



An Phríomh-Oifig Staidrimh
Central Statistics Office

**Mapping of Health Care Services in Ireland
to the Functions Classification (ICHA – HC)
within the System of Health Accounts**

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Mapping of the Health Care Providers in Ireland to the SHA Provider Classification (ICHA – HP)

The Health Care Functions Classification within the SHA is a list of mutually exclusive goods and services with a health purpose directly consumed by the population. The classification categories are distributed and grouped according to the need of the consumer (e.g. rehabilitation, cure, prevention). It is this classification which defines the boundary of health care.

SHA Code	SHA Category Name	SHA 2011 Description	Irish Health Care Services / Functions
HC.1 And HC.2	Services of Curative and Rehabilitative care	<p>Curative care comprises health care contacts during which the principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness and/or injury that could threaten life or normal function. A contact for curative care comprises an individual contact with the health system and can be made up of a sequence of components, such as to establish a diagnosis, to formulate a prescription and therapeutic plan, to monitor and assess the clinical evolution or to complement the process by imaging, laboratory and functional tests for diagnosis and evolution assessment. Includes: all components of the curative care of illness or the treatment of injury; the surgery performed; diagnostic and therapeutic procedures; and obstetric services.</p> <p>Rehabilitation is an integrative strategy that aims at empowering persons with health conditions who are experiencing or are likely to experience disability so that they can achieve and maintain optimal functioning, a decent quality of life and inclusion in the community and society. Whereas curative services focus primarily on the health condition, rehabilitation services focus on the functioning associated with the health condition. Rehabilitation services stabilise, improve or restore impaired body functions and structures, compensate for the absence or loss of body functions and structures, improve activities and participation, and prevent impairments, medical complications and risks. <i>Includes:</i> consumption of services aimed at reaching, restoring and/or maintaining optimal physical (<i>e.g.</i> complementing body structure through a prosthesis), sensory (<i>e.g.</i> complementing hearing recovery with a prosthesis), intellectual (<i>e.g.</i> recovering memory capability after a stroke), psychological (<i>e.g.</i> reducing depression and stress through supported learning to use a prosthesis) and social functional levels (<i>e.g.</i> by re-establishing control of basic functions such as swallowing and speaking after a stroke), all of which are health consequences of disease, disorders or injury.</p>	Data sources include HSE financial data, including Primary Care Reimbursement Services data and Casemix data. It includes data from the survey of private hospitals and private health insurers, tax files, published accounts and Government Departments.
HC.1.1 and HC.2.1	Inpatient curative and rehabilitative care	The manual doesn't provide a definition for each subcategory but does define inpatient, day outpatient care and home-based care. It also defines general and specialist care.	This service includes inpatient services provided by public and private hospitals, including inpatient rehabilitation services, inpatient services of hospices, inpatient care in mental health hospitals and addiction centres and short-stay curative and rehabilitative care in long-term care facilities

SHA Code	SHA Category Name	SHA 2011 Description	Irish Health Care Services / Functions
HC.1.2 and HC.2.2	Day curative and rehabilitative care	The manual doesn't provide a definition for each subcategory but does define inpatient, day outpatient care and home-based care. It also defines general and specialist care.	This service includes day cases provided by public and private hospitals, including rehabilitation and mental health hospitals and substance abuse facilities. This category also includes curative and rehabilitative care provided by Day Centres for Older People.
HC.1.3 and HC.2.3	Outpatient curative and rehabilitative care	The manual doesn't provide a definition for each subcategory but does define inpatient, day outpatient care and home-based care. It also defines general and specialist care.	This service includes outpatient care provided by public and private hospitals including mental health and rehabilitation hospitals, addiction and substance abuse centres. It includes outpatient services provided by GPs, dentists, other health care practitioners, voluntary health care providers, the Prison Services and Defence Forces. It also includes services of Community Health Teams, Day Hospitals and Day Centres funded by the HSE's Primary Care, Mental Health, and Social Care Services.
HC.1.4 and HC.2.4	Home-based curative and rehabilitative care	The manual doesn't provide a definition for each subcategory but does define inpatient, day outpatient care and home-based care. It also defines general and specialist care.	This category includes services of public, private and voluntary providers of home care services. It includes home care services provided by HSE Primary Care Teams, Community and Public Health Nurses and other health care practitioners. It includes services residents of mental health and substance abuse facilities funded by the HSE. It includes HSE Home Help and Home Care Packages for older persons.

