



**Pre-Budget Submission 2018**

**Department of Health**

**Support Older People to Lead Healthy Independent Lives**



**An Roinn Tithíochta, Pleanála,  
Pobail agus Rialtais Áitiúil**  
Department of Housing, Planning,  
Community and Local Government



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## List of Recommendations

1. Increase **home help hours** to provide the service to an additional 22,300 older people, who will need support in 2018 [**Cost:** €92 million].
2. Ensure older people are supported to reach and maintain their potential to live independent lives by **providing reablement to 16,000 older people** in 2018 [**Cost:** €22 million].
3. Provide **an additional 3,500 Home Care Packages (HCPs)** to maintain existing service level in 2018 [**Cost:** €45.5 million].
4. Increase the income threshold for a medical card by €8 in line with increases in the State Pension.
5. As a first step towards reinstating **the over 70s medical card**, expand the range of services provided by the GP visit card to include prescriptions to those over 70 [**Cost:** €58 million].
6. Removal of the **GMS prescription charge** for over 70s medical card holders [**Cost:** €6.6 million].

## **1. Introduction**

Age Action is the leading advocacy organisation on ageing and older people in Ireland. Our mission is to achieve fundamental change in the lives of all older people by eliminating age discrimination, promoting positive ageing and securing their right to comprehensive and high quality services.

We want to make Ireland the best country in the world in which to grow old and we work with older people to build a society free of ageism where their rights are secured.

This submission outlines our recommendations to the Department of Health with regard to the budget allocation for 2018.

## **2. Lived Experience of Growing Older in Ireland**

Each year, in preparing our pre-budget submission, Age Action conducts a national consultation of our members. This involved distributing a survey on issues relevant to the budget to our members through our magazine *Ageing Matters*. We also held two budget hustings events in Galway and Cork with our members and local public representatives, as well as a consultation meeting with Dublin members.

### *Consultations*

We received almost four hundred responses to our survey. Of those replying, 52 per cent were female. Over half of respondents, 51 per cent, were over the age of 75 years, with a further 43 per cent between 65 and 74 years. The remaining 6 per cent were under 64 years. The vast majority of respondents lived in an urban area (78 per cent).

At our consultation meetings, the lack of funding for Home Care Packages (HCPs), the absence of national standards for homecare and the unavailability of respite care were raised as issues that were having serious outcomes for older people.

The discussions also highlighted the difficulties of getting information about tasks covered by home help services and the privatisation of home care. Another reoccurring theme was the impact of the medical card income thresholds for older people. Individuals spoke about being a couple of euros over the

threshold due to increases in the State Pension resulting in the loss of their medical card which had had huge financial consequences due for those with chronic illness.

### **3. Support Older People to Lead Healthy Independent Lives**

A central objective of the Department of Health's Strategic Plan 2016 to 2019 is to support people to lead healthy and independent lives. Promoting health and wellbeing is a cross-cutting priority for the Health Service Executive (HSE).

The National Positive Ageing Strategy and the HSE Building a Better Health Service plan outline what needs to be done to meet these objectives for older people:

- To support people as they age to maintain, improve or manage their physical and mental health and wellbeing;
- To create a more responsive, integrated and people-centred health and social care service, providing people with the best outcomes that can be achieved.

Increasing life expectancy makes meeting these objectives more urgent than ever. This submission sets out what is needed to maximise the potential of older people to lead healthy and independent lives in their own homes and communities

People currently aged 65 can now expect to live into their 80s, with two-thirds of these years lived disability free<sup>1</sup>. However, as people live longer, their risk of disability also increases. It is estimated that 72.3 per cent of the population aged 85 and over will have a disability<sup>2</sup>. One in five people aged 85 and over will live with dementia<sup>3</sup>.

With longer lives, the number of people aged 85 and over will quadruple in the next 25 years<sup>4</sup>. Focusing health and social care resources on reducing age-related frailty and disability through timely access to person-centred care and support is essential to ensure people live independently with a good quality of life for as long as possible.

