

# *Chapter 3*



**HEALTH**



## **INTRODUCTION**

Healthcare in Northern Ireland is a publicly funded system. Care is provided to anyone normally resident in Northern Ireland. Most services are free at the point of use for the patient though there may be charges associated with eye tests, dental care, prescriptions and aspects of personal care. Though often collectively referred to as falling under the umbrella of the United Kingdom National Health Service, the Northern Ireland system operates independently and is politically accountable to the devolved administration.

In the Republic of Ireland, all persons resident are entitled to receive healthcare through the public healthcare system. Although it is publicly funded, an individual may be required to pay a subsidised fee for certain health care services, depending on income, age, illness or disability.

Although both healthcare systems operate independently, there has been increasing cooperation in recent times in border areas. Cooperation and Working Together (CAWT) is a partnership arrangement which has facilitated collaborative working between health and social care organisations and staff on a cross border basis. The aspects of healthcare covered under these recent agreements include General Practitioner out of hours services and emergency services provision.

Health services in the Republic of Ireland and Northern Ireland have been undergoing major programmes of reform over recent years.

In the Republic of Ireland the Health Act 2004 created the Health Service Executive (HSE) as a single entity responsible for the overall management of the health services. The Department of Health and Children was restructured in 2005 to focus more clearly on policy, legislative and oversight functions, with executive functions gradually being transferred to the HSE.

In Northern Ireland, the Department of Health and Social Services and Public Safety (DHSSPS) ensures that health and social care services are provided to the people of Northern Ireland. Specific organisations take forward the operational aspects. These include four Health and Social Services Boards, six regional Health and Social Care Trusts (including the Ambulance Trust) and a range of various agencies and authorities.

In February 2008, the Northern Ireland Minister for Health announced his proposals for the reorganisation and streamlining of health and social care services in Northern Ireland, under the Review of Public Administration (RPA). His proposals include a single Regional Health and Social Care Board, a new multi-professional Regional Public Health Agency, and the establishment of five Local Commissioning Groups to cover the same geographical area of the existing five Health and Social Care Trusts.

**Table 3.1 Acute hospital statistics<sup>1</sup>***Numbers, rates and percentages*

Description	2000	2001	2002	2003	2004	2005	2006
<b>Republic of Ireland<sup>2,3,4</sup></b>							
Average beds available <sup>5</sup>	10,620	10,609	11,035	11,184	11,314	11,499	11,979
Hospital beds - rate per 100,000 inhabitants	281.1	276.8	283.0	282.2	280.9	279.8	282.5
Discharges and deaths	541,327	552,493	550,991	561,623	570,885	573,834	591,766
% occupancy	84.5	86.2	84.6	85.2	85.4	85.6	85.3
Day cases	318,149	357,290	402,671	447,697	483,210	509,831	555,204
Average length of stay (days)	6.4	6.5	6.5	6.5	6.5	6.6	6.3
<b>Northern Ireland<sup>4,6</sup></b>							
Average beds available <sup>5</sup>	5,838	5,818	5,799	5,775	5,908	5,955	5,893
Hospital beds - rate per 100,000 inhabitants	347.7	345.7	343.3	340.4	347.0	348.2	341.8
Discharges and deaths	296,482	298,267	293,633	292,808	298,058	303,926	309,840
% occupancy	80.8	81.6	82.7	83.8	83.6	83.4	83.3
Day cases	118,537	123,165	129,475	138,090	149,727	149,840	155,022
Average length of stay (days)	5.8	5.8	6.0	6.0	6.1	6.0	5.8

Sources      Republic of Ireland: Health in Ireland Key Trends, Department of Health and Children, Eurostat and HSE  
Northern Ireland: Northern Ireland Hospital Statistics, DHSSPS

<sup>1</sup>Excludes private hospitals.

<sup>2</sup>ROI figures for 2006 are provisional.

<sup>3</sup>Numbers of beds prior to 2006 refer to average available beds; for 2006, the figure refers to total bed complement.

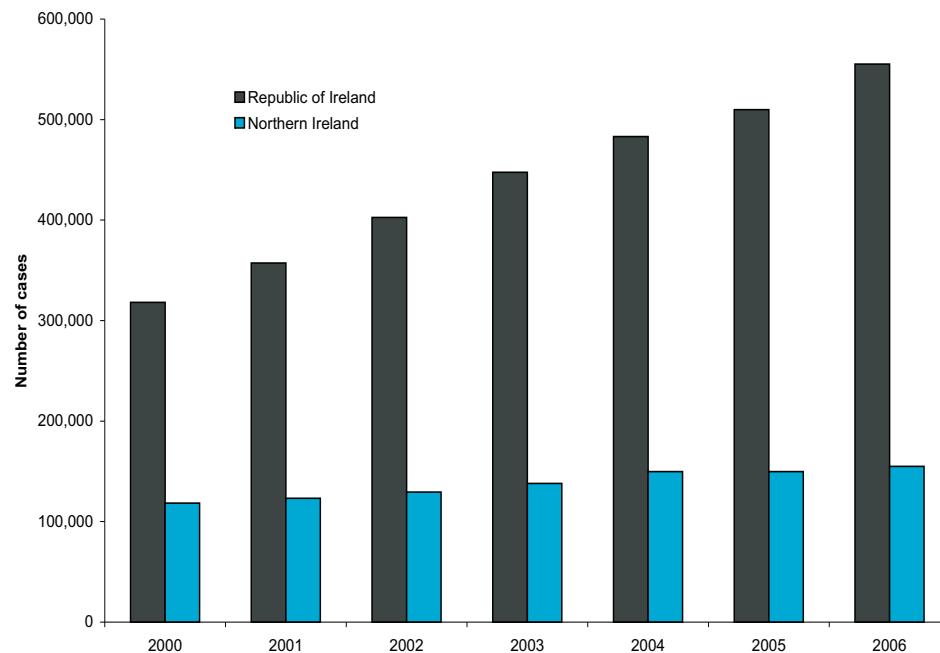
<sup>4</sup>Data include curative care beds only and excludes psychiatric care beds, palliative medicine beds, rehabilitation beds and cots for well babies.

