

5

Patterns in Health Service Utilisation and Healthcare Entitlements

Lorna Roe, Christine McGarrigle, Belinda Hernández,

Aisling O'Halloran, Siobhán Scarlett, Mark Ward and Rose Anne Kenny

Contents

Key Findings	84
5.1 Introduction.....	85
5.1.1 Sample	85
5.1.2 Methodology.....	85
5.2 Healthcare cover	86
5.2.1 Medical card or a GP visit card	86
5.2.2 Private health insurance.....	87
5.2.3 Public and private healthcare cover	89
5.3 Utilisation of medical care	89
5.4 Utilisation of community-based allied healthcare	92
5.5 Utilisation of community-based services which support ageing in place.....	94
5.6 Conclusion.....	97

5

Patterns in Health Service Utilisation and Healthcare Entitlements

Key Findings

Of the over-58's population living in Ireland in 2018:

- 36% had a medical card only, 28% had a medical card and private health insurance ('dual cover'), 27% had private health insurance only, 2% had a GP visit card only, and 8% had 'no cover'.
- In the previous 12 months, 93% reported visiting their GP, 46% visited a hospital outpatient clinic, 1 in 5 visited the ED, 16% had an overnight hospital admission and 8% had a day case procedure. The most frequently utilised medical service was the GP (average 3.88 visits in the previous 12 months). Advancing age was associated with an increase in the frequency of use of all medical services, but the effect was particularly prominent in the number of nights an older adult spent in hospital in the previous 12 months (1.23 nights aged 58-64 years, to 3.57 nights aged 75 years or older). However, much of this effect is likely driven by biological age (e.g. frailty), rather than their chronological age.
- The most commonly used allied health service in the previous 12 months was the optician (15%). Approximately 1 in 10 visited the dentist and 6% utilised community-based physiotherapy. Community-based dietetics, hearing services, psychological or counselling services, and social work were used by fewer than 5% of the population aged 58 years and older.
- It was uncommon for the over-58s population in Ireland to use services which are delivered in the home, or are available to support independent living in the home. Informal carers are the most commonly used 'service' (8%), followed by community nursing (5%) and the home help or personal care service (4%).
- 8% reported having ever undertaken home modifications at an average cost of €3,878. 62% of those who made home modifications, did not receive help from the State to cover the cost of these modifications.

5.1 Introduction

The aim of this report is to examine healthcare cover and patterns of medical healthcare utilisation, allied healthcare utilisation and the utilisation of services which support ageing in place among older adults in Wave 5 (i.e. 2018) of The Irish Longitudinal Study on Ageing (TILDA). Specifically, we provide descriptive data for the population aged 58 years and older, and disaggregated by age group.

5.1.1 Sample

Data for this chapter come from Wave 5 (2018) of the TILDA study. These data were collected through the computer-assisted personal interview (CAPI) between 16th January 2018 and 31st December 2018.

Of the 8,504 participants aged 50 years and older in TILDA at Wave 1, 3,279 did not participate in Wave 5 leaving a sample of $n=5,225$. We dropped from our analysis any participant aged less than 58 years of age ($n=209$) and those participants who were not present at baseline¹ ($n=108$). Thus, the analytical sample included $n=4,908$ participants aged 58 years (average 70.52 years; min-max: 58 years-103 years) and older at Wave 5.

5.1.2 Methodology

An earlier chapter (Chapter 2) provides a detailed description of the methodology. Thus, a summary of the methodology used in this chapter will be provided here. We used attrition weights as described in Chapter 2, to make estimates relevant to the general population of over 58s in Ireland. There are four sections in our analysis. Firstly, we examine rates of healthcare cover; secondly, we examine the patterns of medical care utilisation; thirdly, we examine the patterns of community-based allied healthcare utilisation and finally we examine the utilisation of community-based services which support ageing in place. We provide descriptive data for the population aged 58 years and older, and disaggregated by age group (58-64 years, 65-74 years, aged 75 years or older). A detailed description of these topics and the measures used in these analyses will be provided at the start of each section.

