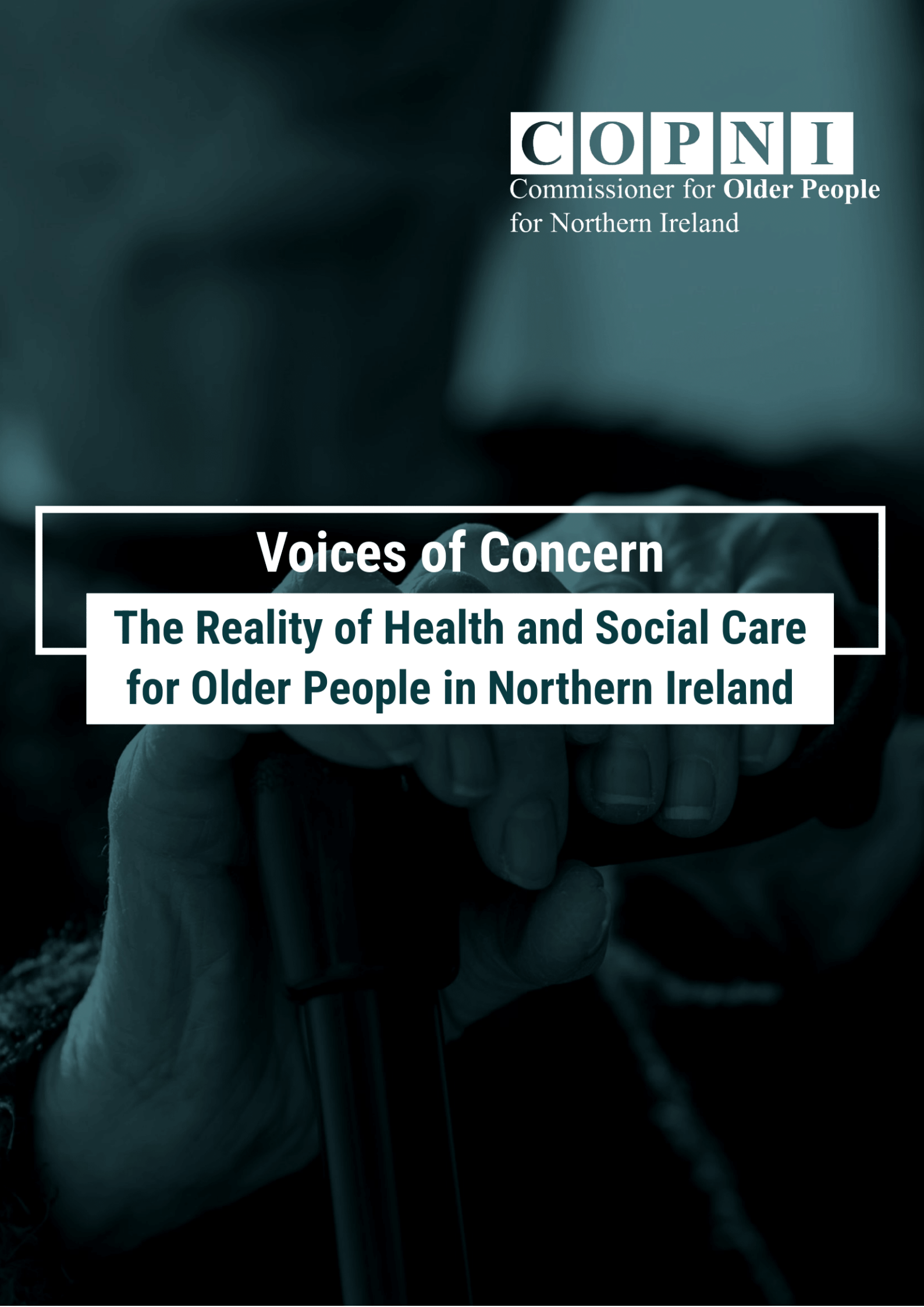


COPNI
Commissioner for Older People for Northern Ireland

Voices of Concern

The Reality of Health and Social Care for Older People in Northern Ireland

Equality House
7-9 Shaftesbury Square,
Belfast, BT2 7DP

T: 028 9089 0892
E: info@copni.org
www.copni.org

Publication date: February 2026
Author: Ángel Leira Pernas

COPNI
Commissioner for **Older People**
for Northern Ireland

Contents

List of tables and figures

Foreword

Voices of Concern: The Reality of Health and Social Care for Older People in Northern Ireland

Commissioner for Older People for Northern Ireland

In the midst of another winter, we continue to brace for the challenges of the weeks ahead. Year after year, winter pressures serve as a stark reminder that the trajectory of our health and social care services is declining. The financial and workforce demands experienced by the Health and Social Care (HSC) sector and independent providers throughout the year become more acute when winter arrives. And when winter finally passes, instead of feeling relief, we are left asking: in an ageing society, how much worse will the next winter be?

HSC workers, political representatives, civil servants, and independent providers are all aware that our health and social care services are under strain due to rising demand. We discuss these pressures endlessly. **Yet it is crucial to consider how these pressures are experienced by those most affected by reduced service provision—older people**. This group is not only the most likely to require healthcare and social care, but is also disproportionately affected by winter pressures, experiencing an excess mortality during winter significantly above average.[1]

[1] In the past 15 years, the excess winter mortality for the population aged 0-64 has averaged 7.9% per year. This compares with 11.6% for those aged 65-74, 16.0% for those aged 75-84, and 21.6% for those aged 85+. Source: NISRA Winter Mortality in Northern Ireland 2023/24 Tables.

During the summer months of 2025, I conducted an engagement exercise with older people. The main purpose of this exercise was to fulfil a primary duty of my role, that is, to ensure that the views of older persons are reflected in my advice to government. During this engagement, I held numerous meetings with older people's groups and conducted a survey in which 1,233 individuals older than 60 took part. In this survey, I asked older people to share what they believed should be my priorities during my term as Commissioner and discovered how deeply affected they felt by the reduced services in the HSC.

Unsurprisingly, older people proved to be extremely concerned with the trajectory of health and social care. What I did not predict was the extent of this concern, the number of negative experiences shared by the people I engaged with and, most of all, the sense of vulnerability that they expressed about the services available to them.

Older people are the sector of the population that is most in contact with health and social care. As such, they are a barometer of the status of HSC provision. During my engagement with older people, they consistently stated a belief that the present trajectory of services constituted evidence that universal health provision was disappearing before our eyes. They felt that everything which for years they had taken for granted, is today no longer available.

The present report seeks to do two things. First, it aims to give voice to older people's experiences of, and concerns with, our health and social care services. Second, the report aims to locate older people's experiences—as shared in the survey—within the broader statistical context. Older people's sentiment that services are no longer accessible is—at least partially—backed by evidence.

The realities of the present situation are that all public services are strained due to population ageing. According to the population projections of NISRA, 2024 was the last year in Northern Ireland with more people under 15 years of age than people older than 65. From 2025 onwards, the older population will grow significantly in relation to children, young people, and working age population.

