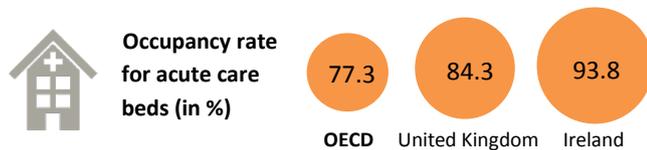


Although Ireland has seen remarkable improvements in the health of its population in the last decades, several challenges lie ahead for its health system. Based on available OECD analyses, further progress could be made to promote efficient use of hospital resources, strengthen primary care, address high pharmaceutical spending and prevent the spread of risk factors including obesity and alcohol consumption.

Efficient use of hospital resources and increasing capacity

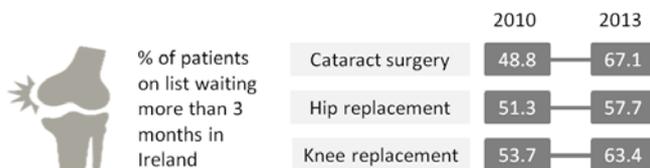
▶ Irish hospitals are working near full capacity. The occupancy rate for acute care beds is among the highest in OECD countries

In recent years, the occupancy rate for acute care beds has risen substantially in Ireland. While having a high utilisation rate of hospital beds can be a sign of hospital efficiency it can also mean that too many patients are treated at the secondary care level. Very high occupancy rates can also have a negative impact on access to care and increase waiting times.



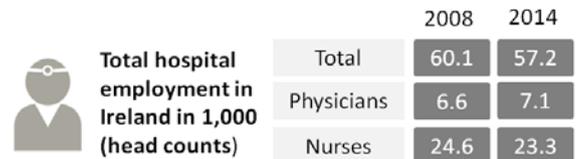
▶ Waiting times have increased in recent years for a number of activities

Long waiting times can have a detrimental effect for health outcomes. Health systems should warrant timely access to necessary treatment and surgery.

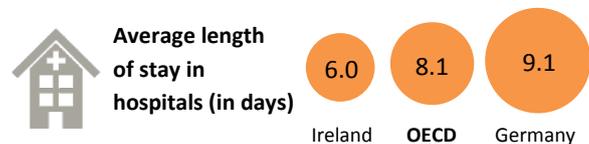


The increase in waiting times in Ireland can be partially linked to measures introduced in the wake of the financial and economic crisis, such as the postponement of hospital investment and the reduction of hospital staff.

To read more about our work:
[Waiting Time Policies in the Health Care Sector – What works? \(2013\)](#)



▶ The average length of stay in Ireland is below most other OECD countries



What can be done?

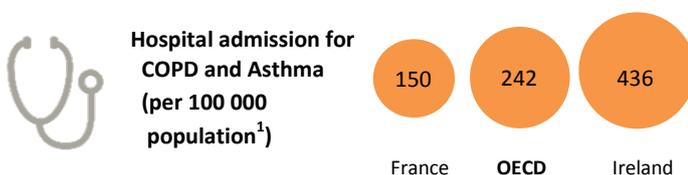
- Reduce avoidable hospital admissions for those cases that could be treated in a primary care setting
- Encourage hospitals to use day-case surgery instead of inpatient treatment for those conditions where it is deemed appropriate
- Continue hospital payment reforms to replace block grants to hospitals with activity-based financing
- Enhance patient choice and competition among hospitals to bring down waiting times
- Foster strategic planning of hospital activity
- Modernise hospital infrastructure to better cope with increasing demand

[Measuring and comparing health care waiting times in OECD countries \(2013\), OECD Health Working Papers No. 67](#)
[Health at a Glance 2015](#)

Strengthen primary care

▶ Among OECD countries, Ireland has the highest rate of hospital admissions for Chronic Obstructive Pulmonary Disease (COPD) and Asthma

COPD and Asthma are long-term care conditions that can be effectively managed in primary care without requiring hospital admission.