<sup>5</sup>Does not include day beds.

<sup>6</sup>Northern Ireland data are for the financial year, for example 2006 represents the financial year 2005-06.

Both the Republic of Ireland and Northern Ireland have recorded an increase in their number of day cases over the period 2000 to 2006. However, in publicly funded hospitals, the total number of day cases increased by 75 per cent in the Republic of Ireland compared to a 31 per cent increase in Northern Ireland.

**Figure 3.1 Number of day cases in publicly funded acute hospitals, 2000-2006**



**Table 3.2 Attendances at accident and emergency departments**

	Numbers	
	Republic of Ireland	Northern Ireland <sup>1</sup>
2000	1,211,279	675,589
2001	1,225,735	672,654
2002	1,211,499	672,782
2003	1,210,150	659,659
2004	1,242,692	678,998
2005	1,249,659	690,386
2006	1,279,144	698,937

Sources Republic of Ireland: Health in Ireland Key Trends, Department of Health and Children  
 Northern Ireland: Northern Ireland Hospital Statistics, DHSSPS

<sup>1</sup>Northern Ireland data are for the financial year, for example 2006 represents the financial year 2005-06.

**Table 3.3 (a) Age-standardised discharge rates for in-patients per 100,000 population in the Republic of Ireland<sup>1</sup>**

Principal diagnosis	Rates		
	2004	2005	2006
Cancer	706.9	775.0	764.0
Diseases of the circulatory system	1,420.5	1,260.9	1,240.2
Injuries & poisonings	1,384.5	1,339.6	1,315.8
Diseases of the respiratory system	1,450.6	1,411.2	1,414.5
Remainder	8,651.3	8,588.1	8,686.8
<b>Total</b>	<b>13,613.8</b>	<b>13,374.9</b>	<b>13,421.3</b>

Source Republic of Ireland: Hospital Inpatient Enquiry (HIPE), Department of Health and Children

<sup>1</sup>Data for psychiatric in-patients are not included.

**Table 3.3 (b) Age-standardised discharge rates for in-patients per 100,000 population in Northern Ireland**

Principal diagnosis	Rates		
	2004	2005	2006
Cancer	771.7	785.5	719.7
Diseases of the circulatory system	1,475.1	1,454.1	1,403.2
Injuries & poisonings	1,602.5	1,534.7	1,445.5
Diseases of the respiratory system	1,521.5	1,547.7	1,568.3
Remainder <sup>1</sup>	10,775.0	10,660.3	10,755.1
<b>Total</b>	<b>16,145.9</b>	<b>15,982.2</b>	<b>15,891.9</b>

Source Northern Ireland: Hospital In-patients System, DHSSPS

<sup>1</sup>Remainder includes all patients admitted to hospital with a primary diagnosis not specified in the table and those who had no primary diagnosis recorded.

**Table 3.4 (a) Principal cause of death in the Republic of Ireland**

Numbers and standardised rates

Principal cause <sup>1</sup>	2004			2005 <sup>p</sup>			2006 <sup>p</sup>		
	Males	Females	Death rate <sup>2</sup>	Males	Females	Death rate <sup>2</sup>	Males	Females	Death rate <sup>2</sup>
Circulatory diseases	5,433	5,233	241	5,220	4,929	222	4,929	4,733	207
Respiratory diseases	1,962	2,117	90	1,857	2,191	86	1,845	2,133	83
Cancer	4,186	3,642	191	4,015	3,734	184	4,154	3,714	182
Road traffic accidents	214	94	7	247	84	8	211	70	6
Suicides	406	87	12	382	99	11	318	91	10
All other	2,600	2,691	123	2,691	2,811	123	2,654	2,627	116
<b>Total deaths</b>	<b>14,801</b>	<b>13,864</b>	<b>664</b>	<b>14,412</b>	<b>13,848</b>	<b>634</b>	<b>14,111</b>	<b>13,368</b>	<b>605</b>

Source Republic of Ireland: Vital Statistics, CSO and PHIS database, Department of Health and Children

<sup>1</sup>ROI use the ninth revision of the 'International Statistical Classification of Diseases'. Please see endnotes for detailed explanation.<sup>2</sup>All standardised death rates are per 100,000 and are age-standardised to the WHO European Standard Population.<sup>p</sup>Data for 2006 are provisional based on year of registration.**Table 3.4 (b) Principal cause of death in Northern Ireland**