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<sup>1</sup> <http://health.gov.ie/wp-content/uploads/2016/12/Health-in-Ireland-Key-Trends-2016.pdf>

<sup>2</sup> [http://www.cso.ie/en/media/csoie/newsevents/documents/census2016summaryresultspart2/Chapter\\_9\\_Health,\\_disability\\_and\\_caring.pdf](http://www.cso.ie/en/media/csoie/newsevents/documents/census2016summaryresultspart2/Chapter_9_Health,_disability_and_caring.pdf)

<sup>3</sup> <http://www.cso.ie/en/media/csoie/census/documents/census2011profile8/Profile,8,commentary.pdf>

<sup>4</sup> [http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016\\_2046.pdf](http://www.cso.ie/en/media/csoie/releasespublications/documents/population/2013/poplabfor2016_2046.pdf)

Frailty relates to vulnerability associated with physical, mental and social factors. This could mean, for example, having one or more chronic diseases or disabilities, mild cognitive impairment or social isolation. For frail people, a minor injury or illness can be very serious.

The HSE budget assigned to meet the needs of older people has still not returned to pre-austerity levels (from €1.74 billion in 2009 to €1.70 billion in 2017), despite the nearly 23 per cent rise in the number of people 65 and over in the same period (498,900 in 2009 to 664,000 in 2016)<sup>5</sup>. This shortfall needs to be addressed with funding provided for the services outlined above in Budget 2018.

*Prevention and early intervention should be a priority*

In Ireland, we spend one per cent of our total healthcare expenditure on preventative care, significantly less than other European countries<sup>6</sup>. Prevention is the most cost-effective way to maintain the health of the population in a sustainable manner<sup>7</sup>. With increased life expectancy prevention and early intervention are essential to the individual's quality of life and to our economy.

Research carried out in Sweden showed that directing healthcare efforts toward preventing frailty in older adults dramatically improves one's health and leads to substantial savings that can be re-invested in our health services<sup>8</sup>.

*Health and well-being will not be maintained if a high threshold of need is used to qualify for support*

Many studies have highlighted the costs of failing to provide older people with the support they need, including reductions in the person's quality of life and physical health, as well as increased need for health services.

A study in the USA looked at Medicare beneficiaries who did not meet the threshold to qualify for support. It found that almost a quarter of 8.7 million older people living in the community without

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<sup>5</sup> Pat Healy, HSE, (2017) Paper presented to Citizen's Assembly <https://www.citizensassembly.ie/en/Meetings/Pat-HealyPaper.pdf>

<sup>6</sup> <http://www.hse.ie/eng/services/publications/planningforhealth.pdf>

<sup>7</sup> <http://www.hse.ie/eng/services/publications/planningforhealth.pdf>

<sup>8</sup> Gustafsson, S et al. (2012) Health-Promoting Interventions for Persons Aged 80 and Older are Successful in the Short Term—Results from the Randomized and Three-Armed Elderly Persons in the Risk Zone Study JAGS 60:447–454

supports reported going without eating, bathing or dressing. Unmet need predicted hospital admission, readmission and was a major risk factor for nursing home placement<sup>9</sup>.

Restricting services like home support to those with higher support needs is a false economy. Frail older people who are denied homecare have higher rates of admission to acute hospitals, whilst those who get the support they need see a fall in the number of hospital admissions<sup>10</sup>.

### *Unmet need in Ireland*

The HSE Planning for Health 2017 report calculated that 50,875 people should be in receipt of home help in 2017. However, as indicated in Table 1, the number of home help hours provided remained at 2016 levels, with home help services being provided to 49,000 people.

These figures reflect home help provided to all care groups. A HSE performance report in 2009 estimated that 85 per cent of recipients were older people.

