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The Irish Healthcare System

Like most European countries, Ireland, and consequently, its health service, is having to cope with an ageing population. Each year the total number of people over the age of 65 grows by around 20,000 persons. The Department of Health predict that the population of over-65s will more than double over the next 30 years. This will have significant implications for health service planning and delivery. Ireland is also facing severe economic constraints, with increasing unemployment and reductions in expenditure. Recent figures show increasing numbers and percentages of the population eligible for a medical card and decreasing numbers opting for private health insurance. Hospitals and other healthcare providers are now set with the task of doing more with less. The goals are efficiency and effectiveness.

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.

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 36% between 2002 and 2011 and cancer death rates reduced by 8%. Mortality from circulatory system diseases is now virtually the same as that for cancer whereas it was 50% higher ten years ago and almost 100% higher 20 years ago. Between them, these two causes accounted for 63% of all deaths registered in 2011.

Hospital Activity

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. Excluding dialysis, as recently as 2005, there were 100,000 more inpatients treated than daycases. 55% of all hospital admissions are now for daycase treatment. Despite the rise in daycases, the average length of stay for the remaining inpatients has shown a gradual decline to 5.7 days in 2011, which represents a decline of almost 10% since 2005.

The requirement for acute inpatient care both in terms of admissions 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. There has been an increase in the rate of total discharges in almost every age category since 2002, with the largest increases seen in the older age categories.

Despite increasing demand, progress continues to be made in lowering waiting times for treatment and in reducing the numbers of patients waiting on trolleys in emergency departments. Figure 1 shows the very significant reductions towards the target of having nobody waiting longer than nine months for elective treatment.

Health Service Expenditure

Total public expenditure on health increased by close to 50% between 2003 and the estimates for 2012. The non-capital side represents about 97% of total expenditure. Without taking inflation into account, capital expenditure is now nearly 25% lower than in 2003. Provisional figures for 2012 show an estimated decrease of 10.5% in total public expenditure on health since the peak in 2009.

International data puts Ireland as 13th highest out of 34 OECD countries in terms of total public and private health expenditure per capita. The recent OECD Report, "Health at a Glance, Europe 2012" records a fall of 8% in per capita health expenditure between 2009 and 2010 which was the largest reduction of any European country. 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 10.9% which ranks 9th highest among 27 OECD countries for which data were available for 2010. This is a drop of three places since the previous year (2009). By contrast, data for 2008 and 2009 showed significant increases in health expenditure as a percentage of GNI due to the rapid slowdown in economic development outpacing reductions in health expenditure.

This information was adapted from the Department of Health document, "Health in Ireland, Key Trends 2012" available at www.doh.ie

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