In 2000, there were 5 persons of working age per persons of pension age. This relationship was down to 4 to 1 in 2020. By 2040, it will be lower than 3 to 1, which means that less than three persons of working age will have to provide through taxable income for a growing older population that will require increasing health and social care services.

Demographic ageing is the key factor in terms of pressures on our health and social care services. As the number of older people increases exponentially so too does the demand for health services—and yet at the same time, the number of people working to fund and operate these services is rapidly diminishing.

However, addressing the pressures of demographic ageing cannot be the sole responsibility of the DoH, the HSC, or independent health and social care providers. My office has previously published a report outlining the challenges posed by demographic ageing across multiple sectors, including health, housing, economic activity and growth, and public services more broadly.[2]

A whole-government approach is required to mitigate the impact of demographic ageing on our welfare model. This requires not only reform within health services but also rethinking how these services interact with the work of other departments. Measures such as adapted housing, improved transport services, stronger support for older workers and those with caring responsibilities, and legislation that protects older people can help alleviate the pressures of demographic ageing. While these pressures are most acutely felt in health and social care, their causes and their solutions are by no means confined to that sector.

For older people, having a good quality of life in their later years is a right earned after a life of hard work—the right to enjoy basic universal services after funding them throughout their lives. Regrettably, due to the great financial pressures that the HSC sector is experiencing, the government and the Department of Health (DoH) are, day after day, struggling to uphold this right.

Amid reductions in services, workforce shortages, higher costs and higher demand, my worry is for older people today and tomorrow. This report examines the trajectory of health services and the root causes of its problems. In examining these causes, it becomes evident that the reasons for the strain in the health sector are not going away, as they are structural.

The issues older people face are real, but they are not the fault of the dedicated staff working across our health and social care services. These professionals work long and exhausting hours, consistently placing service users' needs before their own. Yet, like service users, staff are being overwhelmed by the root causes of the crisis.

As the rights of older people are at stake, it is my hope that the DoH and the Executive set out a clear and credible vision for addressing these challenges in the short, medium, and long term. Limited funding, rising demand, and workforce shortages are not temporary pressures. Therefore, these issues cannot be used as excuses for inaction, but must, in fact, be the spur to act.

[2] Commissioner for Older People for Northern Ireland (2024) At the Centre of Government Planning. The Programme for Government and Preparing for an Ageing Population.

As Commissioner for Older People, I expect that this call for attention, which comes directly from our older population, is serious enough to lead to decisive action and a new way of working guided by strong leadership.

Siobhan Casey
Commissioner for Older People for Northern Ireland

Key facts

1. OLDER PEOPLE'S PRIORITIES

In a survey conducted by the Commissioner for Older People for Northern Ireland during the summer of 2025**, older people expressed strong concern about diminishing access to healthcare** and identified health and social care as the primary area requiring attention from public authorities. **Long waiting lists for specialists, surgery and treatments** generate enormous anxiety among older people, who today experience a much reduced sense of protection.

Older people believe that GP practices are putting barriers in place to deter them from seeking care, in particular through **limitations for appointments, difficulties in speaking to a GP, obstructive telephone systems and calling hours restrictions**. Many believe that the present situation reflects a long-term decline in public health and social care services, seeing current issues as evidence of the erosion of universal healthcare.

Older people feel that **their lifetime contribution to society is not matched by the level of service they receive today**.

2. POPULATION AGEING

Population ageing in Northern Ireland is driven by longer life expectancy at birth and lower birth rates. Life expectancy at birth has risen over the past 40 years—slowing since 2010—while fertility rates have declined sharply and reached their lowest ever level in 2023 (1.63).

The population pyramid of Northern Ireland shows a progressive shrinking of younger groups and expanding older cohorts across the four decades between 2000 and 2040. **By 2040, the number of people reaching retirement age will exceed those entering the workforce**.

The share of older people has grown significantly in the past two decades and will continue growing quickly in the coming decades. **This drives higher demand for health and social care services and causes issues of workforce availability and service delivery**. In addition, as fewer working age adults support more older people, fiscal and budgetary pressures increase.

3. OLDER PEOPLE AND UNIVERSAL SERVICES

According to COPNI's survey, older people report significant anxiety about the deterioration of universal health and social care services. As high frequency users of these services, **older people are sensitive to changes in service delivery and can identify critical issues in the HSC sector**.

The DoH is experiencing acute challenges caused by increasing overall demand for health and social care. Despite a 35.5% rise in resources over the past five years, the DoH has reduced service levels due to **structural problems, rising costs, and increased demand**. Essential services for older people—such as residential care, domiciliary care, GP access, and hospital beds—are becoming increasingly difficult to fund, **making older people the social group that is most vulnerable to service restrictions**.

Older people in Northern Ireland are witnessing a **sharp decline in universal health and social care provision**. Older individuals now receive fewer services per capita because of pressures on the system caused by population ageing.

4. HIGHER DEMAND FOR HEALTH AND SOCIAL CARE

Population ageing drives up healthcare costs. Multimorbidity increases steadily with age and is the strongest predictor of high healthcare costs. Providing acute and general care is more expensive for older age groups. **The annual average care costs for a person over 60 are more than four times higher than for those aged 15-59**.

Northern Ireland has the second-highest per capita health spending in the UK and the highest age-adjusted health expenditure. **Despite its relatively young population, Northern Ireland spends more on healthcare per person—adjusted for age—than any other UK region**. The population in Northern Ireland is expected to age faster than anywhere else in the UK, further increasing pressure on healthcare costs.

Despite its comparatively high level of healthcare expenditure, Northern Ireland's health system underperforms relative to other parts of the UK, with **far longer outpatient and emergency waiting times. In the past decade, inpatient waiting lists have increased by 145%, diagnosis by 206%, and outpatient by 292%**.

5. STAFFING ISSUES

The number of working age people relative to people of retirement age is declining sharply in Northern Ireland. **This is causing many health and social care professions to experience staff shortages**. Over the past two decades, the sector has required a steadily growing workforce to meet rising service demands. For instance, **the HSC workforce has expanded by almost one third in the past 15 years, while the working age population increased by only 4.75%**. In some professions, such as medical and dental, the workforce has increased by nearly 50%, indicating a vigorous recruitment drive by the sector. However, despite these efforts, vacancy levels remain high and Trusts struggle to meet demand in key areas.

With Northern Ireland's unemployment rate at just 2.6%, the health sector faces a limited pool of available workers to fill roles. In addition, the workforce is ageing, which will further complicate staff availability in the future. In 2005, only 19% of HSC staff were over 50, but by 2025 that figure had risen to more than 32%. **By 2040, around one-third of the current HSC workforce will have reached retirement age, with fewer younger people entering the labour market to replace them**.

