from 2020 to 2021. Capital expenditure, which accounted for 4.6% of total expenditure in 2021, was 11.6% higher in 2021 than in 2020 (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 200% since 2012, and by 11.7% between 2020 and 2021.

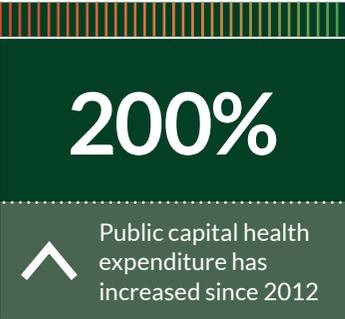
The Systems of Health accounts data provided in Tables 6.4, 6.5 and 6.6 presents an opportunity for the analysis of public and private health expenditure in Ireland by financing source, health care provider and type of health care. Table 6.4 shows that the majority of health care expenditure (78.8%) was financed by

Government schemes and compulsory contributory health care financing schemes in 2020. Curative and rehabilitative care accounts for the majority of health care expenditure at 56.1% (Table 6.5); while Hospitals account for over a third (37.3%) (Table 6.6).

Figure 6.3 presents the health expenditure per capita from 2011 to 2020, adjusted for inflation. Table 6.7 compares Ireland's health expenditure with selected OECD countries. Ireland has the 13th 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 joint 4th, equal to France, and behind the United States, Switzerland and Germany. This position remains at 4th when looking at public expenditure only (Figure 6.4).

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

PUBLIC CAPITAL HEALTH EXPENDITURE



200%

Public capital health expenditure has increased since 2012

Table 6.1
Public Health Expenditure in Millions of Euro, 2012 to 2021

	2012	2013	2014	2015 ^A	2016 ^A	2017	2018	2019	2020	2021	% change 2012-2021	% change 2020-2021
Total Public Non-Capital Expenditure on Health	13,218	13,084	13,276	13,879	14,581	15,316	16,304	17,340	20,288	21,943	66.0	8.2
Public Non-Capital Expenditure on Health (excluding treatment benefits)	13,197	13,063	13,246	13,846	14,548	15,263	16,221	17,229	20,175	21,827	65.4	8.2
Total Public Capital Expenditure on Health	350	347	386	398	423	465	545	689	942	1,052	200.1	11.6
Total Public Expenditure	13,568	13,431	13,662	14,277	15,004	15,781	16,849	18,029	21,230	22,994	69.5	8.3

Sources: 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 2021 are estimated.

Table 6.2
HSE Non-Capital Vote Allocation in Millions of Euro, 2014–2021

	2014 ^A	2015 ^A	2016	2017	2018	2019	2020	2021	% change 2020-2021
Care of Older People	1,468	1,569	1,620	1,693	1,774	1,854	1,995	2,119	6.2
Care for Persons with Disabilities	1,554	1,654	1,773	1,858	2,004	2,145	2,235	2,427	8.6
Mental Health	754	780	804	860	913	987	1,064	1,095	3.0
Primary Care & Community Health*	3,462	3,506	3,892	4,009	4,203	4,400	4,808	5,249	9.2
Multi Care Group Services [^]	-	-	-						
Palliative Care & Chronic Illness [^]	75	78	-						
Social Inclusion [^]	-	129	-						
Health and Wellbeing	214	185	191	211	112	121	153	311	103.1
Other [^]	-	-	-						
Primary, Community and Continuing Care Total	7,527	7,901	8,280	8,633	9,006	9,507	10,255	11,202	9.2
Acute Division	4,496	4,701	4,929	5,243	5,589	6,071	6,705	7,297	8.8
Long Term Charges Repayment Scheme	8	4	2	2	2	2	2	2	0.0
Statutory Pensions	597	626	670	686	728	747	767	811	5.8
Other	628	667	708	812	992	1,043	2,533	2,575	1.7
HSE Gross Non-Capital Total	13,256	13,899	14,589	15,376	16,316	17,369	20,261	21,888	8.0
Total Appropriations-in-Aid	1,043	1,075	1,061	1,054	1,085	1,104	1,003	1,072	6.9
HSE Net Non-Capital Total	12,213	12,824	13,528	14,322	15,231	16,265	19,258	20,816	8.1

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

Notes:

- (i) In 2014 funding of c. €540 million was transferred, in the context of the establishment of the Child and Family Agency, from the HSE Vote to Vote 40 (Office of the Minister for Children & Youth Affairs). For comparison purposes, expenditure in respect of children and family services has been excluded from the Table.
- (ii) A: In 2015 the Vote of the HSE was disestablished and the funding transferred to Vote 38 (Office of the Minister for Health) from which Vote grants are now paid to the HSE. As a consequence, income previously accounted for as Appropriations-in-Aid in the HSE Vote is now collected directly by the HSE and shown in the HSE accounts but no longer incorporated in Vote terms. The 2014 estimate was also revised for comparison purposes. The allocation of this income of €1.043bn in 2014, €1.075bn in 2015, €1.061bn in 2016, €1.054bn in 2017 and €1.085bn in 2018 across the above HSE programmes is provisional.

- (iii) HSE Gross Non-Capital Total up to and including 2013 refers to the HSE Vote in the Revised Estimates for Public Services (2012–2014) and from 2014 refers to those sections of the Health Vote in the Revised Estimates for Public Services relevant to the HSE. Allocations across the HSE programmes above are provisional for 2014–2018.

(iv) *Includes Medical Card Services Schemes.

- (v) [^]Costs formerly apportioned across other programmes within Primary Care. Elements of Multi Care Group Services costs reflected across programmes in 2013 and after. Palliative Care costs included in Primary Care from 2016. Social Inclusion costs included in Primary Care in 2013, 2014 and from 2016.

Table 6.3**Capital Public Health Expenditure by Programme in Millions of Euro, 2012 to 2021**

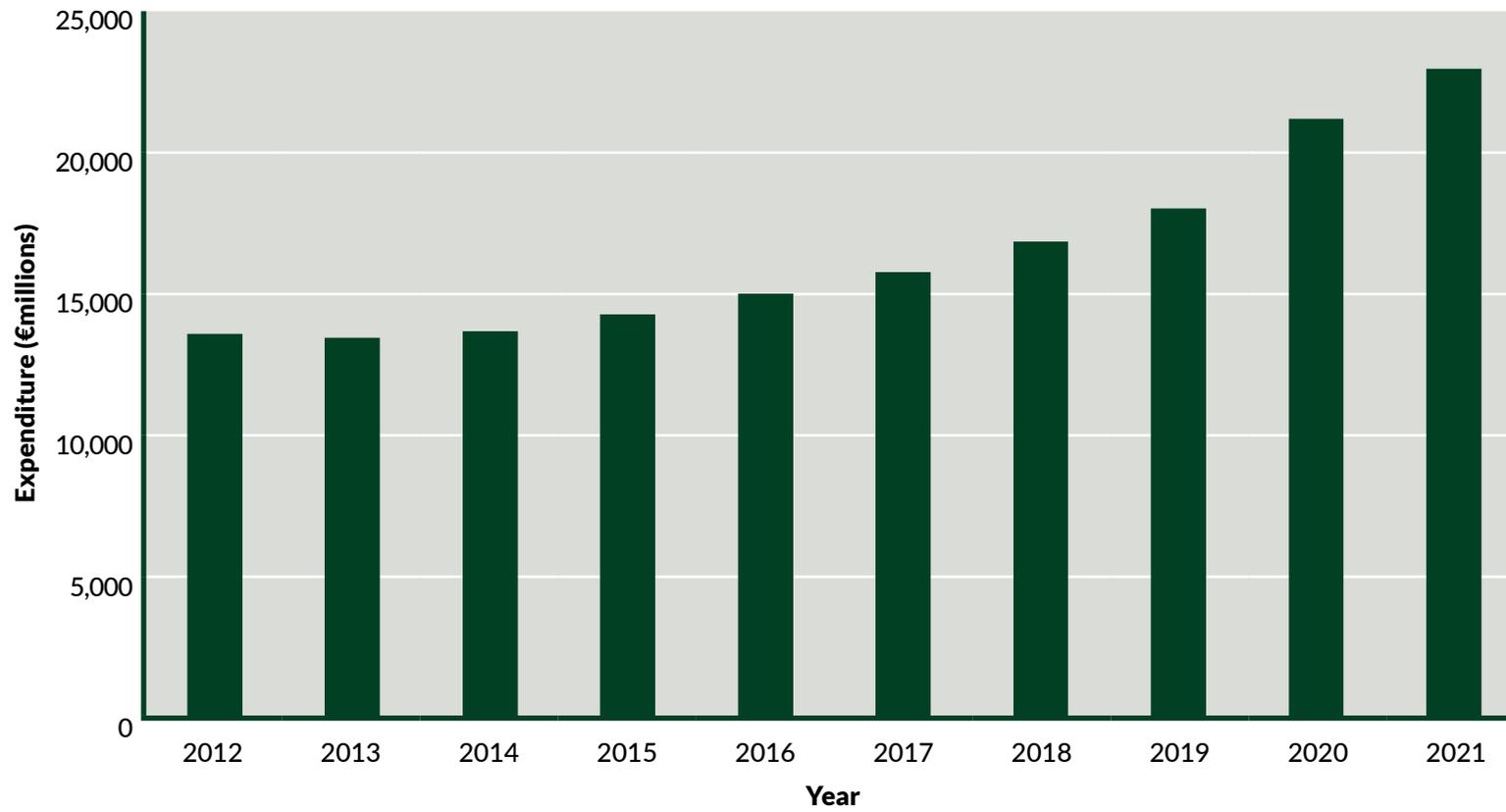
Programme	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	% change	% change
											2012-2021	2020-2021
Acute Hospitals	208	203	197	185	237	253	254	372	566	702	237.6	24.1
Community Health	53	62	79	100	79	79	87	89	200	200	279.0	0.1
Mental Health	54	23	50	38	21	38	81	66	44	22	-59.8	-51.0
Disability Services	6	8	6	8	16	26	50	66	24	10	56.6	-57.6
ICT	22	41	41	55	54	56	61	87	99	108	381.8	9.2
Miscellaneous	7	11	14	12	16	13	12	9	10	10	42.3	4.1
Total Public Capital Expenditure	350	347	386	398	423	465	545	689	942	1,052	200.1	11.7