Using this figure, it is estimated that less than 42,000 older people receive home help, approximately 6.5 per cent of the population age 65 and over. Compared with the OECD estimate of approximately 10.1 per cent of the population of people 65 and over needing home help, the unmet need in Ireland is estimated to be just over 3.5 per cent, approximately 22,300 older people.

**Table 1: Home help budget, number of hours and recipients**

	2011	2012	2013	2014	2015	2016	Expected Activity 2017
<b>Budget (million)</b>	€211	€185	€185	€185	€185	€192	€217.9
<b>Home Help Hours (million)</b>	11.98	9.83	10.1m	10.3	10.437	10.57m	10.57m
<b>Recipients</b>	50,986	45,705	46,249	47,500	47,795	49,000	49,000

<sup>9</sup> Allen, S.M., Piette, E., & Mor, V. (2014). The adverse consequences of unmet need among older persons living in the community: dual-eligible versus medicare-only beneficiaries. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 69(7), S51–S58

<sup>10</sup> Sands, P., Yun Wang, W., McCabe, G, Jennings, K, Eng, C., Covinsky, K (2006) Rates of Acute Care Admissions for Frail Older People Living with Met Versus Unmet Activity of Daily Living Needs *JAGS* 54:339–344

Demand for home help services is not currently being met.

*My sister-in-law living in the country could do with a home help calling daily. She's almost invalided but still has to take care of her husband. Both these people deserve help but appeals and requests seem to be smothered in red tape and deaf ears. (Age Action member)*

Evidence of this unmet need is apparent in the community. An evaluation of the piloting of the Single Assessment Tool indicated that of 534 NHSS applicants discharged from acute hospitals 41 per cent, 219 patients, were not in receipt of home support services prior to admission<sup>11</sup>.

The numbers waiting for home help are increasing. At the end of December 2016, there were 2,039 people assessed as needing home help but waiting for a service<sup>12</sup>. By the end of April 2017, the number waiting had increased by more than 20 per cent to 2,456<sup>13</sup>. At end of December 2016, there were a further approximately 800 people in receipt of Home Help services who required additional home care hours<sup>14</sup>.

Unmet need is associated with a variety of negative consequences that can affect the health and well-being of the older person. These range from relatively minor consequences, such as feeling distressed because housework is not done, to major consequences, such as being unable to eat when hungry.<sup>15</sup>

*Funding for home help must be increased to address unmet need in 2018.*

The HSE estimated cost of providing additional hours based on estimated average additional requirement for 5 hours per person per week is approximately €4.5 million for 2,039 people<sup>16</sup>. With unmet need estimated to be just over 3.5 per cent among the population 65 and over, 22,300 extra older people will require home help services in 2018. To meet the need for home help service, an extra €92 million must be allocated to fund home help services in 2018.

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<sup>11</sup> Health Service Executive (2017) Single Assessment Tool (SAT) Pilot Evaluation

<sup>12</sup> HSE response to PQ 6494/17

<sup>13</sup> HSE response to PQ: 26788/17

<sup>14</sup> HSE response to PQ 6498/17

<sup>15</sup> Quail, J Wolfson, C and Lippman, A (2011) Unmet Need for Assistance to Perform Activities of Daily Living and Psychological Distress in Community-Dwelling Elderly Women. Canadian Journal on Aging 30 (4) : 591– 602

<sup>16</sup> HSE response to PQ

To put this in context, for every three hospital admissions avoided, five older people could be provided with one hour home help per day for a year<sup>17</sup>.

#### **Recommendation:**

1. Increase **home help hours** to provide the service to an additional 22,300 older people, who will need support in 2018 [Cost: €92 million].

#### *Supporting older people to maintain independence and well-being*

In countries like Denmark, Canada and Scotland it is recognised that a reactive approach to the provision of health and social care is unsustainable. Policy must focus on promoting and extending the independence of older people. Interventions include:

- identifying those at risk of becoming frail;
- providing early stage low-level support to people living at home;
- using physical and occupational therapies and reablement programmes to improve strength and functioning;
- ensuring older people receive the medical treatment they need in a timely way.