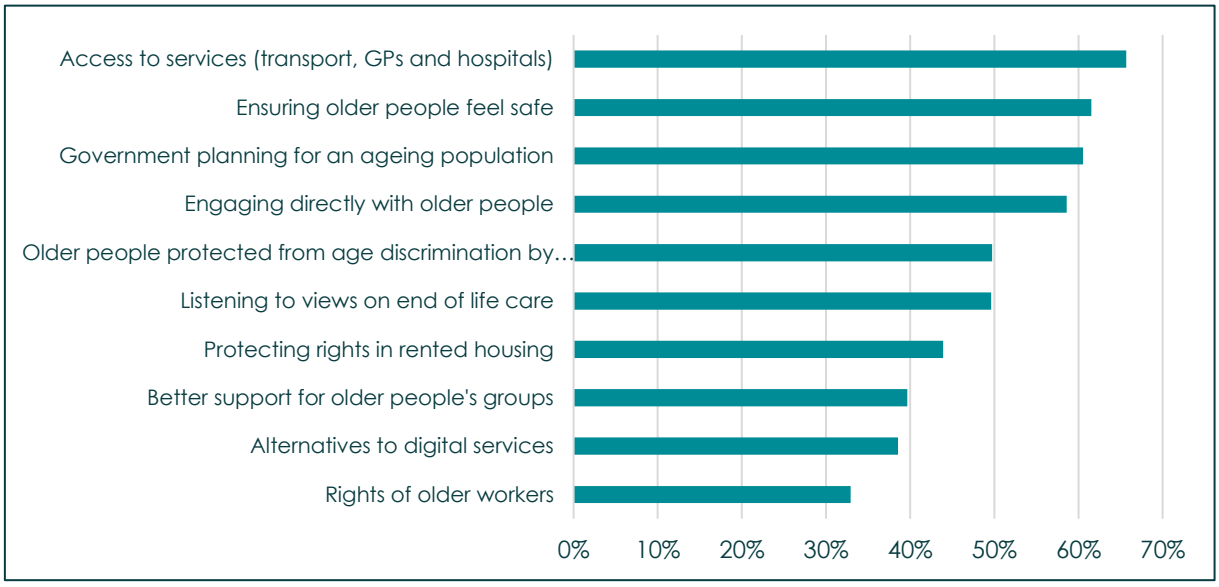
Due to the pressures on services and staff availability, **nurses, social workers, and GPs are increasingly reporting burnout, heavy workloads, and a desire to leave the profession**.

Survey on the Commissioner's priorities

The Commissioner for Older People for Northern Ireland (COPNI) is the statutory office dedicated to 'safeguard and promote the interests of older people.'[3] The COPNI Act identifies, among its core duties, the requirement 'to ensure that the views of older persons are sought concerning the exercise by the Commissioner of the Commissioner's functions.'[4] In practice, this means the Commissioner must actively ensure that the voices of older people are heard and that their perspectives help shape the Commissioner's work.

In order to fulfil this duty, COPNI conducted an engagement exercise with older people across Northern Ireland during summer 2025, which included face to face discussions and the completion of a survey by 1,233 older people. The survey sought the views of older people regarding what they believed the priorities for COPNI should be in the years ahead to protect their interests.

FIGURE 1. Priority Issues for respondents[5]



[3] Commissioner for Older People (Northern Ireland) Act 2011, s 2 (Principal aim of the Commissioner) – (1) The principal aim of the Commissioner in exercising the functions of the Commissioner under this Act is to safeguard and promote the interests of older persons.

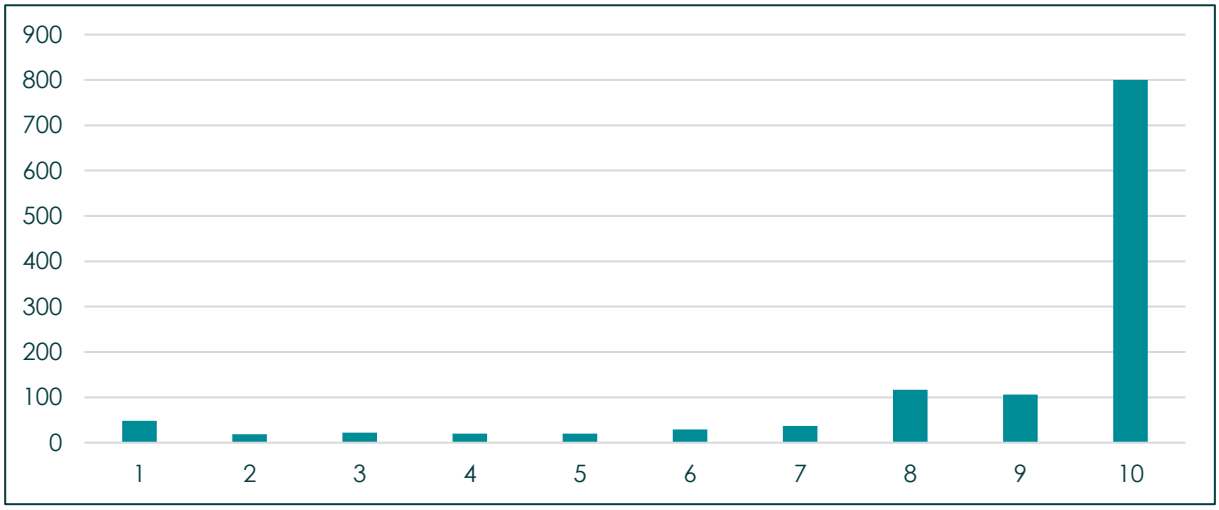
[4] Commissioner for Older People (Northern Ireland) Act 2011, s 3 (Duties of the Commissioner) – (8) The Commissioner must take reasonable steps to ensure that — (c) the views of older persons are sought concerning the exercise by the Commissioner of the Commissioner's functions.

[5] Source: COPNI's Engagement Survey. Sample: 1,233 questionnaires. Participants were asked to rate the level of priority given to different issues on a scale from 1 to 10. The graphic shows the percentage of respondents that assigned "top priority" (10 out of 10) to each issue.

While many topics arose from the meetings and the survey, one theme emerged with a higher prominence: older people are concerned about health services and want the Commissioner to turn this preoccupation into the central focus of her work.

In the survey, participants were asked to rate the importance of the issues they believed the Commissioner should prioritise during her tenure. The issue most frequently selected as a top priority (10 out of 10) was "Access to services (transport, GPs and hospitals)," with 65.7% of respondents identifying it as the top priority for the Commissioner (see Figure 1). The majority of respondents also assigned the highest level of priority to this area (see Figure 2).

FIGURE 2. Distribution of priority scores (1–10) for the issue "Access to services (transport, GPs, hospitals)"[6]



Older people's main concerns

Survey participants were asked to share specific changes or improvements that will make Northern Ireland a better place to age. **Health and social care was by far the most common theme that older people believed should be addressed urgently by government** and be the primary focus of the Commissioner's work.

> *"Access to healthcare across the board: GPs, ambulance services, hospital services…"*

> *"Good access to health professionals."*

[6] Source: COPNI's Engagement Survey. Sample: 1,233 questionnaires. Participants were asked to evaluate the level of priority that should be given to different issues on a scale from 1 to 10. The graphic shows the total responses assigned to the issue defined as "Access to services (transport, GPs, hospitals)".

"More care homes and modernise care homes."

"Better access to doctors and better care homes"

Survey participants argued that **an improved and efficient healthcare system was needed to enhance their sense of protection**. For them, a good public health service provides an important feeling of security that is essential in later life. In contrast, the perception that the HSC is deteriorating and that services are becoming more restricted and unavailable increases anxiety and uncertainty.

