



HEALTH IN IRELAND

Key Trends 2011

Tús Áite do
Shábháilteacht **1** Othar
Patient Safety **1** First

Introduction

The purpose of *Health in Ireland, Key Trends 2011*, as with previous editions, is to provide summary data on the main areas of health and health care over the past decade. It also aims to highlight selected trends and topics of growing concern and to include new data where it becomes available. A further objective is to assess ourselves and our progress in the broader EU context. With these goals in mind, the booklet is divided into six chapters ranging from population, life expectancy and health status through to health care delivery, staffing and costs.

Preliminary results from the Census of Population, 2011, show continued strong population growth in Ireland. In addition, it is estimated that the numbers and proportion of the population in the older age groups is increasing. Each year the total number of people over the age of 65 grows by around 20,000 persons. The population over 65 will more than double over the next 30 years with evident implications for health service planning and delivery. These numbers reflect both the underlying age structure of the population but also Ireland's remarkable achievements in reducing mortality and increasing life expectancy over the course of the past decade and more. In earlier times, a high proportion of longevity gains could be attributed to reductions in infant mortality or deaths from infectious diseases, the more recent improvements are largely due to lower mortality and better survival from conditions affecting older age groups such as heart disease and cancer. While difficult to quantify, the contribution of modern health services to this achievement has been of unquestionable significance.

Reporting on health at the national level can serve to mask less favourable health conditions pertaining to specific subgroups of the population whether based on social class, ethnicity, gender, age or area of residence. In the previous edition of *Key Trends*, the continuing low life expectancy and poor health experienced by the Traveller community was highlighted. This year some

results from the Quarterly National Household Survey, Health Module, are presented. This survey was carried out in the third quarter of 2010. For the first time respondents were asked a set of questions on well-being, and the overall results distinguishing between people with and without a disability are set out in Table 2.2. The Health Module also measures health service utilisation, and provides important information on variations in usage by age, sex, and type of health care cover. Other selected data illuminating issues of access and equity are also presented in this edition of *Key Trends* and include a measure of self-assessed health by income level (see Figure 2.2), breast-feeding rates by social class (see Figure 2.8), and unmet need for medical examination by income (see Figure 4.1).

Given the continuing severe economic constraints facing the country, recent data on employment and expenditure (see Sections 5 and 6) are characterised by reductions. Figures also show increasing numbers and percentages of the population eligible for a medical card (see Table 4.2). The key challenge will be to ensure that scarcer resources are carefully targeted to deliver more efficient and effective ways of providing services. An example of changing practice which is both more beneficial for the patient and more cost-effective can be seen in the acute hospital sector where a gradual decline in inpatient admissions is being more than offset by a rapid rise in daycase treatments. Further, improved treatment models are leading to better outcomes, as evidenced by continuing improvements in cancer survival.

Age-standardised mortality rates for major causes of death such as heart disease and cancer continue to decline (see Table 2.6). In the area of health determinants, lifestyle factors such as smoking, drinking, and obesity continue to be issues of concern which have the potential to jeopardise many of the health gains achieved in recent years.

The tables setting out the types and the volume of services delivered by the Health Service Executive across hospital, primary care and community settings and through a variety of demand led schemes and preventative services illustrate the range and complexity of health care needs and the systems required to meet those needs. The demands for high quality, accessible health care will not diminish in the years to come, and the ageing of the population makes this a certainty not a prediction. Effective management will mean decision-making and planning based on the best possible evidence at all levels of the health system.

Section 1: Population and Life Expectancy

page 4

Table 1.1 Census 2011 Population Preliminary Results ('000s) for Regional Authority Areas

Table 1.2 Population ('000s) by Age Group for Each Year, 2002 to 2011

Table 1.3 Births and Fertility, Ireland and EU, 2001 to 2010

Figure 1.1 Total Fertility Rates in Europe

Figure 1.2 Older Age Groups: Population 2011 and Projected Population 2015-2040, Ireland

Table 1.4 Population Projections ('000s) by Age Group Ireland and EU-27 Total 2010, 2025 and 2040

Table 1.5 Dependency Ratio, Ireland and EU-27 2010, 2025 and 2040

Table 1.6 Life Expectancy by Age and Gender, Ireland 1950 to 2007

Figure 1.3 Life Expectancy at Birth for Ireland and EU-27, 1990-2009

Figure 1.4 Life Expectancy at Birth for EU-27 countries, 2009 or Latest Available Year

Figure 1.5 Life Expectancy and Healthy Life Years at Age 65 Male and Female, Ireland, 2009 and EU-27 2008

Section 2: Health of the Population

page 13

Table 2.1 Self-Perceived Health Status in Ireland and EU-27, 2009

Table 2.2 Perception of own well-being in the 4 weeks prior to interview, % of persons aged over 18 by disability status, Ireland 2010

Table 2.3 % Chronic Illness or Conditions Reported in Ireland and EU-27, 2009

Table 2.4 Limitation in Activities due to Health Problems in Ireland and EU-27, 2009

Table 2.5 Selected doctor diagnosed health conditions of persons aged 18 years and over, % of persons ever diagnosed, 2007 and 2010

Figure 2.1 Percentage of the Population Reporting Good or Very Good Health in EU-27 Countries, 2009

Figure 2.2 Self Perceived Health by Income Quintile: Good, Very Good Health, Ireland and EU-27, 2009

Table 2.6 Principal Causes of Death: Numbers and Age-Standardised Death Rates per 100,000 population, 2001 to 2010

Figure 2.3 Deaths by principal causes, percentage distribution, 2010

Table 2.7 Ireland and EU: Age-standardised Death Rates Per 100,000 population by principal causes of death, 2009

Figure 2.4 Age-Standardised Death Rates for selected causes in Ireland, 1991-2010

Figure 2.5 Age-Standardised Death Rates for Selected External Causes, Ireland and EU, 5-year Moving Average 1990-2009

Figure 2.6 Five-Year Relative Survival Rate for Selected Cancers, Ireland and OECD, 1997-2002 and 2004-2009 (or nearest period)

Figure 2.7 Alcohol and Cigarette Consumption per Annum, per Capita over 15 years old, 1991-2010

Figure 2.8 Percentage of Mothers Breastfeeding by Mother's Occupation, 2009

Figure 2.9 Percentage of children aged 9 years old overweight and obese in Ireland, 2007/08

Section 3: Hospital Care

page 25

Table 3.1 Acute Hospital Summary Statistics, 2001 - 2010

Figure 3.1 Number of In-Patients and Day Cases, 2001 to 2010

Figure 3.2 Total In-Patient and Day Case Bed-Days Used In Public Acute Hospitals per 1,000 Population by Age Group, 2010

Figure 3.3 Health Services attended by adults in 12 months prior to interview by age group, Ireland 2010

Figure 3.4 Caesarean Sections as a % of Total Live Births, Ireland and EU, 2000-2009

Table 3.2 Psychiatric Hospitals and Units Summary Statistics, 2001 to 2010

Figure 3.5 Psychiatric Hospitals and Units: Admission Rate per 100,000 Population by Age Group, 2001-2010

Section 4: Primary Care and Community Services

page 33

Figure 4.1 People with Unmet Needs for Medical Examination by Income Quintile, Ireland and EU-27 2009

Table 4.1 Health Consultations: Type of health consultation in the 12 months prior to interview, by persons aged 18 and over by sex, age and medical cover, 2010

Figure 4.2 Average number of GP consultations of adults in the 12 months prior to interview, by age group and medical cover, Ireland 2010

Table 4.2 Primary Care Reimbursement Service: General Medical Services, Drug Payments, Long-Term illness, GP Visit Card: Number of Persons and Percentage of Population Dental and Community Ophthalmic Schemes: Number of treatments and numbers of persons treated 2001-2010

Figure 4.3 Prescription Items Dispensed under the General Medical Services (GMS) Scheme: % increase from previous year in number of items dispensed and average cost per item paid to pharmacies, 2000-2009

Table 4.3 Children in Care: Summary Statistics, 2000 - 2009

Table 4.4 Long-Stay Care: Summary Statistics, 2001 to 2010

Figure 4.4 Long-Stay Care: Percentage of Residents Aged 65+ by Age Group, 2001 to 2010

Table 4.5 Immunisation Rates at 24 Months: Percentage Uptake, 2001 to 2010

Table 4.6 Number of people in Ireland Registered with the Physical and Sensory Disability Database, 2004 - 2010

Table 4.7 Intellectual Disability Services: Number of Persons Availing of Day Services by Degree of Disability and Residential Status, 2001 to 2010

Table 4.8 Food Safety: Total Number of Food Establishments Inspected and Percentage of Establishments where Infringements were Found, 2001 to 2010

Section 5: Health Service Employment

page 45

Table 5.1 Employment in the Public Health Service by Grade Category, 2002 to 2011

Figure 5.1 Numbers Employed in the Public Health Service, 2002 to 2011

Figure 5.2 Proportion of Staff Employed in the Public Health Service in Each Grade Category, September 2011

Figure 5.3 Numbers Employed in the Public Health Service in a Selection of Grades within the Health and Social Care Professionals Category, 2002 to 2011

Table 5.2 Consultant and Non-Consultant Hospital Doctors Employed in the Public Health Service, 2002 to 2011

Figure 5.4 Consultant and Non-Consultant Hospital Doctors Employed in the Public Health Service, 2002 to 2011

Table 5.3 Number of Agreements between the HSE and General Practitioners for the Provision of Services under the Primary Care Reimbursement Service 2000 to 2009

Section 6: Health Service Expenditure

page 51

Table 6.1 Public Health Expenditure, 2002 to 2011

Table 6.2 HSE Non-Capital Voted Expenditure, 2007 to 2010

Table 6.3 Capital Public Health Expenditure By Programme 2001 to 2010

Figure 6.1 Total Public Health Expenditure, 2002 to 2011

Figure 6.2 Percentage Gross Non-Capital Voted Expenditure by Programme, HSE 2010

Table 6.4 Total Health Expenditure Per Capita and as % of GDP & GNI for selected OECD Countries, 2009

Figure 6.3 Total Health Expenditure per Capita in Ireland in Real Terms, 2001-2009

Figure 6.4 Total Health Expenditure in Ireland as a Percentage of GDP and GNI, 2000 to 2009

1. Population and Life Expectancy

Demographic data on the population sets the context for health and for the planning and delivery of health services. Preliminary data from Census 2011 show that the country is continuing to experience strong population growth. The total recorded population on census night, 10th April, 2011 was 4,581,269 persons (see Table 1.1). This is significantly higher than expected based on intercensal population estimates (see Table 1.2). Registered births showed a slight decline in 2010, but there are still almost 16,000 more births per year than a decade ago (see Table 1.3). Ireland continues to experience fertility rates significantly higher than any other country in the European Union (see Figure 1.1). During the past decade the single most dramatic feature has been the unprecedented rise in population by more than 16% to a figure of 4.6 million (see Table 1.1).

A key statistic from a health perspective is the number of people over the age of 65 which is projected to more than double over the next 30 years with the greatest proportional increases occurring in the 85+ age group (see Table 1.4 and Figure 1.2). Ireland's 65+ dependency ratio is also likely to double by the end of this period (Table 1.5).

The rise in life expectancy in Ireland during the past decade has been remarkable. Although there was a slight dip in 2009, life expectancy remains above the EU average having come from a position one year below the EU average ten years ago (see Figures 1.3 and 1.4). The greatest gains have been achieved in the older age groups reflecting decreasing mortality rates from major diseases (see Table 1.6 and Section 2). Life expectancy can also be expressed as years lived in good health, and Figure 1.5 shows that for men and women over the age of 65, while overall life expectancy is close to the EU average, Ireland exceeds the EU average on the healthy life years measure.

TABLE 1.1

CENSUS 2011 POPULATION PRELIMINARY RESULTS ('000S) FOR REGIONAL AUTHORITY AREAS

	Border	Midland	West	Dublin	Mid-East	Mid-West	South-East	South-West	Ireland
2011 Census Population Preliminary Results:									
Male	256.9	141.3	222.2	618.5	263.8	188.9	247.8	329.3	2,268.7
Female	257.3	140.9	222.8	652.1	266.7	189.5	249.5	333.9	2,312.6
Total	514.2	282.2	445.0	1,270.6	530.4	378.4	497.3	663.2	4,581.3
2006 Census	468.4	251.7	414.3	1,187.2	475.4	361.0	460.8	621.1	4,239.8
% increase 2006-2011	9.8	12.1	7.4	7.0	11.6	4.8	7.9	6.8	8.1

Source: Central Statistics Office.

Notes:

- (i) Data for 2011 is preliminary and refers to Census 2011 preliminary results only. Final results from Census 2011 will be available in early 2012.
- (ii) The regions refer to the EU NUTS 3 areas:

Border: Cavan, Donegal, Leitrim, Louth, Monaghan, Sligo.

Midland: Laois, Longford, Offaly, Westmeath.

West: Galway, Mayo, Roscommon.

Dublin: County Dublin.

Mid-East: Kildare, Meath, Wicklow.

Mid-West: Clare, Limerick, North Tipperary.

South-East: Carlow, Kilkenny, South Tipperary, Waterford, Wexford.

South-West: Cork, Kerry.

TABLE 1.2

POPULATION ('000S) BY AGE GROUP FOR EACH YEAR, 2002 TO 2011

Age Group	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*	% Change	
											2002-2011	2010-2011
0-14	827.4	834.7	843.8	853.5	864.4	883.8	912.3	937.5	959.0	982.6	18.8	2.5
15-64	2653.8	2703.3	2751.7	2821.4	2907.5	2984.7	3028.3	3026.8	3002.0	2977.4	12.2	-0.8
65+	436.0	441.9	449.7	458.9	467.9	470.6	481.6	495.0	509.5	524.1	20.2	2.9
All Ages	3917.2	3979.9	4045.2	4133.8	4239.8	4339.0	4422.2	4459.3	4470.7	4484.3	14.5	0.3

Source: Central Statistics Office.

- Notes:**
- (i) * Data for 2007-2011 is preliminary. Data for 2011 are CSO population estimates only, and not Census preliminary data as appears in Table 1.1. Data from Census 2011 will be available in early 2012.
 - (ii) Intercensal population estimates are used except for census years 2002 and 2006.

TABLE 1.3

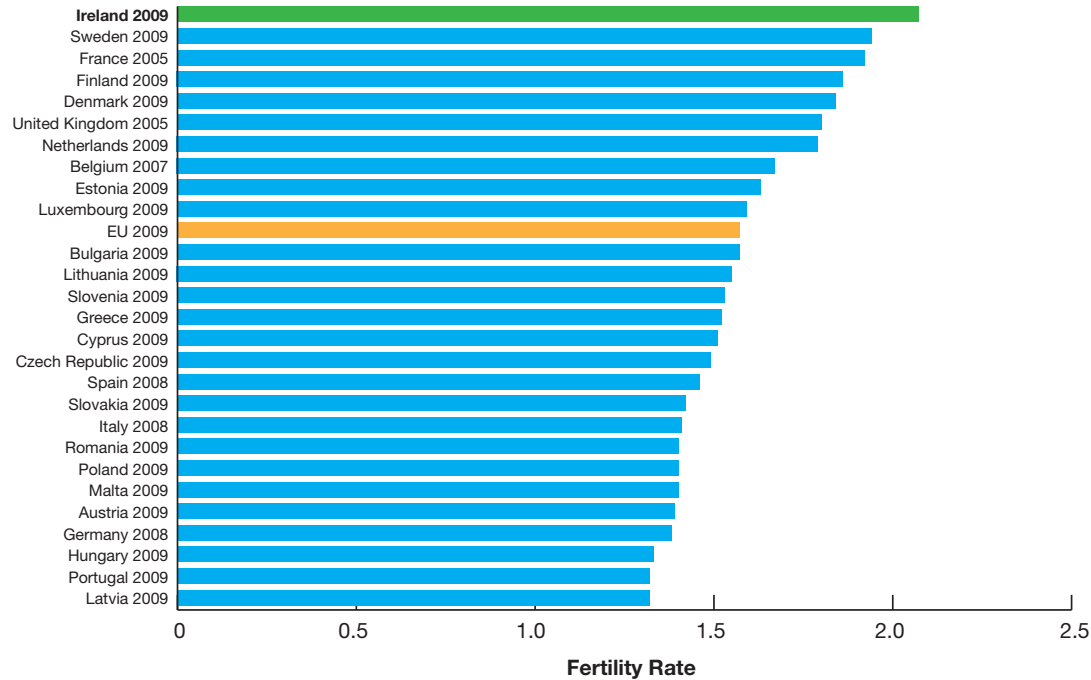
BIRTHS AND FERTILITY, IRELAND AND EU, 2001 TO 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change	
											2001-2010	2009-2010
Number of Live Births	57,854	60,503	61,529	61,972	61,372	65,425	71,389	73,996	74,278	73,724	27.4	-0.7
Birth Rate (per 1,000 population)	15.0	15.4	15.5	15.3	14.8	15.4	16.5	16.7	16.7	16.5	10.0	-1.2
Ireland Total Fertility Rate	1.96	1.98	1.98	1.95	1.88	1.94	2.05	2.07	2.07	2.07	5.6	0.0
EU-27 Total Fertility Rate	1.45	1.45	1.47	1.49	1.50	1.51	1.53	1.56	1.57	n/a	8.3	0.6

Source: Central Statistics Office. European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

Notes:

- (i) Total Fertility Rate (TFR) is a measure of the average number of children a woman could expect to have if the fertility rates for a given year pertained throughout her fertile years.
- (ii) Data for 2009 and 2010 refer to year of registration and are therefore provisional.
- (iii) % change for EU relates to 2001-2009 and 2008-2009.

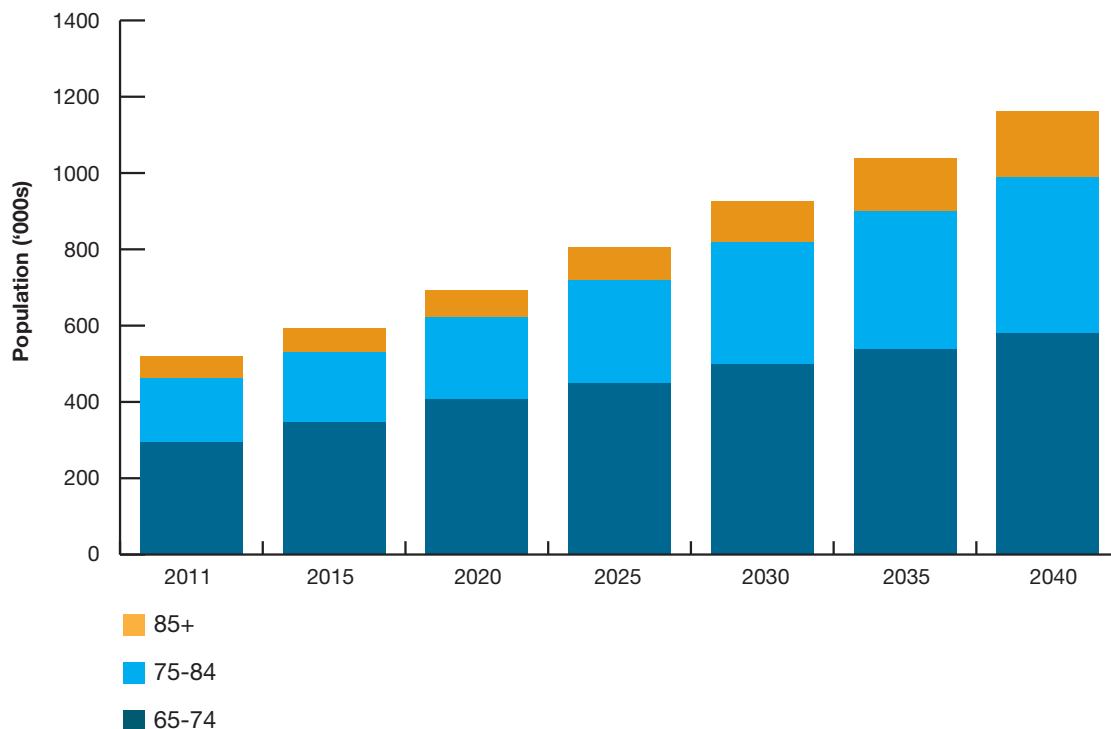
FIGURE 1.1**TOTAL FERTILITY RATES IN EUROPE**

Source: European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

Note: Data is for latest year available.