Numbers and standardised rates

Principal cause <sup>1</sup>	2004			2005			2006		
	Males	Females	Death rate <sup>2,3</sup>	Males	Females	Death rate <sup>2,3</sup>	Males	Females	Death rate <sup>2,3</sup>
Circulatory diseases	2,516	2,756	232	2,430	2,572	214	2,306	2,573	205
Respiratory diseases	893	1,057	84	866	1,055	81	884	1,098	80
Cancer	1,938	1,819	183	1,900	1,835	178	2,008	1,840	182
Road traffic accidents	115	46	9	131	44	10	136	51	10
Suicides <sup>4</sup>	105	41	9	167	46	12	227	64	17
All other	1,368	1,700	144	1,463	1,715	147	1,501	1,844	149
<b>Total deaths</b>	<b>6,935</b>	<b>7,419</b>	<b>661</b>	<b>6,957</b>	<b>7,267</b>	<b>642</b>	<b>7,062</b>	<b>7,470</b>	<b>642</b>

Source Northern Ireland: Demography and Methodology branch, NISRA

<sup>1</sup>NI use the tenth revision of the 'International Statistical Classification of Diseases' (ICD10).<sup>2</sup>All standardised death rates are per 100,000 and are age-standardised to the WHO European Standard Population.<sup>3</sup>Deaths are by year of registration.<sup>4</sup>Deaths classified under ICD10 as 'events of undetermined intent' along with 'intentional self-harm' are jointly reported as 'suicide'.

Over the three year period from 2004 to 2006 there was a general decrease in the standardised death rates for each of the principal causes of death in the Republic of Ireland. In particular, standardised death rates attributed to circulatory diseases decreased from 241 to 207 per 100,000. In Northern Ireland, the standardised death rate due to circulatory diseases also fell over this period. However, circulatory diseases continue to be the most common principal cause of death in both areas.

The largest single component of circulatory diseases is ischaemic heart disease. This is caused by a poor supply of blood to the heart usually caused by the build up of predominantly fatty deposits in the coronary arteries. Between 2004 and 2006 in both the Republic of Ireland and Northern Ireland there were continued decreases in this particular cause of heart disease, which contributed to the overall decrease in deaths from circulatory diseases.

The suicide rate on the island of Ireland was traditionally low but is now around the European average. There has been a particular increase in the death rates attributed to suicide in Northern Ireland in recent years. The health departments in both Northern Ireland and the Republic of Ireland have participated in an all-island co-operation in implementing the suicide prevention strategies “Reach Out” (Republic of Ireland) and “Protect Life – A Shared Vision” (Northern Ireland).

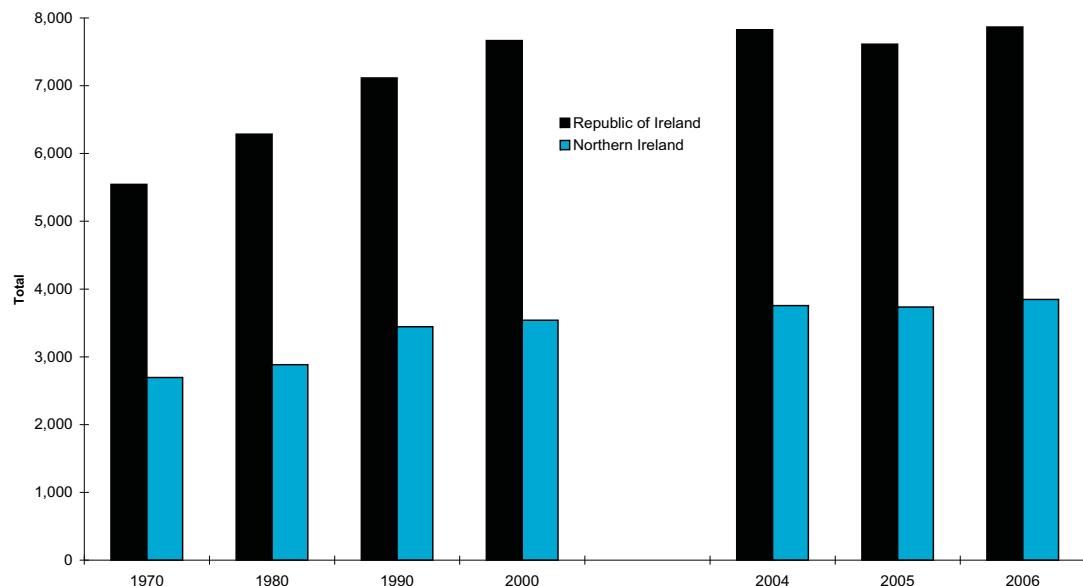
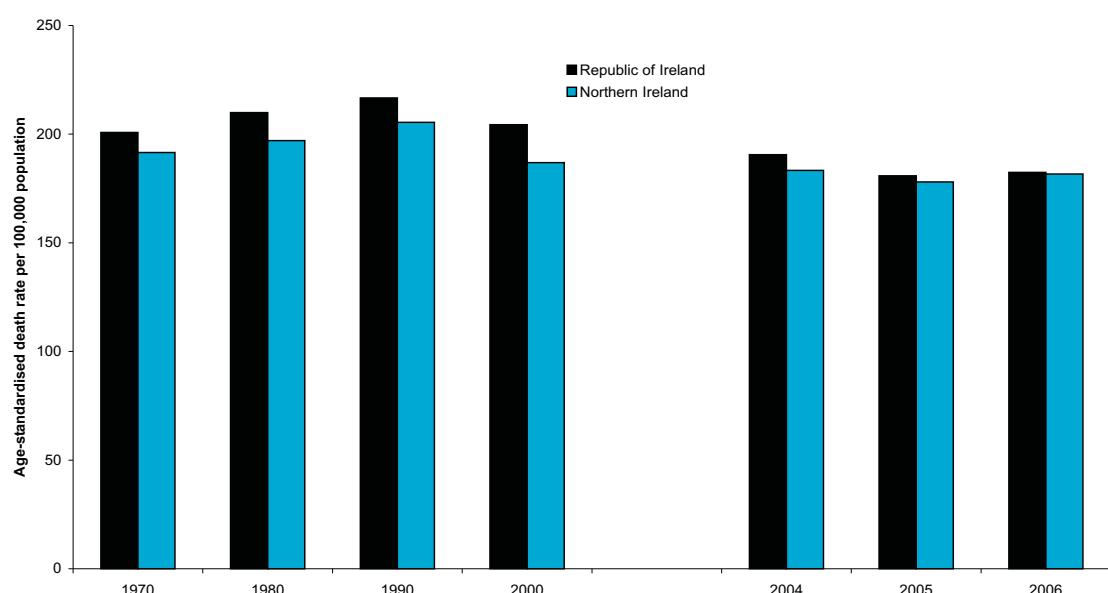
**Table 3.5 Cancer deaths***Numbers and rates*