"When you are my age, you do not ask for very much, only for the NHS to look after you, and to give you access to doctors and hospitals when needed."

"The health service is in a terrible state. This is very worrying for pensioners, particularly those who live alone. It must be given the utmost priority."

"Healthcare is vital as it causes tremendous anxiety."

Many participants shared the feeling that the current situation is 'temporary'. They are not happy with the services that are currently being provided by the HSC but believe it is still attributable to the post-COVID aftermath, thereby preserving a sense of hope that this situation will be reversed. **Many respondents shared this feeling of abnormality of the post-COVID working system**, and hope that things would go "back to normal".

"Please, get GPs to work as they did pre-COVID."

"We need GP practices to fully reopen, as too many are still using the same system for appointments as during COVID."

The sense of abnormality that many participants perceived was connected to the **perception of rapid deterioration of health and social care services**. Such perception is identified in issues like the telephone systems, the long waiting lists, the difficulties in speaking to a GP or a specialist, the conditions set up by GP practices to speak to doctors, and the waiting times—in emergency, surgery or specialist treatments.

Regarding hospital appointments, participants repeatedly stressed **issues experienced in accessing a specialist, surgery and treatment**, and often referred to the **length of waiting lists**. For many older people, medical and hospital appointments seemed very hard to access.

"Access to medical specialists. Waiting lists take too long."

"NHS waiting lists, especially around joint replacement and lifesaving surgery. Older people are dying on waiting lists."

"Shorter time for hospital appointments."

"Make medical appointments more accessible."

"Hospital waiting time is insufficiently adapted for older people in their last years of their life. It should be a priority to treat older patients to support their lifestyle as quickly as possible, rather than asking them to wait painful years on procedures like hip replacement."

Similar concerns were shared regarding emergencies. In this case, survey participants worried about waiting times and the immediate health risk that this entailed. While many participants stressed the importance of preventative health and of improving health across one's life course, **they emphasised strongly the dangerous and perhaps lethal consequences of emergency departments that cannot cope with demand**.

"Stop older people having to wait for hours or days in ED while waiting for a bed."

"Talk of needing an emergency ambulance (and the long hours before you get a bed) is terrifying."

"Better hospital services especially A&E. The current system is torture."

General issues with hospital appointments were mentioned regularly as a source of worry and anxiety for older people, as shown above. However, **issues with GP appointments and GP visits were by far the most dominant theme in the survey**. Respondents believed that GP practices are becoming inaccessible to older people. Many of them maintained that it is often difficult—and sometimes impossible—to visit or even speak to a doctor when they felt that they needed it. This, understandably, causes a great deal of anxiety. Significantly, older people—who are more likely to require medical attention and advice—believe that **access to doctors has become increasingly restricted** in recent years.

"Priority first and foremost: to see the GP without waiting weeks and months (I find this very important)."

"Improve the ability to get to see your doctor."

"Easier access to doctor's surgeries."

"Seeing GPs face to face and being able to make an appointment."

In particular, respondents argued that the telephone systems are not fit for purpose, that they find the systems distressing and hard to operate, and questioned the ethics of such systems.

> *"**You shouldn't have to be scared** of trying to see a doctor when you're ill and can't get through."*

> *"It is immoral and inhumane to expect older, frail and sick people to have to ring a GP practice 100 times in order to get an appointment or home visit."*

The current "telephone system" was highlighted by older people as a key point of concern. This system—alongside other explicit or unwritten rules for appointments in place at GP surgeries—was seen as the central example of "barriers" that stop older people from accessing healthcare. Survey participants indicated that **they feel they are being deliberately deterred from contacting their GP and accessing healthcare**.

> *"(We need) more access to GPs. You should be able to call anytime to make an appointment, not just at 8.30am. The elderly find it off putting to discuss things on the phone and would prefer face to face appointments."*

> *"We need better access to all medical services, particularly GPs. Abandon the atrocious phone service."*

> *"Access to GPs. It's impossible to get an appointment. The 8am scramble for appointments is a disaster."*

> *"Older people are more reluctant to ring GPs as they feel they aren't being listened to."*

> *"I feel that people should be able to get through to their GP surgery. It's not good having to call at 8:30 in the morning numerous times to then be told 'try tomorrow' as all calls are gone for that day. I'm hearing this all the time from older people I am in contact with."*

Some survey participants also shared a general **feeling of pessimism**. While some were hopeful that poor access to services was a legacy of the COVID era and, as such, a 'temporary' situation, others were concerned about the future of public healthcare. Some participants feared, based on their own experience, that the current issues are **a symptom of the end of universal health services**. This is telling, because older people are the highest service users of health services, and their experiences are likely to be reflective of substantive issues within the public health service.

> *"I'm very worried about the lack of access to GPs, and the hospital waiting lists are disgraceful. Just as I'm aging, the NHS is failing.*

> *"I worked in the NHS for 40 years and now when I need it most it is disappearing before my eyes."*

> *"Our NHS has been taken from under us."*

In summary, COPNI's engagement with older people showed that issues around health and social care are their number one concern. Older people are the members of our society that are most in contact with health services, as they are likely to require these more often. Subsequent sections of this report analyse the situation of the Department of Health and health and social care services, detailing funding difficulties, higher demand, resourcing issues and workforce constraints. Nevertheless, **for older people, the situation of health services is an issue regarding the fundamental right to universal services**.

> *"Older people have worked all their lives and are treated badly when they need help in later years."*

> *"How we care for our senior citizens and our children says a lot about the change in our society."*

Older people responding to COPNI's engagement process were previously convinced that working all their lives would earn for them a good quality of life after retiring, including access to basic services that would remain universally available. For them, such expectations seem increasingly removed from their current experiences.

Summary of the Commissioner's survey on older people's priorities

COMMISSIONER'S SURVEY ON OLDER PEOPLE'S PRIORITIES
▪ Older people of Northern Ireland identify health and social care as the **primary area requiring urgent attention**.
▪ **"Access to services (transport, GPs, hospitals)"** is the most frequently selected top-priority issue.
▪ Older people express strong concern about **deteriorating access to healthcare**.
▪ **Long waiting lists** for specialists, surgery and treatments generate anxiety and reduce sense of protection.
▪ **Emergency department delays** are viewed as dangerous and potentially life-threatening.
▪ **Issues with GP access**—especially appointment systems and telephone triage—are among the most frequent concerns.
▪ **Appointment barriers in GP practices** are perceived to deter older people from seeking care.
▪ Many believe current service problems stem from a temporary post-COVID system which has not yet been restored, indicating a **sense of deterioration since the pandemic**.
▪ **Many fear a long-term decline**, seeing current issues as evidence of the erosion of universal public healthcare.
▪ Older people feel their **lifetime contribution** is not matched by the level of service they receive today. This is perceived as a breach of the social contract.