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

Note:

(i) Excludes capital expenditure by the Department of Children, Equality, Disability, Integration and Youth.

Figure 6.1
Total Public Health Expenditure, 2012 to 2021



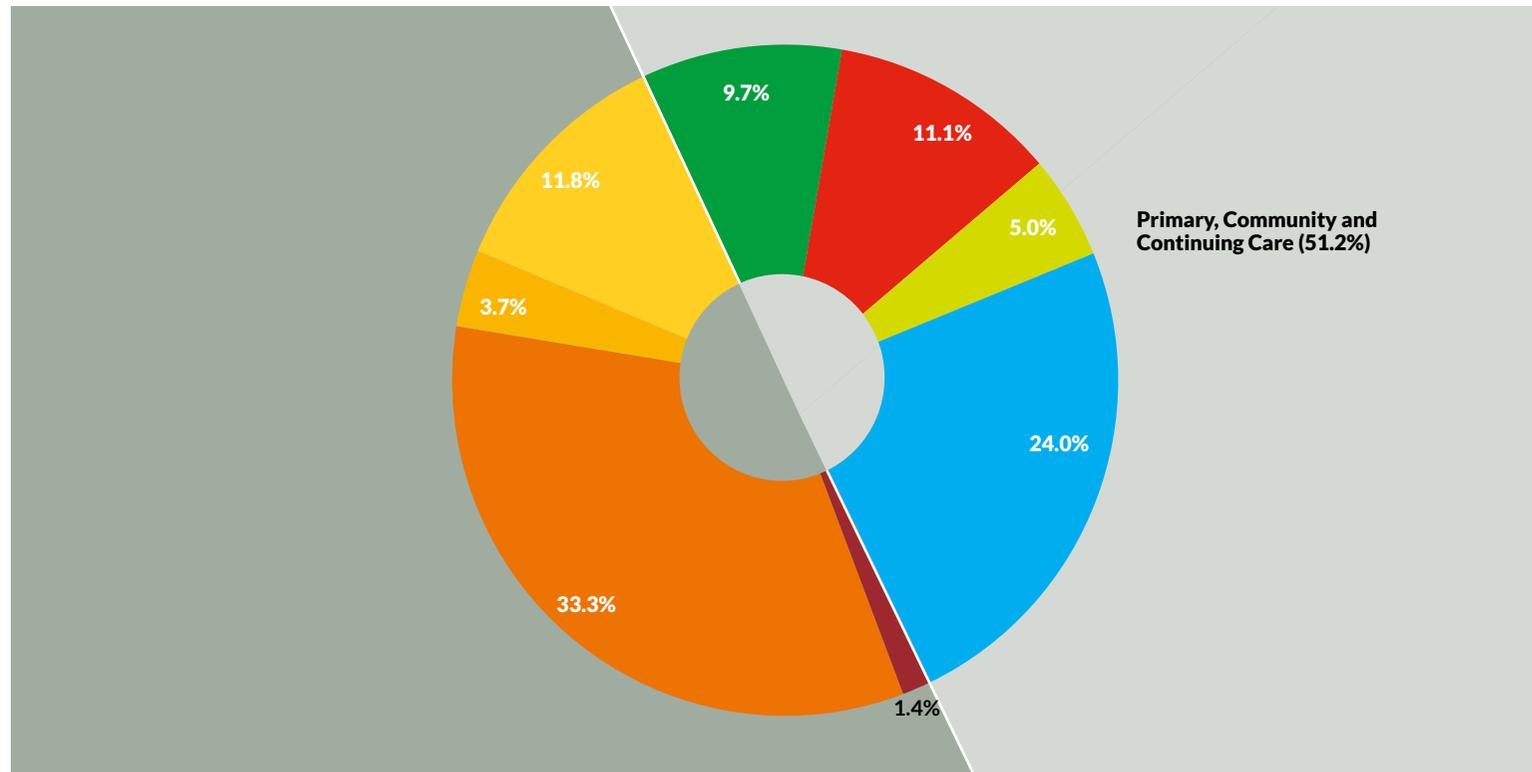
Source: Table 6.1.

Note:
See notes under Table 6.1.

Figure 6.2
Percentage Gross Non-Capital Voted Expenditure by Programme, HSE 2021

Source: Table 6.2.

Note:
 See notes under Table 6.2.



- Care of Older People
- Care for Persons with Disabilities
- Mental Health
- Primary Care & Community Health
- Health and Wellbeing
- Acute Hospitals
- Long Term Charges Repayment Scheme
- Statutory Pensions
- Other

Table 6.4
Current Health Care Expenditure by Financing Scheme, 2016 to 2020

Financing Scheme	2016 €m	2016 %	2017 €m	2017 %	2018 €m	2018 %	2019 €m	2019 %	2020 €m	2020 %	2016-2020 % change
Govt. Financing Schemes and Compulsory Contributory Health Care Financing Schemes	14,622	72.4	15,486	72.8	16,628	74.1	17,756	74.6	20,872	78.8	42.7
Voluntary Health Care Payment Schemes (e.g. Health insurance)	2,912	14.9	3,058	14.3	3,107	13.8	3,223	13.5	2,825	10.7	-3.0
Household Out-of-Pocket Payments	2,573	12.6	2,675	12.2	2,697	12.0	2,814	11.8	2,781	10.5	8.1
Total Current Health Care Expenditure	20,107	100.0	21,219	100.0	22,452	100.0	23,792	100.0	26,478	100.0	31.7

Source: System of Health Accounts, Central Statistics Office.