	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Deaths per 100,000 population<sup>1</sup></b>
<b>Republic of Ireland<sup>2</sup></b>				
1970	2,987	2,557	<b>5,544</b>	201
1980	3,423	2,864	<b>6,287</b>	210
1990	3,854	3,261	<b>7,115</b>	217
2000	4,079	3,587	<b>7,666</b>	204
2004	4,186	3,642	<b>7,828</b>	191
2005	4,015	3,734	<b>7,749</b>	184
2006	4,154	3,714	<b>7,868</b>	182
<b>Northern Ireland</b>				
1970	1,411	1,285	<b>2,696</b>	192
1980	1,490	1,395	<b>2,885</b>	197
1990	1,765	1,680	<b>3,445</b>	205
2000	1,755	1,786	<b>3,541</b>	187
2004	1,938	1,819	<b>3,757</b>	183
2005	1,900	1,835	<b>3,735</b>	178
2006	2,008	1,840	<b>3,848</b>	182

Sources      Republic of Ireland: Vital Statistics, CSO and PHIS database, Department of Health and Children  
Northern Ireland: Demography and Methodology branch, NISRA

<sup>1</sup>All death rates are per 100,000 and are age-standardised to the WHO European Standard Population.

<sup>2</sup>ROI figures for 2006 are provisional.

**Figure 3.2 Total cancer deaths, 1970-2000; 2004-06****Figure 3.3 Age-standardised cancer death rates per 100,000 population, 1970-2000; 2004-06**

Since the 1970s the absolute number of cancer deaths has risen in both the Republic of Ireland and in Northern Ireland. However, when the increase in population is accounted for, the standardised death rate for cancer has decreased somewhat from its peak in the 1990s in both areas.

**Table 3.6 (a) Prevalence of cigarette smoking in the Republic of Ireland***Percentages*

<b>Age group</b>	<b>1998</b>			<b>2007</b>		
	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
18-34 years	38	40	<b>39</b>	38	32	<b>35</b>
35-54 years	32	29	<b>30</b>	31	29	<b>30</b>
55+ years	22	18	<b>20</b>	18	17	<b>18</b>

Source Republic of Ireland: Survey of Lifestyles, Attitudes and Nutrition (SLÁN)

**Table 3.6 (b) Prevalence of cigarette smoking in Northern Ireland<sup>1</sup>***Percentages*

<b>Age group</b>	<b>1998</b>			<b>2006</b>		
	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
18-34 years	34	36	<b>36</b>	36	31	<b>33</b>
35-54 years	30	34	<b>32</b>	29	29	<b>29</b>
55+ years	22	19	<b>20</b>	15	18	<b>17</b>

Source Northern Ireland: Continuous Household Survey, NISRA

<sup>1</sup>Northern Ireland figures are for the financial year.

In the Republic of Ireland, the prevalence of cigarette smoking was generally lower in 2007 when compared with 1998. The reduction in smoking among 18-34 year old females has been particularly noteworthy.

The prevalence of cigarette smoking in Northern Ireland was generally lower in 2006 than in 1998. In 2006 only 15 per cent of males aged 55 and over smoked, compared with 22 per cent in 1998. The slight increase in smoking among 18-34 year old males is not significant and is within the margins of survey error.

