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Population growth, ageing and universal health care (UHC) in Ireland

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A system under pressure

- The Irish public health system is under financial pressure
- The Irish public health system is under capacity pressures on beds, community services and skills
- This has been made worse by financial cuts, top down controls and population growth
- To an extent ageing will make the problems worse.

Some simple principles

- We should always think in per capita terms not totals
- Capacity has fallen dramatically compared to population
- Population changes are complex and simple extrapolation makes little sense
- Affordability of UHC depends on national resources and how much we are willing to spend
- Changes in funding and organisational models will at best make a very small difference
- Poorer countries than Ireland choose better UHC

Recent trends in acute hospital beds comparing to the high user population

Average available bed numbers in public acute hospitals, 2003-2015						
						% Change
Bed Type	2003	2006	2009	2012	2015	2003-2015
In-patient Acute Beds	11,806	12,110	11,538	10,492	10,503	-11
Day Beds	909	1,418	1,772	2,049	2,024	125
Inpatient beds per 1000 population	3.0	2.9	2.6	2.3	2.3	-25
Day case beds per 1000 population	0.2	0.3	0.4	0.4	0.4	88
Inpatient beds per 1000 population over 65	26.7	26.9	24.5	20.4	17.3	-54
Day case beds per 1000 population over 65	2.1	3.2	3.8	4.0	3.3	38

Population in Ireland

	1996	2006	2016	2026
Male	1,800,200	2,117,300	2,299,300	2,489,000
Female	1,825,900	2,115,600	2,361,800	2,553,100
Total	3,626,100	4,239,900	4,661,300	5,042,100
10 Year Increase %		17	10	8
Increase 1996-2026 %				39

Source CSO (2016 estimate based on 2015, M2F2)

Interesting changes in the population

- Many more in younger old groups, who are generally fit but many will have one or more chronic diseases
- More in very old age groups
- Slightly smaller proportion are children
- Gender balance is changing in elderly.

Population by age (source CSO, M2F2)

				%of population	
	2016	2026	%change	2016	2026
	Thousands				
Both sexes					
0-19	1342	1345	0	28.6	26.7
20-64	2721	2843	4	58.1	56.4
65-69	206	252	23	4.4	5.0
70-74	158	212	34	3.4	4.2
75-79	112	173	53	2.4	3.4
80-84	79	115	46	1.7	2.3
85+	70	104	49	1.5	2.1
All	4687	5042	8	100	100

Are we getting healthier?

- Best evidence says yes, at least a bit
- More disease is detected, more is reported
- Improved life expectancy a combination of less needs and better care

More older people, more older couples 1

- 185,000 more people over 70
- 2,000-3,000 more single elderly.

Gender Ratios for those over 75:

	2016	2026
75-79	0.88	0.91
80-84	0.75	0.83
85+	0.50	0.62

Source CSO, M2F2

More older people, more older couples 2

- Rate of convergence fastest for the oldest
- Oldest groups are most at increased risk if living along

Gender ratios and rate of Convergence by age group

Age	2011	2016	2021	2026		Convergence index 2011-26
75 - 79	1.19	1.14	1.11	1.10		7.0
80 - 84 s	1.47	1.33	1.25	1.20		18.0
85 &over	2.16	2.01	1.78	1.61		25.6

Source CSO, M2F2

Fall in proportion living alone

- Reduction in proportion equivalent to 6000 fewer elderly people living alone over the age of 65 (cf simple extrapolation)
- This is particularly the case for people over 85

Per cent of those over 65 living along		
2001	2006	2011
29	28.7	27.7

Source CSO, Census 2001, 2006 and 2011

Deaths are occurring later

Percentage of all over 65 deaths by age group			
		2007	2014
65 - 69 years		9	10
70 - 74 years		13	12
75 - 79 years		18	16
80 - 84 years		23	21
85 years and over		36	41

What does this mean for health and social care? 1

- Community care models are increasingly feasible
- Support to retain people at home may need to focus on IADL as well as ADL supports
- Ways of supporting care will have to be increasingly tailored and individualised
- More people will live with disease, much of which will be managed and may not be actively treated
- There will be needs that will need more resource

What does this mean for health and social care? 2

- Innovative models of financing and delivery will often be just too complicated
- Navigation problems will need to be addressed seriously
- We need to avoid unnecessary system fragmentation
- While extra resources are needed especially for social/long term care needs, these will be affordable with economic growth and greater efficiency.

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Thank You