



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

Oifig an Phríomhoifigigh Airgeadais  
Feidhmeannacht na  
Seirbhíse Sláinte  
Seomra 125, Ospidéal  
Dr. Steevens  
BÁC 8

Office of the Chief Financial Officer  
Health Service Executive  
Room 125, Dr Steevens  
Hospital  
Dublin 8

23<sup>rd</sup> September 2021

Deputy David Cullinane TD,  
Dáil Éireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

***Re PQ 41545 21: To ask the Minister for Health the estimated total annual diabetes-related expenditure.***

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. Your PQ above has been referred to me for response.

In Ireland, acute hospital activity data for admitted patients (daycases and inpatients) are captured on the Hospital Inpatient Enquiry (HIPE) system. Diagnoses and procedures are classified using International Statistical Classification of Diseases and related health problems, 10th revision - Australian Modification/Australian Classification of Health Interventions/Australian Coding standards/Irish Coding Standards (ICD10-AM/ACHI/ACS/ICS). Costs for inpatients and daycases are allocated at the DRG level. The HIPE system does not cover Emergency Department, outpatient or Community activity. For further information on what is collected on HIPE please refer to [www.hpo.ie](http://www.hpo.ie).

The Healthcare Pricing Office (HPO) generates national prices at the Diagnosis Related Group (DRG) level rather than at the individual diagnosis or procedure level.

A DRG is a classification which groups cases which are clinically similar and which are expected to consume similar amounts of resources. This grouping, although mainly diagnosis driven, is carried out by examination of the case in its entirety including all diagnoses, all procedures carried out and demographic and administrative information. The actual assignment of a case to a particular DRG takes into account each of the (up to) 30 diagnosis and (up to) 20 procedure codes associated with the case in addition to the patient's demographic information. This means that depending on the treatment received, two cases with the same principal diagnosis can be assigned to two (or more) different DRGs.

Due to the complexity of the clinical classification and sequencing rules of diabetes coding it is not possible to uniquely identify those treated with 'diabetes related illnesses' from HIPE, and also therefore the costs involved. Diabetes is always coded when documented on the medical chart as per the classification rule. The patient may not have been treated during their care for diabetes however, e.g. they may have been admitted for a broken leg, but if that patient happened to have diabetes and this is documented on the chart then diabetes is coded.

In light of the fact that the HIPE system does not cost at diagnosis or procedure level it is not possible for us to provide costs at the level required to respond to your PQ.

If you have any queries, please do not hesitate to contact me at [sarah.anderson1@hse.ie](mailto:sarah.anderson1@hse.ie) or tel: 045 882559.

Yours sincerely

*Sarah Anderson*

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