*A detailed report to address some differences and provide a more complete and interpreted comparison across regions will be available as part of the SLÁN 2007 reports in late 2008 (see [www.slán07.ie](http://www.slán07.ie)).*

**Table 3.7 (a) Prevalence of drinking alcohol in the Republic of Ireland**

Percentages

Age group	1998			2007		
	Male	Female	Total	Male	Female	Total
18-34 years	95	93	94	90	86	88
35-54 years	93	90	91	87	82	85
55+ years	80	64	72	74	59	66

Source Republic of Ireland: Survey of Lifestyles, Attitudes and Nutrition (SLÁN)

**Table 3.7 (b) Prevalence of drinking alcohol in Northern Ireland<sup>1</sup>**

Percentages

Age group	1998			2006		
	Male	Female	Total	Male	Female	Total
18-34 years	85	82	83	92	83	86
35-54 years	82	76	79	83	81	82
55+ years	68	50	57	70	55	62

Source Northern Ireland: Continuous Household Survey, NISRA

<sup>1</sup>Northern Ireland figures are for the financial year.

In the Republic of Ireland the prevalence of drinking alcohol was somewhat lower in 2007 than in 1998. This reduction in prevalence is evident across all age categories for both men and women.

In Northern Ireland, the prevalence of drinking alcohol in 2006 is similar to or slightly higher than in 1998.

These figures represent the proportion of respondents who indicated that they consumed any alcohol. They do not give an indication of the prevalence of 'problem' or 'binge' drinking.

*A detailed report to address some differences and provide a more complete and interpreted comparison across regions will be available as part of the SLÁN 2007 reports in late 2008 (see [www.slan07.ie](http://www.slan07.ie)).*

**Table 3.8 Republic of Ireland and Northern Ireland drug prevalence rates by gender<sup>1</sup>, 2006/2007**

Drug	Percentages							
	Lifetime prevalence				Last year prevalence			
	Republic of Ireland		Northern Ireland		Republic of Ireland		Northern Ireland	
Drug	Male	Female	Male	Female	Male	Female	Male	Female
Any illegal drugs <sup>2</sup>	29.4	18.5	33.9	22.1	9.6	4.7	13.7	5.2
Cannabis	27.0	16.6	30.1	19.3	8.5	3.9	10.3	4.1
Heroin	0.5	0.4	0.6	0.4	0.1	0.1	0.0	0.1
Methadone	0.3	0.3	0.1	0.1	0.1	0.2	0.0	0.0
Other Opiates <sup>3</sup>	4.7	7.8	17.4	23.0	1.5	2.8	8.0	8.7
Cocaine (total including crack)	7.0	3.5	7.4	2.9	2.3	1.0	2.8	0.9
Crack	0.8	0.4	0.4	0.4	0.1	0.1	0.1	0.0
Cocaine Powder	6.7	3.3	7.3	2.9	2.2	0.9	2.8	0.9
Amphetamines	4.6	2.5	7.3	4.4	0.5	0.3	1.1	0.9
Ecstasy	7.2	3.6	9.9	5.5	1.8	0.6	2.4	1.2
LSD	4.0	1.7	9.7	3.5	0.2	0.1	0.2	0.2
Magic Mushrooms	7.7	3.8	11.2	2.4	0.9	0.4	0.1	0.3
Solvents	2.3	1.4	5.1	2.0	0.0	0.0	0.3	0.1
Poppers <sup>4</sup>	4.2	2.4	10.9	4.9	0.6	0.3	2.3	0.3
Sedatives and tranquillizers	8.0	13.2	18.1	22.3	3.7	5.7	8.2	10.2
Anti-depressants	5.9	12.5	13.4	28.4	3.0	5.6	5.8	12.4

Source Drug Use in Ireland and Northern Ireland, First Results from the 2006/2007 Drug Prevalence Survey

<sup>1</sup>Individuals aged 15-64.

<sup>2</sup>For this study, “any illegal drugs” refers to amphetamines, cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms, poppers and solvents.

<sup>3</sup>A change in the measurement of ‘other opiates’ occurred in the 2006/2007 survey. Please see technical notes for further details.

<sup>4</sup>Poppers i.e. amyl or butyl nitrite.

The 2006/2007 Drug Prevalence Survey indicated that nearly one in four (24 per cent) of the population aged 15-64 years in the Republic of Ireland have used any illegal drugs in their lifetime. In Northern Ireland, just over one in four people surveyed (28 per cent) reported ever having used any illegal drugs.

**Table 3.9 (a) Self-reported Body Mass Index (BMI) by age and sex in the Republic of Ireland<sup>1</sup>, 2007**

Gender	Age group of respondent							Percentages
	18-24	25-34	35-44	45-54	55-64	65-74	75+	
<b>Male – BMI</b>								
Underweight	4	1	2	0	0	1	1	1
Normal	69	48	32	27	27	33	45	40
Overweight	22	39	48	51	52	46	44	43
Obese	4	12	19	21	21	21	10	16
<b>Total<sup>1</sup></b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Female – BMI</b>								
Underweight	6	2	3	1	2	1	7	3
Normal	74	63	56	49	40	50	49	56
Overweight	13	25	28	31	41	36	34	28
Obese	7	10	14	19	17	13	10	13
<b>Total<sup>1</sup></b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source Republic of Ireland: Survey of Lifestyles, Attitudes and Nutrition (SLÁN)

