IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

IMO Pre-Budget Submission 2026

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Introduction and Summary of Recommendations

Significant and growing health inequalities are evident in Ireland. People living in the most affluent areas of Ireland live longer and enjoy significantly better health than those living in the most deprived areas.[1][2]

Health is determined by a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment. While individual health is often thought of as being a product of genetics, the health care system, and lifestyle choices; research shows that the wider social, determinants, that is the conditions in which we are born, grow, work, live and age, all have a very significant impact on health.[3]

Access to healthcare further compounds inequalities in health. Capacity across the health system has failed to keep up with the needs of a growing and ageing population with the numbers of hospital beds, as well as hospital and GP specialists all falling far below recommended norms. Over half the population who cannot afford private health insurance and rely on the public health system continue to endure long waiting times to access hospital care while 5% of the population reporting unmet medical need as a result of waiting lists.

The Irish Government needs to take meaningful action, through Budget 2026, to reduce health inequalities including a whole of Government approach to addressing the social determinants of health and significant investment in public health services.

Summary of Recommendations

Address the Wider Social Determinants of Health

- Establish a cross-departmental group to address health inequality in Ireland. Such a group should be tasked with addressing all the social, environmental and commercial determinants of health inequality.
- All new policies should be subject to a health impact assessment.

Improve Access to Care through Investment in the Public Health System

- Urgent investment both capital and operational is needed to improve access to care in our public health system.
- Resources should be allocated on the basis of population need.

Invest in Acute Bed Capacity

- Increase the number of new inpatient beds from 3,438 to 5,000 under the *Acute Hospital Bed Capacity Expansion Plan 2024-2031* and publish a detailed plan laying out the costs timeline and staffing for the delivery of new beds.

[1] Central Statistics Office. Mortality Differentials in Ireland 2016-2017. CSO. 2019.
[2] Collins P, Ryan A, Quigley M. Disability and Deprivation: Investigating the Relationship between Health Inequalities and Geographic Disadvantage using the Pobal HP Deprivation Index. Pobal. 2024.
[3] World Health Organization. Social Determinants of Health. World Health Organization. 2025.

Medical Workforce Planning

Develop and fund a comprehensive medical workforce plan with actions laid out to increase the number of consultants and training posts in line with workforce requirements.

Ensure the current and future medical workforce requirements taking into account:

- predicted changes in population needs
- new clinical programmes and models of care
- strategic objective such as 7/7 rostering laid out in Sláintecare
- Demand should be based on Whole Time Equivalents (to take into account part-time working) and predictable attrition rates.

Address ongoing challenges in recruitment and retention:

- Urgently address issues of on-going chronic staff shortages and workload pressures that impact on safety and well-being of patients and doctors
- Ensure all additional staffing and supports are in place to so that consultants can deliver safe, quality and timely care.
- Deliver on the recommendations contained in the Report of the National Taskforce on the Non-Consultant Hospital Doctor Workforce.
- Increase the number of training posts to ensure access to training programmes for our International doctors.
- Explore international reciprocal training programmes, to allow for Irish graduates to travel within a training pathway as well as ensuring international graduates are placed on training pathways in Ireland.

Invest in General Practice

- Targeted measures are required to enable GPs to establish and sustain GP practices through an independent GP contractor model including:
    - Specific supports and grants to support newly qualified GPs in establishing themselves as GP partners/principals.
    - Introduce tax incentives for established GPs to invest in premises and equipment
    - Introduce a specific GP Assistant grant to allow existing practices to take on assistant GPs
    - Increase practice employment supports to allow for widening of the GP Practice Team

- Increase the level of funding under the Social Deprivation Practice Grant Support to allow GPs offer a full range of services in deprived areas.
- Introduce a weighted capitation payment for deprivation for GMS patients

Investment in Electronic Health Records

- Publish and resource an investment plan to fully digitalise the health service over the next 5 years including the roll out of Summary Care and Shared Care Electronic Health Records to enhance quality, integrated care and support service planning.

Improve and Enhance Services in General Practice

- To ensure no individuals fall through the cracks, the Chronic Disease Management Programme should be expanded on a universal basis to all patients with specified chronic conditions over 18 years old.
- Invest in a comprehensive women's health programme in General Practice including advice on contraception, sexually transmitted infections, screening, fertility, and preconception and advice on menopause.
- Negotiate and fund a GP-led national obesity service, integrated into primary care, with clear pathways to specialist care.

Investment in Prevention and Early Childhood Intervention

- Ensure that children have the best start in life through investment in early childhood intervention and prevention services and additional resources for public health and community health services

Care of the Elderly

- Increase the number of nursing home beds, rehabilitative care beds, and financing of home care packages in line with population need.