SHA Code	SHA Category Name	SHA 2011 Description	Irish Health Care Services / Functions
HC.3	Services of long-term care (health)	<p>Long-term care (health) consists of a range of medical and personal care services that are consumed with the primary goal of alleviating pain and suffering and reducing or managing the deterioration in health status in patients with a degree of long-term dependency. The SHA distinguishes between long-term care with a “health” purpose and long-term care with a “social” purpose. As these elements of long-term care are often delivered in a single package of care, it is very difficult to separate them. However, countries are asked to do so.</p> <p>Long-term care (health) includes Medical or Nursing Care which includes the management of symptoms involving medical, paramedical and nursing care services, such as relieving pain and other symptoms, administering medication, performing medical diagnoses and minor surgery, dressing wounds, health counseling to families, and providing emotional and spiritual support for the patient and their family members. It also includes Personal Care Services which are provided in response to limitations in self-care primarily due to disability and illness. These services provide help with <i>activities of daily living (ADL)</i> such as: eating, bathing, washing, dressing, getting in and out of bed, getting to and from the toilet and managing incontinence.</p> <p>However, Social Care Services such as <i>Assistance Services (Instrumental Activities of Daily Living – IADL)</i> which relate to care that enables a person to live independently in a house or apartment are excluded. <i>Other Social Care Services</i> which involve community activities and occupational support given on a continuing or recurrent basis to individuals, such as activities whose primary purpose is social and leisure are also excluded. The classification also distinguishes between in-patient, day case, out-patient and home-based care.</p>	Data sources include HSE financial data, including Casemix data. It includes tax files and published accounts and data from the Department of Social Protection.
HC.3.1	Inpatient long-term care (health)	The manual doesn't provide a definition for each subcategory but does define Inpatient, day, outpatient and home-based care.	This includes services provided by public, private and voluntary nursing homes, residential facilities for people with a disability and hospices. It includes some respite for people with a disability and “Transition” care for older persons funded by the HSE.
HC.3.2	Day long-term care (health)	The manual doesn't provide a definition for each subcategory but does define Inpatient, day, outpatient and home-based care.	This includes Day Services for people with a disability and some hospice care services.

SHA Code	SHA Category Name	SHA 2011 Description	Irish Health Care Services / Functions
HC.3.3	Outpatient long-term		No data has been classified to this category

	care (health)	The manual doesn't provide a definition for each subcategory but does define Inpatient, day, outpatient and home-based care.	No Services have been classified to this category.
HC.3.4	Home-based long-term care (health)	The manual doesn't provide a definition for each subcategory but does define Inpatient, day, outpatient and home-based care.	The category includes Department of Social Protection payments to households for home care services, HSE home-help and home care packages funded by HSE Services for Older People, home respite care and personal care services funded by HSE Services for People with a disability. Personal Assistance Services have been excluded as social care.
HC.4	Ancillary services to health care	Ancillary services are split into the following categories ; - laboratory services (HC.4.1), imaging services (HC.4.2) and patient transportation and emergency rescue (HC.4.3) . Only a part of the total consumption of ancillary services is made explicit by reporting the consumption of such services in this category, such as when the patient consumes the service directly, in particular during an independent contact with the health system. The majority of such services are consumed as part of receiving other functions in HC.1-HC.3 above and are not explicitly identified in these categories.	Included in this category are HSE services including the National Ambulance Service and some services funded by the HSE Primary Care Service. Also included are laboratory and imaging services provided directly to patients by private providers. Data sources include HSE financial data, private health insurance data and tax files.
HC.5	Medical goods dispensed to out-patients	Medical goods consumed as a result of being prescribed as part of a health care contact or independently in the case of self-prescription are included in this category. Dispensing may take place within a health care establishment, such as a hospital, or by a free-standing retailer of medical goods. Those consumed as part of other functions (e.g. HC.1-HC.3) are not identified separately and included in those functions. Medical goods are broken down into: pharmaceuticals and other medical non-durables (HC.5.1); and therapeutic appliances and other medical goods (HC.5.2).	Data sources include HSE Primary Care Reimbursement Services data, tax files, Household Budget Survey data, Annual Service Inquiry data, data supplied by government departments.