FIGURE 1.2

OLDER AGE GROUPS: POPULATION 2011 AND PROJECTED POPULATION 2015-2040, IRELAND



Source: Eurostat (see notes under Table 1.4)

TABLE 1.4

POPULATION PROJECTIONS ('000S) BY AGE GROUP, IRELAND AND EU27 TOTAL, 2010, 2025 AND 2040

Age Group	2010	2025	2040	% Change 2010 -2040
0-14				
Ireland	959	1,039	1,084	13.0
EU - 27	78,272	78,727	74,543	-4.8
15-64				
Ireland	3,002	3,208	3,512	17.0
EU - 27	335,759	327,252	310,030	-7.7
65+				
Ireland	510	805	1,161	127.6
EU - 27	87,094	113,130	141,129	62.0
Total				
Ireland	4,471	5,052	5,758	28.8
EU - 27	501,126	519,109	525,702	4.9

Source: Central Statistics Office (2010 population only), Eurostat - EUROPOP 2010 Convergence Scenario

Notes:

- (i) Data for 2010 is preliminary.
- (ii) Ireland Population projections based on:
Decreasing mortality rates, immigration returning to moderate levels and fertility rate to decrease gradually from present level of 2.07 to 2.02.

TABLE 1.5

**DEPENDENCY RATIO, IRELAND AND EU27
2010, 2025 AND 2040**

Age Group	2010	2025	2040	% Change 2010-2040
0-14				
Ireland	31.9	32.4	30.9	-3.1
EU - 27	23.3	24.1	24.0	3.0
65+				
Ireland	17.0	25.1	33.1	94.7
EU - 27	25.9	34.6	45.5	75.7
Total				
Ireland	48.9	57.5	64.0	30.9
EU - 27	49.2	58.7	69.5	41.3

Source: Central Statistics Office (2010 population only),
Eurostat - EUROPOP 2010 Convergence Scenario

Notes:

- (i) Data for 2010 is preliminary.
- (ii) Ireland Population projections based on:
Decreasing mortality rates, immigration returning to moderate levels and fertility rate to decrease gradually from present levels of 2.07 to 2.02.
- (iii) 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.

TABLE 1.6

LIFE EXPECTANCY BY AGE AND GENDER, IRELAND 1950 TO 2007

									% Change	
									1950-52 to 2005-07	2001-03 to 2005-07
1950-52 1960-62 1970-72 1980-82 1990-92 1995-97 2001-03 2005-07										
Male										
Life Expectancy at Age										
0	64.5	68.1	68.8	70.1	72.3	73.0	75.1	76.8	19.1	2.3
1	66.9	69.3	69.2	69.9	71.9	72.5	74.6	76.1	13.8	2.0
40	31.3	32.4	32.1	32.6	34.4	35.1	37.0	38.5	23.0	4.1
65	12.1	12.6	12.4	12.6	13.4	13.8	15.4	16.6	37.2	7.8
75	6.8	7.1	7.3	7.3	7.8	8.0	8.9	9.8	44.1	10.1
Female										
Life Expectancy at Age										
0	67.1	71.9	73.5	75.6	77.9	78.5	80.3	81.6	21.6	1.6
1	68.8	72.9	73.8	75.4	77.4	78.0	79.7	80.9	17.6	1.5
40	33.3	35.3	36.0	37.3	39.2	39.8	41.4	42.5	27.6	2.7
65	13.3	14.4	15.0	15.7	17.1	17.4	18.7	19.8	48.9	5.9
75	7.6	8.1	8.5	9.1	10.2	10.4	11.2	12.1	59.2	8.0

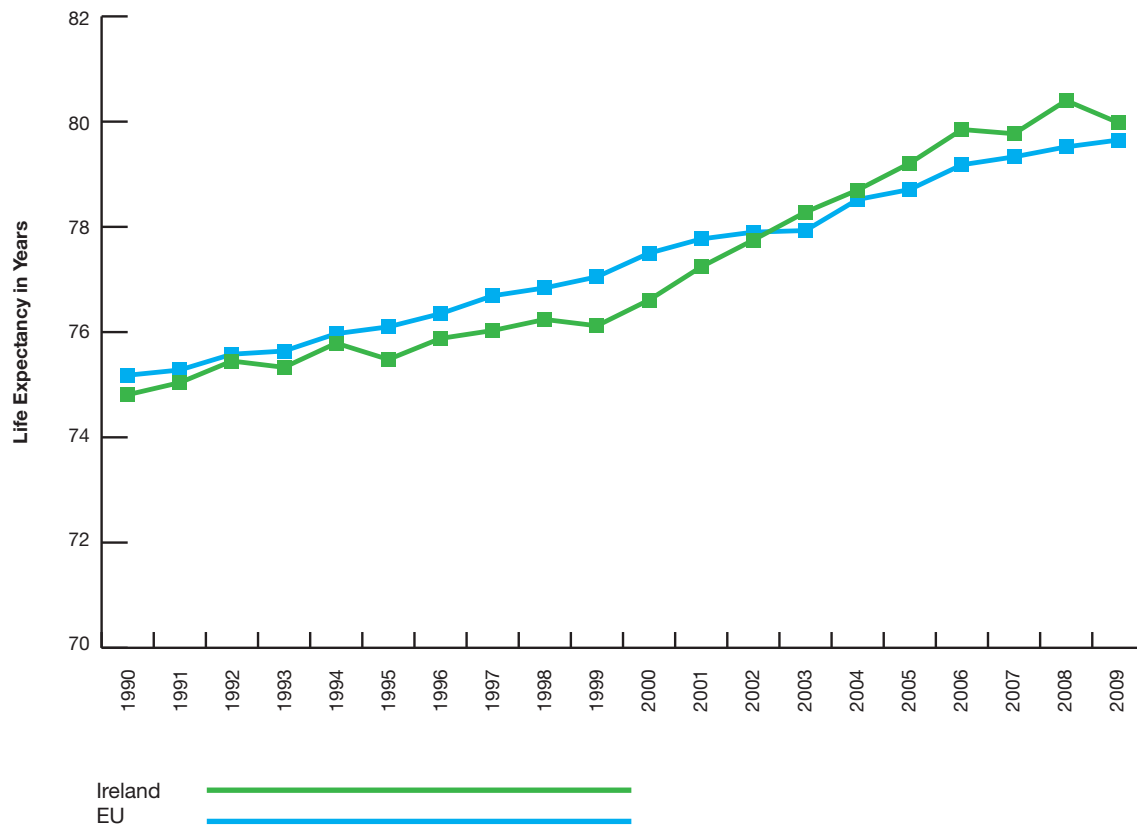
Source: Central Statistics Office.

Note:

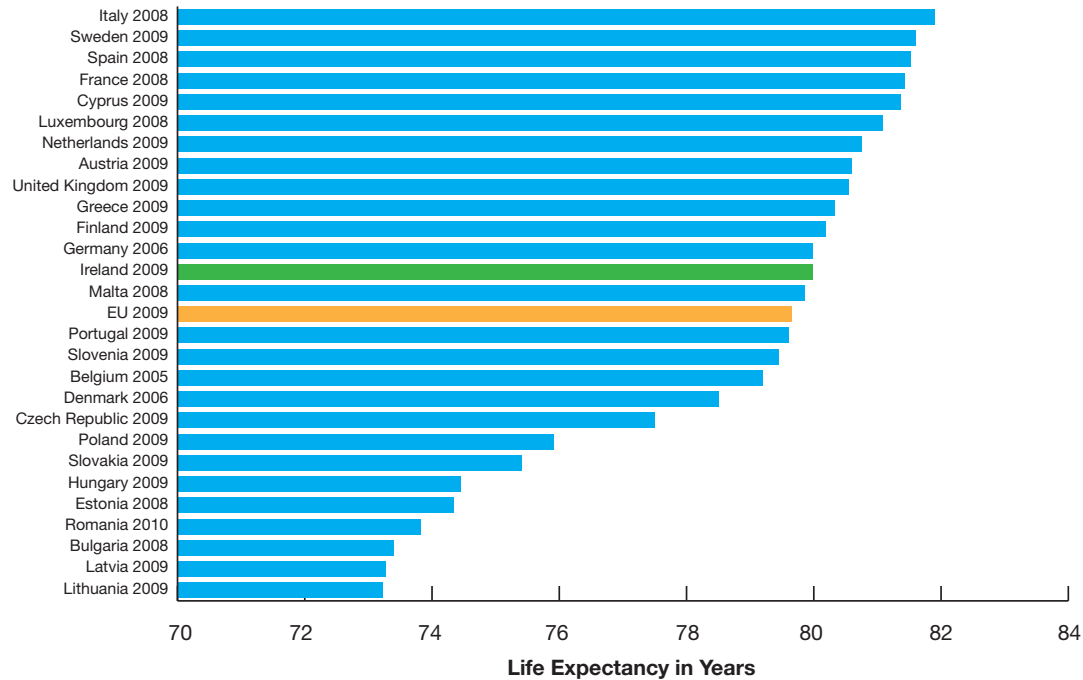
Table above is based on period life expectancy.

FIGURE 1.3

LIFE EXPECTANCY AT BIRTH FOR IRELAND AND EU-27, 1990 TO 2009



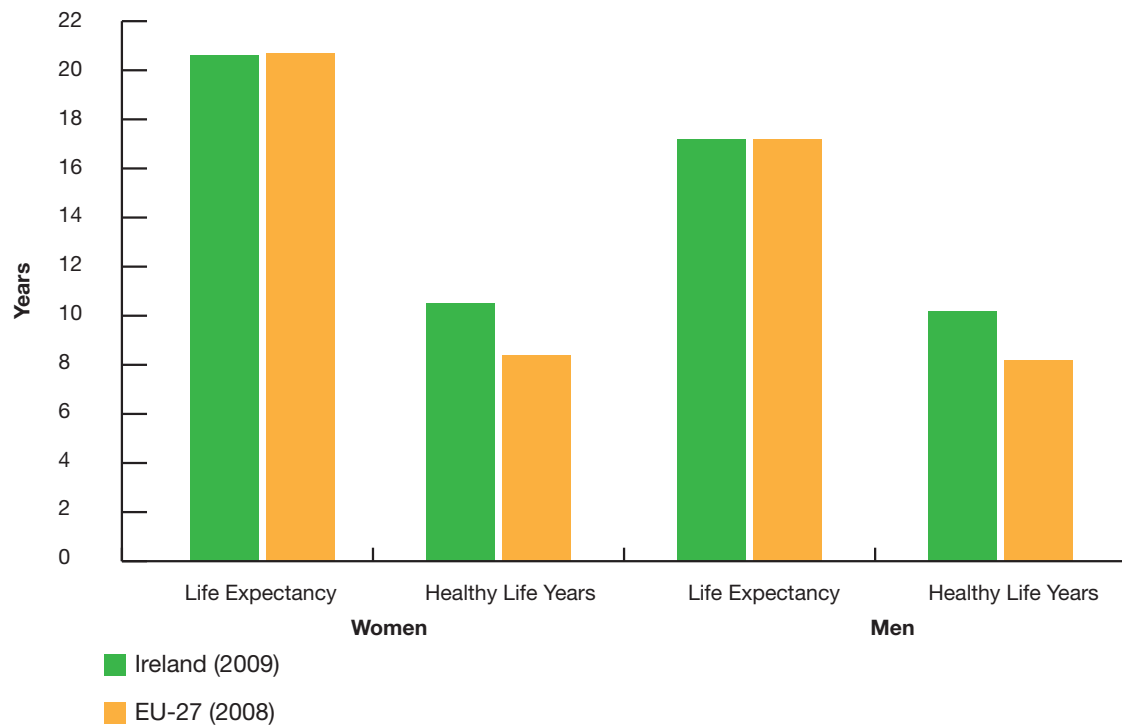
Source: European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

FIGURE 1.4**LIFE EXPECTANCY AT BIRTH FOR EU-27 COUNTRIES, 2009 OR LATEST AVAILABLE YEAR**

Source: European Health For All Database, WHO Regional Office, Copenhagen, Denmark.

FIGURE 1.5

**LIFE EXPECTANCY AND HEALTHY LIFE YEARS AT AGE 65 MALE AND FEMALE,
IRELAND 2009 AND EU-27 2008**



Source: Eurostat.

2. Health of the Population

The European Union Survey of Income and Living Conditions (EU-SILC) while not in existence long enough to provide 10 year trends, nevertheless provides a basis for comparing self-evaluated health across Europe and also to relate these assessments to socio-economic measures. In the areas of self-reported chronic illness and limitations in activities, Ireland compares favourably with the EU average, but this does not take account of Ireland's relatively young population, and it is clear that the gradient for chronic conditions rises very steeply with age (see Tables 2.3 and 2.4). In general terms, Ireland continues to have the highest percentage of its population reporting either good or very good health (see Table 2.1 and Figure 2.1). When this is broken down by income quintile Ireland continues to be above the EU average but 20% more of the population reports good or very good health among high income earners than among the lower paid (see Figure 2.2).

Results on self-reported well-being from the 2010 Health Module in the Quarterly National Household Survey (QNHS) are displayed in Table 2.2 broken down between people with and without a disability. For those without a disability, 82% report being happy all or most of the time; this falls to 61% for those with a disability. Further data from the 2010 Health Module is set out in Table 2.5 and reports on selected diagnosed health conditions in adults and compares these with results from the 2007 Health Module. Most conditions show an increased prevalence with age with the exceptions of anxiety/depression and asthma. The most commonly diagnosed condition is hypertension which rises to 35% of the population aged over 70 years.

In overall population health terms, the past decade presents a clear picture of rapid decreases in mortality rates accompanied by a rapid rise in life expectancy. Mortality from circulatory system diseases fell by almost 40% between 2001 and 2010 and cancer death rates reduced by over 15% (see Table 2.6 and Figure 2.4). Between them, these two causes accounted for 63% of all deaths registered in 2010 (see Figure 2.3). Transport accident mortality fell by nearly 60%; suicide rates by nearly 20%; and infant mortality by 33%. The most recent single year changes in mortality figures should be interpreted with caution since the data are provisional and based on year of registration.

Figure 2.5 presents a graph of mortality from suicide and from road traffic accidents compared with the EU and calculated as a 5-year moving average. This shows the downward trend since 2000 and illustrates that suicide rates in Ireland remain close to the EU average, while motor vehicle death rates continue to be significantly below the EU average.

Table 2.7 provides a summary comparison of Irish death rates by principal cause with the EU average. In 2009, the mortality rate for cancer in Ireland was 7.7% above the EU rate and 14% higher for deaths from smoking-related diseases, many of which will, of course, be cancers. Survival rates for breast, colorectal and cervical cancers are graphed in Figure 2.6 and show Ireland below the OECD average. However, improvement in survival is also evident for all three, and Ireland is closing the gap with the OECD average for both breast and cervical cancer.

Many diseases and premature deaths are preventable. Increased morbidity and mortality are strongly related to lifestyle health determinants such as smoking, alcohol consumption, and obesity. Morbidity and mortality can also be affected by a range of factors such as socio-economic status, environmental and living conditions, ethnicity, gender etc. These factors can, of course, be closely correlated with lifestyle risks. A graphic (see Figure 2.8) is included which shows the relationship between rates of breast feeding and occupational class. In the higher professional group more than 60% of mothers breast feed their babies; in the unemployed group this drops to less than 30%. A further graphic (see Figure 2.9) shows overweight and obesity rates in 9 year old children. More than a quarter of children are either overweight or obese at this age. Better news is that alcohol and cigarette consumption are both at somewhat lower levels than they were ten years ago (see Figure 2.7).

TABLE 2.1**SELF-PERCEIVED HEALTH STATUS IN IRELAND AND EU-27, 2009**

Age Group	Very Good		Good		Fair, Bad, Very Bad	
	% Male	% Female	% Male	% Female	% Male	% Female
16-24	65.1	63.4	31.4	29.7	3.5	6.9
25-44	54.5	54.0	36.4	36.8	9.1	9.2
45-64	33.0	30.7	44.3	47.7	22.7	21.6
65+	19.8	19.7	43.3	43.6	37.0	36.6
Total	45.0	42.6	38.9	40.2	16.1	17.2
EU-27	25.4	21.2	45.9	44.1	28.7	34.7

Source: Central Statistics Office - EU SILC, Eurostat.

TABLE 2.2**PERCEPTION OF OWN WELL-BEING IN THE 4 WEEKS PRIOR TO INTERVIEW, % OF PERSONS AGED 18 YEARS AND OVER BY DISABILITY STATUS, IRELAND 2010**

	All of the time		Most of the time		Some of the time		A little of the time		None of the time	
	Has Disability	Does not	Has Disability	Does not	Has Disability	Does not	Has Disability	Does not	Has Disability	Does not
Did you feel full of life	6	16	25	49	35	26	21	6	13	2
Have you felt calm and peaceful	10	15	40	49	34	28	11	6	5	2
Did you have a lot of energy	3	12	19	47	35	30	26	9	17	3
Have you been happy	15	25	46	57	29	15	7	2	3	1
Did you feel worn out	8	2	21	9	37	31	23	35	11	23
Did you feel tired	9	3	21	9	43	40	21	36	6	12

Source: Central Statistics Office, Quarterly National Household Survey, 2010 Health Module.

TABLE 2.3**% CHRONIC ILLNESS OR CONDITIONS REPORTED IN IRELAND AND EU-27, 2009**

Age Group	Yes		No	
	%Male	%Female	%Male	%Female
16-24	12.0	12.9	88.0	87.1
25-44	15.6	17.0	84.4	83.0
45-64	33.1	31.3	66.9	68.7
65+	46.8	53.8	53.2	46.2
Total	24.7	26.7	75.3	73.3
EU-27	29.0	33.3	71.0	66.7

Source: Central Statistics Office - EU SILC, Eurostat.