5.2 Healthcare cover

Healthcare cover refers to the protection that people have from being exposed to the full cost of healthcare. It is related to the concept of universal health coverage, which is a key principle in the Government's Sláintecare policy. (1) Universal health coverage is defined by the World Health Organization as: 'a situation where all people who need health services (prevention, promotion, treatment, rehabilitation, and palliative) receive them, without undue financial hardship'. (2)

We describe healthcare cover from three different perspectives; (1) the additional financial cover which people have through the public entitlement of the medical card or General Practitioner (GP) visit card; (2) the additional financial cover people have when they purchase private health insurance and (3) the distribution of additional public or private cover.

5.2.1 Medical card or a GP visit card

Basic public entitlements to healthcare include subsidised fees for public hospital services and prescribed medications. (3, 4) However, people with basic entitlements still pay the full cost of GP services. A survey conducted by the Department of Health between September 2018 and September 2019 found 30% of the Irish population pay up to €50 per GP visit, 24% pay between €50-75 and 2% pay over €75². (5) People with basic entitlements can access free of charge the home support service and some community-based public allied healthcare services, such as speech and language therapy. (6, 7) Many publicly-provided allied healthcare services which are delivered in the community, such as physiotherapy, are however only available to those with a medical card. (8)

Medical card entitlements to healthcare include free public hospital care; GP care; dental, optical and aural services; personal and social services such as public health nursing, social work and other community care services. (9) Prescribed medications are provided with an administrative charge of €2.00 per prescription item, up to a maximum of €20 per family per month. Eligibility for a medical card is assessed primarily on the basis of an income means test³. A medical card, commonly referred to as the '*over-70s medical card*', has a higher means test threshold, which means more people in this age group are entitled to a medical card.

Of the over-58s population, 54% reported having a medical card, and 12% had a GP visit card in 2018 (Table 5.1). 34% of the over-58s population did not have a medical card or GP visit card.

The proportion of older adults with additional public cover increased with age, reflecting the more generous means test thresholds for the over 70s medical cards and the universal GP visit card for adults aged 70 years and older.

GP visit card entitlements to healthcare include free GP care, otherwise they have the same entitlements as those with basic entitlements. Since 2015, all adults aged 70 years and over are entitled automatically to a GP visit card if their income exceeds the limits for an over-70s medical card.

Table 5.1. Proportion of people with a medical card or GP visit card, by age group

	Neither		Medical Card		GP Visit Card		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI		
58-64 years	64	[61-68]	33	[30-36]	2	[2-4]	100	1466
65-74 years	36	[33-38]	50	[47-53]	14	[12-16]	100	1931
75+ years	2	[1-3]	79	[76-82]	19	[17-22]	100	1504
All 58+ years	34	[32-36]	54	[52-56]	12	[11-13]	100	4901

5.2.2 Private health insurance

All individuals in Ireland may also buy private health insurance (PHI). In 2018, according to the Health Insurance Authority of Ireland, 48% of the overall population had PHI. (10) PHI mainly provides cover for the cost of care in private or semi-private acute hospital services (which may be delivered in public hospitals), but some PHI plans also provide partial reimbursement of certain primary care expenses (e.g. GP visits, routine dental care, physiotherapy, etc.). Full medical card and GP visit cardholders may take out PHI if they wish (termed 'dual' cover), and many older people do so (see also Section 5.2.3).

Of the over-58s population in Ireland, over half (55%) reported having purchased PHI in 2018 (Table 5.2). The rate of purchasing PHI was marginally lower for older adults aged 75 years and older, but this difference is not statistically significant.

