

UNMET HEALTHCARE NEEDS IN IRELAND

SHEELAH CONNOLLY AND MAEV-ANN WREN



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*Sheelah Connolly (ESRI), Maev-Ann Wren (ESRI)

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INTRODUCTION

Relatively high user charges for GP consultations (for those without a medical/GP visit card) and long waits for public hospital services can act as barriers to accessing needed care in Ireland. However, there has been relatively little research on unmet healthcare needs in Ireland.

In 2014, approximately 38 per cent of the population had a medical card, while 3.5 per cent had a GP visit card. Cardholders are eligible for GP care without fees and there has been previous evidence that non-cardholders may not visit a GP because of cost (O'Reilly et al. 2007). Approximately 42 per cent of the population hold private health insurance, which is mainly used to provide cover for private or semi-private acute hospital services, thereby avoiding potentially long waits for public hospital services. While those with a medical card can purchase private health insurance, the numbers doing so are relatively small. There is also a group of people without private health insurance and/or a medical card. This paper examines how these differing levels of cover for medical care may affect the experience of unmet need for care in Ireland.

METHODS

Data for the analysis were derived from the 2013 wave of the Irish sample of the EU-Statistics on Income and Living Conditions survey. The survey includes 12,663 individuals aged 16 and over across 4,922 households. Unmet healthcare needs were assessed based on the following question: “*Was there any time during the last 12 months when you personally, really needed a medical examination or treatment for a health problem but you did not receive it?*” Those who answer in the affirmative are then asked to give the main reason why they did not see a doctor when they needed to. Eight possible options are provided: [1] Could not

¹ This Bulletin summarises the findings from: Connolly, S., and Wren, M-A., “Unmet healthcare needs in Ireland: analysis using the EU-SILC survey”, Health Policy, Available online: <http://www.sciencedirect.com/science/article/pii/S0168851017300374>

* Maev-Ann.Wren@esri.ie

afford to; [2] Waiting list; [3] Could not take time because of work, care for children or for others; [4] Too far to travel/no means of transportation; [5] Fear of doctor/hospital/examination/treatment; [6] Wanted to wait and see if problem got better on its own; [7] Did not know any good doctor or specialist, and [8] Other reasons.

The extent and reasons for unmet need were examined for various groups including males and females, different age and socio-economic groups and different healthcare eligibility categories (medical card only, GP visit card only, private insurance only, both a medical/GP visit card and private insurance, neither a medical/GP visit card nor private insurance).

FINDINGS AND DISCUSSION

The analysis found that almost four per cent of survey respondents reported an unmet need for medical care. Overall, females, lower income groups, those with poorer health status and those without a medical card or private insurance were more likely to report an unmet healthcare need.

The majority of those reporting an unmet need noted that their unmet healthcare need was due to affordability issues (59 per cent) or waiting lists (25 per cent). Younger age groups were more likely to report affordability issues as the reason for their unmet need, while older people were more likely to report issues associated with waiting.

Among the eligibility categories those with private insurance only and those with neither a medical/GP visit card nor private insurance were more likely to report cost issues. Among those with a medical card only, waiting was the most common reason for unmet healthcare needs. While not possible to examine explicitly in this analysis, it is probable that unmet need due to cost reflects the relatively high out-of-pocket payments for primary care for those who must pay for GP visits; while unmet need due to waiting results from relatively long waiting times within the acute hospital sector for those within the public system.

The predominance of cost-related unmet need implies benefits from a reduction of user fees, at least for some population groups. Careful consideration should be given to the extent and impact of user charges in any proposed reforms for the Irish healthcare system. Some progress has been made in recent years with the introduction of GP visit cards for all those aged under 6 and 70 and over in 2015; however, there are likely to be some groups for whom the relatively high cost of seeing a GP still acts as a barrier to accessing appropriate healthcare. In addition, consideration needs to be given to the extent and impact of public hospital waiting lists in preventing people without private health insurance from accessing appropriate and timely healthcare.

Whitaker Square,
Sir John Rogerson's Quay,
Dublin 2
Telephone **+353 1 863 2000**
Email **admin@esri.ie**
Web **www.esri.ie**
Twitter **[@ESRIDublin](https://twitter.com/ESRIDublin)**