Mental Health Services

- Increase funding for mental health services and place mental health on par with physical health with allocation of resources based on population needs.
- Undertake an urgent review of the current model of community-based mental health services to ascertain its impact on staffing levels and patient care and facilitate better integration of specialist mental health services within the larger health system.

Support for Palestine

- The Government should set aside funds to support the reconstruction of the health service for the population Gaza.
- The Government should expand the funding of the International Medical Graduate Training Initiative (IMGTI) to allow doctors from Palestine to access training in Ireland.

Address the Wider Determinants of Poor Health

Significant and growing health inequalities are evident in Ireland including:

- Men in the most deprived areas live, on average, five years less than those in affluent areas. Similarly, women living in the most deprived areas live four-and-half years less than those in the most affluent areas.[4]
- People living in the most disadvantaged areas in Ireland are four and half times more likely to report not having good health than those in the most affluent areas.[5]
- Children growing up in extremely disadvantaged areas have reported disability rates which are only observed among people nearing retirement age (approximately 7%).[6]
- Child exposure to economic vulnerability resulted in poorer outcomes in a vast array of areas including socio-emotional development, life satisfaction, chronic illness/disability, obesity, and health behaviours.[7]

Socio-economic and environmental factors such as poverty, deprivation, unemployment, educational attainment, social isolation, discrimination, unsafe neighbourhoods, poor housing conditions, poor air quality, exposure to toxins and access to green spaces all impact our health with climate change set to have a further impact on disease and mortality and increase inequalities.

Furthermore we know that adverse childhood events (ACEs) including neglect, abuse, household dysfunction including violence and addiction, poverty, homelessness, can all impact on a child's health and well-being and last into adulthood. Those children living in poverty are more likely to also suffer ACEs, and the effect on long-term health are additive, further increasing the likelihood of poor physical and mental health in adult life.[8]

Compounding the social and environmental determinants are the commercial determinants of health where the tobacco industry, the alcohol industry, the ultra-processed food industry, the gambling industry tailor their products and marketing strategies to increase consumption among children and lower income populations.

With 1-in-5 children living in families below the poverty line when housing costs accounted for,[9] we need a joint agenda across departments of Health, Children, Disability, Equality, Social Welfare, Education, Housing, Justice, Environment, Enterprise, Employment, and Finance to deliver systemic actions that reduce poverty and improve the conditions and environment in which people are born, live, grow and age.

Recommendations:

- **Establish a cross-departmental group to address health inequality in Ireland. Such a group should be tasked with addressing all the social, environmental and commercial determinants of health inequality.**
- **All new policies should be subject to a health and equity impact assessments.**

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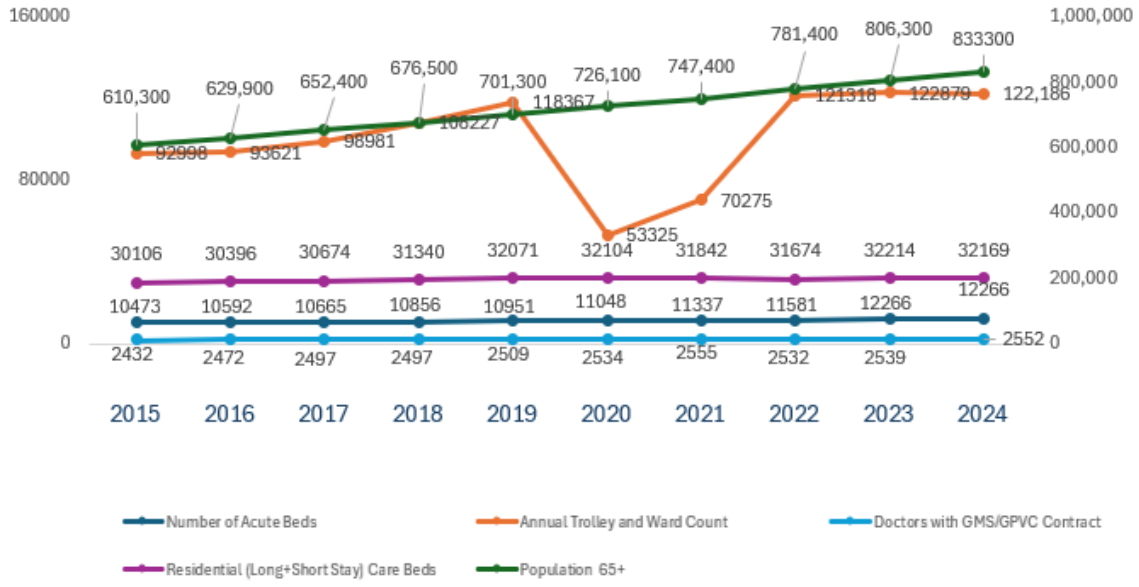
[4] Central Statistics Office. Mortality Differentials in Ireland 2016-2017. CSO. 2019.
[5] Pobal, 2024 op cit
[6] Pobal, 2024 op cit
[7] Maître B, Russell H, Smyth E. The Dynamics of Child Poverty in Ireland: Evidence from the Growing up in Ireland Survey. 2021 May 31;121(121).
[8] Hughes, Karen et al. **The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis** The Lancet Public Health, Volume 2, Issue 8, e356 - e366

