



Oifig an Stiúirthóra Náisiúnta  
um Rochtain agus Imeascadh

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Deputy Colm Burke  
Dáil Éireann  
Leinster House  
Dublin 2

30<sup>th</sup> May 2025

***PQ 24359/25 - To ask the Minister for Health the number of patients undergoing treatment for sleep disorders in Ireland in each of the years 2020 to 2024, and as of 30 April 2025, in tabular form; and if she will make a statement on the matter. -Colm Burke***

***PQ 24360/25 - To ask the Minister for Health the number of patients currently awaiting diagnosis for sleep apnoea in Ireland, in tabular form; and if she will make a statement on the matter. -Colm Burke***

***PQ 24361/25 - To ask the Minister for Health the number of patients undergoing treatment for sleep apnoea in Ireland in each of the years 2020 to 2024, and as of 30 April 2025, in tabular form; and if she will make a statement on the matter. -Colm Burke***

***PQ 24362/25 - To ask the Minister for Health the total cost burden of sleep apnoea on the health service in each of the years 2020 to 2024, and as of 30 April 2025, in tabular form; and if she will make a statement on the matter. -Colm Burke***

***PQ 24363/25 - To ask the Minister for Health if she will examine the creation of a national sleep programme; and if she will make a statement on the matter. -Colm Burke***

Dear Deputy Burke,

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

Hospital In-Patient Enquiry (HIPE) is a health information system, managed by the Healthcare Pricing Office (HPO) of HSE Finance and is designed to collect clinical and administrative data on discharges from, and deaths in, acute public hospitals in Ireland. HIPE discharges are clinically coded from charts in the hospitals, this includes translating medical terminology into alpha-numeric code and using the entire chart to extract the conditions and procedures to create an adequate picture of the patient's health care encounter.

Please see the included Excel file detailing information in response to PQs 24359/25, 24361/25 and 24362/25.

HIPE advised of the following additional information in relation to PQ 24362/25:

*The HPO provides costs at Diagnosis Related Group (DRG) level and not at individual diagnosis or procedure. The response is based on the 2024 inpatient or daycase price for the most prominent DRG of episodes with a principal diagnosis of sleep apnoea.*



*Episodes with this DRG represent over 70% of the total inpatient and daycase episodes with a principal diagnosis of sleep apnoea, and are considered to best represent a typical episode with a principal diagnosis of sleep apnoea.*

In relation to PQ 24360/25 and PQ 24363/25, please note that information on the number of people currently awaiting diagnosis of sleep apnoea and on the creation of a national sleep programme is not held centrally.

I trust this is of assistance to you.

Yours Sincerely,

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**John Smith**  
**Assistant National Director**  
**Access & Integration**

Filename: H250097\_PQ\_24359\_25\_HIPE\_Information.xlsx

Source: HIPE, Healthcare Pricing Office

Data Used: HIPE\_2020\_ASOF\_0421\_V17\_CLOSE, HIPE\_2021\_ASOF\_0522\_V18\_CLOSE, HIPE\_2022\_ASOF\_0323\_V16\_CLOSE, HIPE\_2023\_ASOF\_0324\_V13\_CLOSE, HIPE\_2024\_ASOF\_0325\_V15\_CLOSE.

Date: May 2025

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#### Notes:

In-patient and daycase discharges are reported only; ED and out-patient attendances are not recorded on HIPE.

HIPE data is based on hospitalisations which may include multiple admissions for the same patient. Therefore, it is not possible to use HIPE to examine certain parameters such as the number of hospital encounters per patient, or to estimate incidence or prevalence of disease.

Diagnosis and Procedures are coded using ICD-10-AM/ACHI/ACS (From 2020 to 2023 the 10th edition was used. From 2024 the 10th edition is used). This change in the coding classification needs to be considered when looking at the data across years.

ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification.

The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS) to reflect an accurate health episode of care.

HIPE collects a principal diagnosis and up to 29 additional diagnoses per discharge.

**PQ 24359/25: To ask the Minister for Health the number of patients undergoing treatment for sleep disorders in Ireland in each of the years 2020 to 2024, and as of 30 April 2025, in tabular form; and if she will make a statement on the matter. -Colm Burke**

**Table 1: Total discharges from acute hospitals reported to HIPE, with a principal diagnosis code from the specified list of sleep disorder codes, 2020-2024.**

| Sleep Disorders     | 2020  | 2021  | 2022  | 2023  | 2024  |
|---------------------|-------|-------|-------|-------|-------|
| Principal Diagnosis | 1,288 | 1,337 | 1,820 | 2,702 | 1,769 |

**Table 2: Total discharges from acute hospitals reported to HIPE, with an additional diagnosis code (but not a principal diagnosis code) from the specified list of sleep disorder codes, 2020-2024.**

| Sleep Disorders      | 2020  | 2021  | 2022  | 2023  | 2024  |
|----------------------|-------|-------|-------|-------|-------|
| Additional Diagnosis | 1,842 | 2,077 | 2,085 | 2,445 | 2,196 |

#### Definitions:

**Principal Diagnosis** is the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care, or an attendance at the health care establishment, as represented by a code.