Table 6.5
Current Health Care Expenditure by Health Care Function, 2016 to 2020

	2016 €m	2016 %	2017 €m	2017 %	2018 €m	2018 %	2019 €m	2019 %	2020 €m	2020 %	2016-2020 % change
Curative and Rehabilitative Care	11,009	54.8	11,758	55.4	12,543	55.9	13,434	56.5	14,852	56.1	34.9
Long-Term Care (Health)	4,408	21.9	4,538	21.4	4,825	21.5	5,167	21.7	5,880	22.2	33.4
Ancillary Services	577	2.9	598	2.8	620	2.8	680	2.9	711	2.7	23.2
Medical Goods (Non-Specified by Function)	2,866	14.3	2,992	14.1	3,084	13.7	3,099	13.0	3,329	12.6	16.2
Preventive Care	527	2.6	563	2.7	584	2.6	634	2.7	864	3.3	64.0
Governance and Health System Administration and Financing	549	2.7	567	2.7	567	2.5	554	2.3	631	2.4	15.0
Health Care Services N.E.C	171	0.9	202	1.0	209	0.9	225	0.9	212	0.8	24.1
Total	20,107	100.0	21,219	100.0	22,432	100	23,792	100	26,479	100.0	31.7

Source: System of Health Accounts, Central Statistics Office.

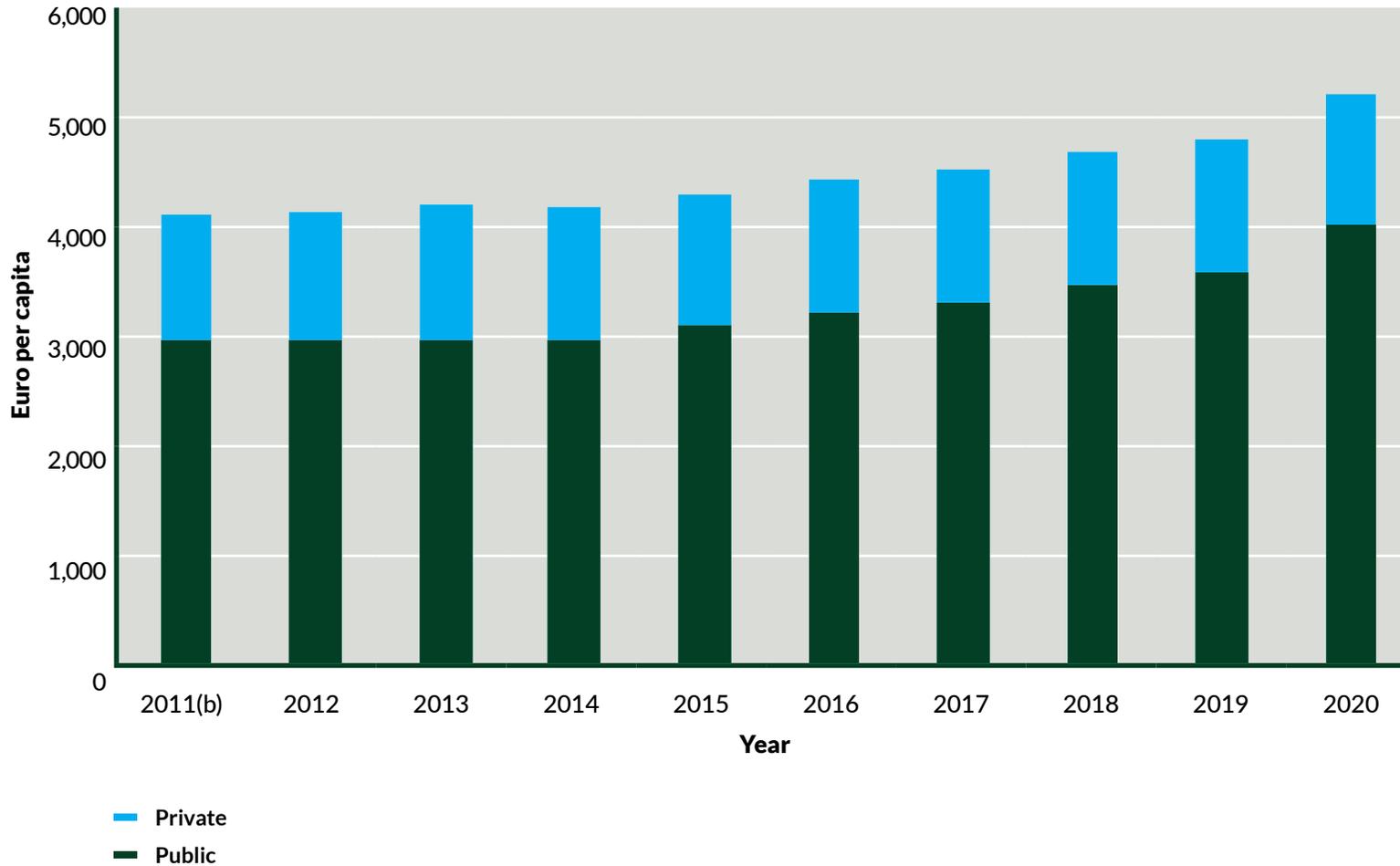
Table 6.6
Current Health Care Expenditure by Provider, 2016 to 2020

Provider	2016	2016	2017	2017	2018	2018	2019	2019	2020	2020	2016-2020
	€m	%	% change								
Hospitals	7,369	36.6	7,868	37.1	8,388	37.4	9,087	38.2	9,888	37.3	34.2
Long-Term Residential Facilities	3,669	18.2	3,799	17.9	3,979	17.7	4,186	17.6	4,700	17.7	28.1
Ambulatory Health Care Providers	3,981	19.8	4,162	19.6	4,435	19.8	4,765	20.0	5,302	20.0	33.2
Ancillary Health Care Providers	282	1.4	280	1.3	298	1.3	312	1.3	345	1.3	22.3
Retailers of Medical Goods	2,775	13.8	2,901	13.7	2,972	13.2	3,011	12.7	3,258	12.3	17.4
Providers of Preventative Care	233	1.2	257	1.2	270	1.2	299	1.3	519	2.0	122.7
Providers of Health Care Administration and Financing	543	2.7	562	2.6	561	2.5	548	2.3	625	2.4	15.1
Rest of the Economy	1,048	5.2	1,157	5.5	1,251	5.6	1,318	5.5	1,593	6.0	52.0
Rest of the World	41	0.2	55	0.3	81	0.4	71	0.3	62	0.2	51.2
Providers N.E.C.	168	0.8	177	0.8	196	0.9	196	0.8	186	0.7	10.7
Total	20,107	100.0	21,219	100.0	22,432	100.0	23,792	100.0	26,479	100.0	31.7

Source: System of Health Accounts, Central Statistics Office.

Figure 6.3

Total Health Expenditure per Capita in Ireland in Real Terms, 2011 to 2020



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.

Table 6.7

Total Current Health Expenditure per Capita (US\$PPPs) and as % of GDP/GNI* for Selected OECD Countries, 2020#

Country	Per Capita			% GDP/GNI*		
	Public	Private	Total	Public	Private	Total
Australia	4,023.6	1,603.7	5,627.3	7.6	3.0	10.6
Austria	4,497.5	1,385.2	5,882.7	8.8	2.7	11.5
Belgium	4,149.5	1,124.6	5,274.1	8.5	2.3	10.8
Canada	4,369.4	1,458.9	5,828.3	9.7	3.2	12.9
Chile	1,571.9	840.9	2,412.8	6.4	3.4	9.8
Colombia	1,050.3	285.6	1,335.9	7.1	1.9	9.0
Costa Rica	1,230.8	391.6	1,622.4	6.0	1.9	7.9
Czech Republic	3,336.3	468.9	3,805.1	8.1	1.1	9.2
Denmark	4,831.5	862.2	5,693.7	8.9	1.6	10.5
Estonia	2,105.7	623.5	2,729.2	6.0	1.8	7.8
Finland	3,610.5	955.0	4,565.5	7.5	2.0	9.5
France	4,632.1	836.3	5,468.4	10.3	1.9	12.2
Germany	5,904.5	1,034.5	6,939.0	10.9	1.9	12.8
Greece	1,537.2	945.1	2,486.1	5.9	3.6	9.5
Hungary	1,715.6	686.4	2,402.0	5.2	2.1	7.3
Iceland	3,848.7	771.4	4,620.2	7.9	1.6	9.5
Ireland (GNI*)	4,235.2	1,137.6	5,372.8	10.0	2.7	12.7
Israel	2,165.6	856.3	3,057.4	5.9	2.3	8.3
Italy	2,850.7	896.4	3,747.2	7.3	2.3	9.6