<sup>1</sup>Please see technical notes for BMI categories used in SLÁN survey.**Table 3.9 (b) Independently assessed Body Mass Index (BMI) by age and sex in Northern Ireland<sup>1</sup>, 2005/2006**

Gender	Age group of respondent							Percentages
	16-24	25-34	35-44	45-54	55-64	65-74	75+	
<b>Male – BMI</b>								
Underweight	15	3	2	1	1	0	2	4
Normal	57	34	27	18	18	24	42	32
Overweight	15	39	42	48	53	49	38	39
Obese	13	24	29	32	28	27	17	25
<b>Total<sup>1</sup></b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Female – BMI</b>								
Underweight	20	7	6	4	5	3	5	8
Normal	47	39	39	36	34	29	36	38
Overweight	19	31	29	33	31	43	38	30
Obese	13	23	27	27	29	25	20	23
<b>Total<sup>1</sup></b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Source Northern Ireland: Northern Ireland Health and Social Wellbeing Survey, DHSSPS

<sup>1</sup>Please see technical notes for BMI categories used in Health and Social Wellbeing Survey.

In the Republic of Ireland, in 2007, the majority of males aged over 25 were either overweight or obese. The majority of women in the Republic of Ireland reported a normal BMI.

In Northern Ireland, in 2005/2006, the majority of both males and females, aged over 25, were recorded as either overweight or obese. However, among both young men and young women, aged 16-24, relatively high percentages were found to be underweight, at 15 per cent of young men and 20 per cent of young women.

The data for Northern Ireland and the Republic of Ireland cannot be directly compared for a number of reasons. Firstly the data are collected differently. In the Republic of Ireland BMI is self-reported by survey respondents, whereas respondents in Northern Ireland have their weight and height measured by nurses who accompany the interviewers. Secondly, the categories for classifying into normal or underweight are not the same for both areas. More details are provided in the technical notes.

*A detailed report to address some differences and provide a more complete and interpreted comparison across regions will be available as part of the SLÁN 2007 reports in late 2008 (see [www.slan07.ie](http://www.slan07.ie)).*

**Table 3.10 Availability of hospital curative care beds across the EU – rate per 100,000 inhabitants<sup>1</sup>**

	<i>Rates</i>					
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>
<b>EU 27</b>	<b>450.7</b>	<b>442.4</b>	<b>429.8</b>	<b>418.3</b>	<b>410.1</b>	<b>406.3</b>
Austria	628.7	628.7	610.6	606.8	615.6	606.6
Belgium	472.6	465.8	460.1	451.7	448.3	441.1
Bulgaria	583.1	572.5	515.1	481.6	469.0	..
Cyprus	370.4	369.1	400.5	398.7	389.7	349.1
Czech Republic	609.6	603.4	602.5	593.8	576.5	568.6
Denmark	349.5	342.6	340.2	327.8	..	..
Estonia	528.1	518.1	449.4	438.8	425.6	382.2
Finland	241.2	236.9	232.1	229.9	224.8	223.7
France	414.6	402.9	394.3	386.4	376.9	370.4
Germany	680.3	670.4	663.1	656.6	643.8	634.9
Greece	387.3	384.8	379.5	382.2	380.1	386.9
Hungary	563.7	554.9	553.0	552.0	550.1	552.0
<b>Republic of Ireland</b>	<b>281.1</b>	<b>276.8</b>	<b>283.0</b>	<b>282.2</b>	<b>280.9</b>	<b>279.8</b>
Italy	407.0	396.3	377.9	352.9	334.8	331.7
Latvia	609.0	573.8	558.9	555.7	..	531.8
Lithuania	625.0	625.4	602.9	579.9	553.0	529.9
Luxembourg	572.2	565.1	558.7	553.4	549.4	..
Malta	372.7	354.4	347.6	343.1	300.3	280.4
Netherlands	306.5	290.1	287.1	293.6	292.2	287.6
Poland	509.9	501.5	460.9	463.2	..	469.0
Portugal	..	..	..	..	..	..
Romania	551.5	555.6	528.7	452.3	443.5	456.3
Slovakia	566.5	543.5	534.7	508.2	483.1	501.1
Slovenia	446.1	424.0	414.6	401.3	385.1	388.2
Spain	287.2	279.7	273.2	265.2	263.0	259.9
Sweden	245.2	..	..	..	..	..
United Kingdom	315.0	316.0	315.8	316.8	314.7	309.7
<b>Northern Ireland<sup>2</sup></b>	<b>347.7</b>	<b>345.7</b>	<b>343.3</b>	<b>340.4</b>	<b>347.0</b>	<b>348.2</b>

Sources Eurostat  
Northern Ireland: Northern Ireland Departmental Return KH03a, DHSSPS

<sup>1</sup>Does not include day beds.

<sup>2</sup>Northern Ireland data are for the financial year.