Table 5.2. Proportion of people with private health insurance, by age group

	No Private Health Insurance		Private Health Insurance		Total	Number in sample
	%	95% CI	%	95% CI		
58-64 years	46	[42-49]	54	[51-58]	100	1467
65-74 years	43	[40-46]	57	[54-60]	100	1933
75+ years	48	[44-51]	52	[49-56]	100	1502
All 58+ years	45	[43-48]	55	[52-57]	100	4902

Table 5.3 shows the share of the private health insurance (PHI) market for each of the four main providers of PHI in the over-58s population in Ireland. VHI Healthcare remains the dominant provider of PHI to the over-58s, covering 55% of those who had PHI, a figure that is over twice the nearest competitor, Laya Healthcare/BUPA/Quinn Healthcare at 23%. There is a strong age cohort effect, with 66% of those aged 75 years and over holding a policy with VHI Healthcare compared to 48% of those aged 58-64 years.

Table 5.3. Proportion of people with PHI, by insurance provider, by age group

	Laya Healthcare /BUPA /QUINN Healthcare	VHI Healthcare	AVIVA/ Hibernian Healthcare /VIVAS Health	Glo Health	Other	Total	Number in sample
	% 95% CI	% 95% CI	% 95% CI	% 95% CI	% 95% CI		
58-64 years	25 [21-29]	48 [44-52]	11 [9-13]	1 [0-2]	16 [13-19]	100	907
65-74 years	25 [22-29]	53 [49-56]	9 [7-11]	0 [0-1]	13 [10-15]	100	1214
75+ years	18 [15-21]	66 [62-70]	6 [4-8]	0 [.-]	10 [8-13]	100	868
All 58+ years	23 [21-25]	55 [53-57]	9 [8-10]	0 [0-1]	13 [11-15]	100	2989

TILDA asks questions about the type of PHI cover, cost, etc. In 2018 in the over-58s population in Ireland, the typical PHI policy covered two people, at an average annual cost of €2,922 per policy. Of those with PHI, 19% have partial coverage for GP fees and just 2% were covered in full.

5.2.3 Public and private healthcare cover

We report the overlap of public and private healthcare cover across five categories: (1) 'None' indicates no medical card, GP visit card or PHI; (2) 'Medical card' indicates having a medical card only; (3) 'PHI' indicates having private health insurance only; (4) 'GP visit card' indicates having a GP visit card only and (5) 'Dual cover' indicates having either a medical card or GP visit card in addition to having private health insurance.

Table 5.4 details the types of healthcare cover by age group for the population in Ireland aged 58 years and older at Wave 5. Of the over-58s population in Ireland in 2018, 36% of the population had a medical card only, while another 28% had a medical card and PHI ('dual cover'), 27% had PHI only, 2% had a GP visit card only and 8% had 'no cover'. Healthcare entitlement status varies by age, with a higher proportion of those in the older age groups having a medical card or 'dual cover'; for example, while 27% of the 58-64 year old age group have a medical card only, 46% of those aged 75 years and older have a medical card only. While medical card coverage increases with age, PHI cover peaks in the 58-64 age group and then declines with increasing age.

Table 5.4. Proportion of people with public or private healthcare cover, by age group

	None		Medical card only		Private Health Insurance only		Dual cover		GP visit card only		Total	Number in sample
	%	95% CI	%	95% CI	%	95% CI	%	95% CI	%	95% CI		
58-64 years	17	[14-19]	27	[24-31]	48	[44-51]	6	[5-8]	2	[1-3]	100	1466
65-74 years	6	[5-7]	35	[32-38]	30	[27-32]	27	[25-30]	2	[1-3]	100	1931
75+ years	0	[0-1]	46	[43-50]	1	[1-2]	51	[47-55]	1	[0-2]	100	1500
All 58+ years	8	[7-9]	36	[34-38]	27	[25-28]	28	[26-30]	2	[1-2]	100	4897

5.3 Utilisation of medical care

At Wave 5, TILDA participants were asked about the number of times they visited a range of medical services including the GP, a hospital outpatient clinic and the Emergency Department (ED), the number of overnight hospital admissions, the number of day case procedures and the number of nights spent in hospital over the previous 12 months. We examine both the proportion of older adults in Ireland who had at least one visit to these medical services, and the average number of visits to each service.