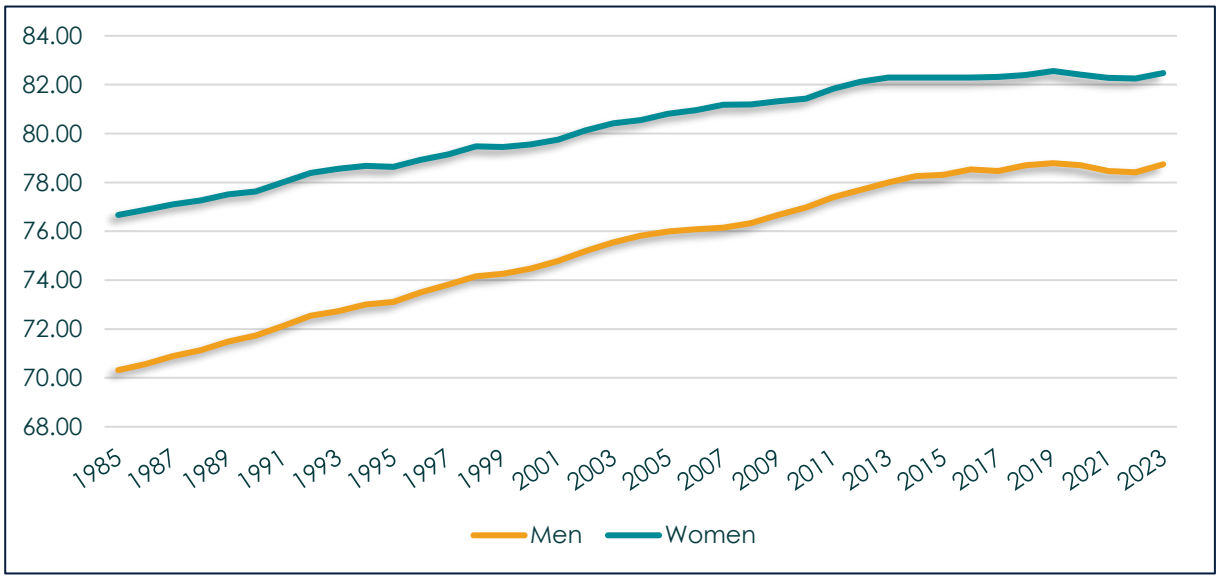
Population ageing

This report examines the challenges currently facing the health and social care sector, which are contributing to a reduction in the essential services available to older people. At the root of these challenges lies the demographic phenomenon of *population ageing*, that is, the progressive and rapid increase of older people in relation to children, young people and working age population. This demographic shift is placing increasing pressure on health and social care systems by driving up demand for services, driving up labour shortages, raising the overall cost of care to government, and narrowing the fiscal base required to sustain such services. The consequences of population ageing for health and social care are examined in the following chapters.

This chapter will focus on explaining the phenomenon from a demographic perspective. Population ageing is a common feature across all developed countries, although its pace and intensity vary between nations.

The ageing of the population is caused primarily by two phenomena. First, a progressive increase in life expectancy at birth (Figure 3) caused by improvements in living conditions, medical science, health and sanitation. Second, a sharp reduction in birthrates overtime (Figure 4). These two phenomena combined throughout the past five decades have resulted in the phenomenon today known as population ageing.

FIGURE 3. Life expectancy at birth in Northern Ireland (1985-2023)[7]



[7] ONS (2025) National Life Tables: Northern Ireland.

FIGURE 4. Fertility rate in Northern Ireland (1985-2023)[8]

People tend to live longer lives than they used to. Consequently, the number of people that survive into old age has increased in the past four decades. At the same time, women are having less children. These two combined phenomena have resulted in more older people surviving into old age when compared to those who are born or reach working age years. Through the years, this tendency has resulted in a progressive reduction in the ratio of children and young people in relation to people in older age groups.

The number of people annually reaching retirement age has also grown significantly in the past decades, as compared to the number of people reaching the legal working age. In the year 2000, the number of people reaching the legal working age (26,433) was almost twice as high as the number of those reaching retirement age (13,433). In contrast, the difference in 2024 was of less than 5,000 individuals, and by 2040, the number of people retiring will be higher than those entering the labour market (see Table 1). This tendency will continue beyond 2040 (see Figure 5).

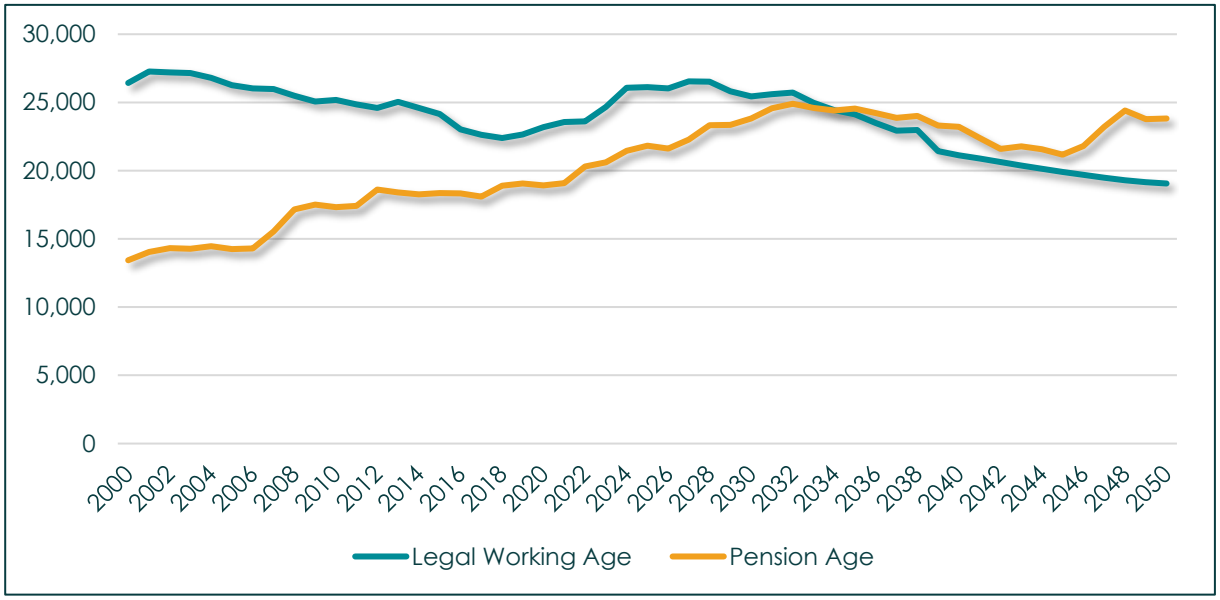
TABLE 1. Number of people reaching legal working age and retirement age per year[9]

	2000	2010	2024	2030	2040
Legal Working Age	26,433	25,177	26,069	25,449	21,135
Retirement Age	13,433	17,337	21,444	23,819	23,222

[8] NISRA, Age-specific fertility rates (single years), downloaded from Human Fertility Collection.