Age Action members highlight the need for:

*“More physiotherapy and occupation therapy -try to increase people’s level of independence.”*

*“Better services like physio, podiatry, and exercise classes, prevention is the best way to go.”*

*“I’d like to see memory workshops for people in their 50s and over.”*

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<sup>17</sup> Pat Healy, HSE, (2017) Paper presented to Citizen’s Assembly <https://www.citizensassembly.ie/en/Meetings/Pat-HealyPaper.pdf>



## *Reablement*

There are positive indicators that identifying older people at risk of becoming frail and providing them with reablement and rehabilitation programmes results in improvements in health-related quality of life and well-being and reduced personal home care costs<sup>18</sup>.

In many countries policy-makers are actively promoting reablement as an effective means of supporting older people to be independent. For example, in Denmark, municipalities are required by law to assess if a person in need of home care services could benefit from a reablement programme.

Reablement helps older people regain confidence and skills needed to live independent and fulfilling lives. This reduces the need for services like home care. Tailored programmes, usually with support from an occupational therapist, are provided to people in their own homes for between three to 12 weeks. Equipment and technology that can support the person are also often supplied.

A HSE report produced by Mazars highlighted that reablement programmes in England were cost-effective and reduced the need for homecare.<sup>19</sup> Despite positive indications from a reablement pilot project in North Dublin<sup>20</sup>, access to reablement is limited in Ireland.

### **Glasgow Case Study**

In Glasgow the City Council and NHS provide a reablement programme to support older people to stay at home for as long as possible. With increasing demand for home care services, the reablement programme freed up resources to allow more home care services to be provided. Over a three year period, on average, around 40 per cent of people who completed the programme required no further home care. For people who required ongoing support there was around a 20 per cent reduction in home care packages. The freeing up of resources provided savings in the home care budget of £2.75 million in 2013/14 and £1.75 million in 2014/15<sup>21</sup>.

<sup>18</sup> <http://www.ifa-copenhagen-summit.com/wp-content/uploads/2016/04/Copenhagen-Summit-Final-Report.pdf>

<sup>19</sup> <http://www.hse.ie/eng/services/publications/olderpeople/Activity-Resource-Review-Home-Care-Services-May-2016.pdf>

<sup>20</sup> <http://sonasapc.ie/wp-content/uploads/2015/05/Austin-Warters-Building-integrated-dementia-care-pathways.pdf>

<sup>21</sup> [http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr\\_160310\\_changing\\_models\\_care\\_supp1.pdf](http://www.audit-scotland.gov.uk/uploads/docs/report/2016/nr_160310_changing_models_care_supp1.pdf)

### *Provide older people with an opportunity to regain confidence and independence*

A report on reablement in Scotland found that, on average, service users remained in reablement an average of 7.7 weeks receiving 7.4 hours of support.

The cost per hour will depend on the professionals delivering the programme and ranged from £8.60 to £28 per hour. Approximately 2.5 per cent of the population 65 and over in one city availed of the programme over one year<sup>22</sup>.

Using the Scottish figures, we estimate 16,000 people could benefit from a reablement programme in one year in Ireland. These are people who, without this input, are included in the projected home help figures above. At an average cost of €1,400 per person, the estimated cost of providing a reablement programme is approximately €22 million. With two hours of home help per week costing €2080 per year<sup>23</sup>, this investment has the potential to free up €11 million for the provision of more home help.

#### **Recommendation:**

2. Ensure older people are supported to reach and maintain their potential to live independent lives by putting in place reablement programmes. The estimated cost of providing reablement to 16,000 older people [Cost: €22 million].

### *Provide a Continuum of Care at Home*

Older people want to receive care in their home and the increase in the number of Home Care Packages (HCP) provided under the Winter Initiative in 2016 is to be welcomed. As outlined in Table 2, a thousand extra older people were supported to return home from hospital.