The proportion of the over-58s population in Ireland using medical services at least once in the previous year increased with age (see Tables 5.5-9). Overall, in this population, the most commonly used medical service was the GP service (93%), while just under half of participants reported visiting a hospital outpatient clinic at least once in the previous year (46%). One-in-five adults in the over-58s population in Ireland reported visiting the ED at least once in the previous year, while 16% reported having an overnight hospital admission and 8% reported having a day case procedure.

Table 5.5. Proportion of people visiting the GP at least once in the previous 12 months, by age group

	No GP visits		At least one visit to the GP		Total	Number in sample
	%	95% CI	%	95% CI		
58-64 years	11	[9-13]	89	[87-91]	100	1461
65-74 years	7	[6-9]	93	[91-94]	100	1926
75+ years	3	[2-4]	97	[96-98]	100	1487
All 58+ years	7	[6-8]	93	[92-94]	100	4874

Table 5.6. Proportion of people visiting an outpatient clinic at least once in the previous 12 months, by age group

	No outpatient clinic visits		At least one visit to the outpatient clinics		Total	Number in sample
	%	95% CI	%	95% CI		
58-64 years	58	[55-61]	42	[39-45]	100	1466
65-74 years	53	[51-56]	47	[44-49]	100	1926
75+ years	52	[49-56]	48	[44-51]	100	1499
All 58+ years	54	[53-56]	46	[44-47]	100	4891

Table 5.7. Proportion of people visiting the ED at least once in the previous 12 months, by age group

	No ED visits		At least one visit to the ED		Total	Number in sample
	%	95% CI	%	95% CI		
58-64 years	83	[80-85]	17	[15-20]	100	1466
65-74 years	82	[80-84]	18	[16-20]	100	1931
75+ years	76	[73-78]	24	[22-27]	100	1503
All 58+ years	80	[79-82]	20	[18-21]	100	4900

Table 5.8. Proportion of people having at least one overnight hospital admission in the previous 12 months, by age group

	No overnight hospital admission		At least one overnight hospital admission		Total	Number in sample
	%	95% CI	%	95% CI		
58-64 years	89	[87-91]	11	[9-13]	100	1466
65-74 years	86	[84-87]	14	[13-16]	100	1930
75+ years	76	[73-78]	24	[22-27]	100	1506
All 58+ years	84	[82-85]	16	[15-18]	100	4902

Table 5.9. Proportion of people having at least one day case procedure in the previous 12 months, by age group

	No day case procedures		At least one day case procedure		Total	Number in sample
	%	95% CI	%	95% CI		
58-64 years	95	[93-96]	5	[4-7]	100	1467
65-74 years	93	[92-94]	7	[6-8]	100	1933
75+ years	89	[87-91]	11	[9-13]	100	1504
All 58+ years	92	[91-93]	8	[7-9]	100	4904

In terms of the intensity, or frequency of use of medical services (see Table 5.10), the mostly frequently utilised medical service (at any age) was the GP, where an adult aged 58 years and older visited their GP on average 3.88 times in the previous twelve months. Adults aged 75 years and over on average visited the GP and ED more often, and had more overnight hospital admissions, day case procedures and nights in hospital, compared to adults aged 58-64 years. The effect of advanced age was particularly prominent in the number of nights an older adult spent in hospital in the previous 12 months. At age 58-64 years, an older adult on average spent 1.23 nights in hospital, but this rate more than doubled to 3.57 nights for adults aged 75 years or older. We know from previous work, much of this effect is driven by an older adult's biological age (e.g. frailty), rather than their chronological age.