SHA Code	SHA Category Name	SHA 2011 Description	Irish Health Care Services / Functions
HC.5.1	Pharmaceutical and Other Medical Non-Durable Goods	<p>This comprises pharmaceutical products and non-durable medical goods intended for use in the diagnosis, cure, mitigation or treatment of disease. This includes medicinal preparations, branded and generic medicines, drugs, patent medicines, serums and vaccines, and oral contraceptives. Fluids required for dialysis, as well as gases used in health care, such as oxygen, should also be included when the patient or relatives purchase them directly. This class is further divided into the following sub-classes:</p> <p>HC.5.1.1 Prescribed medicines. HC.5.1.2 Over-the-counter drugs (OTC). HC.5.1.3 Other medical non-durable goods.</p>	<p>Included in this category are prescription medicines , OTC medicines and other medical non-durables purchased in pharmacies. Also included are OTC medicines and other medical non-durables purchased in supermarkets and other retail outlets. It includes HSE Primary Care Reimbursements pharmaceutical Services (Medical Care, Drugs Payment Scheme, Long-Term Illness Scheme etc.) and pharmaceuticals purchased from out-of-pocket expenditure.</p>
HC.5.2	Therapeutic Appliances and Other Medical Goods	<p>HC.5.2 Therapeutic appliances and other medical goods This item comprises a wide range of medical durable goods, such as:</p> <ul style="list-style-type: none"> • Orthotic devices that support or correct deformities and/or abnormalities of the human body, e.g. corrective eye-glasses and contact lenses, hearing aids, orthopaedic appliances such as orthopaedic shoes, orthopaedic braces and supports, surgical belts, trusses and supports; • Prostheses or artificial extensions that replace a missing body part, e.g. artificial limbs and other prosthetic devices, including implants: an implant is a medical device made to replace (or supplement the functionality) of a missing biological structure; • A variety of medico-technical devices such as powered and unpowered wheelchairs and invalid carriages, “special” beds, and electronic and other devices for monitoring blood pressure. <p>Therapeutic appliances can be further identified by type at a third-digit level: HC.5.2.1 Glasses and other vision products. HC.5.2.2 Hearing aids. HC.5.2.3 Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids).</p>	<p>Included in this category are therapeutic appliances and other medical durable goods . It includes Medical and Surgical Devices and Optical Benefit under the Treatment Benefits scheme, expenditure by the Prisons Service and the Armed forces on medical durables, and private expenditure on such products.</p>