Country	Per Capita			% GDP/GNI*		
	Public	Private	Total	Public	Private	Total
Japan	3,888.8	776.8	4,665.6	9.3	1.9	11.1
Korea	2,241.5	1,340.8	3,582.3	5.2	3.1	8.4
Latvia	1,417.1	784.8	2,201.9	4.7	2.6	7.4
Lithuania	2,021.2	859.9	2,881.8	5.3	2.2	7.5
Luxembourg	4,832.9	693.5	5,596.4	5.0	0.7	5.7
Mexico	648.9	577.8	1,226.7	3.3	2.9	6.2
Netherlands	5,256.4	933.3	6,189.7	9.5	1.7	11.2
New Zealand	3,579.9	889.5	4,469.4	7.8	1.9	9.7
Norway	5,620.6	915.5	6,536.1	9.8	1.6	11.3
Poland	1,652.1	634.0	2,286.1	4.7	1.8	6.5
Portugal	2,160.3	1,187.9	3,348.2	6.8	3.7	10.5
Slovak Republic	1,714.9	419.4	2,134.3	5.8	1.4	7.3
Slovenia	2,532.7	964.9	3,497.5	6.9	2.6	9.5
Spain	2,723.9	994.1	3,718.1	7.8	2.9	10.7
Sweden	4,946.0	811.2	5,757.3	9.9	1.6	11.5
Switzerland	5,003.1	2,175.5	7,178.6	8.2	3.6	11.8
Türkiye	1,028.7	276.0	1,304.7	3.6	1.0	4.6
United Kingdom	4,157.7	861.0	5,018.7	9.9	2.1	12.0
United States	10,052.3	1,806.9	11,859.2	15.9	2.9	18.8

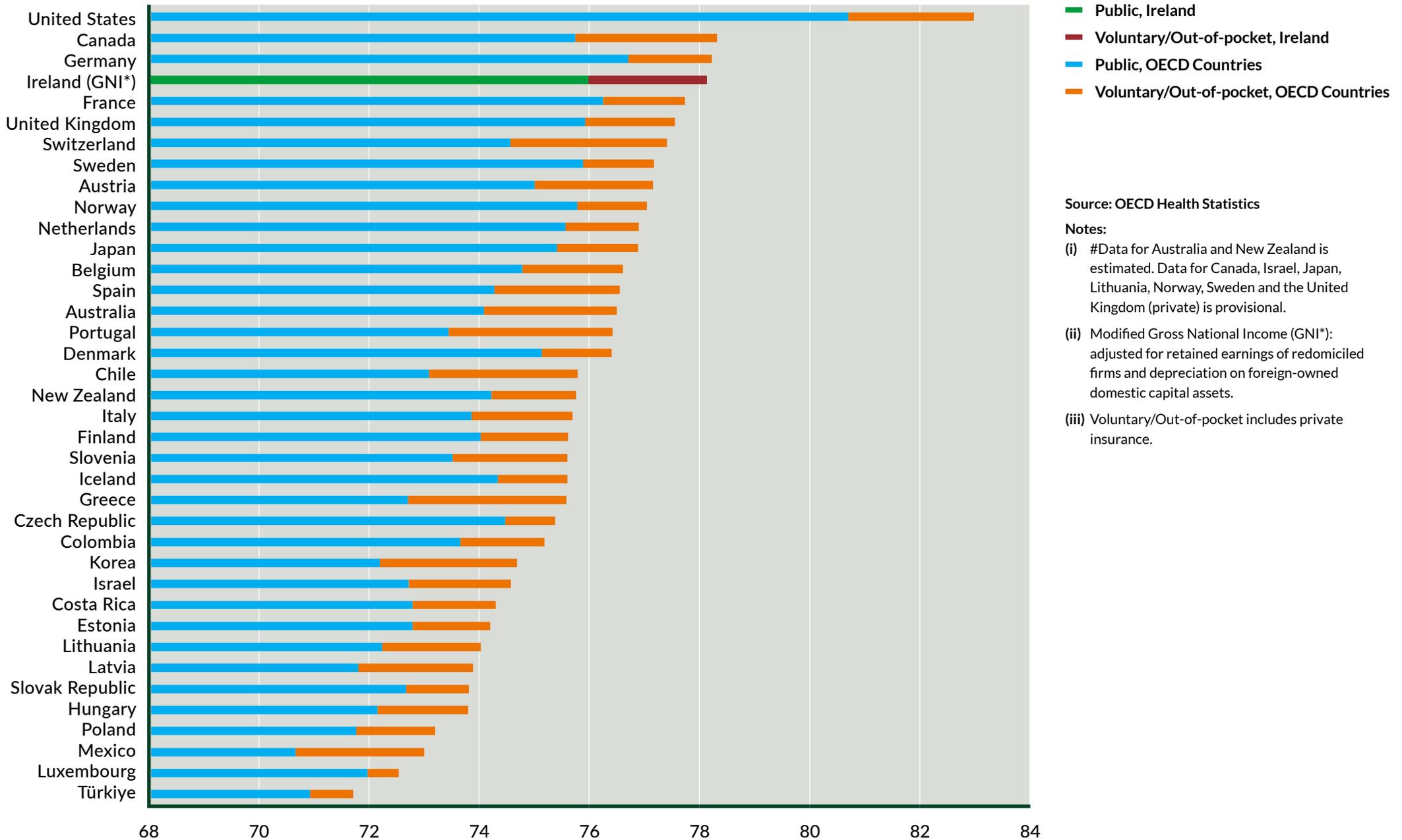
Sources: OECD, Eurostat.

Notes:

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

Figure 6.4

Health Expenditure as a Share of GDP for Selected OECD Countries and GNI* for Ireland, 2020#

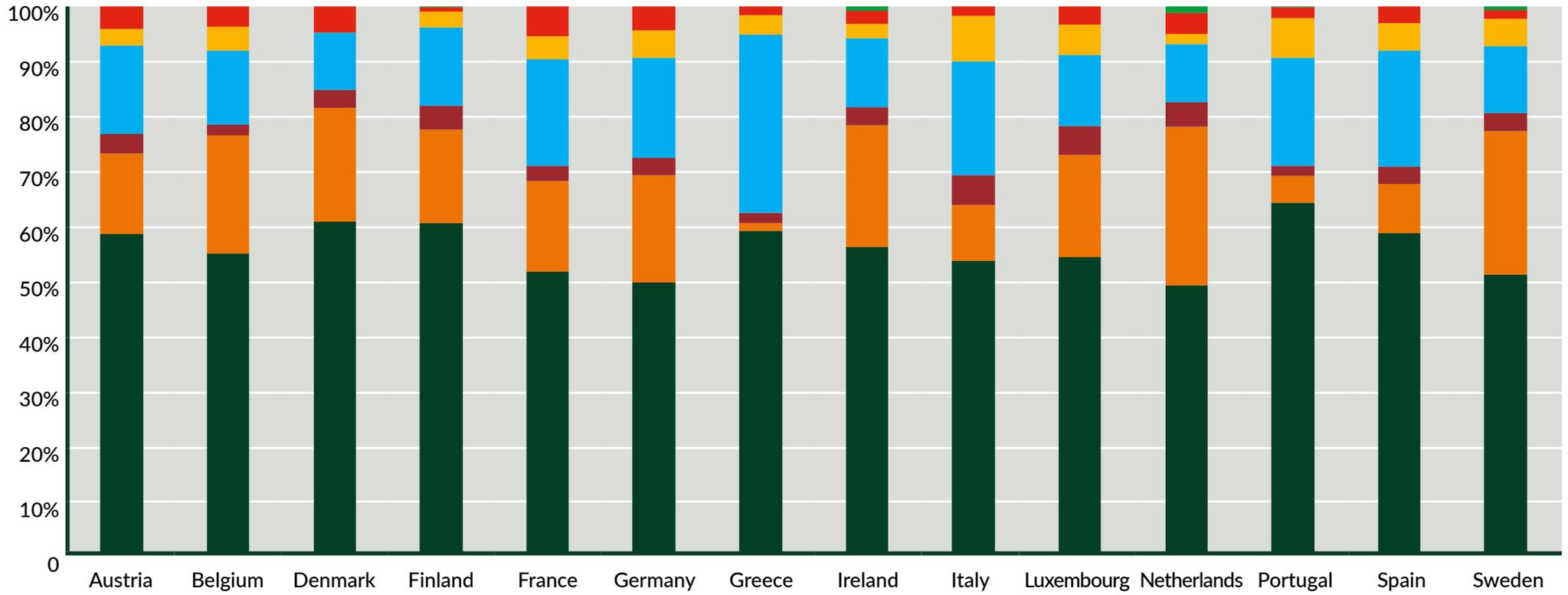


Source: OECD Health Statistics

Notes:

- (i) #Data for Australia and New Zealand is estimated. Data for Canada, Israel, Japan, Lithuania, Norway, Sweden and the United Kingdom (private) is provisional.
- (ii) Modified Gross National Income (GNI*): adjusted for retained earnings of redomiciled firms and depreciation on foreign-owned domestic capital assets.
- (iii) Voluntary/Out-of-pocket includes private insurance.