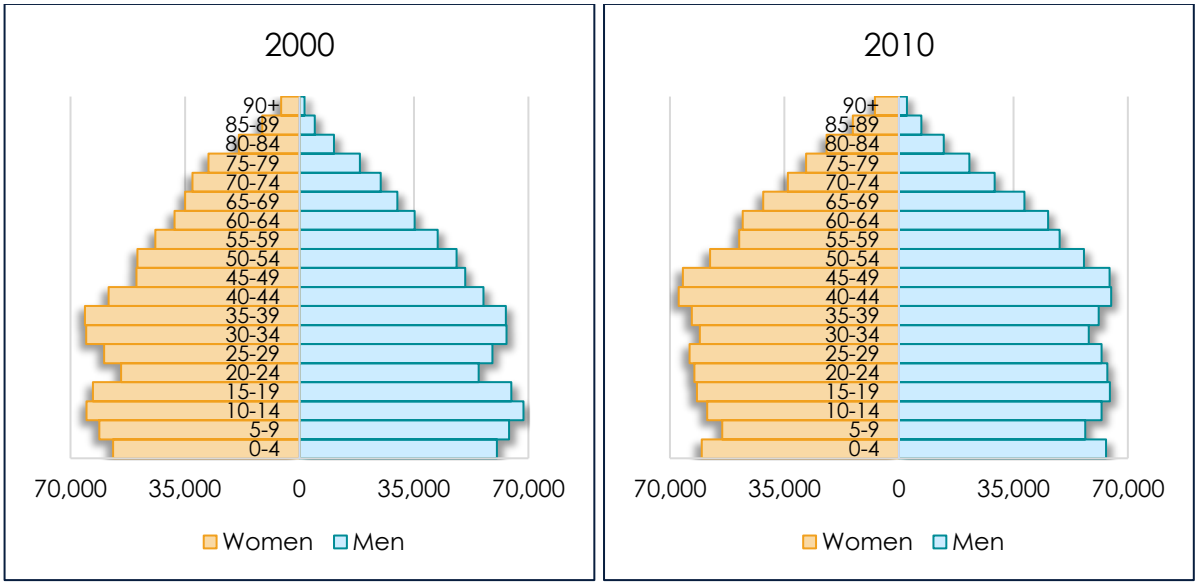
[9] NISRA 2024 Mid-Year Population Estimates and 2022-Based Population Projections.

FIGURE 5. Trends in the number of people reaching legal working age and pension age (Northern Ireland, 2000-2050)[10]



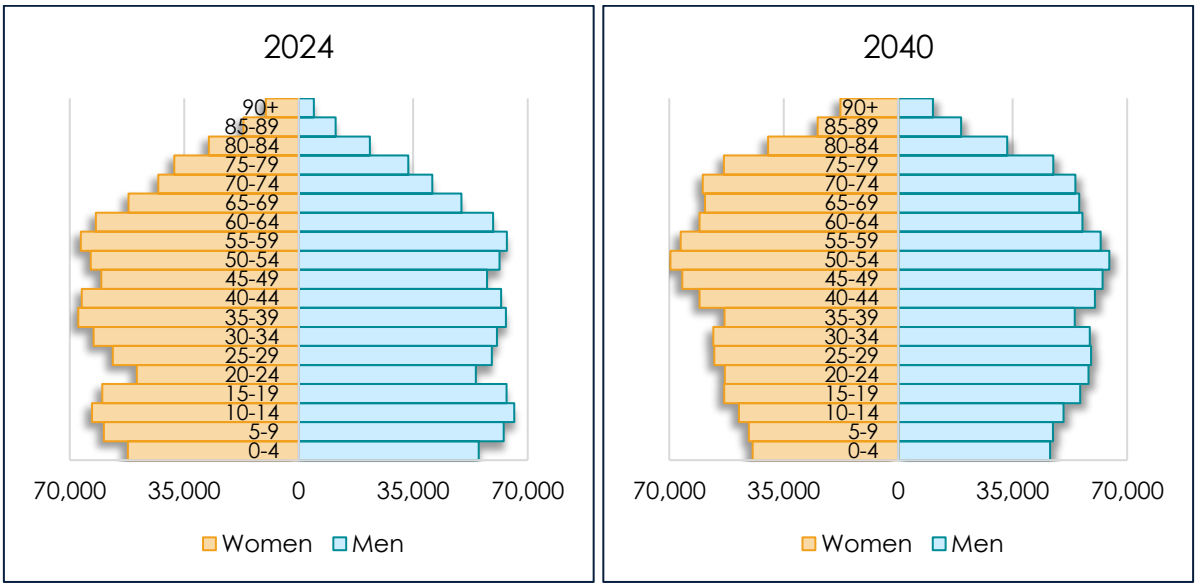
These trends are fundamentally transforming the age structure of our society. In 2000, there were three times as many children aged 0-4 as there were people aged 75-79. By 2040, the number of individuals aged 75-79 is projected to exceed that of the youngest children. This shift is visually illustrated in the population pyramids below, which show a gradual narrowing of the pyramid's base alongside an expansion of its summit over time.

FIGURE 6. Population pyramids (Northern Ireland) 2000-2040[11]



[10] NISRA 2024 Mid-Year Population Estimates and 2022-Based Population Projections.

[11] NISRA 2024 Mid-Year Population Estimates and 2022-Based Population Projections.



The phenomenon of population ageing has two principal consequences on public services. First, as older people tend to have more complex health needs, the ageing of the population increases the demand for health and social care services. Second, as the proportion of the population of working age declines, overall workforce levels, and availability decrease. Moreover, the proportion of the total population that make contributions through income tax and national insurance decreases in relation to the people that need services.[12]

[12] According to the Institute for Fiscal Studies (IFS), the biggest proportion of the UK government revenue in 2023/24 comes from taxes directly paid by the population at work (25% income tax and 16% national insurance). In total, 41% of government revenue comes from taxes directly paid by the population at work, but the working population contributes to government revenue indirectly in other ways (VAT, company taxes, capital taxes, etc.). See Institute for Fiscal Studies (2023) Where does the government get its money?.

Summary of population ageing

POPULATION AGEING
▪ **Population ageing** is driven by longer life expectancy at birth and lower birth rates.
▪ **Life expectancy at birth in Northern Ireland has risen** over the past 40 years, slowing since 2010.
▪ **Fertility rates have declined sharply** and, in 2023, reached their lowest ever level in Northern Ireland (1.63), contributing to population ageing.
▪ In 2024, **only 5,000 more people reached legal working age** than retirement age.
▪ By 2040, the number of people reaching retirement age **will exceed those entering the workforce**.
▪ The population pyramid of Northern Ireland shows a **progressive shrinking of younger groups** and expanding older cohorts (2000–2040).
▪ **The share of older people has grown significantly** in the past two decades and will continue growing quickly in the coming decades.
▪ The growing share of older people drives **higher demand for health and social care services**, as well as causes **issues of workforce availability and service delivery**.
▪ As fewer working age adults support more older people, **fiscal and budgetary pressures will increase**.

Older people and universal services

COPNI's survey found that older people were concerned with the trajectory of health and social care in Northern Ireland. **Older people believe that services have been deteriorating rapidly since the COVID-19 pandemic**. This perception causes a great deal of anxiety to older people, who are reliant on these services for a decent quality of life.