SHA Code	SHA Category Name	SHA 2011 Description	Irish Health Care Services / Functions
HC.6	Prevention and public health services	<p>Prevention is any measure that aims to avoid or reduce the number or the severity of injuries and diseases, their sequelae and complications (Pomey et al., 2000). Prevention is based on a health promotion strategy that involves a process to enable people to improve their health through the control over some of its immediate determinants. The health boundary for “preventive services” is defined as having the primary purpose of risk avoidance, of acquiring diseases or suffering injuries, which can frequently involve a direct and active interaction of the consumer with the health care system.</p> <p>Prevention and public health services include: Information, education and counselling programmes (HC.6.1); Immunization programmes (HC.6.2); Early disease detection programmes (HC.6.3); Healthy condition monitoring programmes (HC.6.4); Epidemiological surveillance and risk and disease control programmes (HC.6.5); and Preparing for disaster and emergency response programmes (HC.6.6).</p>	<p>This category predominantly relates to the services provided by the HSE’s Health and Well Being Division and includes the following:</p> <p>Public Health, the Health Protection Surveillance Centre and the National Immunisation Office support critical functions including immunisation and vaccination programmes, infectious disease surveillance and control, health service development and planning and population health improvement.</p> <p>Child health services are responsible for ensuring that all our children receive evidence based interventions from birth through to the early years of secondary school, aimed at protecting and improving their health.</p> <p>Health Promotion and Improvement supports the implementation of Healthy Ireland through collaborative working across the health sector and with key external agencies and organisations to effect improvements in individual, community and population health and wellbeing.</p> <p>It also includes the services of the National Office for Suicide Prevention, the National Education Psychological Services and other government funded services. Some services provided by non-profit organisations have been included but this is an area that needs further development.</p>
HC.7	Health administration and health insurance	<p>These expenditures are incurred mostly but not exclusively by governments. Included are the formulation and administration of government policy; the setting of standards; the regulation, licensing or supervision of producers; management of the fund collection; and the administration, monitoring and evaluation of such resources, etc. However, some of these services are also provided by private entities, including by civil society (NGOs) and private medical insurance. Clear examples of such civil participation are health advocacy, health observatories and health user/consumer associations. This category includes two sub-categories of Governance and health system administration (HC.7.1) and Administration of health financing (HC.7.2)</p>	<p>Data sources include data from the Department of Health, the HSE, and the published accounts of the Health Information and Quality Authority and the Health and Safety Authority. Also included is data from the private health insurers and published accounts of some non-profit organisations/patient advocacy groups.</p>

SHA Code	SHA Category Name	SHA 2011 Description	Irish Health Care Services / Functions
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HC.7.1	Governance and Health System Administration	<p>Governance has been defined as “the careful and responsible management of the well-being of the population” (WHO), and comprises three broad tasks: providing vision and direction, collecting and using intelligence and exerting influence through regulation and other means. It includes planning, policy formulation and information intelligence for the entire health system.</p> <p><i>Excludes:</i> any overhead expenses connected with the administration or functioning of health providers, including hospitals or other providers, which are to be included in the expenditures by service consumed (HC.1- HC.6).</p>	<p>Included in this category are the activities of the Department of Health, those of the CEO and National Directors of the HSE, services provided by the Health Information and Quality Authority and the Health and Safety Authority. Also included some activities of patient advocacy groups. However, this is an area for further development.</p>
HC.7.2	Administration of Health Financing	<p>Administration of private health insurance essentially means the health insurance service and the service charge⁴ for this. This covers expenditure on sales, enrolment and policy service, claim adjudication, actuarial functions, legal support services, investment functions, corporate overheads and risk charges.</p>	<p>Included in this category are the administrative activities of the private health insurers.</p>
HC.9	Other health care services not elsewhere classified (n.e.c)	<p>This item includes any other health care services not classified in HC.1 to HC.7.</p>	<p>Included in this category are services that could not be classified to a service above. Included is the tax refund for health care expenditure to households from the Revenue Commissioners. There is no information on what services or goods were received and thus this expenditure cannot be allocated to a functional category. Also included are some services from other data sources that could not be classified.</p> <p>Data sources include data from the Revenue Commissioners, survey data from the private health insurance and private hospitals and data from government departments.</p>

International Classification of Health Accounts - Health Care Functions (ICHA-HC)