[9] Roantree B, Russell H, Alamir A, Griffin M, Maitre B, Mitchell T. POVERTY, INCOME INEQUALITY AND LIVING STANDARDS IN IRELAND: FIFTH ANNUAL REPORT. ESRI. 2025 September;

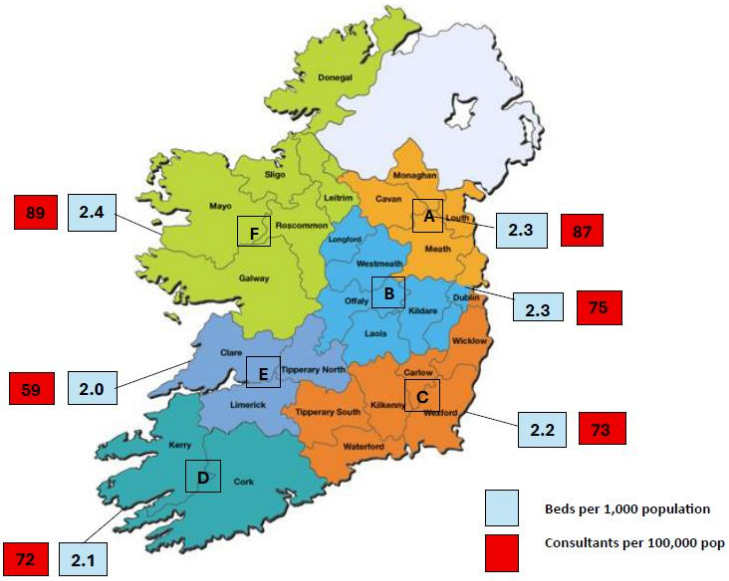
Improve access to care though Investment in the Public Health System

Difficulties in accessing healthcare contribute further to inequalities in health. Ireland has a growing and ageing population. Over the last decade, capacity in our public health system has remained largely stagnant, despite Ireland's general population growing by nearly 15%[10] and the proportion of those 65 and older increasing by over 36.5%.[11]



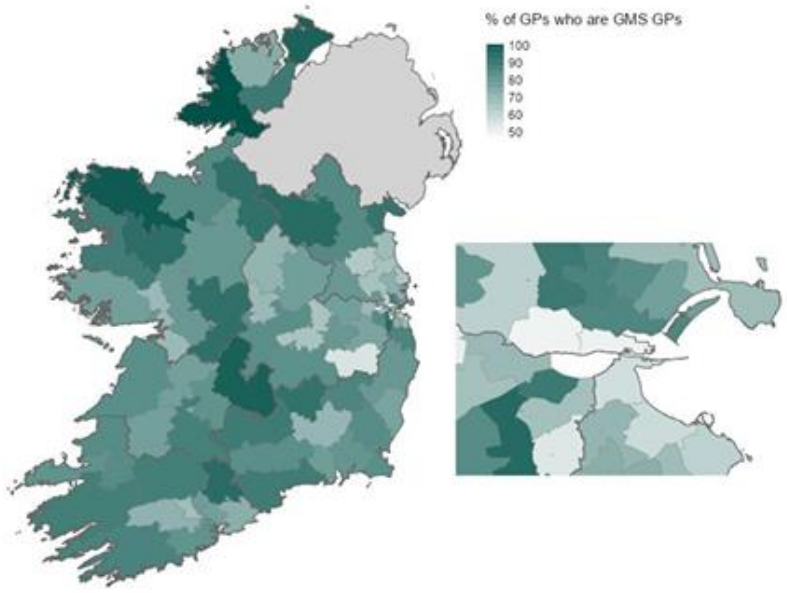
In addition there are significant variations in resources across Regional Health Areas with little relation to population need. For example the Mid-West region has the lowest number of inpatient beds and hospital consultants per population despite having highest levels of deprivation of any region in the country (23% of the population living in deprivation).

Chart: Resources per Regional Health Area



[10] Central Statistics Office. Population and Migration Estimates, April 2024. CSO. 2024.
[11] Eurostat. Table 1.2 Population 2024 and projected population to 2044 (thousands) by age group, Ireland. Key Trends: Demographics. 2025.