Figure 6.5
Health Expenditure by Type of Care as a % of Total Health Expenditure, EU15, 2020



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

Chapter 7

Health System Performance Assessment (HSPA)



Chapter 7 Health System Performance Assessment (HSPA)

This section introduces the Health System Performance Assessment (HSPA) platform. This platform provides an outcomes-oriented framework of the Irish Health system.

Chapter 7, The last chapter of this publication will focus on the Health System Performance Assessment (HSPA), which is a measurement tool used to monitor Ireland's health system. As witnessed over the past years on a global scale, Ireland's health care system faced and is still facing challenges. Hence, a solid over-arching framework to assess all areas and outcomes of this system is essential. Only with such a system can contributions, enhancement and improvements be effectively implemented. Like Ireland, the HSPA is also becoming an essential assessment tool to many other countries. The European Union (EU) is currently assisting all EU Member States in developing and adopting their own HSPA structures. In tandem, the World Health Organisation (WHO) is also encouraging the setting up and adoption of country specific HSPAs worldwide.

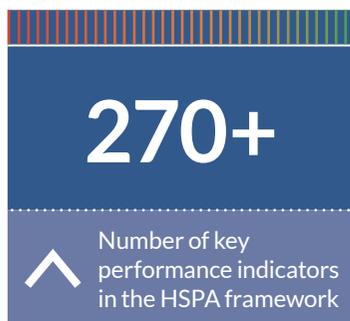
This assessment tool covers not only the traditional metrics of resources and workforce invested within the health sector of the country, but also focuses on; the equity and level of access to health services, affordability, the quality of the care provided, the efficiency of the health services, information systems in place for better coordination and the level of continuity of the health services. The HSPA

is an important tool in assessing how the national health system is progressing, not only over time, but also with respect to other countries.

The Department of Health (DoH) deployed the development of the HSPA tool in collaboration with the European Commission (EC). With key actions and outputs set in place, the development of the HSPA framework commenced in late 2019. During this stage, the identification and sourcing of key performance indicators were developed. Following this, the visual dashboard of the established indicators is currently being developed and to be launched to the public in the first part of 2023. Further updates to the assessment tool are foreseen in the coming years, whereby more indicators and added functionalities will be included.

During the development stage of Ireland's HSPA framework, various other countries' systems and multi-national organisations' structures were studied to create a well-fitting framework for Ireland's health system's structure and needs. The resulting framework comprises of five encompassing dimensions: Outcomes, Outputs, Processes, Structures and Cross-Cutting, which can be seen in Figure 7.1. Each dimension is then split into further detailed domains, with a total of sixteen domains. Key measurable indicators are included within each domain, resulting in over 270 indicators.

KEY PERFORMANCE INDICATORS IN THE HSPA



Chapter 7 Health System Performance Assessment (HSPA)

An indicator from each dimension is included in this publication to highlight the variety and over-arching indicators that will be included in the HSPA in its launch next year.

Figure 7.2 shows that from 2010 to 2019, the percentage of the population exposed to air pollution levels has steadily decreased, from 44% to 0.6% respectively. Overall, Ireland's exposure was considerably lower than the EU 27 average over the same period. Healthy Ireland Survey results showed that around 46% of the population do not undertake moderate physical activity at least one day a week for both reference years 2015 and 2019 (Figure 7.3). On the other end of the spectrum, 12.5% and 13% respectively for 2015 and 2019 undertake moderate physical activity for everyday of the week.

Students graduating as both undergraduates and postgraduates in the fields of medicine, pharmacy and nursing and midwifery were seen to increase consistently over the period of 2014 and 2020 (Figure 7.6). The total graduating students in 2014 stood at 4,841 which then increased by nearly 30% to 6,264 in 2020. Of the 6,264 graduates in 2020, 31.1% were from the field of medicine, 59.7% came from the field of nursing and midwifery, while the remaining students graduated from the pharmaceutical field.

When considering the total current health expenditure in Ireland, it was seen that in 2020, 10.5% of this expenditure came from out-of-pocket private household finances (Figure 7.4). From 2011 to 2020, an overall downward trend was noted on this share of expense. Conversely, the proportion of persons in Ireland that have a voluntary private health insurance scheme was seen to increase

from 1995 up to 2008, with 37.9% up to 52% of the population in the respective years (Figure 7.5). From 2008 onwards, up until 2021, a downward trend is seen where the proportion of population decreased to 47% in the last year.

As mentioned, the HSPA tool will be launched to the public in Quarter 1 of 2023. However, the aim of the HSPA is to be monitored and updated at regular intervals to capture efficiently any new information.

**PUBLIC LAUNCH OF
THE HSPA PLATFORM**

Q1 2023

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The HSPA platform
made available to the
general public