TABLE 2.4**LIMITATION IN ACTIVITIES DUE TO HEALTH PROBLEMS IN IRELAND AND EU-27, 2009**

Age Group	Yes, Strongly Limited		Yes, Limited		Not Limited	
	% Male	% Female	% Male	% Female	% Male	% Female
18-44	3.2	2.5	7.1	8.8	89.7	88.7
45-54	4.5	5.7	12.2	13.2	83.3	81.0
55-64	9.2	7.6	21.9	20.1	69.0	72.3
65-74	8.9	10.2	29.1	25.8	62.0	63.9
75+	15.9	19.6	28.0	39.0	56.0	41.4
Total	5.6	5.9	13.6	15.1	80.8	79.0
EU-27	7.7	8.9	15.7	19.5	76.6	71.5

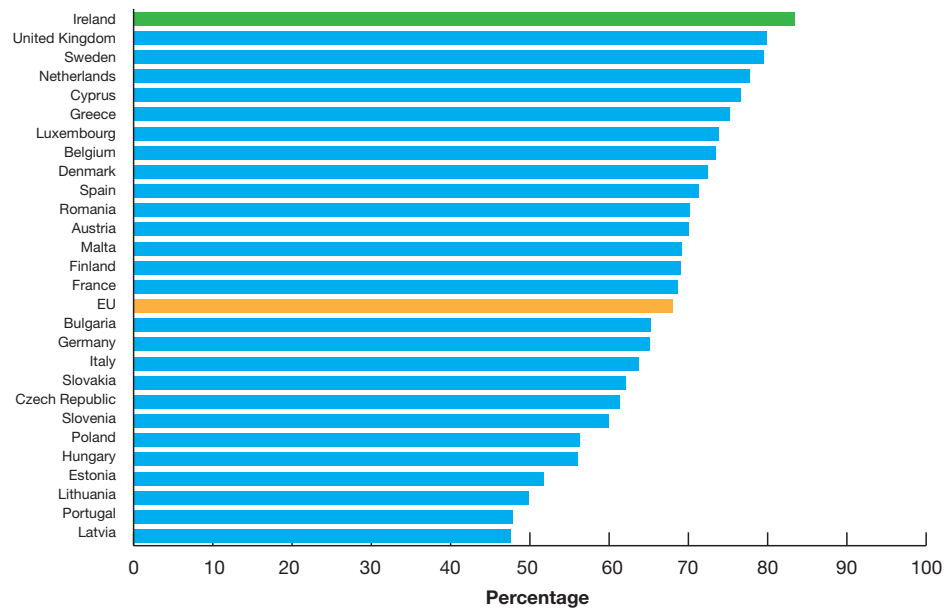
Source: Central Statistics Office - EU SILC, Eurostat.

TABLE 2.5**SELECTED DOCTOR DIAGNOSED HEALTH CONDITIONS OF PERSONS AGED 18 YEARS AND OVER, % OF PERSONS EVER DIAGNOSED, 2007 AND 2010**

Age Group	Anxiety/Depression		Asthma		Chronic Back Conditions		Diabetes		High Cholesterol		Hypertension	
	2007	2010	2007	2010	2007	2010	2007	2010	2007	2010	2007	2010
18-24	2	2	8	10	3	4	(0)	(0)	(0)	(0)	(1)	(0)
25-34	3	4	8	7	5	6	1	1	1	2	2	2
35-44	4	4	6	7	9	9	1	1	4	4	4	4
45-54	5	6	4	6	11	13	2	3	9	11	10	10
55-64	4	6	5	6	11	14	5	5	18	22	21	21
65-69	3	5	6	7	10	12	6	8	22	24	27	30
70+	3	4	5	7	10	14	6	9	18	21	33	35
Total	4	4	6	7	8	10	2	3	8	10	10	11

Source: Central Statistics Office, Quarterly National Household Survey, 2007 and 2010 Health Module.

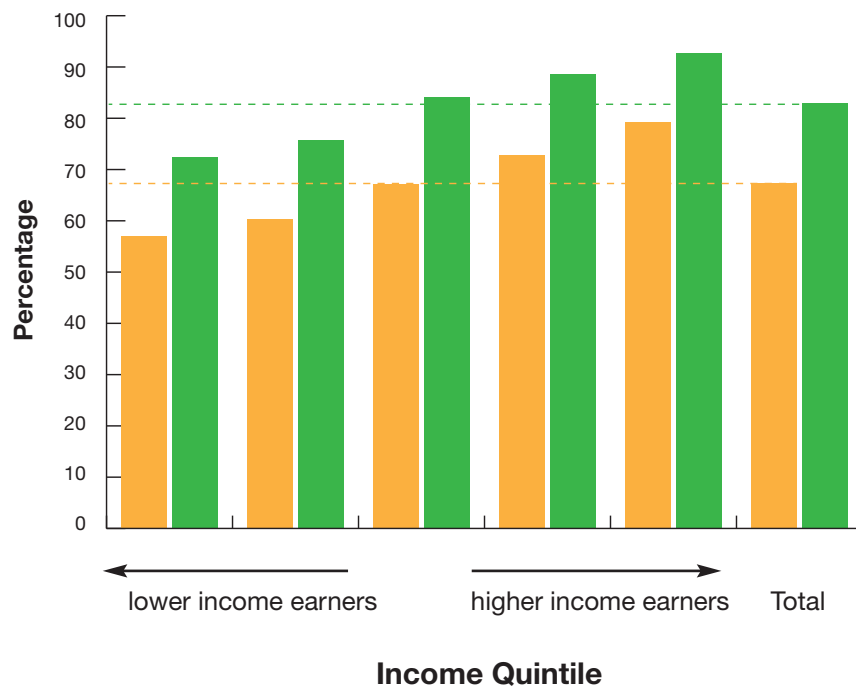
Note: Figures in parentheses () indicate percentages based on small numbers, and are therefore subject to a wide margin of error.

FIGURE 2.1**PERCENTAGE OF THE POPULATION REPORTING GOOD OR VERY GOOD HEALTH IN EU-27 COUNTRIES, 2009**

Source: EU SILC, Eurostat

FIGURE 2.2

SELF PERCEIVED HEALTH BY INCOME QUINTILE: GOOD, VERY GOOD HEALTH, IRELAND AND EU-27 2009



Source: EU-SILC, Eurostat.



TABLE 2.6

PRINCIPAL CAUSES OF DEATH: NUMBERS AND AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION, 2001 TO 2010

						% Change	
						2001-2010	2009-2010
ALL CAUSES							
	Number	30,212	28,260	28,898	27,122	-10.2	-6.1
	Rate	750.5	640.3	591.4	539.7	-28.1	-8.7
DISEASES OF THE CIRCULATORY SYSTEM							
All Circulatory System Diseases:							
	Number	11,886	10,149	9,693	9,189	-22.7	-5.2
	Rate	289.7	224.8	191.6	176.1	-39.2	-8.1
Ischaemic Heart Disease:							
	Number	6,163	5,141	5,128	4,625	-25.0	-9.8
	Rate	152.0	116.0	103.1	90.2	-40.7	-12.5
Stroke:							
	Number	2,584	2,037	2,114	2,015	-22.0	-4.7
	Rate	61.4	43.7	40.8	37.6	-38.8	-7.8
CANCER							
All Malignant Neoplasms:							
	Number	7,632	7,749	8,396	7,971	4.4	-5.1
	Rate	198.7	184.5	182.0	168.1	-15.4	-7.6
Cancer of the Trachea, Bronchus and Lung:							
	Number	1,478	1,587	1,754	1,655	12.0	-5.6
	Rate	38.9	38.5	38.7	35.7	-8.2	-7.8
Cancer of the Female Breast:							
	Number	671	696	676	634	-5.5	-6.2
	Rate	34.3	31.7	28.2	26.0	-24.2	-7.8
EXTERNAL CAUSES OF INJURY AND POISONING							
All Deaths from External Causes:							
	Number	1,832	1,745	1,894	1,601	-12.6	-15.5
	Rate	46.6	40.8	41.1	35.0	-24.9	-14.8
Transport Accidents:							
	Number	423	348	266	186	-56.0	-30.1
	Rate	10.5	8.0	5.9	4.2	-60.0	-28.8
Suicide:							
	Number	519	481	527	486	-6.4	-7.8
	Rate	13.5	11.5	11.6	10.9	-19.3	-6.0
INFANT DEATHS							
Infant Mortality Rate (per 1,000 live births)							
	Number	331	236	240	279	-15.7	16.3
	Rate	5.7	3.9	3.2	3.8	-33.3	18.8

Notes:

- (i) The figures for 2001 and 2005 are year of occurrence and are final. The figures for 2009 and 2010 should be treated with caution as they refer to deaths registered in those years and may be incomplete.
- (ii) Since 2007, all deaths registered in the year have been included in the statistics, in some cases with a provisional cause of death. Previously the practice was not to include deaths in the annual summary statistics until the cause of death had been definitively established. Also since 2007, underlying Cause of Death is classified according to International Classification of Diseases, Version 10 (ICD10) instead of to International Classification of Diseases, Version 9 (ICD9).
- (iii) The rates provided in the table are Age-Standardised Mortality Rates per 100,000 population except for Infant Mortality Rates which are expressed as deaths per 1,000 live births. Age-standardised mortality rates, which are based on a standard European population, allow for comparison between years or regions by taking account of different proportions of people in the various age categories.

FIGURE 2.3
DEATHS BY PRINCIPAL CAUSES, PERCENTAGE DISTRIBUTION, 2010

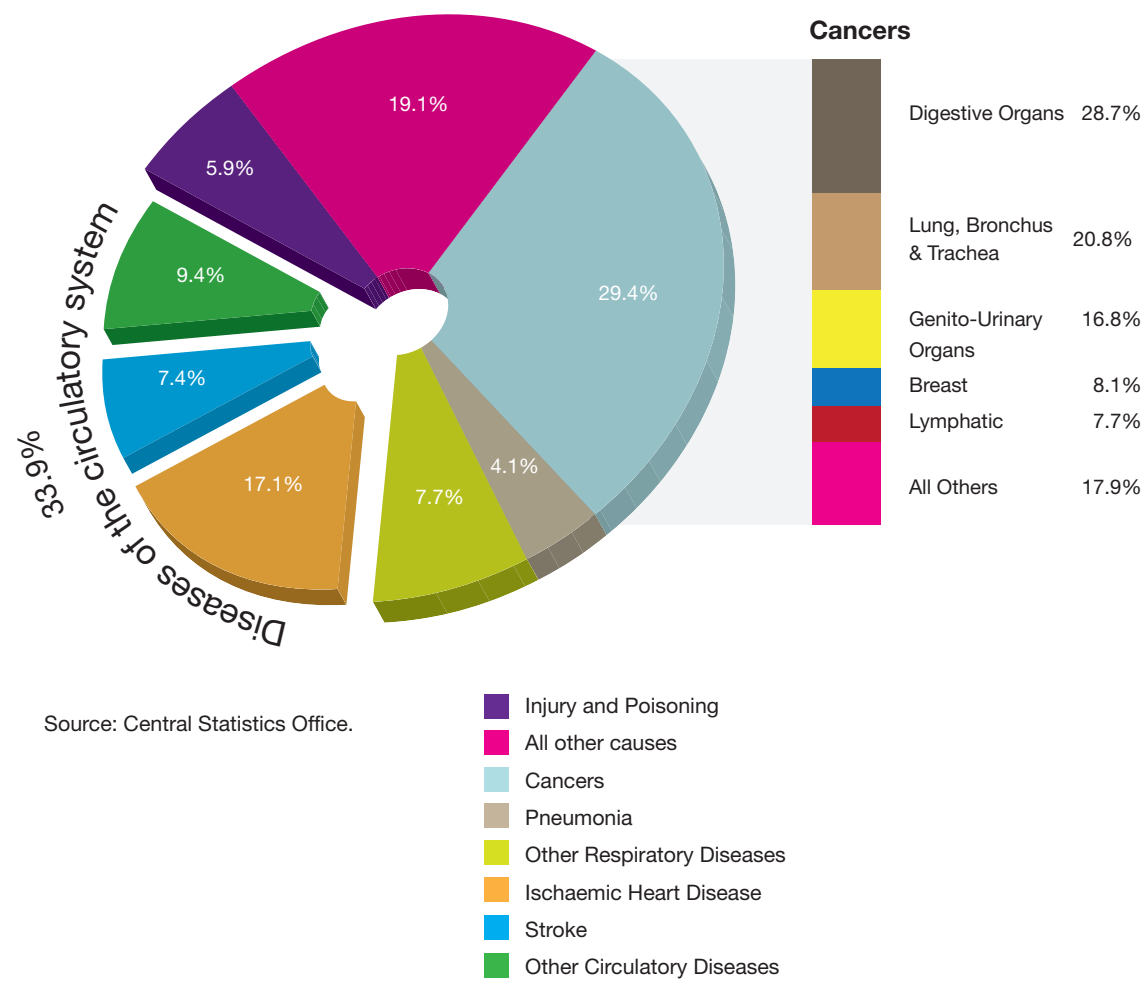


TABLE 2.7
IRELAND AND EU: AGE-STANDARDISED DEATH RATES PER 100,000 POPULATION BY PRINCIPAL CAUSES OF DEATH, 2009

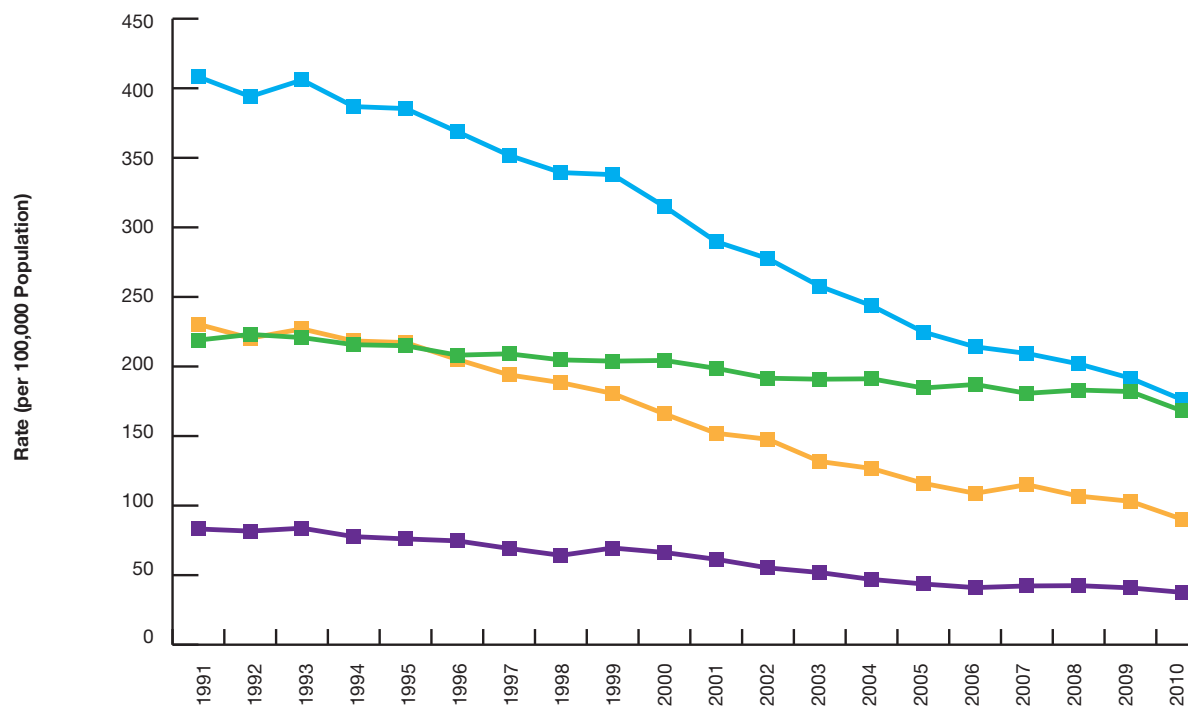
Cause	Ireland (2009)*	EU (2009)*	% difference Ireland-EU
All Causes	591.4	600.6	-1.5
Circulatory System Diseases	191.6	217.3	-11.8
All Cancers	182.0	169.0	7.7
External Causes of Injury and Poisoning	41.1	37.0	11.1
Selected Smoking Related Causes	224.5	196.9	14.0

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

- Notes:**
- (i) The figures for Ireland were derived from the Central Statistics Office mortality data for 2009, see notes under Table 2.6.
 - (ii) * Provisional data

FIGURE 2.4

AGE-STANDARDISED DEATH RATES FOR SELECTED CAUSES IN IRELAND, 1991-2010



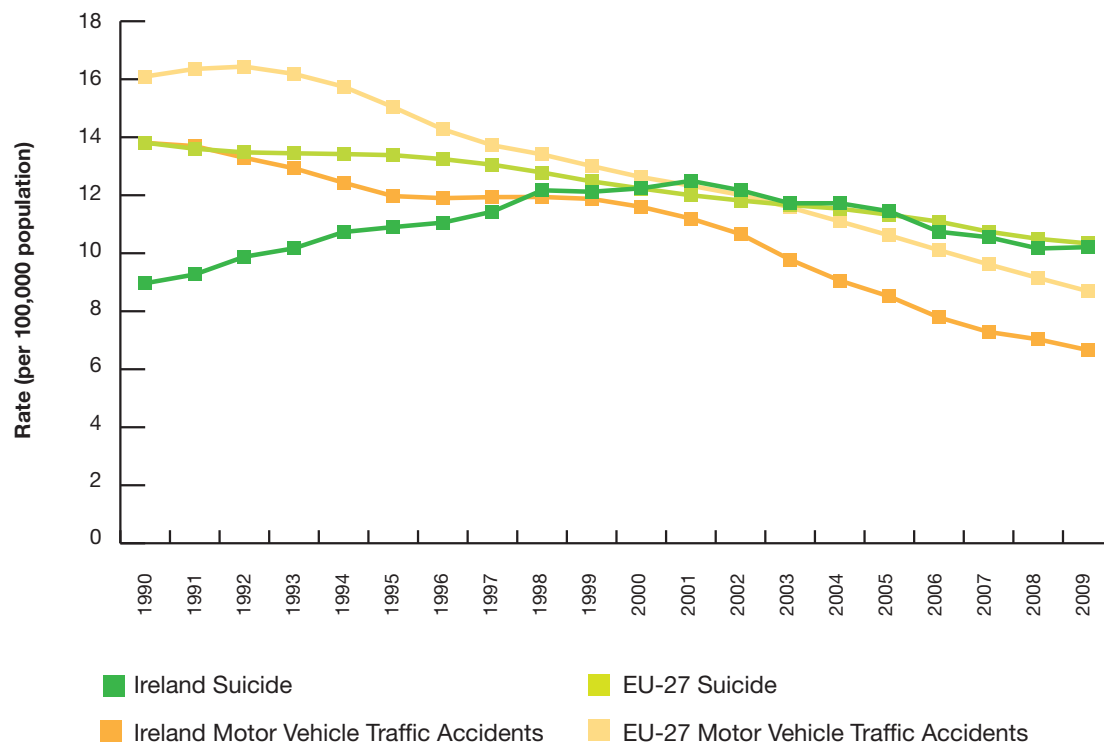
Circulatory System Disease
 Heart Disease
 Stroke
 Cancer

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

Note: See notes at Table 2.6.

FIGURE 2.5

**AGE-STANDARDISED DEATH RATES FOR SELECTED EXTERNAL CAUSES,
IRELAND AND EU, 5-YEAR MOVING AVERAGE 1990-2009**

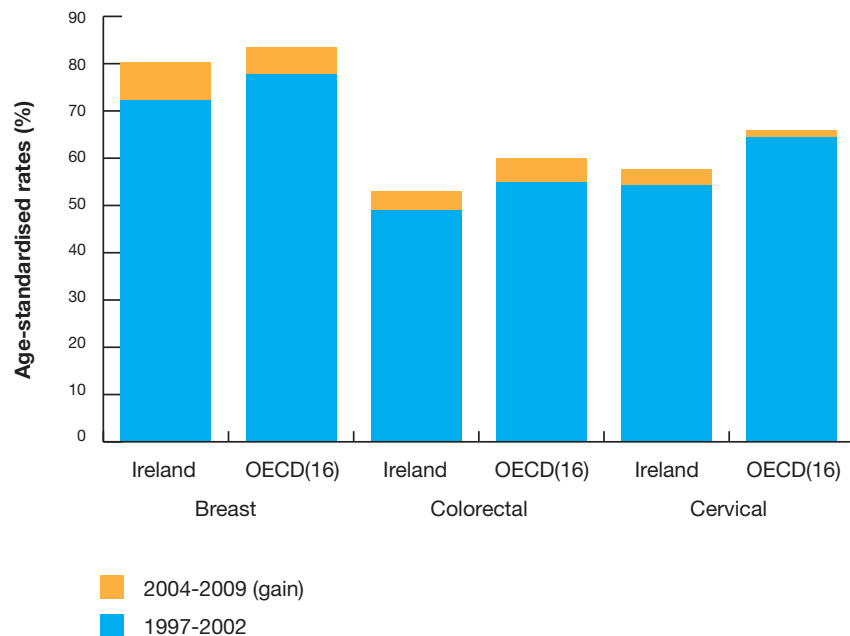


Source: WHO Health For All Database, WHO Regional Office, Copenhagen, Denmark.