Code			Description	SHA 1.0 codes
HC.1			Curative care	HC.1
	HC.1.1		Inpatient curative care	HC.1.1
		HC.1.1.1	General inpatient curative care	
		HC.1.1.2	Specialised inpatient curative care	
	HC.1.2		Day curative care	HC.1.2
		HC.1.2.1	General day curative care	
		HC.1.2.2	Specialised day curative care	
	HC.1.3		Outpatient curative care	HC.1.3
		HC.1.3.1	General outpatient curative care	HC.1.3.1
		HC.1.3.2	Dental outpatient curative care	HC.1.3.2
		HC.1.3.3	Specialised outpatient curative care	HC.1.3.3
	HC.1.4		Home-based curative care	HC.1.4
HC.2			Rehabilitative care	HC.2
	HC.2.1		Inpatient rehabilitative care	HC.2.1
	HC.2.2		Day rehabilitative care	HC.2.2
	HC.2.3		Outpatient rehabilitative care	HC.2.3
	HC.2.4		Home-based rehabilitative care	HC.2.4
HC.3			Long-term care (health)	HC.3
	HC.3.1		Inpatient long-term care (health)	HC.3.1
	HC.3.2		Day long-term care (health)	HC.3.2
	HC.3.3		Outpatient long-term care (health)	part of HC.3
	HC.3.4		Home-based long-term care (health)	HC.3.3
HC.4			Ancillary services (non-specified by function)	HC.4
	HC.4.1		Laboratory services	HC.4.1
	HC.4.2		Imaging services	HC.4.2
	HC.4.3		Patient transportation	HC.4.3
HC.5			Medical goods (non-specified by function)	HC.5
	HC.5.1		Pharmaceuticals and other medical non-durable goods	HC.5.1
		HC.5.1.1	Prescribed medicines	HC.5.1.1
		HC.5.1.2	Over-the-counter medicines	HC.5.1.2
		HC.5.1.3	Other medical non-durable goods	HC.5.1.3

Code		Description	SHA 1.0 codes
	HC.5.2	Therapeutic appliances and other medical goods	HC.5.2
	HC.5.2.1	Glasses and other vision products	HC.5.2.1
	HC.5.2.2	Hearing aids	HC.5.2.3
	HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)	HC.5.2.2
	HC.5.2.9	All other medical durables, including medical technical devices	HC.5.2.4- HC.5.2.9
HC.6		Preventive care	HC.6, part of HC.R.4, HC.R.5
	HC.6.1	Information, education and counseling programmes	Part of HC.6.9, part of HCR 4, HC.R.5
	HC.6.2	Immunisation programmes	Part of HC.6.3
	HC.6.3	Early disease detection programmes	Part of HC.6.3, HC.6.4
	HC.6.4	Healthy condition monitoring programmes	Part of HC.6.1, HC.6.2, HC.6.5
	HC.6.5	Epidemiological surveillance and risk and disease control programmes	HC.6, part of HC. 4, HC. 5
	HC.6.6	Preparing for disaster and emergency response programmes	Part of HC.6
HC.7		Governance, and health system and financing administration	HC.7
	HC.7.1	Governance and Health system administration	HC.7.1
	HC.7.2	Administration of health financing	HC.7.2
HC.9		Other health care services not elsewhere classified (n.e.c.)	
Memorandum items			
Reporting items			
	HC.RI.1	Total pharmaceutical expenditure (TPE) <i>of which</i> Inpatient pharmaceutical consumption	
	HC.RI.2	Traditional, Complementary and Alternative Medicines (TCAM)	HC.1-HC.6.1
	HC.RI.2.1	Inpatient TCAM	HC.1.1
	HC.RI.2.2	Outpatient and home-based TCAM	
	HC.RI.2.3	TCAM goods	
	HC.RI.3	Prevention and public health services (according to SHA 1.0)	HC.6

Code		Description	SHA 1.0 codes
	HC.RI.3.1	Maternal and child health; family planning and counseling	HC.6.1
	HC.RI.3.2	School health services	HC.6.2
	HC.RI.3.3	Prevention of communicable diseases	HC.6.3
	HC.RI.3.4	Prevention of non-communicable diseases	HC.6.4
	HC.RI.3.5	Occupational health care	HC.6.5
	HC.RI.3.9	All other miscellaneous preventive care services	HC.6.9
Health care related			
	HCR.1	Long-term care (social)	
	HCR.1.1	In-kind long-term social care	Part of HCR.6
	HCR.1.2	Long-term social care cash-benefits	Part of HC.R.7
	HCR.2	Health promotion with multi-sectoral approach	HC.6, HC.R.4, HC.R.5
Source: IHAT for SHA 2011			

The System of Health Accounts (2011) manual is available at

<http://www.who.int/health-accounts/methodology/sha2011.pdf>