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### Overview of the Irish Healthcare System

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The Irish health system is a mix of both public and private institutions and funders. It is primarily taxfinanced and around 50% of the population has private health insurance. The Irish Health Service has recently come through a radical reform programme and is going through a bedding down process. The Government has invested significantly in the health service in recent years with notable results. The focus has now moved to consolidation and improved quality and efficiency. Any person, regardless of nationality, ordinarily resident in Ireland, is eligible for health and personal social services. To be eligible means that a person qualifies to avail of services, either without charge (full eligibility) or subject to prescribed charges (limited eligibility). Just under 30% of the population has full eligibility. Any person ordinarily resident in Ireland who does not have full eligibility is entitled to free hospital treatment subject to a statutory levy of 55 euros per day up a maximum payment of 550 euros in any twelve consecutive months.

#### History, Development, Future

The Department of Health was established in 1947. Prior to its establishment, public and health services were the responsibility of the Department of Local Government and Public Health. The local authorities continued to administer health service provision until the Health Act of 1970 which provided for the establishment of health boards. Eight boards were established primarily on a population basis. Population growth, together with new and changing demands on the health services led to a decision to replace the Eastern Health Board with three new health boards under the aegis of a new authority (ERHA) in March 2000. In June 2003 the government announced a radical health service reform programme. The Health Act 2004 provided for the establishment of a Health Service Executive (HSE) on a statutory basis which took over responsibility for the management and delivery of health and personal social services from the Eastern Regional Health Authority (ERHA), the health boards and a number of other specified agencies with effect from 1st January 2005.

#### Primary Care

The current primary care system is delivered by a combination of disciplines such as general practitioners (GPs), public health nurses, physiotherapists and others, very often working alone, either as private practitioners or as direct employees of the public health system. Fees for general practice services are met by the individual. GPs are paid an annual capitation fee per eligible patient (i.e. persons with full eligibility). Additional payments are also made to GPs in relation to certain specific services provided by them and not covered by the capitation scheme. In 2005 funding was allocated to allow 230,000 more people to have free GP visits. Since 2002, ten multi-disciplinary primary care teams have been developed and are delivering an enhanced and expanded range of services. Between 2000 and 2005, approximately 105 million euros has been provided for the development of Out-of-Hours GP services.

#### Hospital Services

Broadly speaking, there are three types of hospitals in Ireland:

- HSE hospitals, owned and funded by the HSE;
- Voluntary public hospitals, most of whose income comes directly from the State. These hospitals are generally owned and controlled by religious orders or by lay boards of governors. Almost half of acute hospital beds are in the voluntary hospitals;
- Private hospitals, which receive no state funding.

There is very little difference in practice between HSE hospitals and voluntary public hospitals. Both sets provide both public and private care. People are admitted to hospital either via a referral from their GP or through the hospital's accident & emergency department. About 80% of beds

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in the public hospital system are designated as 'public beds'. The remaining 20% or so of beds are designated as 'private beds'.

### Financing/Management of Healthcare Costs

The health budget for 2005 is 11.941 billion euros (3.6 billion euros in 1997). The total funding envelope for the Health Capital Investment Framework (CIF) 2005 - 2009 is 3.255 billion euros (2.734 billion euros for 2004 - 2008).

The extra investment over recent years has enabled record levels of activity in the acute hospital system and a wide range of additional services across all care programmes. During the preparation of the current national Health Strategy in 2001, the relative merits of social insurance, private insurance and tax-based systems were carefully examined. It was concluded that the present centrally funded tax-based system of funding, complemented as at present by private health insurance will be retained.

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