Notes: (i) Up to 2007, graph shows rates for motor vehicle traffic accidents only. From 2007, all transport accidents are included.
(ii) 5-year moving average is the average of the previous 5 years data.

FIGURE 2.6

FIVE-YEAR RELATIVE SURVIVAL RATE FOR SELECTED CANCERS, IRELAND AND OECD, 1997-2002 AND 2004-2009* (OR NEAREST PERIOD)

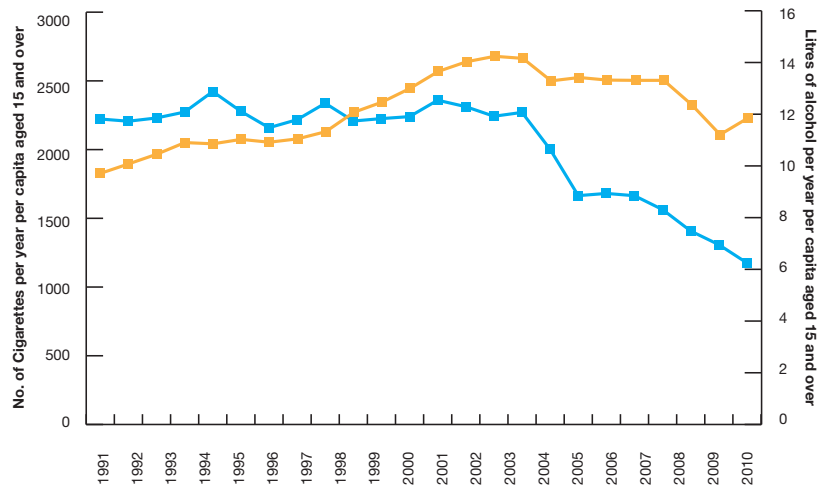


Source: OECD Health Care Quality Indicators Data 2011.

Note: * Based on cancers diagnosed circa 2004 (2001-2003 in the case of Ireland).

FIGURE 2.7

ALCOHOL AND CIGARETTE CONSUMPTION PER ANNUM, PER CAPITA OVER 15 YEARS OLD, 1991-2010



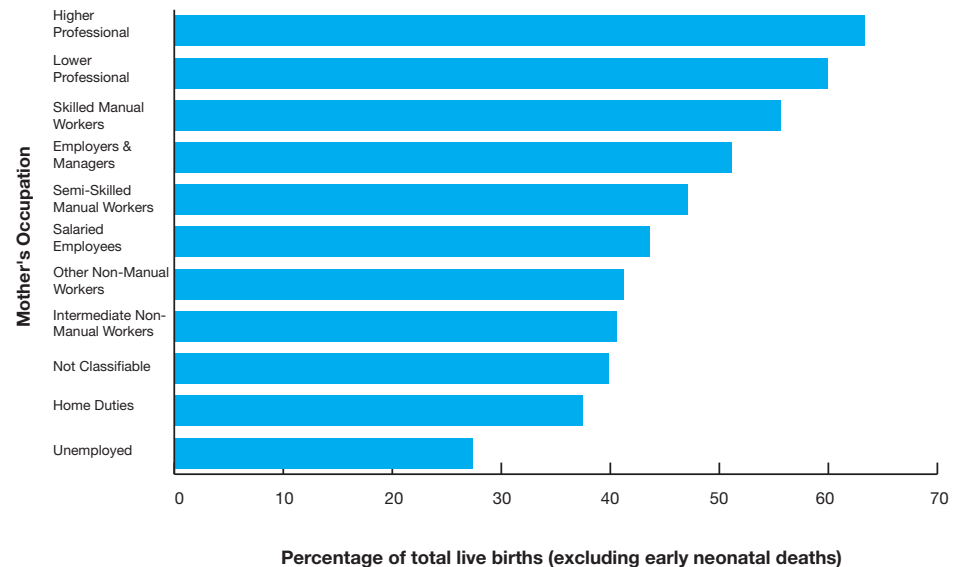
Cigarettes —————
Alcohol —————

Source: Revenue Commissioners Statistical Reports, CSO (population data)

Note: Alcohol is measured in terms of pure alcohol consumed, based on sales of beer, cider, wine and spirits.

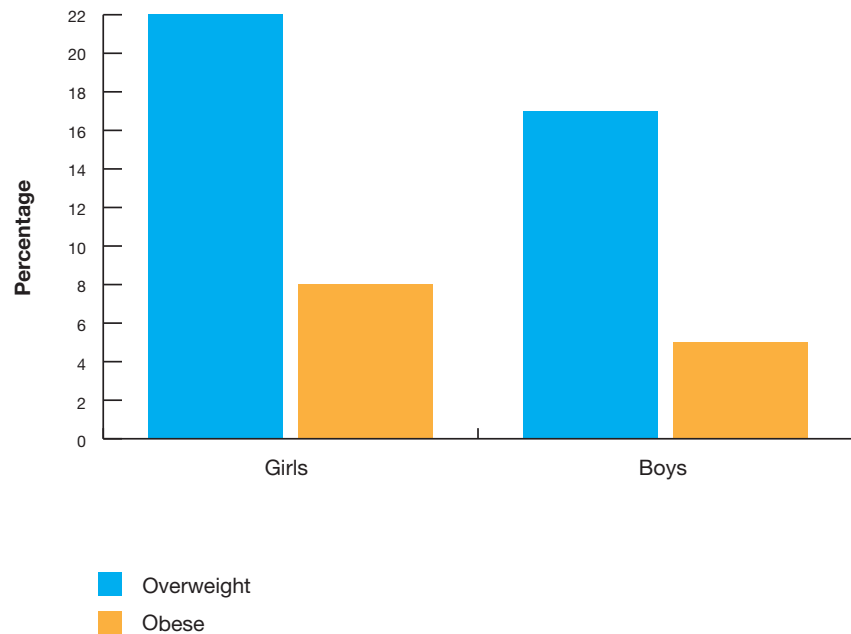
FIGURE 2.8

PERCENTAGE OF MOTHERS BREASTFEEDING BY MOTHER'S OCCUPATION, 2009



Source: National Perinatal Reporting System (NPRS), Health and Research Information Division, ESRI.

Notes: (i) Occupation classes with less than 100 births are not included in this figure.
(ii) 'Not Stated' values for Infant's feeding are not included.
(iii) Based on maternities and type of feeding on discharge.

FIGURE 2.9**PERCENTAGE OF CHILDREN AGED 9 YEARS OLD OVERWEIGHT AND OBESE* IN IRELAND, 2007/08**

Source: Growing Up in Ireland – Overweight and Obesity Among 9-Year-Olds

Note: * As categorised by the International Obesity Taskforce (IOTF) standards.

3. Hospital Care

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

Volume of activity is itself a measure of the growing capacity of the acute hospital system, and the rapid increase in daycase care in recent years provides an indication of safer and more efficient delivery of care. As recently as 2005, there were 100,000 more inpatients treated than daycases. 60% of all hospital admissions are now for daycase treatment (see Table 3.1 and Figure 3.1). Despite the rise in daycases, the average length of stay for the remaining inpatients shows a gradual decline, and, for the first time in 2009, dropped to under 6 days (see Table 3.1). There has also been an increase of 74% in the number of outpatient attendances since 2001.

The need for acute inpatient care both in terms of admission rates and average length of stay increases steeply with age. Persons over the age of 65 account for almost 50% of all bed usage although they represent just 12% of the population. Total inpatient and daycase bed-days per 1,000 population by age group are displayed in Figure 3.2. From the age of 65 onwards, bed-day usage rises from an average of around 2 days per person in the 65-74 age-group to an average of over 7 days per person for those over 85 years of age. The Quarterly National Household Survey (QNHS) Health

Module carried out in Quarter 3, 2010, provides data on utilisation across a range of hospital services. A similar age gradient is evident across outpatient, inpatient and daycase services (see Figure 3.3).

As discussed in Section 1, the population of Ireland is now ageing at a significant rate. An additional 20,000 people over the age of 65 are now added to the population each year with evident implications for service planning and provision – for all sectors of the health services.

Maternity hospitals have been dealing with increasing numbers of births over the decade, and this has been achieved with low levels of maternal mortality and reductions in perinatal and infant mortality. Caesarean section rates have continued to rise in line with trends across the EU and caesarean deliveries now account for 26% of all live births (see Figure 3.4).

Psychiatric hospital admissions have gradually declined over the decade, and are nearly 20% lower than in 2001 (see Table 3.2). Figure 3.5 displays the decline in admission rates by age group. The rates for those under 25 have remained relatively stable which is likely to be an indication of the acute nature of admissions in this age group. The other age groups have shown significant declines, and, unlike acute and general hospitals, the highest admission rates for psychiatric hospitals are in the 45-64 year old age group.

TABLE 3.1

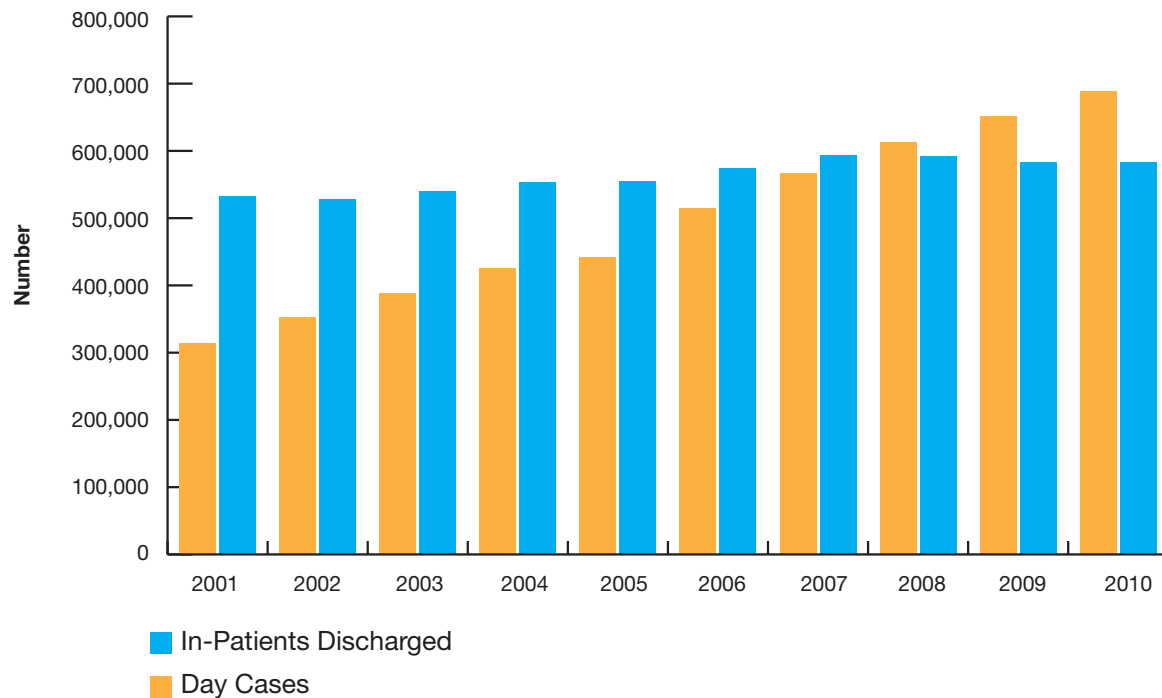
ACUTE HOSPITAL SUMMARY STATISTICS, 2001 - 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change		
											2001-2010	2009-2010	
IN-PATIENTS													
Beds	11,373	11,686	11,806	11,887	12,094	12,110	12,123	11,847	11,538	11,159	-1.9	-3.3	
In-Patients Discharges	532,559	528,882	540,032	553,102	555,726	574,348	593,315	592,153	582,983	582,901	9.5	0.0	
Bed Days Used	3,271,038	3,256,311	3,339,833	3,462,452	3,517,986	3,550,850	3,601,349	3,572,563	3,475,313	3,440,826	5.2	-1.0	
% Bed Days Used by Patients Aged 65+	45.0	46.2	47.0	47.9	48.7	48.2	47.3	47.6	48.3	49.4	9.8	2.3	
Average Length of Stay in Days	6.14	6.16	6.18	6.26	6.33	6.18	6.07	6.03	5.96	5.90	-3.9	-1.0	
Surgical In-Patients	132,361	131,456	133,228	136,386	138,665	141,393	145,756	143,453	140,591	139,215	5.2	-1.0	
DAY CASES													
Beds	771	812	909	1,132	1,253	1,418	1,545	1,737	1,772	1,857	140.9	4.8	
Day Cases	314,971	353,179	389,244	425,205	442,692	661,589	718,238	770,546	818,884	857,596	172.3(118.9)	4.7	
% Day Cases Aged 65+	24.5	25.4	26.7	26.8	28.0	33.7	33.4	33.8	35.3	36.3	48.2(29.3)	2.8	
Surgical Day Cases	73,801	76,148	78,034	82,001	84,219	86,931	92,208	98,819	107,430	115,788	56.9	7.8	
TOTAL DISCHARGES													
In-Patients and Day Cases	847,530	882,061	929,276	978,307	998,418	1,235,937	1,311,553	1,362,699	1,401,867	1,440,497	70.0(50.1)	2.8	
Daycases as a % of Total Discharges	37.2	40.0	41.9	43.5	44.3	53.5	54.8	56.5	58.4	59.5	59.9(45.8)	1.9	
Emergency Department Attendances	1,225,735	1,211,499	1,210,150	1,242,692	1,249,659	1,245,001	1,296,091	1,150,674	1,253,178	1,232,908	0.6	-1.6	
Out-patient Attendances	2,057,989	2,185,028	2,255,998	2,363,821	2,453,000	2,796,331	3,087,448	3,288,917	3,419,705	3,583,290	74.1	4.8	

Source: In-patient & Day Case Activity Data: Hospital In-Patient Enquiry (HIPE), ESRI.

Beds, ED, Out-patient Data: Integrated Management Returns 2001 - 2005, Health Service Executive 2006 - 2010.

- Notes:** (i) From 2006 the HIPE system includes data on day case patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. Dialysis cases amount to approximately 160,000 per year. The percentage change figures from 2001 - 2010 excluding the dialysis day cases are shown in parentheses.
- (ii) The data on surgical inpatients and daycases refer to the number of discharges with a surgical Diagnosis Related Group (DRG).
- (iii) Prior to 2009, St. Joseph's Raheny did not report discharge data to the HIPE system. However this only accounts for a small number of cases.
- (iv) Bantry hospital in-patient and daycase activity data has been excluded from the above as only data for 2009 has been fully reported at present.
- (v) The above table excludes inpatient and day case activity data for a small number of hospitals who report data to HIPE which are not HSE network acute hospitals.
- (vi) Data for Emergency Department attendances refers to new and return emergency presentations at Emergency Departments only.

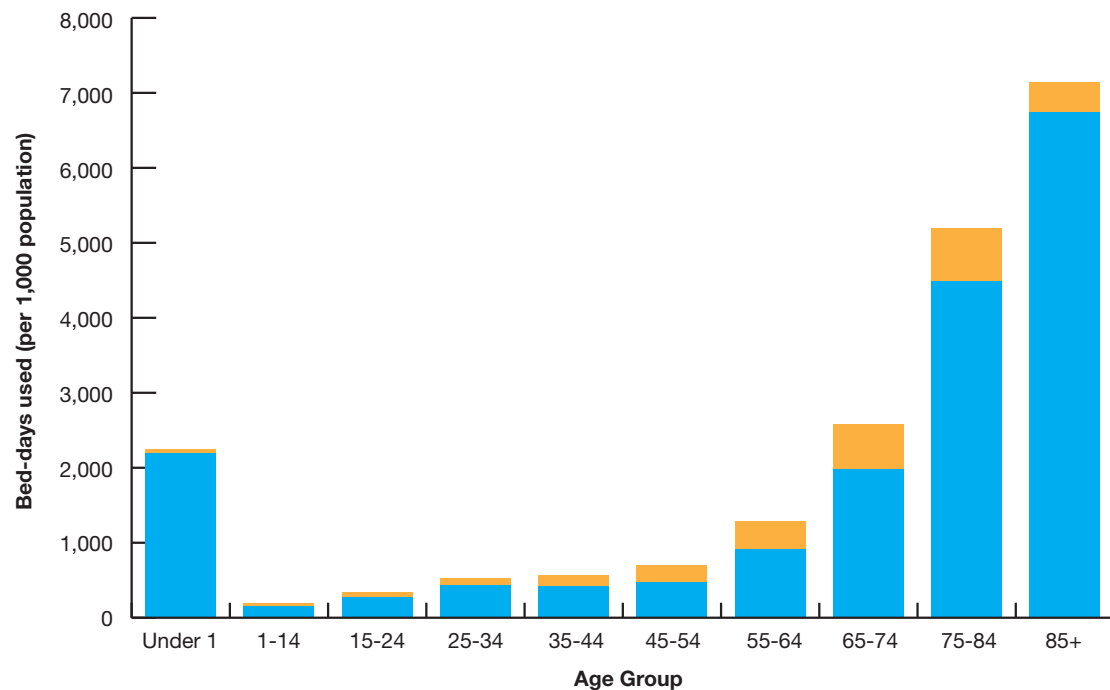
FIGURE 3.1**NUMBER OF IN-PATIENTS AND DAY CASES, 2001 TO 2010**

Source: Table 3.1

Note: Dialysis activity has been included as day case activity in HIPE since 2006. These cases have been excluded from this graph in order to provide a comparable trend.