Figure 7.1
HSPA Framework Overview

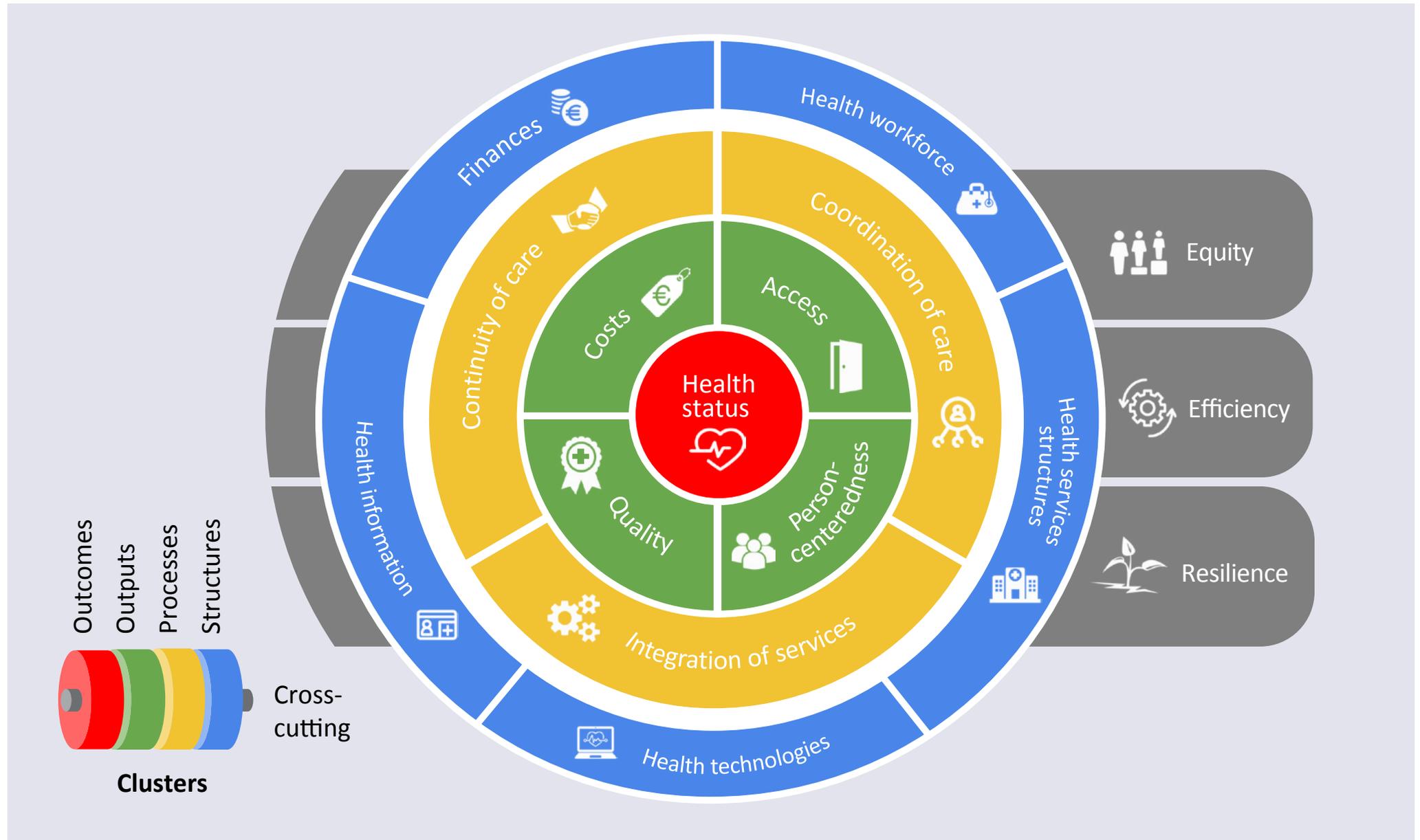
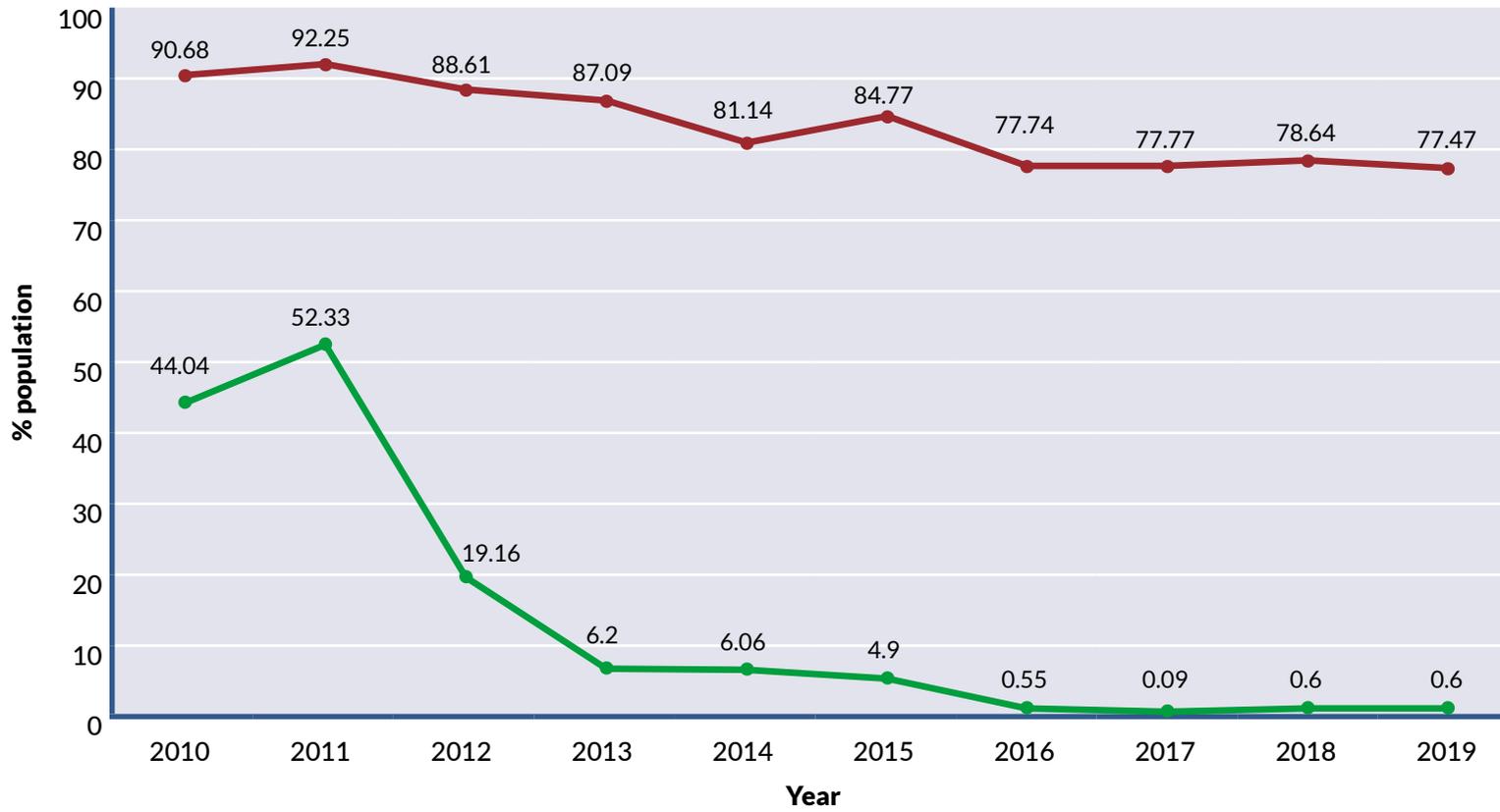


Figure 7.2

Persons exposed to air pollution (PM2.5 levels) exceeding 10 micrograms/m3 for Ireland and EU27, 2010-2019



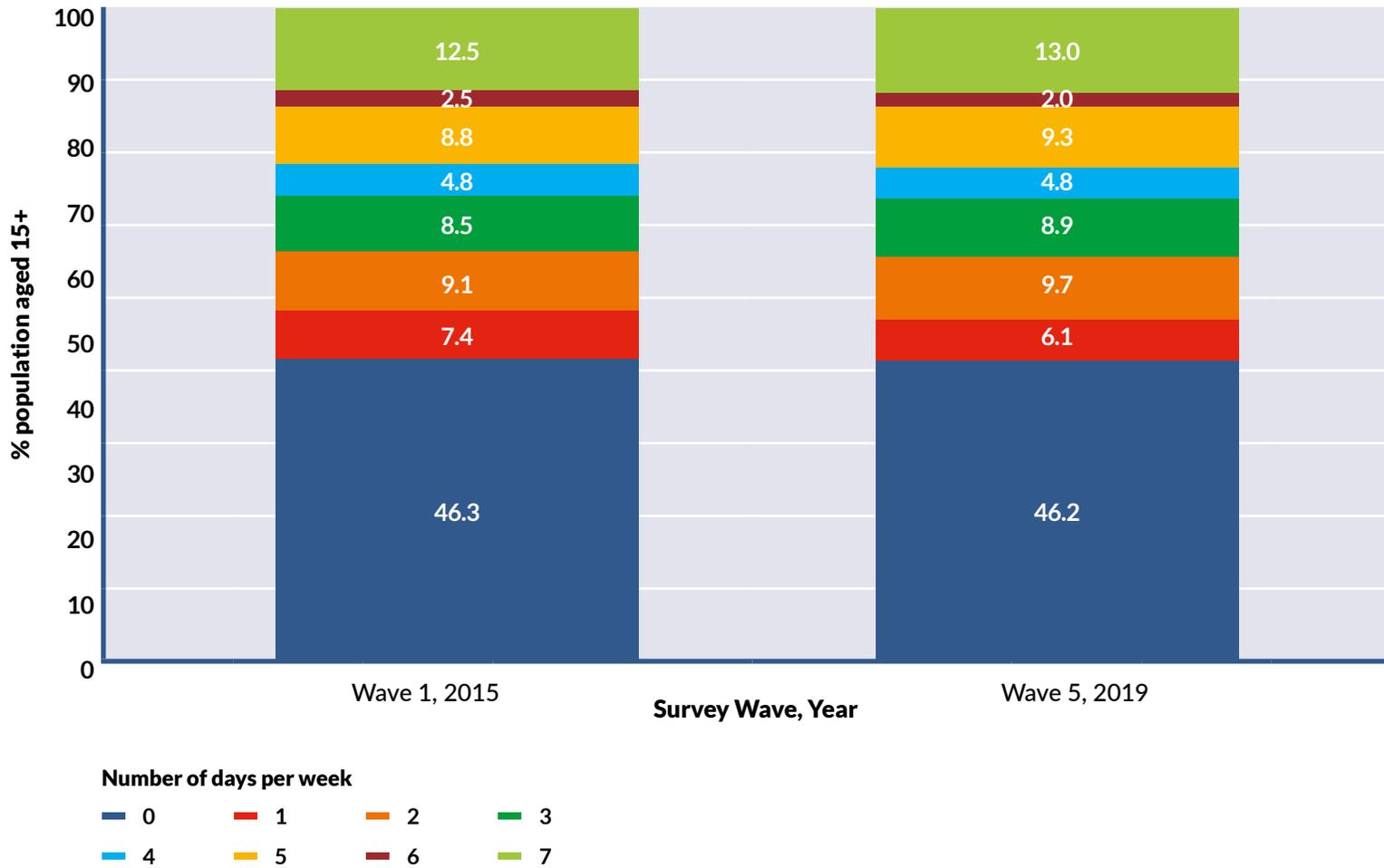
Source: OECD.