Table 5.10. Average number of times each person visited medical services in the previous 12 months, by age group

	GP	Nights spent in hospital	Overnight hospital admission	Outpatient clinic visit	ED	Day case procedure
	Mean 95% CI	Mean 95% CI	Mean 95% CI	Mean 95% CI	Mean 95% CI	Mean 95% CI
58-64 years	3.32 [3.10, 3.54]	1.23 [0.50, 1.97]	0.18 [0.13, 0.23]	1.65 [1.36, 1.95]	0.23 [0.19, 0.27]	0.07 [0.05, 0.09]
65-74 years	3.74 [3.54, 3.95]	1.19 [0.91, 1.45]	0.22 [0.18, 0.27]	1.65 [1.31, 2.00]	0.25 [0.21, 0.28]	0.08 [0.07, 0.10]
75+ years	4.62 [4.38, 4.87]	3.57 [2.66, 4.48]	0.44 [0.34, 0.53]	1.70 [1.43, 1.96]	0.35 [0.30, 0.40]	0.14 [0.11, 0.17]
All 58+ years	3.88 [3.75, 4.01]	1.93 [1.55, 2.30]	0.27 [0.24, 0.32]	1.66 [1.49, 1.85]	0.27 [0.25, 0.30]	0.10 [0.08, 0.11]

5.4 Utilisation of community-based allied healthcare

Data are also collected on healthcare services other than those provided by GPs and hospitals. Participants were asked if they had utilised any of the community-based allied healthcare services in the preceding twelve months, excluding any services for which they had paid anything other than a token or nominal amount. This included any state-provided physiotherapy, dietician, hearing, dental, optician, psychological and social work services, speech and language therapy, and chiropody.

Unlike the utilisation of medical care which is quite common in the over-58s population in Ireland, the utilisation of community-based allied health services is much less common (see Table 5.11). The most commonly used community-based allied health service was the optician (15%). Approximately 1 in 10 adults aged 58 years and older reported having a dental visit in the previous 12 months. Only 6% of this population reported using community-based physiotherapy and 5% reported using community-based chiropody in the previous 12 months. Community-based dietetics, hearing services, psychological or counselling services, speech and language therapy and social work were used by less than 5% of the population aged 58 years and older in the previous year. Advanced age was associated with increased rate of use of community-based physiotherapy, hearing, optician and chiropody. A small increase in the rate of use of speech and language therapy among adults aged 75 years and older was detected but this difference is not statistically significant.

Table 5.11. Proportion of people using community-based, public allied health care in the previous 12 months, by age group

	Physiotherapy % 95% CI	Dietician % 95% CI	Hearing % 95% CI	Dental % 95% CI	Optician % 95% CI	Psychooigical % 95% CI	Social work % 95% CI	Speech and language therapy % 95% CI	Chiroprody % 95% CI
58-64 years	5 [4-7]	1 [1-2]	1 [1-2]	11 [9-13]	9 [8-11]	1 [0-2]	0 [0-0]	0 [0-1]	1 [1-2]
65-74 years	5 [4-6]	1 [1-2]	2 [1-3]	12 [10-14]	15 [13-17]	1 [1-2]	0 [-.]	0 [0-1]	3 [2-4]
75+ years	8 [7-10]	1 [0-1]	5 [4-7]	11 [9-13]	20 [18-23]	1 [0-2]	0 [0-1]	1 [0-1]	12 [10-14]
All 58+ years	6 [5-7]	1 [1-1]	3 [2-3]	11 [10-12]	15 [13-16]	1 [1-1]	0 [0-0]	0 [0-1]	5 [4-6]

5.5 Utilisation of community-based services which support ageing in place

This section focuses on services provided by the State which are delivered in the home, or are available to support independent living in the home (including carer support).

Ageing in place is a key goal of the Irish National Positive Ageing Strategy, which explicitly refers to the Government policy of supporting older people to live in dignity and independence in their own homes and communities for as long as possible. (11) Services such as home helps, home care packages, meals on wheels, day centre care and respite care are recognised in the strategy as integral both to supporting this Government's policy and older people's own preferred wishes to remain in their own homes. (11, 12)

In TILDA at Wave 5 participants were asked if they had used any of the following services in the preceding twelve months (excluding any services for which they had paid anything other than a token or nominal amount): the home help or personal care service⁴, community nursing⁵, meals on wheels, day centre care, occupational therapy (OT), home care packages⁶ and respite care.