FIGURE 3.2

TOTAL INPATIENT AND DAY CASE BED-DAYS USED IN PUBLIC ACUTE HOSPITALS PER 1,000 POPULATION BY AGE GROUP, 2010



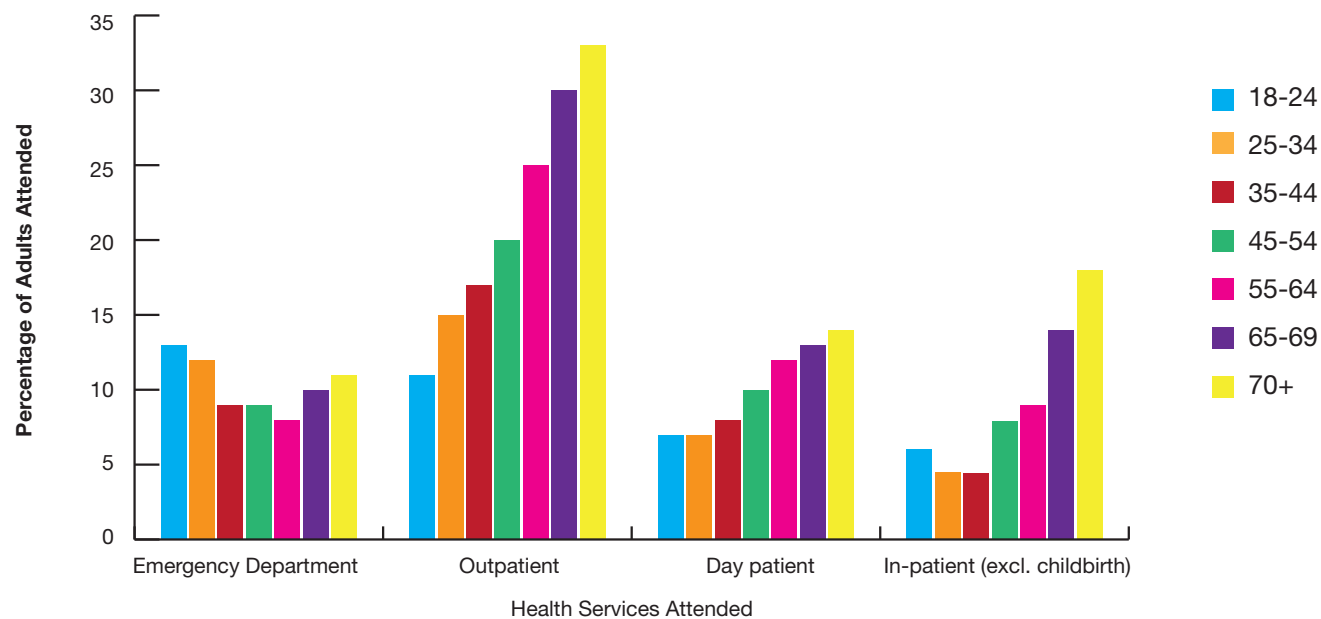
Source: Hospital In-Patient Enquiry (HIPE), ESRI.
Central Statistics Office for population data.

■ Inpatient Bed Days
■ Day Cases

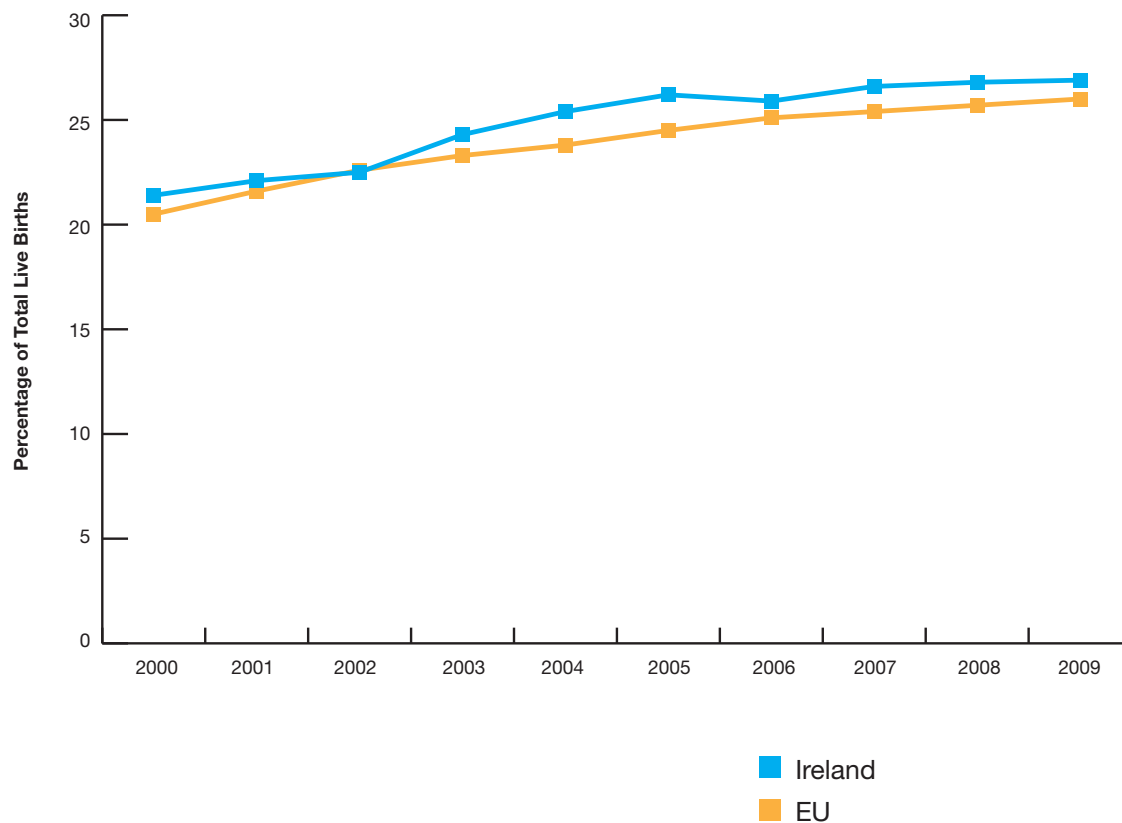
Note: Day cases are counted as one bed-day.

FIGURE 3.3

HEALTH SERVICES ATTENDED BY ADULTS IN 12 MONTHS PRIOR TO INTERVIEW BY AGE GROUP, IRELAND 2010



Source: Central Statistics Office, Quarterly National Household Survey, 2010 Health Module.

FIGURE 3.4**CAESAREAN SECTIONS AS A % OF TOTAL LIVE BIRTHS, IRELAND AND EU, 2000-2009**

Source: European Health For All Database, WHO Regional Office for Europe, Copenhagen, Denmark.

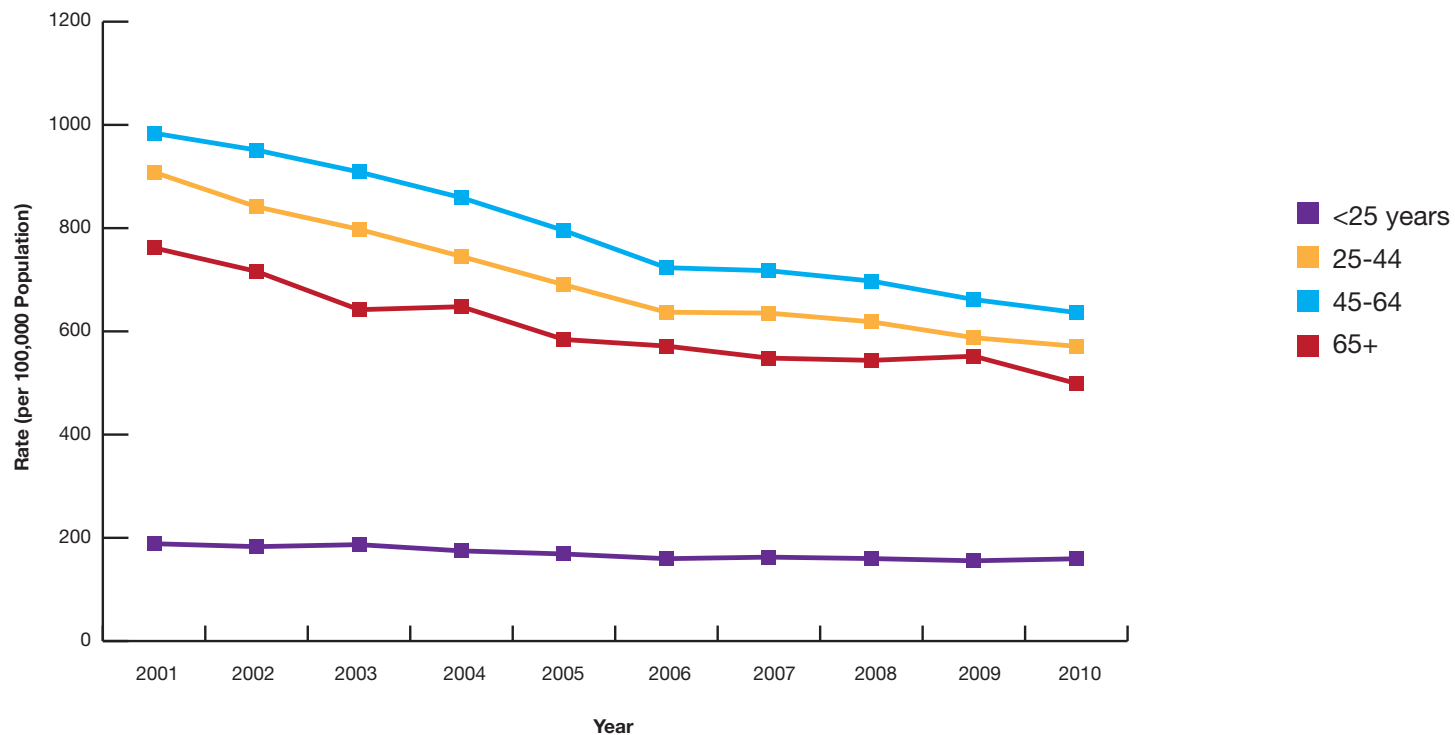
TABLE 3.2

PSYCHIATRIC HOSPITALS AND UNITS SUMMARY STATISTICS, 2001 TO 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change	
											2001-2010	2009-2010
Number of In-Patient Admissions	24,446	23,677	23,031	22,279	21,253	20,288	20,769	20,752	20,195	19,619	-19.7	-2.9
% Male	52.9	51.6	50.8	51.0	50.9	50.6	49.9	49.7	50.1	50.2	-5.1	0.2
% Female	47.1	48.4	49.2	49.0	49.1	49.4	50.1	50.3	49.9	49.8	5.7	-0.2
Admission Rate per 100,000 Population by Age Group												
<25 years	188.6	182.9	186.8	174.7	168.7	159.6	162.6	159.8	155.5	159.4	-15.5	2.5
25-44	908.3	841.4	797.7	745.1	690.3	637.1	635.4	618.5	587.7	571.1	-37.1	-2.8
45-64	983.9	951.2	908.8	859.0	795.3	723.3	717.5	697.5	661.6	636.4	-35.3	-3.8
65+	761.7	716.1	642.0	647.8	584.2	571.5	548.2	543.8	551.9	499.1	-34.5	-9.6
Total	633.7	603.8	578.1	550.5	514.0	479.2	478.6	469.1	452.9	438.8	-30.8	-3.1
Total of In-Patient Census	4,256	3,891	3,658	3,556	3,475	3,332	3,314	-	-	2,812	-33.9	-15.1*

Source: Health Research Board and Mental Health Commission.

- Notes:**
- (i) Populations used to compute admission rates for 2002 and 2006 are taken from the Census of Population, Central Statistics Office (CSO) and for all other years are based on the CSO's intercensal population estimates.
 - (ii) Cases with an unspecified age were excluded from the age analysis.
 - (iii) *A census of the total number of in-patients is now carried out every 3 years. Therefore there is no data for 2008 or 2009. The 2009-2010 % change figures relate to 2007-2010.
 - (iv) 2010 admissions data is provisional.

FIGURE 3.5**PSYCHIATRIC HOSPITALS AND UNITS: ADMISSION RATE PER 100,000 POPULATION
BY AGE GROUP, 2001-2010**

Source: Table 3.2.

4. Primary Care and Community Services

The statistics presented in this section represent a selective view of a very diverse range of services. The primary care sector includes General Practitioner (GP) care, long-stay care, community mental health and disability services, dental treatment, public health nursing, children in care, preventative services such as immunisation and food-safety inspections, and reimbursement services such as the drug payment and long term illness schemes.

The section begins by presenting a high level assessment of access to treatment for health problems. This is derived from the harmonised EU Survey on Income and Living Conditions (EU-SILC) and displays the percentages of respondents reporting an unmet need for a medical examination/health treatment classified by income quintile. In this histogram, Ireland is compared with the EU average across 5 income categories (see Figure 4.1). The picture which emerges is of significantly lower unmet need in Ireland compared with the EU as a whole. For Ireland, the fact that the second highest income quintile has the second highest level of unmet need may be a reflection of the means-tested system for medical card eligibility.

The ways in which health service utilisation is distributed across the various community-based services is shown in Table 4.1. These results come from a Health Module carried out by the Central Statistics Office in 2010. They show that 88% of respondents had a health consultation of some kind or other and that 74% of respondents reported at least one visit to their GP during the previous 12 months. They also generally show higher consultation rates with age, higher rates for women than men, and higher rates for medical card holders. Figure 4.2 shows GP consultation rates classified by age and medical card status.

Data on the numbers of people covered by medical cards and on the so-called “demand led schemes” such as the drugs payment scheme and the long term illness scheme demonstrate both volume and population-based rate increases for the most recent years (see Table 4.2). This is in contrast with the earlier years of the decade which witnessed a declining proportion of the population eligible for a medical card. However, numbers of medical cards and numbers availing of the drug payments scheme and the long term illness scheme have all increased by over a third over the past ten years. As a measure of both the increased utilisation and increased cost of primary care reimbursements, Figure 4.3 displays the year on year percentage increase in numbers of prescription items and the average cost per item.

Table 4.3 reports on children in care. A notable feature has been the positive trend toward higher rates of foster care provision which have increased from 77% in 2000 to 89% in 2009.

Table 4.4 summarises the results of the Long Stay Survey which covers all public, voluntary and private long stay accommodation. The most striking feature of this data, in terms of trends, is that the age distribution of residents is significantly older than 10 years ago. 47% of all residents are now over the age of 85 years compared with 39% in 2001 (see Figure 4.4). This is the continuation of a longer term trend over recent decades and reflects both significant increases in life expectancy as well as improved provision of home care supports.

Immunisation rates are set out in Table 4.5 and show significantly improved uptake rates over the period since 2001.

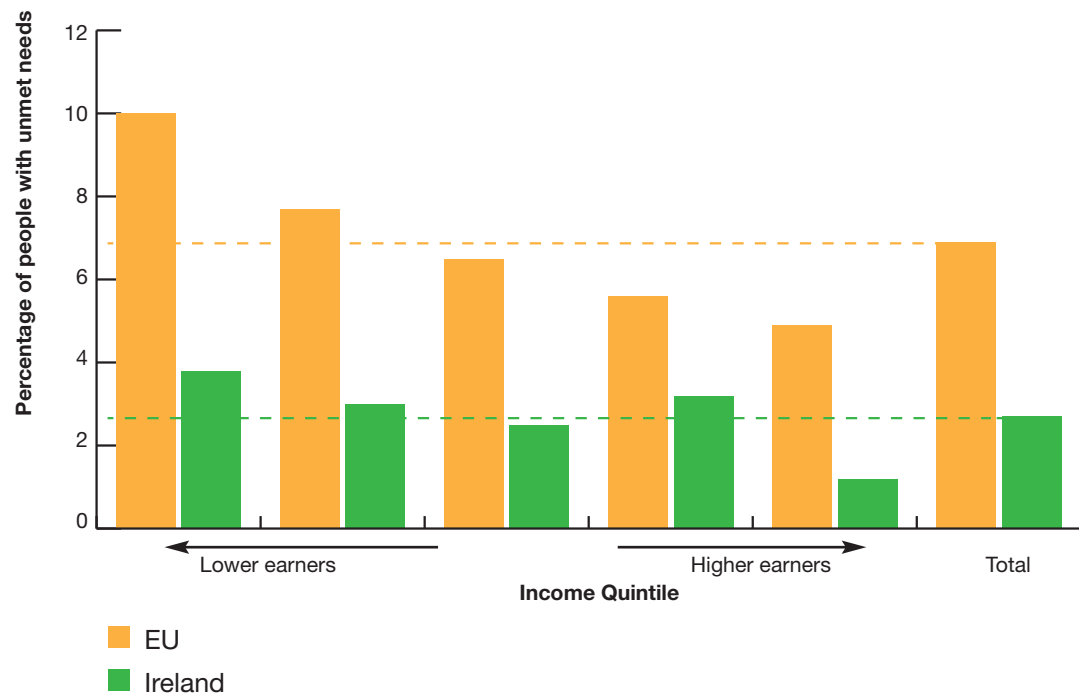
Data on people with a physical and/or sensory disability is set out in Table 4.6. This is based on the numbers of people registered with the National Physical and Sensory Disability Database (NPSDD) and shows a slight decline in numbers between 2009 and 2010. The registration target for the NPSDD remains at 45,000. The data show that of the 25,190 persons registered in 2010, 57% had a physical disability only; 21% had a single form of sensory disability (i.e. either hearing, visual, or primary speech and language); the remaining 22% had multiple disabilities.

People in receipt of intellectual disability services are recorded on the National Intellectual Disability Database (NIDD) (see Table 4.7). Since 2001, the numbers of persons availing of day services who are day attendees has increased by 15% and the numbers who are full time residents has decreased by 1.7%. Data are also displayed by level of disability but the figures are difficult to interpret given the relatively high proportion of cases where the level of disability has not been verified.

This section concludes with Table 4.8 on food safety. The inspection of food establishments is an important activity of the Food Safety Authority of Ireland and contributes to public health by raising national food safety standards. Data show a very marked improvement in food safety since 2001. While the numbers of premises inspected has increased by 10%, the percentage of premises displaying food safety infringements has decreased from over 55% to 20%.

FIGURE 4.1

**PEOPLE WITH UNMET NEEDS FOR MEDICAL EXAMINATION BY INCOME QUINTILE,
IRELAND AND EU-27 2009**



Source: EU-SILC, Eurostat.

Note: Unmet need is defined as: "really needing a medical examination or treatment for a health problem but did not receive it."