Figure 4.3 Map of the proportion of GPs who have a GMS contract, at a CHN level



Source: IGEES Supply and Demand of General Practice in Ireland: Technical Note- June 2025

The result is

- Overcrowding in our Emergency Departments and long waiting times to access a public hospital bed –
    - In 2024, the INMO Trolley Watch recorded 122,166 cases of patients boarding on Emergency Department trolleys and wards.[12]
    - While fewer than 60% of patients over 75 are admitted or discharged within 9 hours of arriving at the ED.[13]
- As of August 2025, there were 623,008 patients waiting for outpatient care. 138,508 patients had been waiting for over six months.[14] The total number of people on inpatient waiting lists was 98,468 with 20,384 waiting for over six months.
- In some areas the proportion of GPs with GMS contracts is low relative to the number of public patients and low in more economically advantaged areas [15]
- 5% of Irish people (over 16years) reported an unmet needs for medical care compared to an EU average of 3.6% with wating lists the reason most cited.[16]

Irelands population is forecast to grow by up to 6.5 million by 2044 , urgent investment is needed in our public health system with resources allocated on the basis of population need

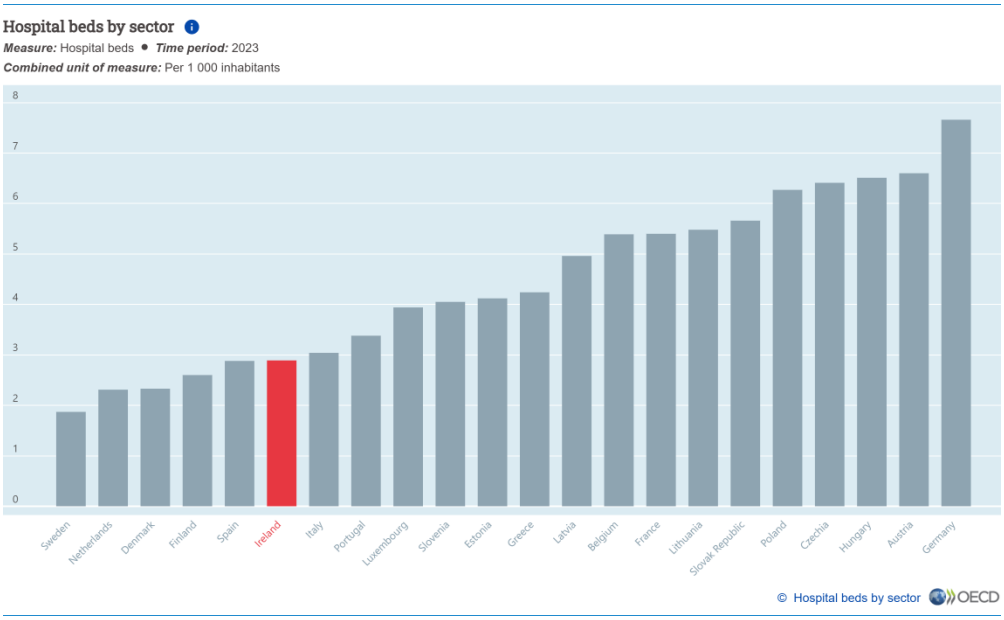
Recommendations

- **Urgent investment both capital and operational is needed to improve access to care in our public health system.**
- **Resources should be allocated on the basis of population need.**

[12] INMO. INMO Trolley Watch 2024. 2024.
[13] HSE. Urgent and emergency care Weekly Performance 29 July 2025. 2025.
[14] National Treatment Purchase Fund. Enhanced Waiting List Data - NTPF. NTPF. 2024.
[15] Coy D. Tanwir M. Supply and Demand of General Practice in Ireland: Technical Note- IGEES, Gov of Irl June 2025
[16] Eurostat. Unmet health care needs statistics. European Commission. 2025.

Investment in Acute Bed Capacity

Including private beds, Ireland has one of the lowest ratios of hospital beds per 1,000 population in the EU (2.89 per 1,000 population compared to an EU average of 5.10 per 1,000) .[17]



Both the *Acute Hospital Bed Capacity Expansion Plan 2024-2031* and the *Programme for Government 2025+* commit to an additional 3,428 acute inpatient beds and 929 replacement acute inpatient beds by 2031.[18] In addition, the Government has committed €9.25 bn to health over the next five years under the Revised National Development Plan however no details have been provided on the cost and delivery of the new beds or the additional staff required.