As informal carers (or family carers) are an important part of the overall care provided to older adults in Ireland, we also examine those who reported having received help from an informal carer with either basic functional activities (such as dressing, eating or bathing, (ADLs)) or instrumental activities of daily living (such as household chores, shopping for groceries, preparing meals or paying bills, (IADLs)).

Overall, it was uncommon for the over-58s population in Ireland to use services which are delivered in the home, or are available to support independent living in the home (including carer support) (see Table 5.12). Informal carers are the most commonly used 'service' (8%), followed by community nursing (5%) and the home help or personal care service (4%).

We found an association between the use of home care services and advancing age. For example, there was a twelvefold increase in the rate of use of home help or personal care between those aged 58-64 years and those aged 75 years and over. A pattern with a similar magnitude was noted for the community nursing service. The rate of adults aged 75 years and over who used the home care package service, respite care, day centre care or meals on wheels service was twice as high as those aged 58-64 years. The rate of those reporting having help from an informal carer was five times higher for those aged 75 years

and over, compared to those aged 58-64 years. These patterns are likely to be driven by the increase in health problems (including disability) which comes with advancing age, rather than by the individuals' chronological age.

Table 5.12. Proportion of people using community-based, public services which support ageing in place in the previous 12 months, by age group

	Informal Carer	Respite	Day centre	Meals On Wheels	OT	Home help or personal carer	Community Nursing	Home Care Package
	% 95% CI	% 95% CI	% 95% CI	% 95% CI	% 95% CI	% 95% CI	% 95% CI	% 95% CI
58-64 years	3 [2-5]	0 [0-1]	0 [0-1]	0 [.-]	1 [0-2]	0 [0-0]	1 [1-2]	0 [.-]
65-74 years	4 [3-5]	0 [0-1]	0 [0-1]	0 [0-1]	1 [0-1]	1 [1-2]	2 [2-3]	0 [0-1]
75+ years	17 [14-19]	1 [2-4]	2 [0-0]	2 [1-3]	2 [1-3]	12 [10-15]	11 [9-13]	2 [1-3]
All 58+ years	8 [7-9]	0 [1-1]	1 [.-]	1 [0-1]	1 [1-2]	4 [4-5]	5 [4-5]	1 [0-1]

TILDA participants are also asked if they ever added features to their home to make it easier or safer for them/an older person to live there. This includes changes to the home to make it easier to get around like grab bars, railings or ramps or larger modifications including remodelling existing buildings. Participants are also asked about the cost of those modifications and whether they received any help from the State to pay for the cost of the modifications.

Within the over-58s population in Ireland, 8% reported having ever made these home modifications (see Table 5.13), and the rate increased with advancing age. The average cost of home modifications reported was €3,878 (95% CI: €2736-€5020). Of those participants who reported having ever made a modification to their home, 62% reported not receiving help from the State to cover the cost of these modifications (see Table 5.14). A larger proportion of adults aged 75 years and older reported receiving State supports but this difference is not statistically significant.

Table 5.13. Proportion of people reporting having made a modification to their home, by age group

	No		Yes		Total	Number in sample
	%	95% CI	%	95% CI		
58-64 years	97	[96-98]	3	[2-4]	100	1467
65-74 years	94	[93-95]	6	[5-7]	100	1926
75+ years	84	[82-87]	16	[13-18]	100	1462
All 58+ years	92	[91-93]	8	[7-9]	100	4855

Table 5.14. Proportion of people reporting if any of the costs of the modifications covered by the State, by age group