This was reflected in fewer numbers of older people than expected being admitted to nursing homes. As a result, 300 fewer people availed of the NHSS than projected in 2016.

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<sup>22</sup> <http://www.jitscotland.org.uk/wp-content/uploads/2014/08/Report-on-Survey-of-Re-ablement-with-Case-Studies-February-2013-Final1.pdf>

<sup>23</sup> Pat Healy, HSE, (2017) Paper presented to Citizen's Assembly <https://www.citizensassembly.ie/en/Meetings/Pat-HealyPaper.pdf>

**Table 2: Home Care Packages and NHSS recipients and funding**

	2011	2012	2013	2014 <sup>24</sup>	2015 <sup>25</sup>	2016 <sup>26</sup>	Expected Activity 17
HCP/ IHCP Budget	€138m	€130	€130	€130	€135	€152 <sup>^</sup>	€179.5
No. HCP	10,870	11,023	11,020	13,200	15,450	15,450 Final 16,450	16,750
No. IHCP				30	130	130, Final 181	181
NHSS Budget <sup>27*</sup>	€963m	€994.7m	€974m	€939m	€993m <sup>**</sup>	€940m	€940m
NHSS beds funded	21,548	22,065	23,007	22,360	23,960	23,450 Final 23,107	23,603

Net budget

\*\*Includes extra €44 million to NHSS to address delayed discharge by reducing waiting period for NHSS funding

<sup>^</sup> includes €20 million for delayed discharges

The increased funding for Home Care packages (HCPs) coincides with a decrease in the number of people supported under the NHSS (see Figure 1).

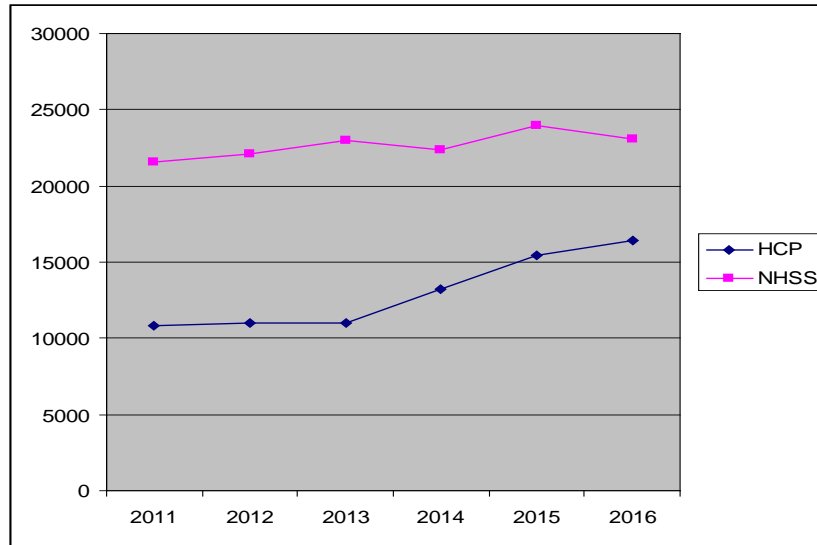
<sup>24</sup> Department of Health(2011) *Comprehensive Review of Expenditure*. Dublin: Stationary Office. Available at: [health.gov.ie/wp-content/uploads/2014/03/doh\\_review\\_expenditure.pdf](http://health.gov.ie/wp-content/uploads/2014/03/doh_review_expenditure.pdf)

<sup>25</sup> <https://www.hse.ie/eng/services/publications/corporate/socialcareopplan.pdf>

<sup>26</sup> Response by HSE to Parliamentary Question 10351/16

<sup>27</sup> <http://health.gov.ie/wp-content/uploads/2015/07/Review-of-Nursing-Homes-Support-Scheme.pdf>

**Figure 1: Number of people whose care was funded under NHSS and HCP from 2011 - 2016**



Based on the average value of a HCP of approximately €8,580 per annum (€165 for approximately 6.5 hours per week<sup>28</sup>), and the average cost of €46,176 per year for the NHSS<sup>29</sup>, this equates to a saving of approximately €37,596 per person or €11.5 million in 2016.