While the additional 3,428 beds are welcome, they will not meet the projected need. The most recent report from the ESRI estimates that there will be a need for an additional 650 to 950 day patient beds and 4,400 to 6,800 inpatient beds by 2040.[19]

Recommendation:

- **Increase the number of new inpatient beds from 3,438 to 5,000 under the *Acute Hospital Bed Capacity Expansion Plan 2024-2031* and publish a detailed plan laying out the costs timeline and staffing for the delivery of new beds.**

[17] Eurostat. Hospital beds by function and type of care. Eurostat. 2025.
[18] *Ibid*.
[19] Brick A, Kakoulidou T, Humes H. Projections of national demand and bed capacity requirements for public acute hospitals in Ireland, 2023–2040: Based on the Hippocrates model. ESRI. 2025. 231: viii.

Medical Workforce Planning

While there has been some increase in the number of consultants employed in the HSE, numbers fall far below the numbers required to deliver on a consultant provided health service.

- The NCHD Taskforce recommended a target ratio of 110 consultants per 100,000 of the population and an increase the number of NCHD postgraduate training posts to a minimum of 5,800-6,000).[20]
- Currently there are 86.3 consultants per 100,000 working in the HSE and over 9300 NCHDs of which 5412 NCHDs are in Training and 3950 NCHD are in Non training Scheme posts. [21]
- A total of 4576 approved consultant posts at the end of 2024, approximately 800 (1 in 5) remain vacant or filled on a temporary/locum basis).
- While many consultants have signed up to the new contract and are willing to provide enhanced care over weekends, no calculation has been made of the consultant and other staffing requirements across the hospital and wider health system to achieve 7/7 care.
- As a result of long hours and poor working conditions our young doctors continue to emigrate (513 doctors under the age of 34 left the register last year, many to take up a position abroad).[22] Our most recent survey found that 76% of NCHDs continue to work illegal working hours in excess 48 hours per weeks.
- Our health system relies on International doctors, who fill 80% of non-training NCHD Service posts and without whom the system could not function, but their commitment to our patients is not matched by the HSE or the Government who are failing to provide them with training opportunities and career structures.

Recommendations:

Develop and fund a comprehensive medical workforce plan with actions laid out to increase the number of consultants and training posts in line with workforce requirements.

Ensure the current and future medical workforce requirements taking into account:

- **predicted changes in population needs**
- **new clinical programmes and models of care**
- **strategic objective such as 7/7 rostering laid out in Sláintecare**
- **Demand should be based on Whole Time Equivalents (to take into account part-time working) and predictable attrition rates.**

Address ongoing challenges in recruitment and retention:

- **Urgently address issues of on-going chronic staff shortages and workload pressures that impact on safety and well-being of patients and doctors**
- **Ensure all additional staffing and supports are in place to so that consultants can deliver safe, quality and timely care.**
- **Deliver on the recommendations contained in the Report of the National Taskforce on the Non-Consultant Hospital Doctor Workforce.**
- **Increase the number of training posts to ensure access to training programmes for our International doctors.**
- **Explore international reciprocal training programmes, to allow for Irish graduates to travel within a training pathway as well as ensuring international graduates are placed on training pathways in Ireland.**

[20] National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce. National Taskforce on the Non-Consultant Hospital Doctor (NCHD) Workforce Final Recommendations Report. 2025.
[21] HSE National Doctors Training & Planning. Medical Workforce Analysis Report 2024 - 2025. HSE. 2025.
[22] Medical Council. Doctors Leaving the Register in 2024: Supplementary Workforce Report.. 2025.

Support Investment in General Practice with additional support in areas of Deprivation

General Practice can play a key role in reducing health inequalities providing coordinated, patient-focused, flexible, care that is inclusive and community centred. [23] In Ireland, the GMS provides a safety net for patients on low income proving free access to GP care (GPVC GP visit cards) and other medical and non-,medical supports (Medical Cards) . However over the last decade there has been little increase in the number of GPs with GMS contracts and without additional supports we are facing a significant shortage of GPs into the future.

- At the end of 2024, the number of GP GMS Contracts was 2,552,[24] whereas the number was 2,432 at the end of 2015.[25] This reflects a net increase of only 149 GP GMS Contracts or 6.2% over ten years.
- In a recent report, the ESRI estimated that at present there are currently 3,928 GP's working in Ireland. To meet the projected demand, by 2040, there will need to be between 4,871 and 5,139 GP's. This reflects a total growth of between 24 and 31 per cent in the next 15 years.[26] The vast majority of GPs (69.1%) plan to become a GP principal/partner in 5 years' time. Responsibility for finance, property and employees continues to act as a barrier for young GP graduates wishing to establish in practice[27].

Young GPs need supports to establish themselves in a new community, the initial investment costs in premises, equipment, IT systems, insurance, etc, are particularly prohibitive and specific grants and supports are required to support this cohort of GPs. The 2015 Report by Indecon[28]recommended a multi-faceted approach involving HSE-leased or built premises, GP-led centres and incentives for GPs to invest in their own premises and equipment.