	Yes, all of the costs		Yes, some of the costs		No, none of the costs		Total	Number in sample
	%	95% CI	%	95% CI	%	95%CI		
58-64 years	25	[12-45]	0	[.-]	75	[55-88]	100	43
65-74 years	22	[14-33]	7	[3-16]	70	[59-80]	100	111
75+ years	33	[25-42]	13	[8-19]	54	[46-63]	100	225
All 58+ years	29	[23-35]	10	[6-14]	62	[55-68]	100	379

5.6 Conclusion

This chapter analysed healthcare cover among the older population aged 58 years and older in Ireland in 2018. Countries differ in the extent to which they provide public coverage for healthcare services, but Ireland is unusual in not providing universal access for primary care services (i.e. access for the full population without user fees). This is reflected in the patterns of healthcare cover observed in the older population aged 58 years and over in 2018; 36% had a medical card only, 28% had a medical card and private health insurance ('dual cover'), 27% had private health insurance only, 2% had a GP visit card only, and 8% had 'no cover'.

This chapter also analysed patterns of health service utilisation among the older population aged 58 years and older in Ireland in 2018. Similar to patterns of health service utilisation reported by TILDA in previous years, visits to the GP remained the most commonly reported service to have been used by adults aged 58 years and older in the year preceding data collection. More generally, patterns of health service utilisation remain heavily oriented to the provision of medical services, with older adults in this population rarely utilising community-based allied healthcare, or those community-based services which support ageing in place. These preliminary trends indicate potential challenges for older adults in accessing services which focus on pre/rehabilitation in the community (e.g. physiotherapy), which address risk factors for frailty (e.g. dietetics), which provide support for loss of functional capacity (e.g. home help) or those services which offer a social outlet for an older adult or respite for an informal carer (e.g. day centre care). These challenges for access may be considerably exacerbated by the COVID-19 pandemic, which has seen elective treatments deferred, older people putting off GP visits and reduced availability of home care workers. More advanced statistical analysis will need to be undertaken to understand which factors (e.g. health needs, levels of healthcare cover etc.) determine the utilisation of services in 2018 which will help us to better understand these patterns.

References

1. Houses of the Oireachtas. Committee on the Future of Healthcare: Sláintecare Report. Dublin, Ireland: Houses of the Oireachtas; 2017.
2. World Health Organization, The World Bank. Monitoring Progress towards Universal Health Coverage at Country and Global Levels: Framework, measures and targets Geneva, Switzerland: WHO/The World Bank; 2014.
3. Citizens Information Board. Charges for hospital services 2020 [Available from: https://www.citizensinformation.ie/en/health/health_services/gp_and_hospital_services/hospital_charges.html].
4. Citizens Information Board. Drugs Payment Scheme 2020 [cited 2020 7th October]. [Available from: https://www.citizensinformation.ie/en/health/drugs_and_medicines/drugs_payment_scheme.html].
5. Department of Health. Healthy Ireland Survey, Summary Report 2019. Dublin, Ireland: Government publications; 2019.
6. Citizens Information Board. Home Support Service 2020 [Available from: https://www.citizensinformation.ie/en/health/health_services/health_services_for_older_people/home_support_service.html].
7. Citizens Information Board. Speech and language therapy services 2020 [Available from: https://www.citizensinformation.ie/en/health/health_services/care_in_your_community/speech_and_language_therapy_services.html].
8. Citizens Information Board. Physiotherapy services 2020 [Available from: https://www.citizensinformation.ie/en/health/health_services/care_in_your_community/physiotherapy_services.html].
9. Citizens Information Board. Medical cards 2020 [Available from: https://www.citizensinformation.ie/en/health/medical_cards_and_gp_visit_cards/medical_card.html].
10. Health Insurance Authority of Ireland. A review of Private Health Insurance in Ireland 2019. Dublin, Ireland Health Insurance Authority of Ireland; 2020.

11. Department of Health. The National Positive Ageing Strategy. The Stationary Office, Dublin; 2013.

12. Garavan R, Winder R, McGee H, O'Boyle C. HeSSOP Health and Social Services for Older People Summary. Dublin, Ireland: National Council on Ageing and Older People; 2000.