¹ Rates are adjusted by age and sex

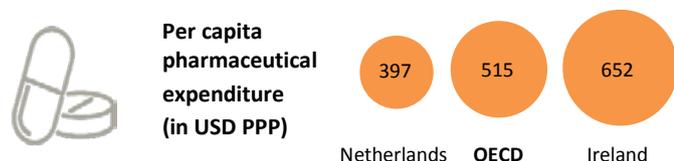
What can be done?

- Improve access by implementing universal healthcare coverage for primary care; currently less than half of the population has free access to primary care
- Strengthen disease management for chronic conditions at primary care level by developing patient-centred programmes around evidence-based guidelines
- Continue the support of the development of multi-disciplinary primary care teams

To read more about our work:
[Health at a Glance 2015](#)

Reduce high spending for pharmaceuticals and prescribe more efficiently

► While important measures have been taken to cut costs for medicines, pharmaceutical spending is still among the highest across OECD countries



Ireland has reduced its public expenditure on pharmaceuticals between 2009 and 2013 by 2.5% per year on average but there seems to be a potential for future savings. High costs for pharmaceuticals can be a burden for public budgets and households alike. Although uptake has increased in recent years the share of generics in total prescribed pharmaceuticals in Ireland (29%) is still very low compared to other countries such as the United Kingdom (83%).

► Ireland has high prescription rates for a number of pharmaceuticals such as benzodiazepines and antibiotics.

Benzodiazepines are often prescribed for elderly patients for anxiety and sleeping disorders, but there is an increased risk of adverse effects such as fatigue, dizziness and confusion associated with it.

In Ireland, 63 per 1 000 elderly patients receive long-term prescriptions for benzodiazepines and related drugs compared to an average of 29 per 1 000 across OECD countries.

Antibiotics should only be prescribed where there is an evidence-based need. Limiting the overuse of antibiotics is one important strategy to fight the growth of resistant infections.



What can be done?

- Continue initiatives to encourage prescription and consumption of generics
- Promote the appropriate use of antibiotics and benzodiazepines

To read more about our work:

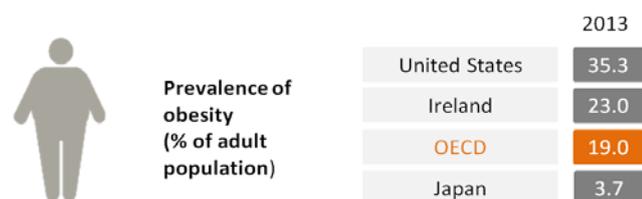
[Health at a Glance 2015](#)

www.oecd.org/health/health-expenditure.htm

Prevent the spread of obesity and addressing the harmful use of alcohol

► The prevalence of obesity in Ireland is above the OECD average but has remained stable in recent years

Obesity means higher risk of chronic illnesses (hypertension, cholesterol, diabetes, cardiovascular diseases, etc.) and is a known risk factor for some forms of cancer.



Alongside a number of other countries, obesity rates in Ireland have been stable over the last five years. Nevertheless the share of children being overweight in Ireland has steadily increased over the last decade.

► Levels of alcohol consumption in Ireland are well above the OECD average, but have been declining in the past 15 years

Harmful alcohol use is associated with numerous adverse health and social consequences. It also contributes to death and disability through accidents, assault, violence, homicide and suicide.

In Ireland, the hazardous consumption of alcohol is highly concentrated, with 20% of the population drinking nearly 2/3 of all alcohol. According to OECD estimates, approximately four in five drinkers would reduce their risk of death from any causes if they cut their alcohol intake by one unit per week.

What can be done?

- Deliver health promotion messages about healthy diet and physical activity through the mass media and in schools
- Limit children's exposure to fast food advertising
- Provide comprehensive information on food labels to help consumers make informed choices
- Encourage primary care physicians to counsel at risk patients about making healthy lifestyle choices
- Alcohol policy should target heavy drinkers first (although there are few approaches available to do this), but broader policy approaches are also required to tackle harmful drinking

To read more about our work:

www.oecd.org/health/obesity-update.htm

www.oecd.org/health/economics-of-prevention.htm

[Tackling Harmful Alcohol Use: Economics and Public Health Policy \(2015\)](#)