Expansion of the Social Deprivation Practice Grant Support

Under the 2019 GP Agreement reached between the IMO and the Department of Health and HSE, a deprivation grant was established to aid those practices working in areas of high deprivation and help them to support their patients with the necessary services and access to healthcare they require. The overall funding for this grant is currently set at €3 million per annum and this needs to be dramatically increased. The current amount restricts both the amount available and the number of practices which can access the grant.

The grant has undergone significant restructuring in the last year and with new the system was established by the Public Health National Health Intelligence Unit, it is now possible to identify on a per patient basis the levels of deprivation experienced by patients within each GP practice and the distribute the grant on the basis of same. Now that we have a strong, robust process for identifying such patients and practices it is vital that we properly resource this support grant and introduce a weighted capitation payment for deprivation for GMS patients.

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[23] Gkiouleka A, Wong G, Sowden S, Bamba C, Siersbaek R, Manji S, et al. **Reducing health inequalities through general practice.** The Lancet Public Health. 2013; 8(6); e463 - e472

[24] Primary Care Reimbursement Service. PCRS Monthly Contractors Report. December 2024.

[25] Primary Care Reimbursement Service. Primary Care Reimbursement Service: Statistical Analysis of Claims and Payment 2015. 2015.

[26] Connolly S, Kakoulidou T, McHugh E. Projections of national demand and workforce requirements for general practice in Ireland, 2023–2040: Based on the Hippocrates model. ESRI. 2025.

[27]Keenan I, Doran G, O'Callaghan M, Barrett A, Collins C. RETHINKING CAREER PATHS Career Intentions of GP Trainees and Recent GP Graduates ICGP Report of the 2023 Survey. 2023.

[28] Indecon International Economic Consultants 2015 Analysis of Potential Measures to Encourage the Provision of Primary Care Facilities, Dublin 2015

Recommendations

- **Targeted measures are required to enable GPs to establish and sustain GP practices through an independent GP contractor model including:**
    - **Specific supports and grants to support newly qualified GPs in establishing themselves as GP partners/principals.**
    - **Introduce tax incentives for established GPs to invest in premises and equipment**
    - **Introduce a specific GP Assistant grant to allow existing practices to take on assistant GPs**
    - **Increase practice employment supports to allow for widening of the GP Practice Team**
- **Increase the level of funding under the Social Deprivation Practice Grant Support to allow GPs offer a full range of services in deprived areas.**
- **Introduce a weighted capitation payment for deprivation for GMS patients**

Investment in Electronic Health Records

To facilitate the effective delivery of safe, high-quality, and integrated care, as well as enhance health service planning and allocation of resources based on need, we urgently require significant investment in electronic health records (EHR) and IT infrastructure.

In 2019 GPs agreed to support the a number of eHealth initiatives including the roll out of summary care records and shared care records, however there are ongoing delays, while many hospitals are still using paper-based records.

The Minister for Health has requested €2 billion to support the roll-out of Electronic Health Records under the National Development Plan 2025, however so far no detailed plan has been published.

Recommendations

- **Publish and resource an investment plan to fully digitalise the health service over the next five years including the roll out Summary Care and Shared Care Electronic Health Records to enhance quality, integrated care and support service planning.**

Improve and Enhance Services in General Practice

Chronic Disease Management Programme

At present, the Chronic Disease Management Programme is available for individuals who have either a medical card, GP Visit card, with specific chronic conditions including cardiovascular disease, COPD, asthma, or type 2 diabetes to participate in this programme. The programme emphasises lifestyle and medical risk factor control, disease management, and the creation of a patient care plan. As of May 1st, 2025, the programme has reached over 400,000 individuals in Ireland, reducing ED attendances by 30%, hospital admissions by 26% , and GP out-of-hours visits by 33%.[29]

While the Chronic Disease Management Programme has been extremely beneficial for individuals at risk of or currently diagnosed with a chronic disease, at present, the Chronic Disease Management Programme is only available to individuals over the age of 18 with a medical or GP card and is limited to only a handful of chronic diseases with plans to expand the programme to include chronic Kidney disease and Peripheral Arterial Disease.[30]

Recommendation

- **To ensure no individuals fall through the cracks, the Chronic Disease Management Programme should be expanded on a universal basis to all patients with specified chronic conditions over 18 years old.**

Invest in a Comprehensive Women's Health Programme in General Practice

In recent years, the Government has implemented a number of piecemeal policies to better support women's health, including the introduction of free contraception for women aged 17-35 in 2024.[31] Along with this, the Government has also developed specialist menopause clinics and introduced free hormone replacement therapy (HRT) for anyone who receives a prescription from their GP.[32] Though these advancements in women's health are positive, women's health is not solely limited to contraception and menopause.