**Table 3.11 Infant mortality rates - per 1,000 live births**

	Rates						
	2000	2001	2002	2003	2004	2005	2006
<b>EU 27</b>	<b>5.9</b>	<b>5.8</b>	<b>5.5</b>	<b>5.3</b>	..	..	..
Austria	4.8	4.8	4.1	4.5	4.5	4.2	3.6
Belgium	4.8	4.5	4.4	..	..	3.7	..
Bulgaria	13.3	14.4	13.3	12.3	11.6	10.4	9.7
Cyprus	10.4	11.0	9.8	9.4	9.4	7.8	7.6
Czech Republic	4.1	4.0	4.1	3.9	3.7	3.4	3.3
Denmark	5.3	4.9	4.4	4.4	4.4	4.4	3.8
Estonia	8.4	8.8	5.7	7.0	6.4	5.4	4.4
Finland	3.8	3.2	3.0	3.1	3.3	3.0	2.8
France	4.5	4.6	4.3	3.9	3.9	..	..
Germany	4.4	4.3	4.2	4.2	4.1	3.9	3.8
Greece	5.9	5.1	5.1	4.0	4.1	3.8	3.7
Hungary	5.9	4.3	5.9	5.7	5.9	6.0	3.6
<b>Republic of Ireland</b>	<b>6.2</b>	<b>5.7</b>	<b>5.0</b>	<b>5.3</b>	<b>4.6</b>	<b>3.8</b>	<b>3.7</b>
Italy	5.6	4.9	4.7	4.1	3.5	4.0	3.1
Latvia	8.6	7.9	7.9	6.7	7.9	6.8	6.8
Lithuania	5.1	5.9	5.1	4.9	3.9	2.6	2.5
Luxembourg	9.2	8.1	7.2	7.3	6.6	6.2	5.7
Malta	4.4	4.1	4.1	3.9	4.0	3.8	3.8
Netherlands	5.1	5.4	5.0	4.8	4.4	4.9	4.4
Poland	8.1	7.7	7.5	7.0	6.8	6.4	6.0
Portugal	5.5	5.0	5.0	4.1	3.8	3.5	3.3
Romania	18.6	18.4	17.3	16.7	16.8	15.0	13.9
Slovakia	4.9	4.2	3.8	4.0	3.7	4.1	3.4
Slovenia	8.6	6.2	7.6	7.9	6.8	7.2	6.6
Spain	4.5	4.6	4.2	4.2	4.0	3.8	..
Sweden	3.4	3.7	3.3	3.1	3.1	2.4	2.8
United Kingdom	5.6	5.5	5.2	5.3	5.0	5.1	..
<b>Northern Ireland</b>	<b>5.0</b>	<b>6.0</b>	<b>4.6</b>	<b>5.2</b>	<b>5.3</b>	<b>6.1</b>	<b>5.1</b>

Sources Eurostat

Republic of Ireland: Vital Statistics, CSO

Northern Ireland: Demography and Methodology branch, NISRA

## Technical Notes

**Table 3.1**

Beds available refer to curative care (acute care) beds in hospitals which includes acute care, maternity and geriatric medicine beds and excludes psychiatric care, rehabilitation, palliative medicine beds and well babies cots. Beds reserved for day case admission or regular day admission are not included. The discharges and deaths figure is a proxy for inpatient admissions; day cases are not included in this figure. A day case is a patient who is formally admitted with the intention of discharging the patient on the same day, and where the patient is in fact discharged as scheduled on the same day. Average length of stay is the average time spent in hospital in days.

Figures for the Republic of Ireland refer to publicly funded acute hospitals only.

Northern Ireland data relate to curative care specialties and are collected on a quarterly basis from Health Trusts on the KH03A return. Average available beds is the number of beds available during the year which are open at midnight.

**Table 3.2**

Republic of Ireland and Northern Ireland data include first and follow-up attendances.

**Table 3.3 (a) and (b)**

Discharge rates include deaths.

### Republic of Ireland

These rates are derived from the Hospital In-Patient Enquiry (HIPE) system, which records activity in publicly funded acute hospitals. The HIPE data presented covers all in-patients receiving curative and rehabilitative care in publicly funded acute hospitals. Data from private hospitals is not included. It is estimated that 10% of all hospital activity in the Republic of Ireland is undertaken in private hospitals. Data for psychiatric in-patients are also not included. This activity accounts for approximately 2% of all Irish hospital activity. The system records hospital discharges and not patients. Therefore, a person admitted and discharged from hospital on more than one occasion is recorded for each hospital episode. Caution should be exercised in the interpretation of this data. In the absence of data from private hospitals, population-based rates may be understated and are also subject to selection bias. The data should not be used as a proxy for prevalence. Rather, it provides indicators of public hospital utilisation and should be interpreted in this context.

Data for 2004 are classified using ICD-9-CM. Data for 2005 onwards are classified using ICD-10-AM. The change in classification systems may make comparisons with certain categories of diagnoses difficult.

	<b>2004</b>	<b>2005</b>
Cancer	140-208	C00-C97
Diseases of the Circulatory System	390-459	I00-I99
Injuries and Poisonings	800-999	S00-T98
Diseases of the Respiratory System	460-519	J00-J99

### **Northern Ireland**

Figures tabled are calculated on admissions to Health and Social Care Hospitals in Northern Ireland. They do not include patients who were treated at an Accident and Emergency department and were not subsequently admitted to hospital or patients treated privately. Deaths and Discharges are used as an approximation for admissions.