TABLE 4.1

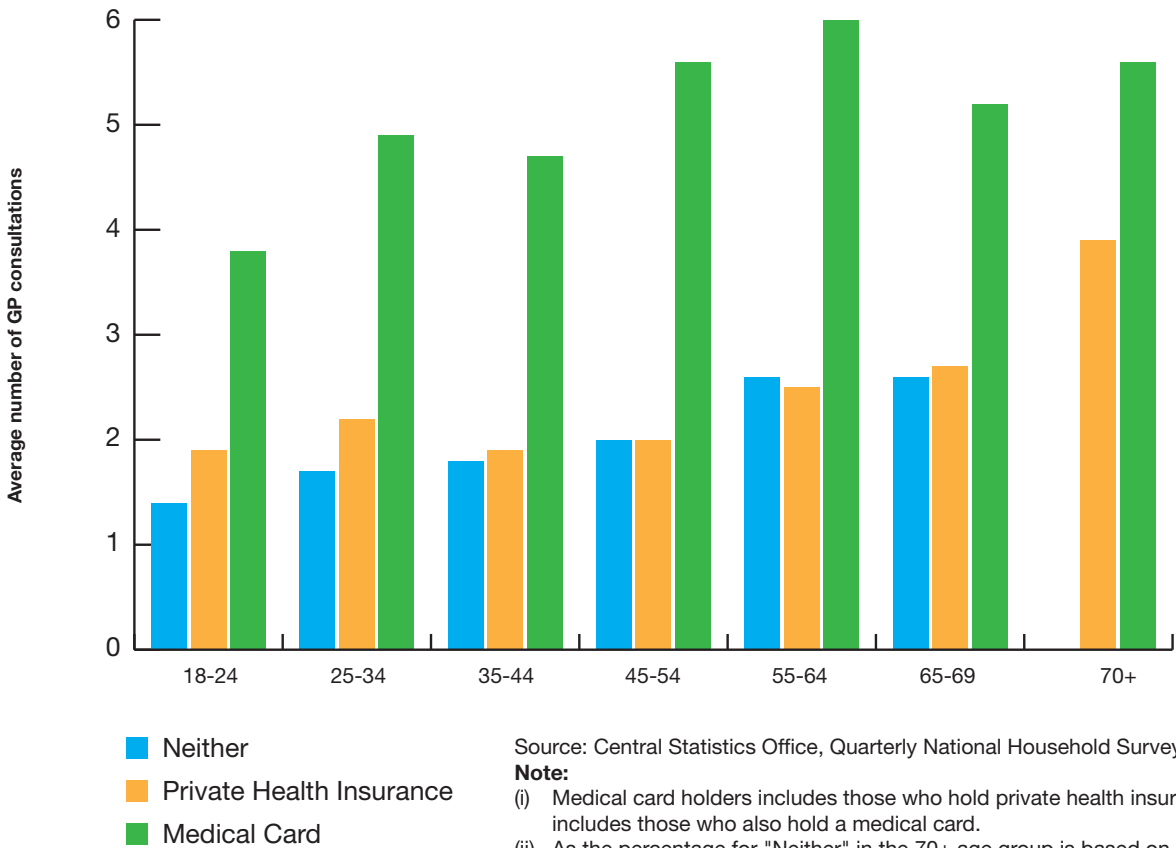
HEALTH CONSULTATIONS: TYPE OF HEALTH CONSULTATION IN THE 12 MONTHS PRIOR TO INTERVIEW, BY PERSONS AGED 18 YEARS AND OVER BY SEX, AGE AND MEDICAL COVER, 2010, % OF ADULTS

		Any health consultation*		General Practitioner (GP)		Pharmacist		Community Nurse		Optician		Dental	
		None	1 or more	None	1 or more	None	1 or more	None	1 or more	None	1 or more	None	1 or more
State		12	88	26	74	61	39	94	6	73	27	57	43
Sex													
	Male	17	83	34	66	68	32	96	4	76	24	61	39
	Female	7	93	19	81	55	45	91	9	70	30	52	48
Age													
	18-24	18	82	34	66	65	35	95	5	79	21	55	45
	25-34	16	84	33	67	59	41	94	6	82	18	55	45
	35-44	14	86	31	69	60	40	96	4	81	19	52	48
	45-54	11	89	27	73	61	39	97	3	71	29	53	47
	55-64	8	92	18	82	61	39	96	4	64	36	56	44
	65-69	6	94	12	88	61	39	93	7	60	40	65	35
	70+	3	97	6	94	61	39	79	21	52	48	74	26
Medical Cover													
	Medical Card	7	93	14	86	58	42	88	12	69	31	64	36
	Private Health Insurance	9	91	27	73	61	39	97	3	71	29	45	55
	Neither	25	75	43	57	66	34	97	3	82	18	65	35

Source: Central Statistics Office, Quarterly National Household Survey, 2010 Health Module.

- Notes:**
- (i) *Includes other health consultations - physiotherapists, occupational therapists, dieticians, speech and language therapists, home help, social workers, community welfare officers, counsellors, psychologists, psychotherapists.
 - (ii) Medical card holders includes those who hold private health insurance also. Similarly, private health insurance includes those who also hold a medical card.

FIGURE 4.2
AVERAGE NUMBER OF GP CONSULTATIONS OF ADULTS IN THE 12 MONTHS PRIOR TO INTERVIEW,
BY AGE GROUP AND MEDICAL COVER, IRELAND 2010



Source: Central Statistics Office, Quarterly National Household Survey, 2010 Health Module.

Note:

- (i) Medical card holders includes those who hold private health insurance also. Similarly, private health insurance includes those who also hold a medical card.
- (ii) As the percentage for "Neither" in the 70+ age group is based on small numbers, it is subject to a wide margin of error and, therefore, is excluded from the graph.
- (iii) Average is calculated across all persons including those with no GP consultations.

TABLE 4.2

PRIMARY CARE REIMBURSEMENT SERVICE: GENERAL MEDICAL SERVICES, DRUG PAYMENTS, LONG-TERM ILLNESS, GP VISIT CARD: NUMBER OF PERSONS AND PERCENTAGE OF POPULATION
DENTAL AND COMMUNITY OPHTHALMIC SCHEMES: NUMBER OF TREATMENTS AND NUMBERS OF PERSONS TREATED 2001-2010

												% Change	
												From Earliest Year to Latest Year	Most Recent Two Years
Scheme		2001	2002	2003	2004	2005	2006	2007	2008	2009	2010		
GMS													
	Number	1,199,454	1,168,745	1,158,143	1,148,914	1,155,727	1,221,695	1,276,178	1,352,120	1,478,560	1,615,809	34.7	9.3
	%	31.2	29.8	29.1	28.4	28.0	28.8	29.4	30.6	33.2	36.1	15.7	8.7
DP													
	Number	1,156,836	1,319,395	1,396,813	1,469,251	1,478,650	1,525,657	1,583,738	1,624,413	1,587,448	n/a	37.2	-2.3
	%	30.1	33.7	35.1	36.3	35.8	36.0	36.5	36.7	35.6	n/a	18.3	-3.0
LTI													
	Number	87,988	92,745	97,184	93,504	99,280	106,307	112,580	120,407	127,636	n/a	45.1	6.0
	%	2.3	2.4	2.4	2.3	2.4	2.5	2.6	2.7	2.9	n/a	26.1	7.4
GPVC													
	Number	---	---	---	---	5,079	51,760	75,589	85,546	98,325	117,423	126.9	19.4
	%	---	---	---	---	0.1	1.2	1.7	1.9	2.2	2.6	116.7	18.2
Dental													
	Number of treatments	980,928	1,002,783	1,069,461	1,073,515	1,069,402	1,095,919	1,078,878	1,195,945	1,584,598	n/a	61.5	32.5
	Number of persons treated	186,900	210,106	229,812	237,828	242,865	256,263	258,167	271,731	343,067	n/a	83.6	26.3
Ophthalmic													
	Number of treatments	305,924	397,578	373,473	414,184	417,533	464,623	493,504	530,282	564,606	n/a	84.6	6.5
	Number of persons treated	111,613	154,132	160,658	173,155	175,093	192,619	210,079	222,567	238,844	n/a	114.0	7.3

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

Notes:

- (i) GMS = General Medical Services Scheme, DP = Drugs Payments Scheme, LTI = Long-Term Illness Scheme, GPVC = General Practitioner Visit Card.
- (ii) The GP Visit Card Scheme was first implemented mid-2005. The % change therefore refers to 2006-2010.
- (iii) n/a = not available.

FIGURE 4.3

PRESCRIPTION ITEMS DISPENSED UNDER THE GENERAL MEDICAL SERVICES (GMS) SCHEME: % INCREASE FROM PREVIOUS YEAR IN NUMBER OF ITEMS DISPENSED AND AVERAGE COST PER ITEM PAID TO PHARMACIES, 2000-2009

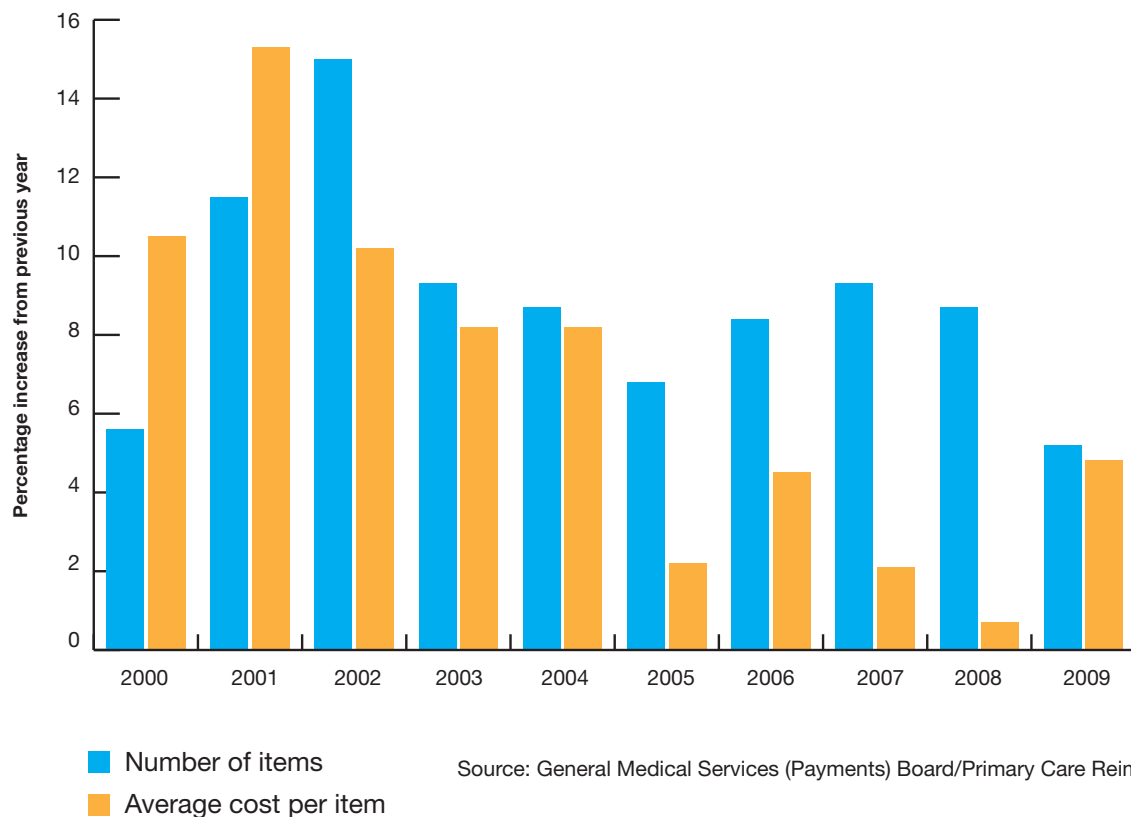


TABLE 4.3

CHILDREN IN CARE: SUMMARY STATISTICS, 2000 - 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	% Change	
											2000-2009	2008-2009
Total Children in Care	4,424	5,517	4,921	4,984	5,060	5,220	5,247	5,307	5,357	5,675	28.3	5.9
% Male	51.5	54.3	52.3	51.2	51.6	51.1	51.1	50.8	50.7	51.3	-0.4	1.2
% Female	48.5	45.7	47.7	48.8	48.4	48.9	48.9	49.2	49.3	48.7	0.4	-1.2
% Foster Care	76.5	66.3	78.3	80.0	83.9	85.0	87.6	89.0	88.5	89.0	16.3	0.6
% Current Care Order	46.4	39.1	43.0	43.8	43.1	49.0	49.4	49.0	48.9	52.0	12.1	6.3
% in Care for up to 1 Year at year end	22.9	28.6	33.2	23.2	18.7	21.9	26.9	19.1	23.1	23.2	1.3	0.4
% in Care for 1-5 Years at year end	44.1	43.3	38.5	44.2	45.6	41.9	39.4	37.6	40.7	38.9	-11.8	-4.4
% in Care for more than 5 Years at year end	33.1	28.1	28.3	32.6	35.7	36.2	33.6	43.3	36.2	38.0	14.8	5.0

Source: HSE.

Note: Children in Care can be placed either voluntarily or under a Current Care Order. Length of time in care refers to total time in care.

TABLE 4.4

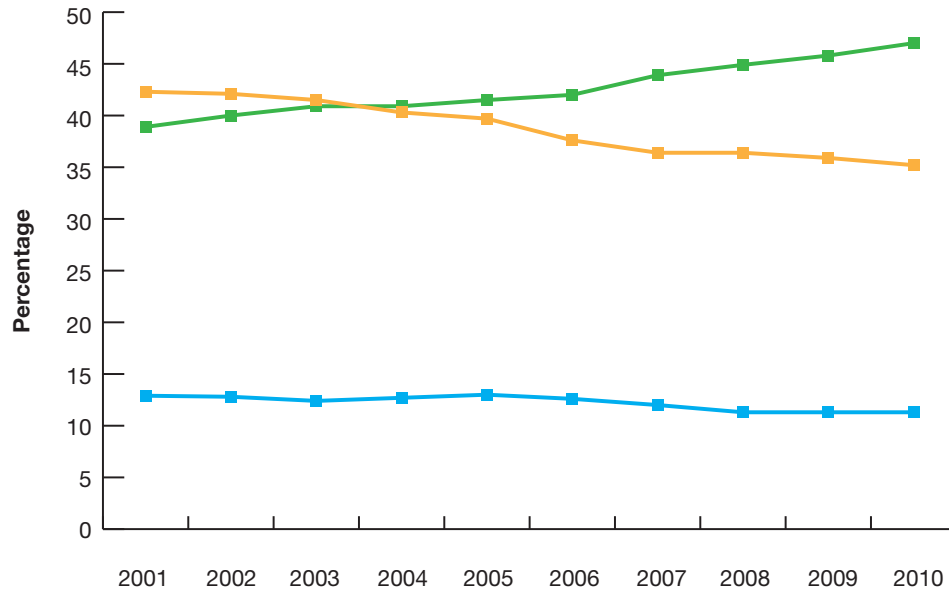
LONG STAY CARE: SUMMARY STATISTICS, 2001 TO 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change	
											2001-2010	2009-2010
Number of Beds	21,949	23,059	23,825	23,772	21,478	24,253	24,029	25,209	20,891	22,998	-	-
Number of Patients Resident at 31/12	19,886	20,959	21,169	21,404	19,320	21,455	21,595	22,613	18,654	21,048	-	-
% of Beds Occupied	90.6	90.9	88.9	90.0	90.0	88.5	89.9	89.7	89.3	91.5	1.0	2.5
Age Distribution (as % of total)												
Under 40	0.9	0.6	0.7	0.7	0.6	1.5	1.7	1.7	1.1	0.8	-11.1	-27.3
40-64	4.9	4.5	4.5	5.4	5.0	6.2	6.1	5.7	5.5	5.4	10.2	-1.8
65-69	4.3	4.2	4.1	4.1	4.4	4.5	3.9	3.6	3.8	3.7	-14.0	-2.6
70-74	8.6	8.6	8.3	8.6	8.6	8.1	8.1	7.7	7.5	7.6	-11.6	1.3
75-79	16.9	16.5	16.0	15.1	15.5	14.6	14.0	14.0	13.9	13.4	-20.7	-3.6
80-84	25.4	25.6	25.5	25.2	24.2	23.0	22.4	22.4	22.2	22.0	-13.4	-0.9
85+	38.9	40.0	40.9	40.9	41.5	42.0	43.9	44.9	46.2	47.2	21.3	2.2
Level of Dependency (as % of total)												
Low	9.4	9.6	9.2	9.2	9.4	9.1	9.4	10.2	12.7	13.0	38.3	2.4
Medium	20.0	19.9	19.0	18.8	18.6	20.1	22.1	23.2	24.3	22.9	14.5	-5.8
High	29.3	30.1	30.6	29.7	31.1	31.1	32.0	30.7	31.4	29.6	1.0	-5.7
Maximum	41.2	40.3	41.2	42.3	40.8	39.6	36.5	35.9	31.6	34.5	-16.3	9.2
Response Rate (%)	84.9	87.3	87.3	85.4	80.0	80.1	78.2	81.6	71.6	80.0	-5.8	11.7

Source: Annual Survey of Long Stay Units, Department of Health.

Note:

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

FIGURE 4.4**LONG-STAY CARE: PERCENTAGE OF RESIDENTS AGED 65+ BY AGE GROUP, 2001 TO 2010**

Source: Table 4.4.



TABLE 4.5

IMMUNISATION RATES AT 24 MONTHS: PERCENTAGE UPTAKE, 2001 TO 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009 ^F	2010 ^F	% Change	
											2001-2010	2009-2010
Diphtheria	84	83	86	89	90	91	92	93	94	94	11.9	0.0
Pertussis	81 ^A	82	85	89	90	91	92	93	94	94	14.6	0.0
Tetanus	84	83	86	89	90	91	92	93	94	94	11.9	0.0
Haemophilus Influenzae Type B	84	83	86	89	90	91	92	93	93	94	11.9	1.1
Polio	84	83	86	89	90	91	92	93	94	94	11.9	0.0
Meningococcal	-	75 ^B	84	88	89	90	91	92 ^E	93	86	14.7 ^G	-7.5
Measles, Mumps & Rubella	73	73	78	81	84 ^C	86 ^D	87	89	90	90	23.3	0.0
Hepatitis B^H	-	-	-	-	-	-	-	-	-	94	-	-
Pneumococcal Conjugate^H	-	-	-	-	-	-	-	-	-	88	-	-

Source: Health Protection Surveillance Centre (HPSC).

Notes:

- A: Pertussis uptake could not be calculated accurately for the HSE-North Eastern Area during 2001 and the HSE-North Western Area in 2001, as DTaP/DT uptake was reported as a combined value.
- B: The 2002 Meningococcal figure is incomplete, it is based on uptake rates for Quarter 3 and Quarter 4 2002 only.
- C: The 2005 national MMR figure is incomplete, as Quarter 4 2005 MMR data were not available for the HSE-Eastern area due to technical problems with extraction of MMR data from the HSE-Eastern Area database.
- D: The 2006 national MMR figure includes the Quarter 1 2006 HSE-Eastern data, which is an estimate only. This is due to technical problems with extraction of MMR data from the HSE-Eastern Area database.
- E: Data for Q3 2008 were not available for 2 regions.
- F: The data for 2009 and 2010 are incomplete as data for some regions were incomplete.
- G: Percentage change between 2002 and 2010.
- H: Hepatitis B and Pneumococcal Conjugate vaccines were introduced during 2008. Therefore, the uptake data presented for 2010 are only for those born between 01/07/2008 and 31/12/2008.

TABLE 4.6**NUMBER OF PEOPLE IN IRELAND REGISTERED WITH THE PHYSICAL AND SENSORY DISABILITY DATABASE, 2004 - 2010**

	2004	2005	2006	2007	2008	2009	2010	% Change	
								2004-2010	2009-2010
Physical Disability Only	16,246	17,723	19,686	20,030	16,537	15,442	14,445	-11.1	-6.5
Hearing Loss/Deafness Only	1,347	1,494	1,591	1,634	1,618	1,575	1,448	7.5	-8.1
Visual Disability Only	1,193	1,250	1,391	1,378	1,381	1,355	1,339	12.2	-1.2
Primary Speech and Language only	-	313	555	1,152	2,736	2,565	2,527	707.3 ^A	-1.5
Multiple Disability	890	1,648	2,468	2,990	5,030	5,231	5,431	510.2	3.8
Total	19,676	22,428	25,691	27,184	27,302	26,168	25,190	28.0	-3.7

Source: The National Physical and Sensory Disability Database, Health Research Board.

Notes:

- (i) The NPSDD formed in 2002 and collection began in 2004.
- (ii) Primary Speech and Language only became a category in 2005.
- (iii) The data refer to registration only, which explains the rapid increase in numbers.
- (iv) The NPSDD have a disability registration target of circa 45,000 based on a rate observed in one LHO during a census.
- (v) ^A % Change from 2005 to 2010.