While there was increased activity in the provision of HCPs to older people in acute hospitals under the Winter Initiative, there was a substantial number of applicants in the community approved for HCPs but without services. At the end of April 2017, there were 2,204 older people waiting for HCPs in the community and 12 people waiting in acute hospital for funding to become available for homecare<sup>30</sup>. There are also huge discrepancies between CHO areas, ranging from nobody waiting in CHO 3 to 764 clients waiting in CHO 9 at the end of December 2016<sup>31</sup>.

Continuing to prioritise the provision of HCPs to older people being discharged from hospitals and the lack of consistency in access to HCPs across CHO areas mean that thousands of people who should be getting home care are not getting the supports they need. In 2017, funding of €27 m million for HCPs in

<sup>28</sup> HSE response to PQ 6498/17

<sup>29</sup> <http://health.gov.ie/wp-content/uploads/2015/07/Review-of-Nursing-Homes-Support-Scheme.pdf>

<sup>30</sup> Response to PQ: 26789/17

<sup>31</sup> Reply to PQ:6498/17

at Primary Care level is more than five times lower than that provided for people being discharged from hospital (€146 million)<sup>32</sup>.

#### *Home Care Packages - Supply is not meeting assessed need*

According to the HSE Service Plan for 2017, 16,750 HCPs are to be provided in 2017, but by the end of March 2017, 17,324 older people were in receipt of a HCP<sup>33</sup>, indicating that the number of HCPs planned for in 2017, does not reflect the real needs of older people.

In 2016, 16,450 HCPs were delivered, with a further 2,342 people waiting for HCPs. The number of people 65 and over is increasing by 3.1 per cent each year<sup>34</sup>. To meet this level of demand for HCPs in 2018, at least 20,000 HCPs will be needed.

#### **Recommendation:**

3. Provide an additional **3,500 Home Care Packages** (HCPs) to maintain existing service level in 2018. Based on HCPs of 10 hours per week, [Cost: €45.5 million].

This level of provision does not reflect unmet need. A HSE report, Planning for Health Trends and Priorities to Inform Health Service Planning 2017, projected 210,200 people aged 65 years and over will be discharged from hospitals following an episode of care in 2017.

Twenty four per cent of these episodes of care will require a home care package<sup>35</sup>, meaning over 50,000 of these older people will be in need of a HCP.

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<sup>32</sup> HSE Service for Older People

<sup>33</sup> <http://www.hse.ie/eng/services/publications/performance-reports/January-March-2017-Quarterly-Report.pdf>

<sup>34</sup> <http://health.gov.ie/wp-content/uploads/2016/12/Health-in-Ireland-Key-Trends-2016.pdf>

<sup>35</sup> Smyth B., Marsden P., Donohue F., Kavanagh P., Kitching A., Feely E., Collins L., Cullen L., Sheridan A., Evans D., Wright P., O'Brien S., Migone C. (2017) Planning for Health: Trends and Priorities to Inform Health Service Planning 2017. Report from the Health Service Executive.

<http://www.hse.ie/eng/services/publications/planningforhealth.pdf>

#### 4. Cost of Medicines

Cost sensitivity has been shown to be a factor in individuals postponing seeking healthcare and for non-adherence to medication<sup>36</sup>. All people aged over 70 are eligible for free GP visits. However, 20 per cent of those over 70 are not eligible for free medications<sup>37</sup>. They are over the income threshold of €500 per week for a single applicant and €900 for a joint application for a medical card. This income threshold has not increased since 2014, despite an increase of €8 in the top rate of the State Pension in 2016 and 2017.