Country

- European Union - 27 countries (from 01/02/2020)
- Ireland

Figure 7.3

Distribution of persons by frequency of moderate weekly physical activity, 2015 and 2019

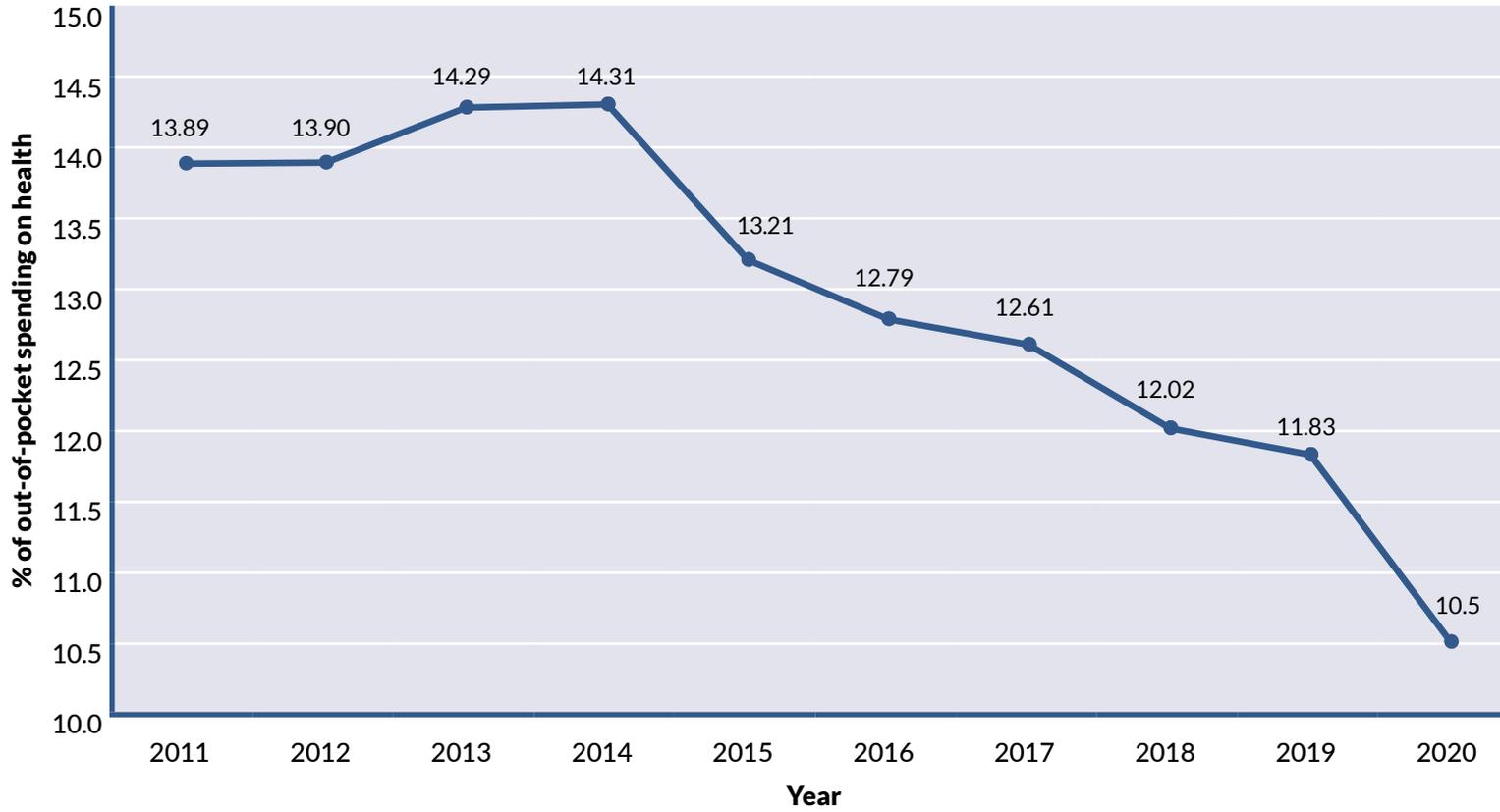


Source: Healthy Ireland Survey.

Note:
Population for the scope of this survey refers to all persons aged 15 and over residing in Ireland for the reference year.

Figure 7.4

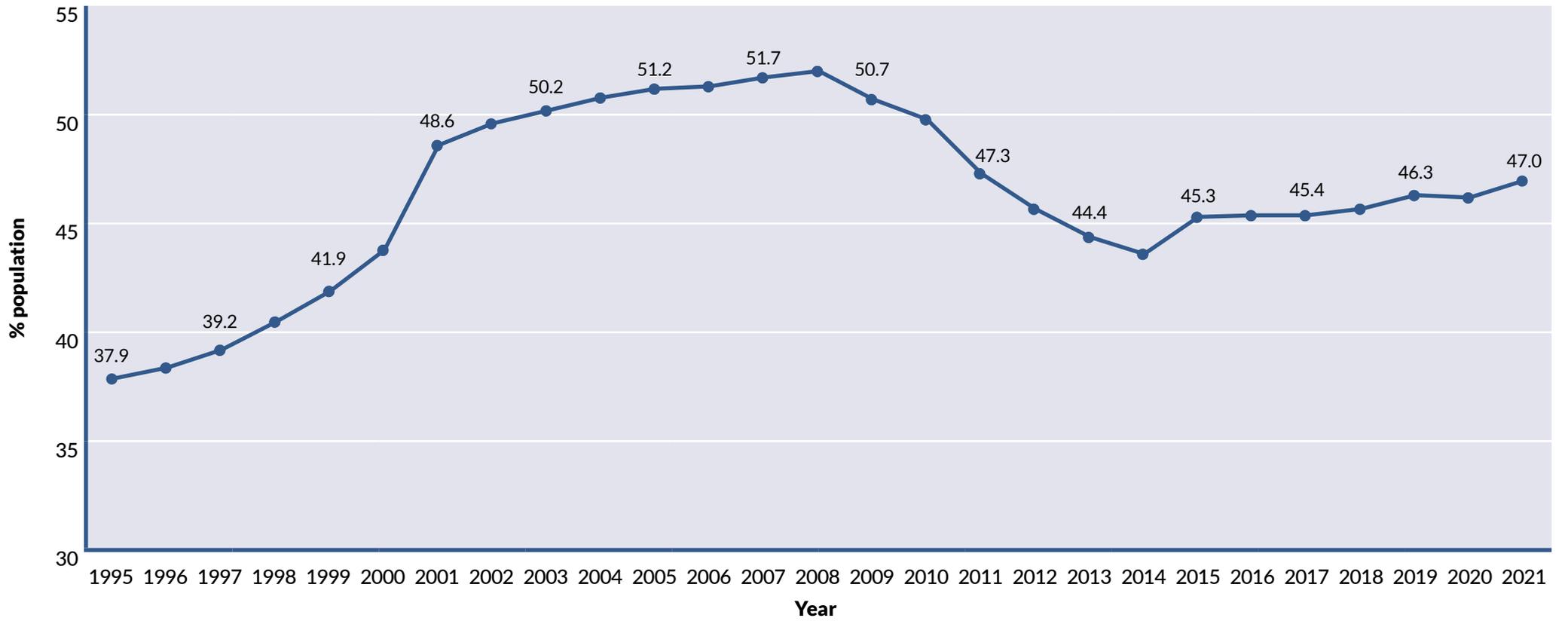
Out-of pocket spending on health from current health expenditure, 2011-2020



Source: Eurostat.