TABLE 4.7

INTELLECTUAL DISABILITY SERVICES: NUMBER OF PERSONS AVAILING OF DAY SERVICES BY DEGREE OF DISABILITY AND RESIDENTIAL STATUS, 2001 TO 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change	
											2001-2010	2009-2010
Mild												
Day Attendees	7,394	6,731	6,776	6,893	6,873	6,970	6,781	6,972	7,069	7,212	-2.5	2.0
Full-Time Residents	1,446	1,331	1,345	1,306	1,249	1,263	1,285	1,345	1,374	1,382	-4.4	0.6
Moderate, Severe, Profound												
Day Attendees	6,955	7,017	7,226	7,361	7,462	7,547	7,610	8,102	8,343	8,571	23.2	2.7
Full-Time Residents	6,794	6,711	6,674	6,642	6,539	6,617	6,668	6,787	6,758	6,721	-1.1	-0.5
Not Verified												
Day Attendees	1,037	1,153	1,333	1,455	1,641	1,825	2,213	2,046	1,872	1,922	85.3	2.7
Full-Time Residents	56	60	73	145	150	164	172	67	56	49	-12.5	-12.5
Total												
Day Attendees	15,386	14,901	15,335	15,709	15,976	16,342	16,604	17,120	17,284	17,705	15.1	2.4
Full-Time Residents	8,296	8,102	8,092	8,093	7,938	8,044	8,125	8,199	8,188	8,152	-1.7	-0.4

Source: National Intellectual Disability Database, Health Research Board.

TABLE 4.8

FOOD SAFETY: TOTAL NUMBER OF FOOD ESTABLISHMENTS INSPECTED AND PERCENTAGE OF ESTABLISHMENTS WHERE INFRINGEMENTS WERE FOUND, 2001 TO 2010

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change	
											2001-2010	2009-2010
Number of Establishments Inspected	25,336	26,176	27,213	25,997	27,857	27,478	28,028	27,337	28,793	27,904	10.1	-3.1
Percentage where Infringements Found	55.2	45.2	42.1	36.9	33.6	32.2	29.0	27.9	25.5	20.3	-63.2	-20.4

Source: Food Safety Authority of Ireland.

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

5. Health Service Employment

The total numbers of whole time equivalent (WTE) staff employed in the public health services during the past decade is displayed by grade category in Table 5.1. Figures since 2007 show a decline in numbers of approximately 6.5%. It should be noted that data for 2011 refer to September, and are therefore likely to underestimate the end of year position in terms of reductions in staffing. At nearly 36,000, the nursing profession remains the single largest grade category. The distribution by grade category is displayed in Figures 5.1 and 5.2. A further breakdown of the health and social care professional category, which has shown the highest percentage increase in numbers during the past decade, is displayed in Figure 5.3.

The total numbers of consultant and non-consultant hospital doctors has increased by almost 25% since 2002 with the largest increase, 45%, in consultant posts (see Table 5.2 and Figure 5.4).

The number of agreements between the HSE and GPs for the provision of services under the Primary Care Reimbursement Service (PCRS) has increased by almost 50% in the period 2000-2009.

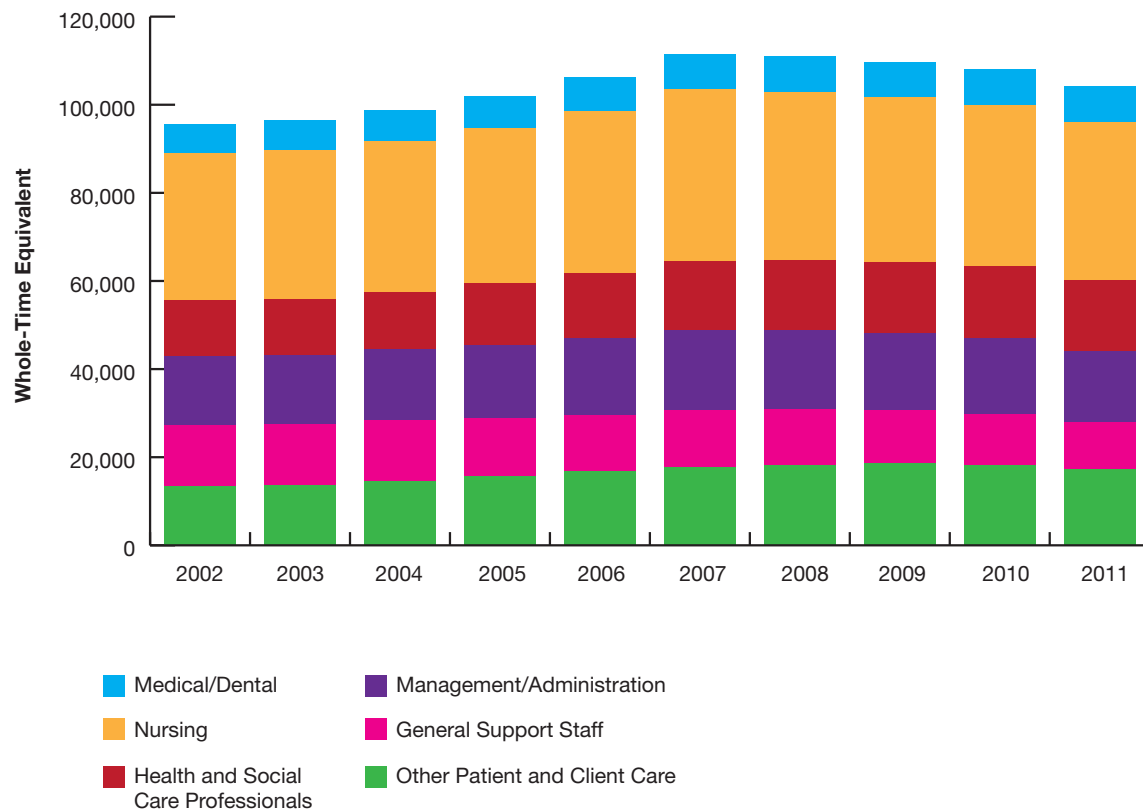
TABLE 5.1**EMPLOYMENT IN THE PUBLIC HEALTH SERVICE BY GRADE CATEGORY, 2002 to 2011**

Grade Category	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*	%Change	
											2002-2011	2010-2011
Medical/Dental	6,775	6,792	7,013	7,266	7,712	8,005	8,109	8,083	8,096	8,142	20.2	0.6
Nursing	33,395	33,766	34,313	35,248	36,737	39,006	38,108	37,466	36,503	35,993	7.8	-1.4
Health and Social Care Professionals	12,577	12,692	12,830	13,952	14,913	15,705	15,980	15,973	16,355	16,165	28.5	-1.2
Management/Administration	15,690	15,766	16,157	16,699	17,262	18,043	17,967	17,611	17,301	16,058	2.3	-7.2
General Support Staff	13,729	13,838	13,771	13,227	12,910	12,900	12,631	11,906	11,421	10,652	-22.4	-6.7
Other Patient and Client Care	13,513	13,647	14,640	15,586	16,739	17,846	18,230	18,714	18,295	17,276	27.8	-5.6
Total	95,679	96,501	98,723	101,978	106,273	111,505	111,025	109,753	107,972	104,287	9.0	-3.4

Source: HSE's Health Service Personnel Census at 31st December (except for 2011 - see note (v) below).

Notes:

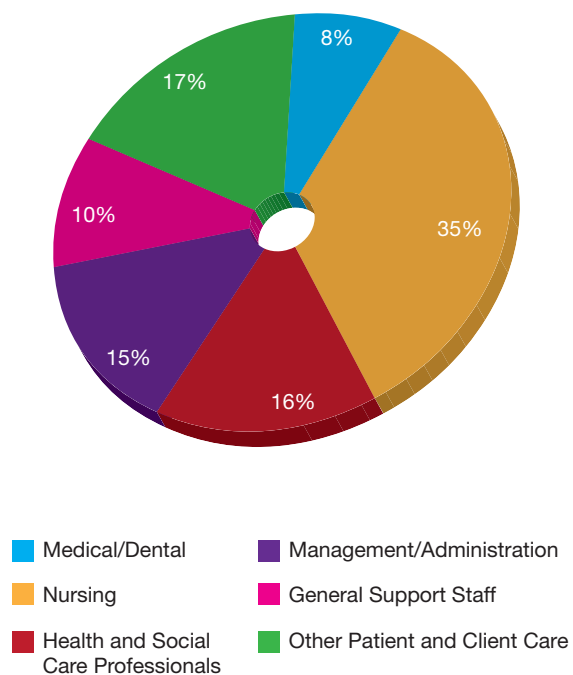
- (i) Figures refer to whole-time equivalents excluding staff on career break. Data also exclude Home Helps.
- (ii) Caution should be exercised in making grade category comparisons due to changes in category composition over time.
- (iii) "Management/Administration" includes staff who are of direct service to the public and include Consultant's Secretaries, Out-Patient Departmental Personnel, Medical Records Personnel, Telephonists and other staff who are engaged in front-line duties.
- (iv) Student nurses are included in the 2007 and 2008 employment figures on the basis of 3.5 students equating to 1 wholetime equivalent. The employment levels adjusted for student nurses on the above basis are 110,664 WTE (Dec 07) and 111,001 WTE (Dec 08).
Student nurses are included in the 2009-2011 figures on the basis of 2 students equating to 1 wholetime equivalent – the figures above are already adjusted.
- (v) * The 2011 data refers to September 2011 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.1**NUMBERS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2002 TO 2011**

Source: Table 5.1.

FIGURE 5.2

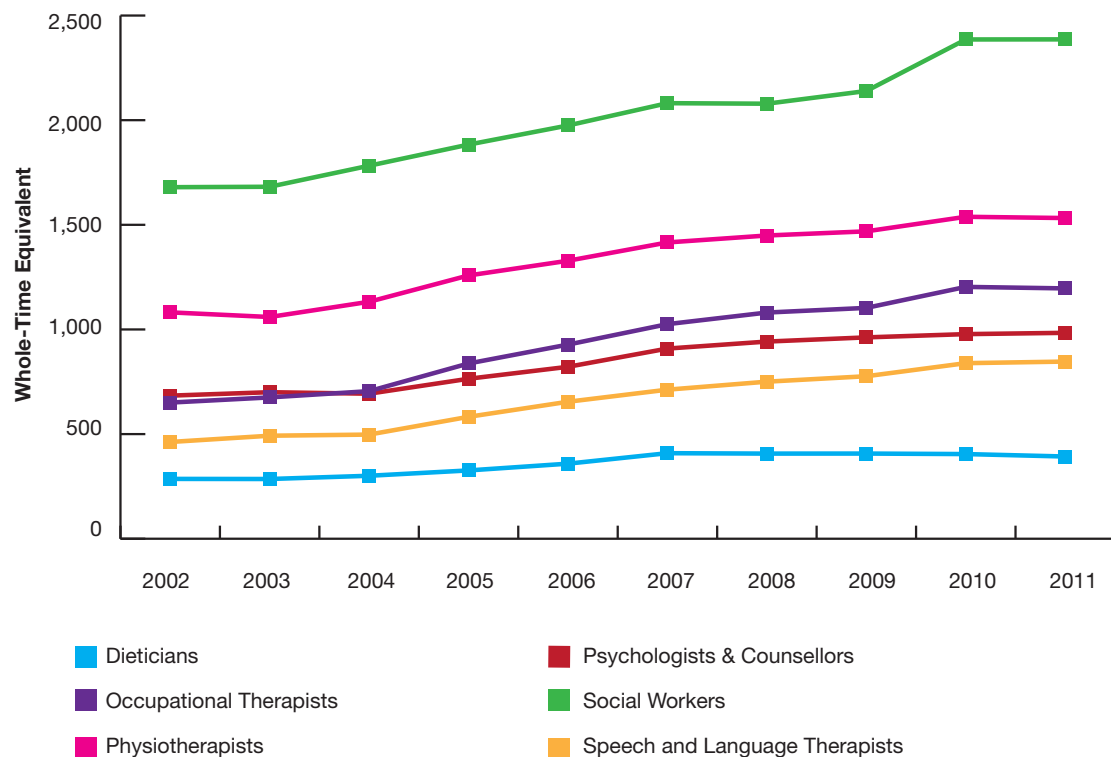
PROPORTION OF STAFF EMPLOYED IN THE PUBLIC HEALTH SERVICE IN EACH GRADE CATEGORY, SEPTEMBER 2011



Source: Table 5.1.

FIGURE 5.3

NUMBERS EMPLOYED IN THE PUBLIC HEALTH SERVICE IN A SELECTION OF GRADES WITHIN THE HEALTH AND SOCIAL CARE PROFESSIONALS CATEGORY, 2002 TO 2011



Source: HSE's Health Service Personnel Census

TABLE 5.2
CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED
IN THE PUBLIC HEALTH SERVICE, 2002 TO 2011

Grade Category	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011*	%Change	
											2002-2011	2010-2011
Consultants	1,711	1,771	1,888	1,983	2,111	2,234	2,261	2,317	2,412	2,475	44.7	2.6
Non-Consultant Hospital Doctors:												
House Officer/												
House Officer Senior	1,727	1,708	1,764	1,802	1,910	1,918	1,876	1,825	1,709	1,703	-1.4	-0.4
Intern	466	471	485	486	502	512	505	502	532	546	17.2	2.6
Registrar	1,308	1,241	1,250	1,387	1,508	1,606	1,699	1,592	1,590	1,568	19.9	-1.4
Senior Registrar/Specialist	599	674	705	709	729	818	856	884	882	934	55.9	5.9
Sub-Total -	4,100	4,093	4,205	4,384	4,648	4,854	4,937	4,803	4,714	4,751	15.9	0.8
Non-Consultant Hospital Doctors												
Total	5,811	5,864	6,093	6,367	6,759	7,088	7,197	7,120	7,126	7,226	24.4	1.4

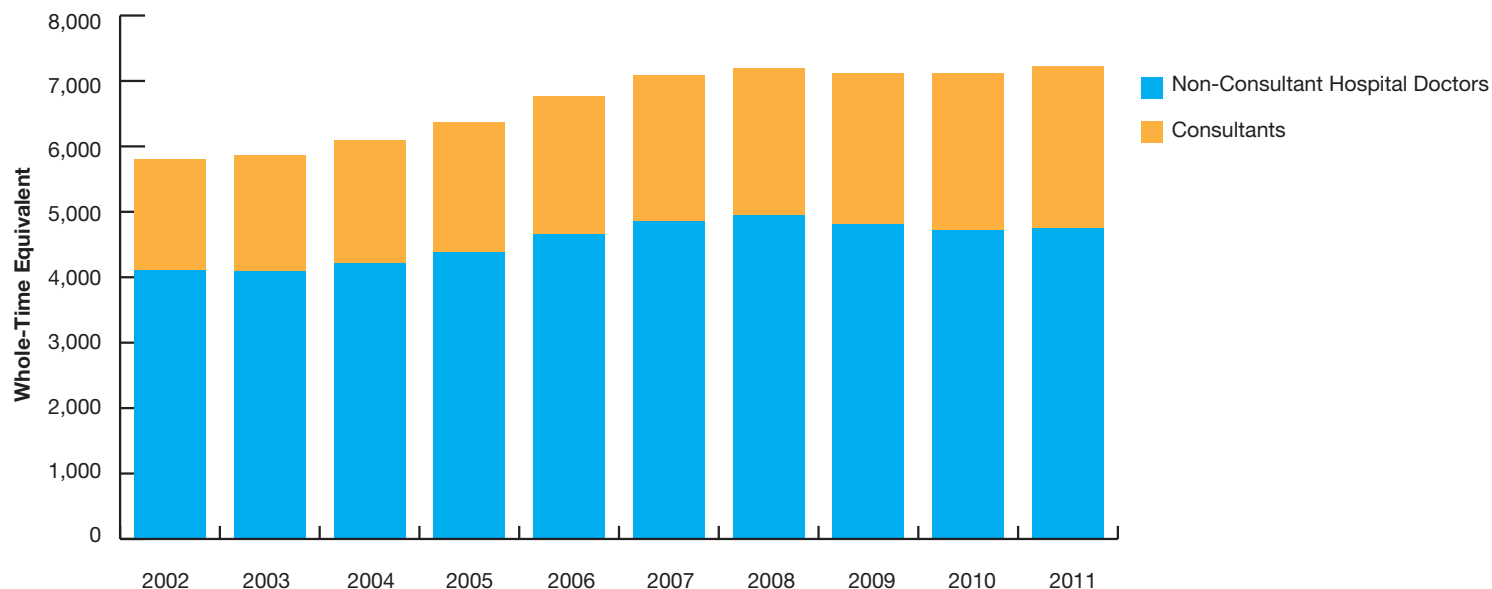
Source: HSE's Health Service Personnel Census.

Notes:

- (i) Figures refer to whole-time equivalents excluding staff on career break.
- (ii) "Consultants" includes Masters of Maternity Hospitals.
- (iii) * The 2011 data refers to September 2011 employment figures. Caution should be exercised in comparing this data to previous years which refer to December figures.

FIGURE 5.4

CONSULTANT AND NON-CONSULTANT HOSPITAL DOCTORS EMPLOYED IN THE PUBLIC HEALTH SERVICE, 2002 TO 2011



Source: Table 5.2.

TABLE 5.3

NUMBER OF AGREEMENTS BETWEEN THE HSE AND GENERAL PRACTITIONERS FOR THE PROVISION OF SERVICES UNDER THE PRIMARY CARE REIMBURSEMENT SERVICE 2000 TO 2009

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	%Change	
											2000-2009	2008-2009
Number	1,798	1,863	2,134	2,181	2,210	2,257	2,315	2,347	2,599	2,663	48.1	2.5

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

6. Health Service Expenditure

This section summarises data and trends in public spending on health services during the past decade. It also sets this spending in the context of overall economic growth and compares Ireland, in this respect, with its counterpart countries in the Organisation for Economic Cooperation and Development (OECD).

Table 6.1 shows that total public expenditure on health increased by two thirds between 2002 and the estimates for 2011. The non-capital side represents about 97% of total expenditure, and also increased more rapidly than capital expenditure over the period. Without taking inflation into account, capital expenditure is now 25% lower than in 2002. Provisional figures for 2011 show an estimated decrease of 9.3% in total public expenditure on health since the peak in 2009. The trend is graphed in Figure 6.1.

Table 6.2 provides a more detailed breakdown on non-capital expenditure for the years 2007-2010. The largest increases in spending over this period were in the areas of Care of Older People and Primary Care and Community Health. The latter category includes the provision of services under medical card schemes. All areas under Primary, Community and Continuing Care showed decreased expenditure between 2009 and

2010. The National Hospitals Office, which accounted for around 38% of total non-capital expenditure (see Figure 6.2) also had a decrease in spending of 0.9% between 2009 and 2010.

Turning to international comparisons, data are available up to 2009 and show Ireland ranking 12th highest out of 34 OECD countries in terms of total public and private health expenditure per capita (see Table 6.4). When looked at from the perspective of proportion of national production spent on health, the picture which appears depends on whether Gross Domestic Product (GDP) or Gross National Income (GNI) is used as the denominator. Unlike most other countries, a significant proportion of Ireland's GDP refers to profit exports which are not available for national consumption. For this reason, GNI is a more meaningful measure. When total health expenditure (public and private) is expressed as a percentage of GNI, Ireland records a figure of 11.4% which ranks 6th highest among 27 OECD countries for which data were available for 2009. This figure represents a considerable rise over the past two years (see Figure 6.4). This can be explained as the combined effect of continuing increases in health expenditure up until 2009 accompanied by the slowdown in economic growth during that time period.

TABLE 6.1

PUBLIC HEALTH EXPENDITURE, 2002 TO 2011

	2002	2003	2004	2005*	2006	2007	2008	2009	2010	2011	% Change	
	€m	€m	€m	€m	€m	€m	€m	€m	€m	€m	2002 -2011	2010 -2011
#Total Public Non-Capital Expenditure on Health	7,933	8,853	9,653	11,160	12,248	13,736	14,588	15,073	14,452	13,700	72.7	-5.2
Public Non-Capital Expenditure on Health (excludes treatment benefits)	7,867	8,783	9,561	11,088	12,144	13,636	14,481	14,963	14,396	13,674	73.8	-5.0
Total Public Capital Expenditure on Health	507	514	509	516	461	585	598	447	366	378	-25.4	3.3
Total Public Expenditure	8,440	9,367	10,162	11,676	12,709	14,321	15,186	15,520	14,818	14,078	66.8	-5.0

Sources: Non-capital expenditure - "Estimated Non-Capital Expenditure 1999-2004" www.dohc.ie. From 2005, Revised Estimates for Public Services.
Capital Expenditure - Revised Estimates for Public Services and HSE Reports on Capital Programme.