**Additional Diagnoses** refer to conditions or complaints either coexisting with the principal diagnosis or arising during the episode of admitted patient care, episode of residential care or attendance at a health care establishment, as represented by a code.

#### ICD-10-AM diagnosis codes for sleep disorders:

- F51.0 Nonorganic insomnia
- F51.1 Nonorganic hypersomnia
- F51.2 Nonorganic disorder of the sleep-wake schedule
- F51.3 Sleepwalking [somnambulism]
- F51.4 Sleep terrors [night terrors]
- F51.5 Nightmares
- F51.8 Other nonorganic sleep disorders
- F51.9 Nonorganic sleep disorder, unspecified
- G47.0 Disorders of initiating and maintaining sleep [insomnias]
- G47.1 Disorders of excessive somnolence [hypersomnias]
- G47.2 Disorders of the sleep-wake schedule
- G47.3 Sleep apnoea
- G47.4 Narcolepsy and cataplexy
- G47.8 Other sleep disorders
- G47.9 Sleep disorder, unspecified
- P28.3 Primary sleep apnoea of newborn

Filename: H250096\_PQ\_24361\_25\_PQ\_24362\_25\_HIPE\_Information.xlsx

Source: HIPE, Healthcare Pricing Office

Data Used: HIPE\_2020\_ASOF\_0421\_V17\_CLOSE, HIPE\_2021\_ASOF\_0522\_V18\_CLOSE, HIPE\_2022\_ASOF\_0323\_V16\_CLOSE, HIPE\_2023\_ASOF\_0324\_V13\_CLOSE, HIPE\_2024\_ASOF\_0325\_V15\_CLOSE.

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Diagnosis and Procedures are coded using ICD-10-AM/ACHI/ACS (From 2020 to 2023 the 10th edition was used. From 2024 the 10th edition is used). This change in the coding classification needs to be considered when looking at the data across years.

ICD-10-AM is the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification.

The ICD-10-AM disease component is based on the World Health Organisation (WHO) ICD-10. ICD-10-AM is used in conjunction with the Australian Classification of Health Interventions (ACHI), and the Australian Coding Standards (ACS) to reflect an accurate health episode of care.

HIPE collects a principal diagnosis and up to 29 additional diagnoses per discharge.

**PQ 24362/25: To ask the Minister for Health the total cost burden of sleep apnoea on the health service in each of the years 2020 to 2024, and as of 30 April 2025, in tabular form; and if she will make a statement on the matter. -Colm Burke**

#### ICD-10-AM diagnosis codes for sleep apnoea:

|        |                                   |
|--------|-----------------------------------|
| G47.30 | Sleep apnoea, unspecified         |
| G47.31 | Central sleep apnoea syndrome     |
| G47.32 | Obstructive sleep apnoea syndrome |
| G47.33 | Sleep hypoventilation syndrome    |
| G47.39 | Other sleep apnoea                |

#### Definitions:

**Principal Diagnosis** is the diagnosis established after study to be chiefly responsible for occasioning an episode of admitted patient care, an episode of residential care, or an attendance at the health care establishment, as represented by a code.

The response to this PQ is based on analysis of the AR-DRG V10.0 grouping of episodes with a principal diagnosis of sleep apnoea only, and further analysed by patient type. Please note the following in relation to DRGs:

The HPO generate costs and 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. 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.

It is not possible to assign a DRG code to a specific procedure or diagnosis, it is the case in its entirety which defines the DRG. For this analysis AR-DRG V10.0, the version currently in use, is used.

Total discharges from acute hospitals reported to HIPE, with a principal diagnosis of sleep apnoea, by patient type for the years 2020-2024 are given in Table 1 below:

**Table 1: Total discharges from acute hospitals reported to HIPE, with a principal diagnosis of sleep apnoea, by patient type, 2020-2024.**

| Sleep Apnoea | 2020         | 2021         | 2022         | 2023         | 2024         |
|--------------|--------------|--------------|--------------|--------------|--------------|
| Inpatient    | 969          | 934          | 929          | 1,336        | 1,206        |
| Daycase      | 72           | 72           | 156          | 194          | 157          |
| <b>Total</b> | <b>1,041</b> | <b>1,006</b> | <b>1,085</b> | <b>1,530</b> | <b>1,363</b> |

#### 2020-2024: DRG V10.0 analysis:

Of the 5,374 inpatient episodes from 2020 to 2024, greater than 73.5% of the episodes grouped to DRG E63B SLEEP APNOEA, MINC in AR-DRG V10.0.

Of the 651 daycase episodes from 2020 to 2024, greater than 73.5% of the episodes grouped to DRG E63B SLEEP APNOEA, MINC in AR-DRG V10.0.

Although some of these episodes also fall into a range of other DRGs, E63B SLEEP APNOEA, MINC is the predominant DRG for both inpatients and daycases throughout the years 2020 to 2024 (AR-DRG V10.0). These inpatient and daycase episodes are taken to represent typical inpatient or daycase episode respectively with a principal diagnosis of sleep apnoea.

In 2024 the inpatient inlier price for E63B SLEEP APNOEA, MINC (DRG V10.0) was €1,110, while the daycase price was €535 (Source: 2024 Admitted Patient Price List).