Figure 7.5

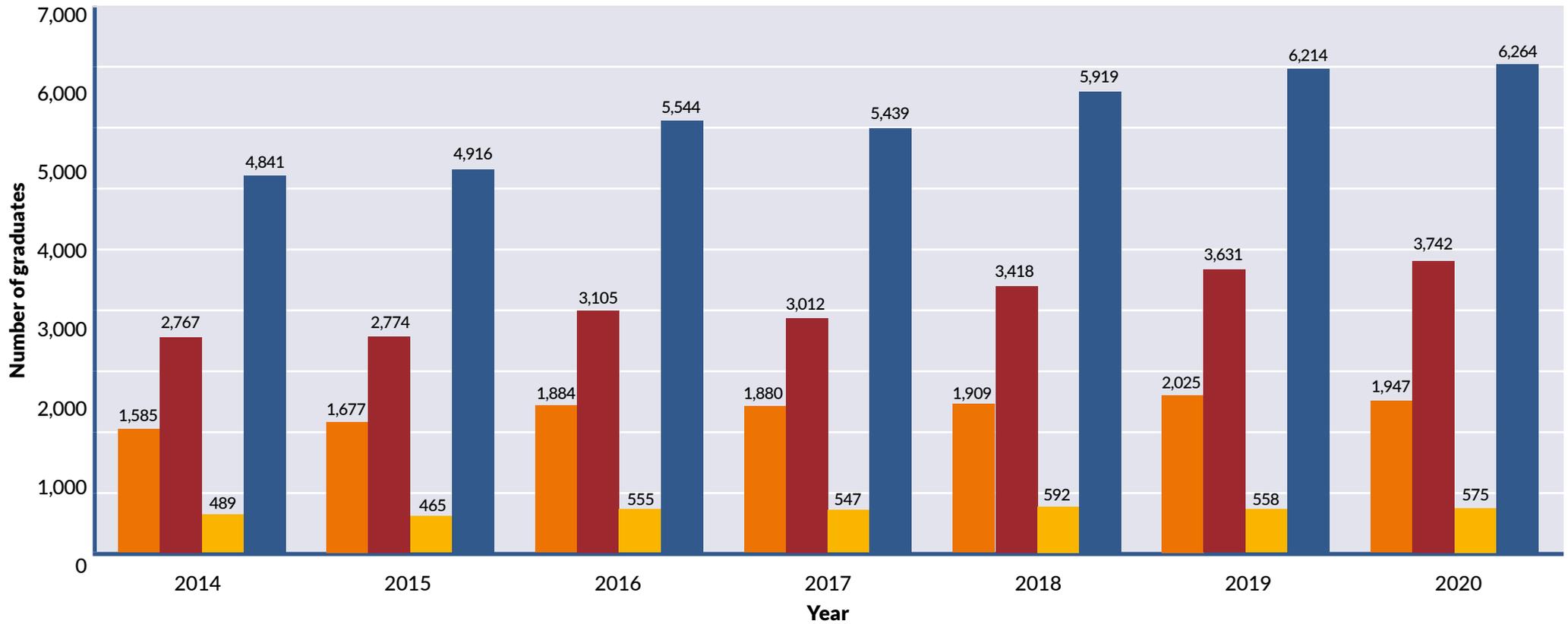
Persons having voluntary private health insurance, 1995-2021



Source: OECD.

Figure 7.6

Graduates in the fields of medicine, pharmacy and nursing and midwifery, 2014–2020



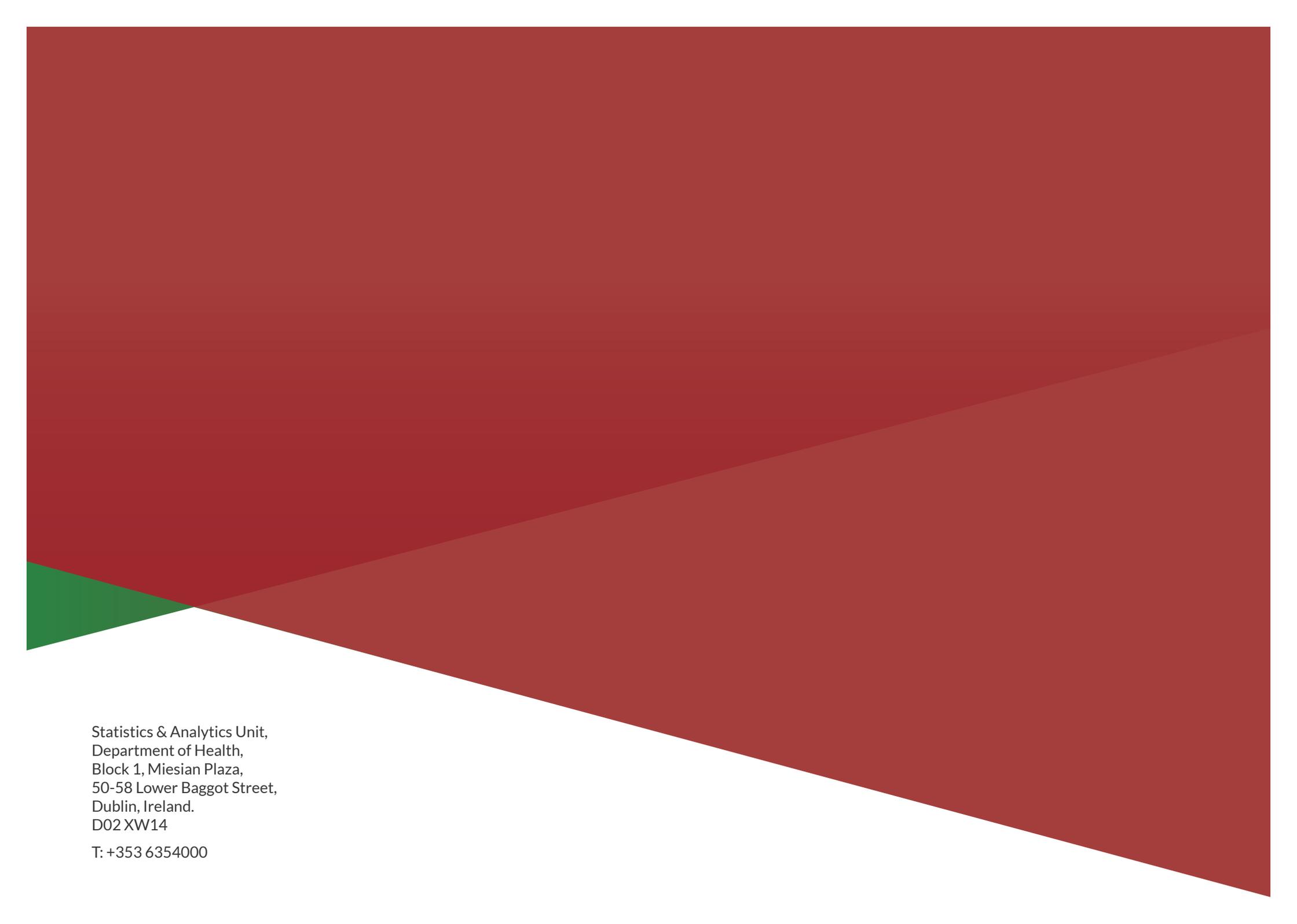
Field of study

- Medicine
- Nursing and midwifery
- Pharmacy
- Total

Source: Higher Education Authority.

Notes:

- (i) The field of study is based on the ISCED discipline code for the course of study.
- (ii) All modes of study are included.
- (iii) Data refers to both undergraduate and postgraduate award levels.
- (iv) All graduates from institutions recognised by the Higher Education Authority are included.



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