Continuity of care in General Practice can ensure that women access a range of services over their lifetime from advice on contraception, screening of STIs, advice on fertility and pre-conception as well as menopause. Issues such as informed consent, patient safety, coercive situations, young people – all require the privacy and the skills of a vocational trained doctor. In addition, the consultation provides an invaluable opportunity for GPs to check in on particularly vulnerable patients.

Recommendation:

- **Invest in a comprehensive women's health programme in General Practice including advice on contraception, sexually transmitted infections, screening, fertility, and preconception and advice on menopause.**

[29] HSE. GP chronic disease programme makes a difference for 400,000 people in Ireland. HSE. 2025.
[30] Government of Ireland. Path to Universal Healthcare: Sláintecare & Programme for Government 2025+. gov.ie. 2025.
[31] gov.ie. Free Contraception Scheme. gov.ie. 2024.
[32] HSE. Hormone replacement therapy (HRT). HSE. 2025.

Establish and Fund a GP-led Obesity Programme in General practice

Over 60% of Irish adults are living with overweight or obesity, with significant implications for population health and healthcare costs. While the burden of obesity and overweight is significant across all socio-economic groups, there is a strong socio-economic gradient to obesity prevalence and large inequalities in health related to socio-economic status exist.

Access to structured weight management programmes is extremely limited and largely hospital-based, leaving most patients without timely or equitable support. GPs are bearing witness to the downstream complications of untreated or poorly managed obesity, including diabetes, cardiovascular disease, fatty liver, and infertility — many of which could be avoidable with earlier, structured intervention. In addition, patients encounter delays, geographic limitations, and financial barriers that can hinder or prevent timely access to care. As a result many turn to unregulated commercial services.

A growing body of research demonstrates that weight management delivered in primary care is both effective and scalable. Interventions led by general practitioners (GPs) and primary care teams achieve clinically meaningful weight loss, improve metabolic outcomes, and provide safe, equitable long-term care. A tiered, model-driven, medication-agnostic GP-led approach initially targeted at specific patient subgroups, will ensure continuity, flexibility, and responsiveness to emerging pharmacotherapies.

- **Negotiate and fund a GP-led national obesity service, integrated into primary care, with clear pathways to specialist care**

Invest in Prevention and Early Childhood Intervention

Investment in prevention is one of the most cost-effective ways of reducing demand on our healthcare services. Evidence shows that for every €1 spent on early intervention, up to €13 can be saved through reduced future demand on health, education, welfare, and the justice system. [33]

Many lifelong illnesses and disabilities originate in early childhood, and sometimes as early as prenatally. Ensuring that children have the healthiest start in life provides the basis for good health in adulthood. Investment in early childhood health and development also increases the likelihood that children will attend school, earn higher income as adults, and be less dependent on welfare support. Giving children the opportunity to realise their maximum potential is key to addressing inequalities in health and ensuring a healthier population into adulthood. Our Public Health and Community Health Services play a key role in preventions and improving the overall health and wellbeing of our communities.

The importance of investing in early childhood intervention and prevention has been highlighted in numerous National strategies and programmes including the First 5 Strategy[34], the National Model of Care for Paediatric Healthcare Services in Ireland,[35] National Healthy Childhood Programme[36], Progressing Disability Services for Children and Young People Programme,[37] A Vision for the Health & Wellbeing of Children and Young People in Ireland[38], as well as the Healthy Weight for Children Action Plan and the HSE immunisation programmes for children in Ireland . This all requires significant investment in public health services and community medicine.

Recommendation

- **Ensure that children have the best start in life through investment in early childhood intervention and prevention services and additional resources for public health and community health services**

[33] WHO 2018, Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential ISBN 978-92-4-151406-4
[34] Government of Ireland First 5 Strategy 2019-2028
[35] HSE, A National Model of Care for Paediatric Healthcare Services in Ireland
[36] HSE, National Healthy Childhood Programme
[37] HSE Progressing Disability Services for Children and Young People Programme
[38] HSE 2024 A Vision for the Health & Wellbeing of Children and Young People in Ireland 2024

Care of the Elderly

The population of Ireland is set to increase to anywhere between 5.7 million and 6.49 million by 2044.[39] Those 65 and older are projected to make up nearly 25% of the population by 2044, with those 85 and older making up 3.9% of the population. For contrast, at present, the proportion of those 65 and older make up just over 15% of the population. Furthermore, the proportion of those 85 and older make up only 1.7% of the population.[40] The Irish Government will need to ensure that the healthcare system is adequately prepared for an older population.