Notes:

- (i) # Total Public Non-Capital Expenditure includes Treatment Benefits (funded from the Vote of Department of Social Protection).
- (ii) Public Non-Capital Expenditure provided by the Department of Health and Children's Vote, and HSE Vote from 2005, in the Revised Estimates for Public Services: excludes items not considered health expenditure such as expenditure under Vote 41 Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (2009-11).
- (iii) Total public capital expenditure excludes capital expenditure by the Office of the Minister for Children (2006 - 2008) and the Office of the Minister for Children & Youth Affairs (2009-11).
- (iv) Figures for 2011 are estimates.
- (v) * Establishment of the Health Service Executive with its own Vote gave rise to changes in the reporting of health expenditure in the Revised Estimates for Public Services from 2005 onwards. Figures from 2005 are therefore not directly comparable with data from earlier years. Income that was previously collected and retained by the then Health Boards and did not form part of the Department of Health's Vote and which accrues direct to the HSE is now part of the Appropriations-in-Aid and is included in the figures.

TABLE 6.2**HSE NON-CAPITAL VOTED EXPENDITURE, 2007 to 2010**

	2007 (€'000s)	2008 (€'000s)	2009 (€'000s)	2010 (€'000s)	% Change	
					2007-2010	2009-2010
Primary, Community and Continuing Care						
Care of Older People	1,574,791	1,739,128	1,738,659	1,683,637	6.9	-3.2
Children and Families	635,692	653,477	641,951	633,064	-0.4	-1.4
Care for Persons with Disabilities	1,505,627	1,548,718	1,520,003	1,454,537	-3.4	-4.3
Mental Health	1,042,357	1,043,816	1,006,682	963,324	-7.6	-4.3
Primary Care & Community Health*	3,444,962	3,758,772	4,126,705	3,811,438	10.6	-7.6
Primary, Community and Continuing Care Total	8,203,429	8,743,911	9,034,000	8,546,000	4.2	-5.4
National Hospitals Office	5,003,530	5,272,179	5,475,000	5,428,000	8.5	-0.9
Long Term Charges Repayment Scheme	131,700	236,000	80,000	20,000	-84.8	-75.0
Other	93,426	100,552	109,354	171,470	83.5	56.8
HSE Gross Non-Capital Vote Total	13,432,085	14,352,642	14,698,354	14,165,470	5.5	-3.6
Total Appropriations-in-Aid	2,495,971	2,250,688	3,236,270	3,544,140	42.0	9.5
HSE Net Non-Capital Vote Total	10,936,114	12,101,954	11,462,084	10,621,330	-2.9	-7.3

Source: Revised Estimates for Public Services.

Notes:

(i) * Includes Medical Card Services Schemes.

TABLE 6.3

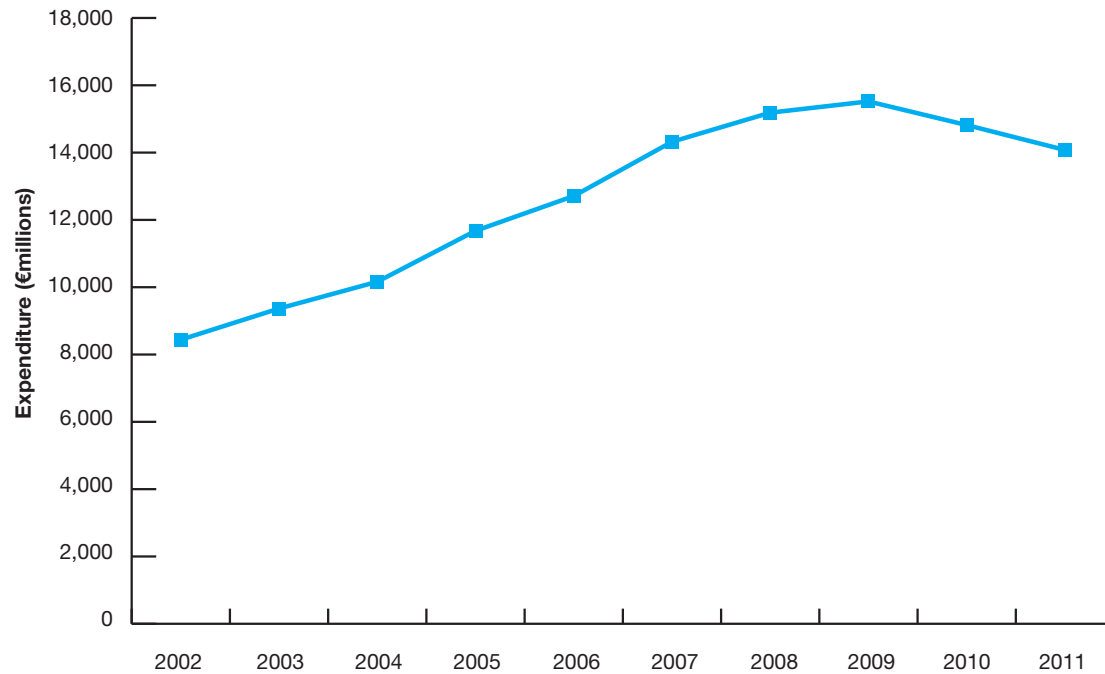
CAPITAL PUBLIC HEALTH EXPENDITURE BY PROGRAMME 2001 TO 2010

Programme	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	% Change	
	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	(€'000s)	2001-2010	2009-2010
Acute Hospitals	208,038	327,190	396,032	390,603	277,964	244,670	311,672	272,996	209,145	219,713	5.6	5.1
Community Health	55,371	74,033	25,754	24,018	115,671	111,863	137,587	177,630	160,974	97,434	76.0	-39.5
Mental Health	17,891	33,975	8,258	2,702	25,759	20,452	33,837	39,701	25,071	27,000	50.9	7.7
Disability Services	57,658	38,613	40,257	19,728	32,335	42,283	45,196	69,228	27,399	5,000	-91.3	-81.8
ICT	26,436	28,669	40,074	67,431	58,400	24,938	30,215	20,455	12,682	6,619	-75.0	-47.8
Miscellaneous	8,227	4,633	3,811	3,997	5,781	16,689	26,208	17,889	12,113	10,195	23.9	-15.8
Total Public Capital Expenditure	373,620	507,115	514,186	508,479	515,910	460,895	584,715	597,899	447,384	365,961	-2.0	-18.2

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

Note:

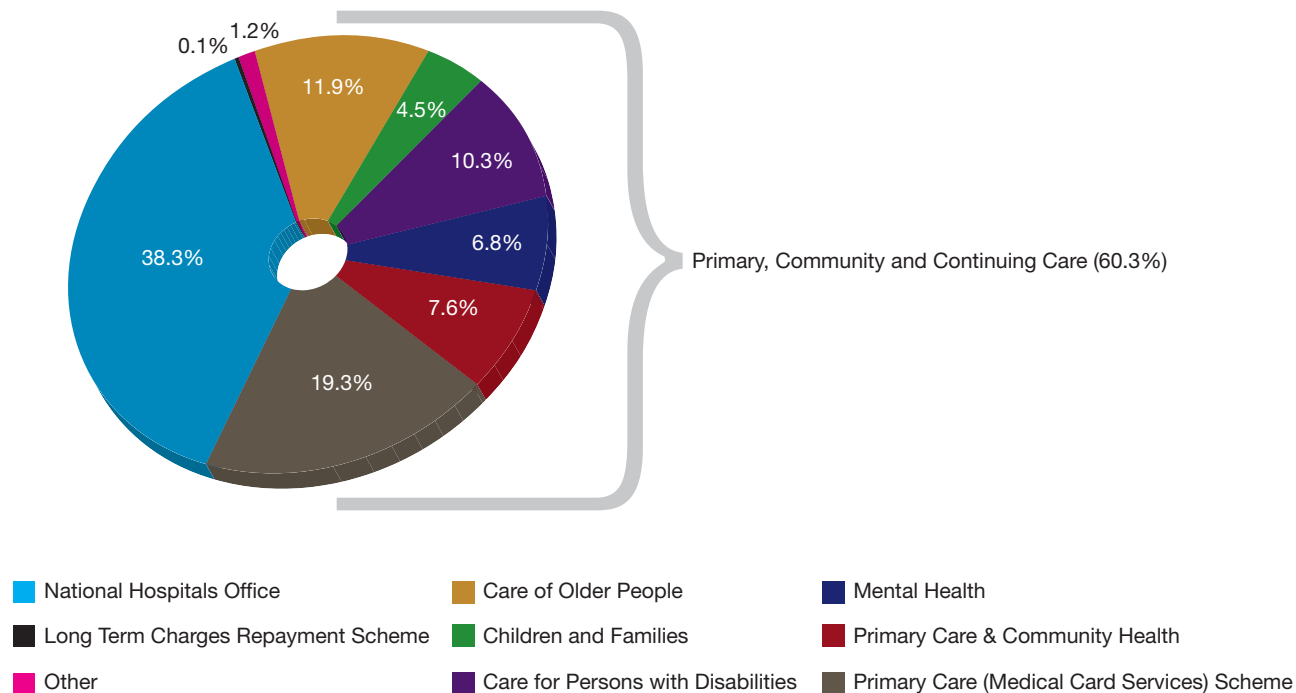
Excludes capital expenditure by the Office of the Minister for Children & Youth Affairs (2006 - 2010).

FIGURE 6.1**TOTAL PUBLIC HEALTH EXPENDITURE, 2002 TO 2011**

Source: Table 6.1.

FIGURE 6.2

PERCENTAGE GROSS NON-CAPITAL VOTED EXPENDITURE BY PROGRAMME, HSE 2010



Source: Table 6.2.

TABLE 6.4

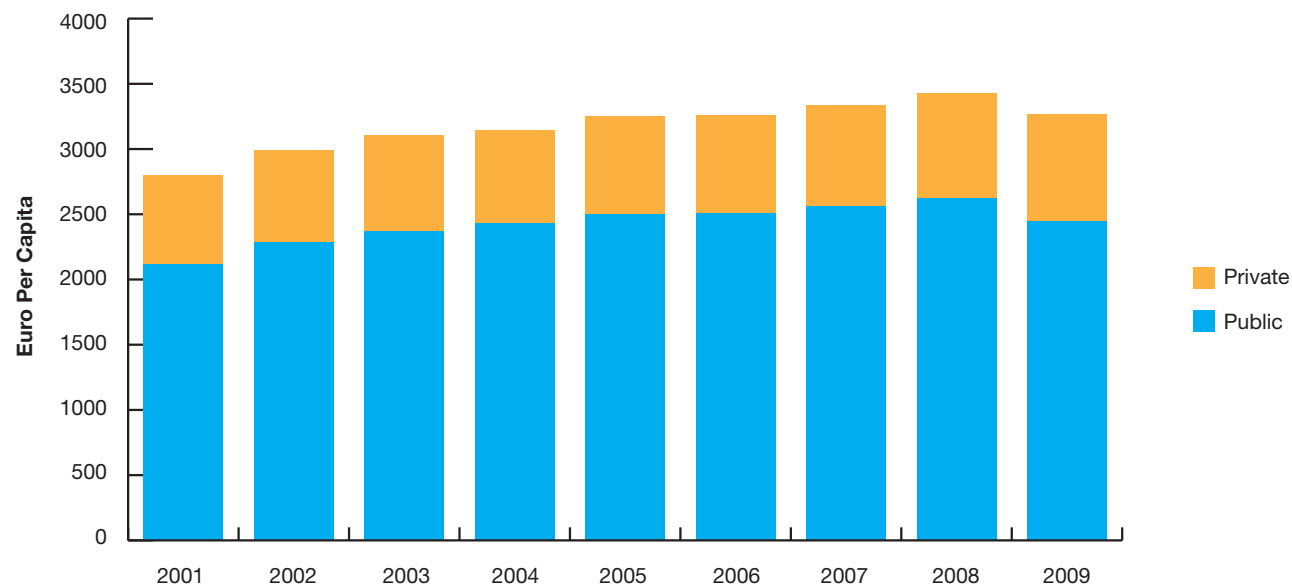
TOTAL HEALTH EXPENDITURE PER CAPITA AND AS % OF GDP & GNI FOR SELECTED OECD COUNTRIES, 2009

Country	Per Capita			% GDP			% GNI
	Public	Private	Total	Public	Private	Total	Total
Australia*	2,342	1,103	3,445	5.9	2.8	8.7	n/a
Austria	3,331	958	4,289	8.6	2.5	11.0	11.2
Belgium (d)	2,964	983	3,946	8.2	2.7	10.9	10.8
Canada	3,081	1,282	4,363	8.1	3.4	11.4	n/a
Chile	562	624	1,186	4.0	4.4	8.4	n/a
Czech Republic	1,769	338	2,108	6.9	1.3	8.2	8.8
Denmark (e)	3,698	650	4,348	9.8	n/a	11.5	11.3
Estonia ^	1,049	344	1,393	5.3	1.7	7.0	7.2
Finland	2,410	816	3,226	6.8	2.3	9.2	8.9
France	3,100	878	3,978	9.2	2.6	11.8	11.7
Germany	3,242	976	4,218	8.9	2.7	11.6	11.5
Greece #	1,644	1,080	2,724	5.8	3.8	9.6	9.9
Hungary	1,053	458	1,511	5.2	2.3	7.4	7.8
Iceland	2,901	638	3,538	7.9	1.7	9.7	11.8
Ireland	2,836	945	3,781	7.2	2.4	9.5	11.4
Israel ^	1,266	899	2,165	4.6	3.3	7.9	n/a
Italy	2,443	694	3,137	7.4	2.1	9.5	9.6
Japan*	2,325	553	2,878	6.9	1.6	8.5	8.2
Korea	1,093	786	1,879	4.0	2.9	6.9	n/a
Luxembourg	4,040	768	4,808	6.5	1.2	7.8	11.0
Mexico	443	475	918	3.1	3.3	6.4	n/a
Netherlands (e)	n/a	n/a	4,914	n/a	n/a	12.0	12.3
New Zealand	2,400	583	2,983	8.3	2.0	10.3	n/a
Norway (e)	4,501	851	5,352	8.1	1.5	9.6	9.9
Poland ^	1,006	388	1,394	5.3	2.0	7.4	7.6
Portugal *	1,633	876	2,508	6.5	3.5	10.1	10.4
Slovak Republic	1,369	715	2,084	6.0	3.1	9.1	9.3
Slovenia	1,893	686	2,579	6.8	2.5	9.3	9.5
Spain	2,259	809	3,067	7.0	2.5	9.5	9.7
Sweden	3,033	689	3,722	8.2	1.9	10.0	9.8
Switzerland	3,072	2,072	5,144	6.8	4.6	11.4	11.0
Turkey*	659	243	902	4.4	1.6	6.1	8.1
United Kingdom	2,935	553	3,487	8.2	1.6	9.8	9.6
United States	3,795	4,165	7,960	8.3	9.1	17.4	17.4

Notes:

- (i) Per Capita Expenditure is expressed in Purchasing Power Parities (US\$PPPs).
- (ii) GDP: Gross Domestic Product.
- (iii) GNI: Gross National Income.
- (iv) n/a: indicates 'Not available'.
- (v) * indicates data for 2008.
- (vi) # indicates data for 2007.
- (vii) e indicates estimated.
- (viii) d indicates difference in methodology.
- (ix) ^ Private includes health expenditure financed from abroad.
- (x) As PPPs are statistical constructs rather than precise measures, minor differences between countries should be interpreted with caution.

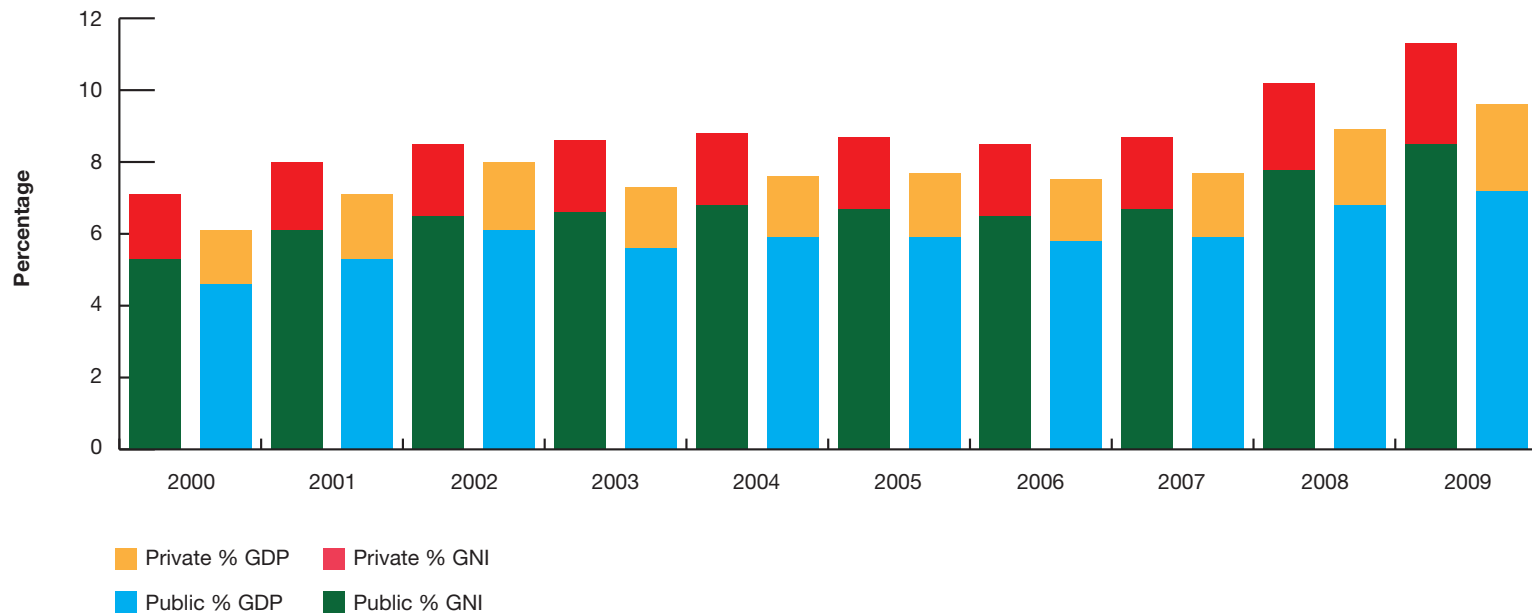
Source: OECD, Eurostat.

FIGURE 6.3**TOTAL HEALTH EXPENDITURE PER CAPITA IN IRELAND IN REAL TERMS, 2001-2009**

Source: OECD, CSO.

Note:

Total 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 2010.

FIGURE 6.4**TOTAL HEALTH EXPENDITURE IN IRELAND AS A PERCENTAGE OF GDP AND GNI, 2000 TO 2009**

Source: OECD, Eurostat.



Department of Health,
Information Unit,
Hawkins Street, Dublin 2, Ireland.

Ph: +353 1 6354000
Fax: + 353 1 635 4378

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

BARCODE IN HERE
DO NOT PRINT THIS TEXT