The likelihood of experiencing long-term health issues, disability, or comorbidities increases with age, making older people more dependent on health and social care services. This greater reliance makes older people more attuned to the quality of service provision and more sensitive to emerging problems in service delivery. As high frequency service users, older people are often among the first to notice when services begin to deteriorate.

COPNI's survey indicates that older people widely perceive health and social care services to be harder to access than they were just a few years ago. Respondents expressed a general sense of deterioration in the quality and availability of services, while raising particular concern about care packages, support for carers, and waiting times for GP appointments, hospital treatment, and emergencies. Some even voiced concern over the universality of health and social care provision, suggesting that these services were "disappearing before our eyes." This section will examine the validity of these concerns and assess the current state of universal service provision.

Economic implications of population ageing

Older people's concerns are not unfounded. **Evidence shows that accessing health and social care services that were once considered to be universal has become more difficult**.

In January 2025, the Health Minister stated at the Northern Ireland Assembly that

> *The HSC system will be asked to deliver £200 million in new savings for the second year running… The assumption that savings of this scale are achievable is not without considerable risk. They will inevitably have consequences for service delivery, including waiting lists.*[13]

[13] NI Assembly (2025) Written Ministerial Statement. Department of Health Written Statement to the Assembly: Publication of Equality Impact Assessment on the NI Executive Draft 2025-26 Budget; page 1.

Pressures on health services are the result of budgetary constraints. An ageing population increases exponentially the demand for health and social care services and, consequently, more resources are needed simply to maintain existing levels of service. Thus, while budgetary constraints have been experienced by all departments in recent years, they affect the DoH more acutely.

> *The cost of providing the services DoH delivers is increasing, with estimates suggesting some 6% annually. This is due to an increasingly ageing population with greater and more complex needs, increasing costs for goods/services, and growing expertise and innovation which means an increased range of services, supporting improvement in our population health. All of these bring* ***increases in the funding required each year to maintain services and meet demand****.* [14]

The costs involved in **continuing to provide the existing level of service** by the DoH escalate annually and require increased funding. Only in the past year, the day-to-day expenditure of the DoH increased by £335 million.[15] To meet the growing demand, the Department's resources have increased by over £2.2 billion within the past five years (from £6.2bn to £8.4bn, a 35.5% increase).[16] This increase represents more than half of the total resource increase for all departments in this period.

TABLE 2. Non Ring-Fence resource DEL (£ million)[17]

	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26
DoH	6,158.4	6,451.9	7,280.1	7,300.9	7,759.8	8,409.9
All departments	12,376.4	13,001.4	14,269.1	14,212.0	15,168.2	16,509.9

The DoH's Budget has grown at a steady pace compared to other departments. In 2025-26, the DoH's resources represented 51% of all the departmental expenditure of Northern Ireland (see Table 2), and in the past five years, it has received 54.4% of the total increase in resources assigned to all departments.

The resources of the DoH have grown by more than a third during the past five years. Despite this, the department is unable to meet the increasing demand for health and social care services.

[14] Department of Finance (2025) 2025-26 Draft Budget; Page 55.

[15] Department of Finance (2025) Budget 2025-26 Factsheet.

[16] Department's budgets for 25/26, 24/25, 23/24, 22/23, 21/22, 20/21.

[17] Department's budgets for 25/26, 24/25, 23/24, 22/23, 21/22, 20/21. DEL (Departmental Expenditure Limit) is the planned annual funding for Northern Ireland departments to cover routine public services, as opposed to AME (Annually Managed Expenditure), which is spending that varies year to year and cannot be precisely planned in advance, such as social security payments or pensions. The DEL is the portion of the budget directly managed by departments

How older people are affected

A common ageist misconception is that older people are to blame for the challenges associated with population ageing, and that these challenges primarily impact the rest of society. Recent examples of this narrative can be found easily in major newspapers or in parliamentary debates.

> *Most of the country's wealth is now in the hands of older people … Yet pensioners receive all sorts of unconditional discounts and benefits, such as free or discounted public transport. Their income is exempt from National Insurance contributions, and there is a triple lock on state pensions … In that sense,* ***many people, however old they are, would probably sympathise with young people today****.*[18]

> *The UK, like so many rich, ageing countries, will be stuck. If boomers cannot bring themselves to act collectively and patriotically for the greater good, as seems unlikely for many reasons, then it will be legitimate for the government to pursue their lottery winnings with higher property and pension taxes.* ***Still, dear boomer, it was a good ride while it lasted****.*[19]

> *There is no way, sadly, that* ***we as pensioners can get all the goodies and expect other people to pay for them****.*[20]

These views suggests that an ageing population poses a problem for working age individuals because more resources must be allocated to older people—who are portrayed as wealthy and privileged—leaving less for others. This viewpoint suggests that the rational thing to do in an ageing society with financial, workforce and tax pressures—caused by an ageing population—would be to give less to older people.

This perspective is fundamentally mistaken. **Older people are in fact the group that is most vulnerable to the effects of population ageing**. In Northern Ireland this is visibly exemplified by the trajectory of health services and its impact on older people.

An older person today requires a similar level of service as an older person did ten or twenty years ago. However, due to their increase in number and proportion, the aggregate level of service that older people require today—as a group—has increased significantly and will continue to do so in the future.

---

[18] Foucart, R. (26 Sep 2024) 'The boomer generation hit the economic jackpot. Young people will inherit their massive debts', The Conversation [Accessed 7th November 25].

[19] Inman, P. (21 Aug 2025) 'Can a nation in crisis rely on the baby boomer generation to step up? I think the UK is about to find out', The Guardian [Accessed 7th November 25]. Phillip Inman is senior economics writer for the Guardian.

[20] Field, F. (28 Feb 2017) Intergenerational Fairness – Commons Debate, Hansard.

As health and social care services struggle to meet the growing demand of older people as a group, this will have a significant impact on—primarily—older individuals. Residential care, domiciliary care, GPs, hospital beds, and staff to patient ratios, are several of many areas which are struggling to maintain their existing level of service with diminishing resources. As these services are widely used by older age groups, **this means that year after year, older people can access less services than they were previously able to access**.

An example of diminishing provision in the context of increased demand is provided by recent funding choices on the part of the Department of Health. Rising costs and increasing demand have caused the department to implement restrictions to essential services across several years, the majority of which have affected older people.[21]

The Budget 24-25[22] proposed 10 service cuts, while 6 service cuts were proposed in the Budget 25-26,[23] all of which disproportionately affected older people.

TABLE 3. Service cuts proposed in DoH budgets 2024-25 and 2025-26[24,25]

Budget 2024/25	Budget 2025/26
Reduction in payments for support services provided by the Community and Voluntary Sector.	Reduction in payments for support services provided by the Community and Voluntary Sector.
Reductions in Waiting List Initiative (WLI) activity.	Restriction in Waiting List Initiative (WLI) activity.
Restriction of domiciliary care packages.	Restriction of domiciliary care packages.
Reduction of independent sector care home beds.	Reduction of independent sector care home beds.
Reduction in funding for Enhanced GP Services.	A reduction in staffing.
Restrictions on the use of new drugs and therapies.	Reduction of Acute Hospital Beds/Services.
Reductions in vaccination programmes.	
A reduction in staffing of 1,200.	
Reduction of 400 Acute Hospital Beds/Services.	
Cessation of Core Grant Funding completely in 2024/25.	