Older age groups: population 2024 and projected population 2029–2044

+

While many older people wish to and are cared for within their communities, a small number of older people require more comprehensive nursing home care, however up to 400 patients on average remain in hospital with consultants unable to discharge patient due to lack of appropriate short and long term care. However as research by the ESRI on long-term residential care (LTRC) stipulates that there will need to be an average annual growth of 3.0-3.7% on short stay beds and 2.7-3.3% on long stay beds.[41] This amounts to between 6,431 and 7,265 short-stay beds as well as 47,588 and 53,266 long term beds. Furthermore, it is estimated that the requirement for home support hours will rise from 28.7 million annually in 2022 to between 44.9 million and 54.9 million by 2040.[42]

Recommendations

- **Increase the number of long term nursing home beds, rehabilitative care beds, and financing of home care packages in line with population need.**

[39] Central Statistics Office. Population and Labour Force Projections 2023-2057. CSO. 2024.
[40] Eurostat. Table 1.4 Population 2024 and projected population to 2044 (thousands) by age group, Ireland. Key Trends: Demographics. 2025.
[41] Walsh B, Kakoulidou T. Projections of national demand and bed capacity requirements for older people's care in Ireland, 2022–2040: Based on the Hippocrates model. ESRI. 2025: 214: viii – ix.
[42] *Ibid.*

Mental Health Services

Access to mental health services are particularly important in deprived communities as poverty and mental health are closely intertwined, Mental health services in Ireland , however, continue to be an area that is neglected and denied resources, including an adequate amount of funding and uneven allocation of resources. Last year's budget allocation of €1.458bn to mental health represents just 5.6% of the total budget for health compared with In addition financial and manpower resources are unevenly distributed across mental health services with no relationship between population size or socio-economic need.

In 2023 the *Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services* (2023).[43] Found a number of significant challenges for children and their families in accessing services and variation in services provided, including:

- Difficulty accessing services –4% of children were waiting for over 12 months for an assessment appointment and 28% were waiting for more than three months.
- Wide variation in what CAMHS' teams can provide, resulting in a postcode lottery for parents and young people.
- Lack of appropriate staffing. Some teams had no consultant psychiatrist and were covered by a number of different consultants, resulting in confusion and frustration.

Similarly the recent report published by the Mental Health Commission titled *Acute Mental Healthcare in Hospital Emergency Departments in Ireland*[44] found

- While over 51,000 first presentations of acute mental health are made each year through hospital emergency departments and medical wards in Ireland, the quality of care differs significantly amongst different hospitals
- Limited care planning across hospitals. A lack of integration of services as well as limited access to community mental health care contributes to a greater demand on emergency departments.

Recommendations

- **Increase funding for mental health services and place mental health on a par with physical health with allocation of resources based on population needs.**
- **Undertake an urgent review of the current model of community-based mental health services to**
    - **Ascertain its impact on staffing levels and patient care**
    - **And facilitate better integration of specialist mental health services within the larger health system**

[43] Finnerty S. Independent Review of the provision of Child and Adolescent Mental Health Services (CAMHS) in the State by the Inspector of Mental Health Services Interim Report. Mental Health Commission. 2023.

[44] Lucey J. Acute Mental Healthcare in Hospital Emergency Departments in Ireland: A National Survey from the Office of the Inspector of Mental Health Services. Mental Health Commission. April 2025.

Support for Palestine

Following the attacks by Hamas on Israel and the subsequent military action by Israel, the health system in Gaza has completely collapsed. According to the World Health Organization, as of May 2025, only 19 of the Gaza Strip's 36 hospitals remain operational.[45] Moreover, at least 94% of all hospitals in the Gaza Strip have been damaged or destroyed.[46] Across operational healthcare facilities, there are severe supply shortages, lack of health workers, persistent insecurity, and a surge of casualties. Along with this, there are restrictions on the entry of medical supplies and critical fuel to Gaza which has forced healthcare workers to ration resources and suspend critical services.

As of June 2025, there were less than 2000 hospital beds that were available for a population of over 2 million.[47] The WHO reports that both the Nasser and Al-Amal Hospitals are at risk of closing due to evacuation orders. This would have serious consequences in relation to the availability of surgical care, intensive care, blood bank and transfusion services, cancer care, and dialysis.

Recommendations

- **The IMO is calling on the Government to set aside funds to support the reconstruction of the health service and facilities for the population of Gaza.**
- **The Government should expand the funding of the International Medical Graduate Training Initiative (IMGTI) to allow doctors from Palestine to access training in Ireland.**

[45] World Health Organization. Health system at breaking point as hostilities further intensify in Gaza, WHO warns. Who.int. World Health Organization: WHO; 2025.
[46] *Ibid.*
[47] *Ibid.*