Data for 2005-2007 are classified using ICD10:

Cancer	C00-C97
Diseases of the Circulatory System	I00-I99
Injuries and Poisonings	S00-T98
Diseases of the Respiratory System	J00-J99

### **Tables 3.4 (a) and (b) and 3.5**

#### **Republic of Ireland**

Circulatory diseases ICD9 390-459  
Respiratory diseases ICD9 460-519  
Cancer ICD9 140-208  
Road traffic accidents ICD9 E810-E819  
Suicides ICD9 E950-E959

#### **Northern Ireland**

Circulatory diseases ICD10 I00-I99  
Respiratory diseases ICD10 J00-J99  
Cancer ICD10 C00-C97  
Transport accidents ICD10 V01-V99  
Suicides ICD10 X60-X84, Y10-Y34, Y87.0, Y87.2

### **Tables 3.3 (a) and (b), 3.4 (a) and (b) and 3.5**

Age-standardised rates are presented as they are used when making comparisons between different populations with different age distributions or for comparing trends in a given population over time.

The International Statistical Classification of Diseases (ICD) has become the international standard diagnostic classification for all general epidemiological and many health management purposes. These include the analysis of the general health situation of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected.

It is used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and hospital records. In addition to enabling the storage and retrieval of diagnostic information for clinical and epidemiological purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by World Health Organisation (WHO) Member States.

### **Tables 3.6 (a) and (b), 3.7 (a) and (b) and 3.9 (a) and (b)**

Republic of Ireland data comes from the Survey of Lifestyles, Attitudes and Nutrition (SLÁN). SLÁN is based on a representative random sample of the general population aged over 18 years. Morgan K, McGee H, Watson D, Perry I, Barry M, Shelley E, Harrington J, Molcho M, Layte R, Tully N, van Lente E, Ward M, Lutomski J, Conroy R, Brugha R (2008). *SLÁN 2007: Survey of Lifestyle, Attitudes & Nutrition in Ireland. Main Report*. Dublin: Department of Health and Children. Caution should be exercised in comparing data from different years due to changes in survey methods.

Northern Ireland data for tables 3.6 and 3.7 are taken from the Continuous Household Survey (CHS). The CHS, which began in 1983, is based on a simple random sample of the general population resident in private households in Northern Ireland. Data for table 3.9 is taken from the Northern Ireland Health And Social Wellbeing Survey, DHSSPS.

Please note some differences when making comparisons. For instance, age coverage commences at 16+ (NI) and 18+ (ROI) in tables 3.9 (a) and (b). NI and ROI data are weighted with differing social class assessments (individual (NI) vs household (ROI)).

### **Table 3.8**

The questionnaire and methodology for this survey were based on best practice guidelines drawn up by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The questionnaires were administered through face-to-face interviews with respondents aged between 15 and 64 normally resident in households in the Republic of Ireland and Northern Ireland selected by stratified sampling. Thus persons outside these age ranges, or who do not normally reside in private households, have not been included in the survey.

The term prevalence refers to the proportion of a population who have used a drug over a particular time period. Three recall periods were used in this survey: lifetime (ever used a drug), last year (used a drug in the last twelve months), and last month (used a drug in the last 30 days). However, only lifetime and last year are presented in this profile.

Lifetime prevalence refers to the proportion of the sample that reported ever having used the named drug at the time they were surveyed. A person who records lifetime prevalence may – or may not – be currently using the drug. Lifetime prevalence should not be interpreted as meaning that people have necessarily used a drug over a long period of time or that they will use the drug in the future.

Last year prevalence refers to the proportion of the sample that reported using a named drug in the year prior to the survey. For this reason, last year prevalence is often referred to as recent use.

There was a change in the measurement of ‘other opiates’ in the Republic of Ireland between 2002/2003 and 2006/2007. In 2002/2003 ‘other opiates’ included 9 drugs: Opium, Temgesic®, Diconal®, Napps, MSTs®, Pethidine, DF118® (Dihydrocodeine), Buprenorphine and Morphine. In 2006/2007 the category ‘other opiates’ was extended to be consistent with Northern Ireland, it included: Codeine, Kapake, Diffs, Dikes, Peach, Fentanyl (Durogesic®, Sublimaze®, Actiq®), Oxycodone (Oxycontin®, Oxynorm®), and Buprenorphine (Subutex®). Given the changes in measurement, comparative analysis between 2002/2003 and 2006/2007 survey results is not appropriate.

**Table 3.9 (a)**

BMI categories, utilised in the SLÁN Survey, refer to the following BMI scores:

- Underweight BMI within the range 15.00 - 18.49kg/m<sup>2</sup>
- Normal BMI within the range 18.50 - 24.99kg/m<sup>2</sup>
- Overweight BMI within the range 25.00 - 29.99kg/m<sup>2</sup>
- Obese BMI within the range >=30kg/m<sup>2</sup>

**Table 3.9 (b)**

BMI categories, utilised in the Health and Social Wellbeing Survey, refer to the following BMI scores:

- Underweight BMI < 20kg/m<sup>2</sup>
- Normal BMI within the range 20.00 - 24.99kg/m<sup>2</sup>
- Overweight BMI within the range 25.00 - 29.99kg/m<sup>2</sup>
- Obese BMI within the range >=30kg/m<sup>2</sup>