##### **Recommendation:**

4. Increase the income threshold for a medical card by €8 in line with increases in the State Pension.

For those experiencing multiple morbidity or long-term illnesses, being over the limit for a medical card carries significant extra costs. These may include medical appliances, blood tests, chiropody, therapies, hearing aids, dentures and medication. The cost of monthly prescriptions for many people 70 and over can be up to the drug payment scheme monthly cap of €144 (€1,728 per year). This represents a significant burden, particularly for single or widowed people, as it is equal to almost a month's gross income for those on €501 per week, just over the threshold for a medical card.

Age Action members worry about meeting cost of medication:

*"Let me keep my medical card as I live alone and am heading into my late 80s."*

*"People over 90 years of age should be given a medical card to cover chemist bills - at this time of life."*

<sup>36</sup> <http://www.mdpi.com/1660-4601/7/4/1330>

<sup>37</sup> Smyth B., Marsden P., Donohue F., Kavanagh P., Kitching A., Feely E., Collins L., Cullen L., Sheridan A., Evans D., Wright P., O'Brien S., Migone C. (2017) Planning for Health:Trends and Priorities to Inform Health Service Planning 2017. Report from the Health Service Executive.

*“I need more help towards chemist bill €144 per month.”*

*“Regarding pharmacy prescriptions ....I fear that some people are forced to go without their medication as they are not able to afford it.”*

#### *Reinstate over 70s Medical Card*

Whilst it is difficult to ascertain the total cost of providing automatic entitlement to the over 70s medical card, the latest data from Primary Care Reimbursement Scheme Report suggest an approximate cost to cover prescriptions.

In 2015, there were 80,028 people 70 and over eligible for the over 70s GP visit card. The average pharmacy cost per person with a medical card was €730.40<sup>38</sup>, which suggests an overall cost of approximately €58 million.

#### **Recommendations:**

5. As a first step towards **reinstating the over 70s medical card**, expand the range of services provided by the GP visit card to include prescriptions for over 70s [Cost: €58 million].

#### *Removal of the Medical Card prescription charge*

The reduction in the prescription charges for the 330,000 over 70 medical card holders in last year’s budget is welcomed<sup>39</sup>. Research from the Longitudinal Study on Ageing (TILDA) found that 31 per cent of over 65s have five or more prescriptions, rising to 36 per cent in the over 75s. Older people are therefore more likely to require multiple prescriptions, which can cost up to €240 per year. This equates to more than a week’s income for those solely reliant on the State Pension and places financial hardship on the sickest and least well off in our society.

<sup>38</sup> [http://www.hse.ie/eng/staff/PCRS/PCRS\\_Publications/PCRS-statistical-analysis-of-claims-and-payments-2015.pdf](http://www.hse.ie/eng/staff/PCRS/PCRS_Publications/PCRS-statistical-analysis-of-claims-and-payments-2015.pdf)

<sup>39</sup> Older people are more likely to require multiple prescriptions, which can cost up to €240 per year.

In an attempt to save money, older people may not take essential medication such as blood pressure tablets as prescribed. According to Professor Charles Normand, this has been responsible for 200 to 300 strokes every year and a similar number of heart attacks<sup>40</sup>.

**Recommendations:**

6. Removal of **the GMS prescription charge for over 70s medical card holders** [cost €6.6 million]<sup>41</sup>

## **5. Conclusion**

These measures must be funded if the State is to meet its duty to ensure older people's fundamental right to the highest attainable standard of health is met.

If you require any further information please do not hesitate to contact us at the details below.

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<sup>40</sup> [https://www.ageaction.ie/sites/default/files/ageing\\_matters\\_february\\_2016.pdf](https://www.ageaction.ie/sites/default/files/ageing_matters_february_2016.pdf)

<sup>41</sup> <http://www.irishexaminer.com/ireland/budget-2017-health-budget-concessions-will-require-change-to-legislation-425316.html>