[21] Department's budgets for 24/25, 23/24, 22/23, 21/22, 20/21.

[22] Department of Health (2024) Budget 2024-25 - Equality Impact Assessment.

[23] Department of Health (2025) Draft Budget 2025-26 - Equality Impact Assessment.

[24] Department of Health (2024) Budget 2024-25 - Equality Impact Assessment.

[25] Department of Health (2025) Draft Budget 2025-26 - Equality Impact Assessment.

The measures proposed by the department directly and obviously impact older people. The department's budget EQIAs acknowledge that

> *As older people tend to have more frequent, and more complex needs than the general population, any reduction in the provision of health services will affect them disproportionately.*[26]

The deterioration of essential services for older people stretches back many years. Services which were relied upon most heavily by older adults are increasingly struggling to meet demand, with pressures building progressively over time. Among the most affected areas is adult social care, which is straining to keep pace with rising need. Perhaps the most visible sign of strain on the entire health and social care sector is evident in the level of care packages across Northern Ireland. There are fewer care packages[27] today than were in place ten years ago,[28] despite the increase in the number of older people and, presumably, a growing number of people in need of a care package.[29] **The availability of a nursing beds and care packages is today lower—and subject to higher competition—than it was ten years ago**.

TABLE 4. Nursing accommodation beds and care packages in elderly programmes[30]

	Nursing Accommodation Beds	Care Packages in Elderly programme	Nursing Beds per 1000 persons 60+	Care packages per 1000 persons 60+	+60 population
2014	10,846	9,977	28.45	26.17	381,168
2015	10,854	9,959	27.96	25.66	388,174
2016	10,692	10,077	26.96	25.41	396,556
2017	10,700	9,567	26.41	23.62	405,096
2018	10,859	9,519	26.23	23.00	413,886
2019	10,832	9,771	25.54	23.04	424,043
2020	10,802	9,358	24.93	21.60	433,303
2021	10,724	8,961	24.20	20.22	443,153
2022	10,626	9,057	23.50	20.03	452,105
2023	10,572	9,396	22.91	20.36	461,430
2024	10,550	9,696	22.42	20.60	470,585

[26] Department of Health (2023) Budget 2023-24 Equality Impact Assessment, page 24; Department of Health (2024) Budget 2024-25 Equality Impact Assessment; page 23.

[27] 'A care package is the form of care recommended through care management. The term care management is used to describe the whole concept which embraces the key functions of assessing need; care-planning; and managing, coordinating and reviewing services. HSC Trusts carry out care management assessments to identify a person's needs and determine the best form of care to meet those needs i.e. a care package'. See Department of Health (2025) Statistics on community care for adults in Northern Ireland 2023/24; page 27.

[28] Department of Health (2025) Statistics on community care for adults in Northern Ireland 2023/24 and Statistics on community care for adults in Northern Ireland 1998/99 to 2022/23.

[29] NISRA 2024 Mid-Year Population Estimates.

[30] Department of Health (2025) Statistics on community care for adults in Northern Ireland 2023/24 and Statistics on community care for adults in Northern Ireland 1998/99 to 2022/23; NISRA 2024 Mid-Year Population Estimates.

Adult social care services, in particular residential, nursing, and domiciliary care, are lifeline services for many older people when most vulnerable in later life. As Table 4 illustrates, these lifeline services are in fact becoming scarcer. In this regard, **it may be legitimate to argue that older people in Northern Ireland are experiencing the end of universal health and social care services.**

The HSC is experiencing structural issues. These issues are not the result of individual negligence, malpractice or misconduct. **The talented and dedicated HSC staff work long and exhausting hours but are unable to cope with the present demand trajectory**. Without sharp modifications in the model of service delivery, the rate of service decline will accelerate in the coming years, with substantial consequences on older people's health, safety and wellbeing.

Summary of older people and universal services

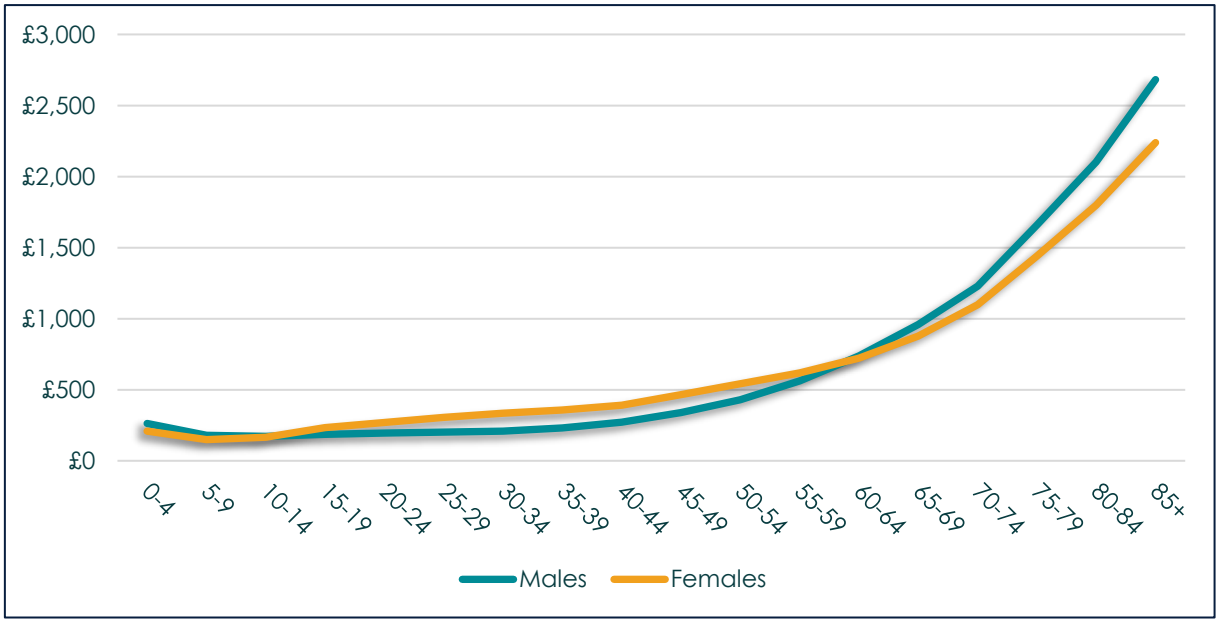
OLDER PEOPLE AND UNIVERSAL SERVICES
▪ COPNI's survey shows that **older people report significant anxiety** about the deterioration of universal health and social care services.
▪ As high frequency users of these services, older people are particularly **sensitive to changes in service delivery**.
▪ A growing older population **increases overall demand** on the health and social care system.
▪ Despite a 35.5% rise in resources, the DoH has reduced service levels due to **structural problems**—rising costs, increased demand, and budget pressures.
▪ **The cost of maintaining service levels** and meeting daily operational expenses increases each year.
▪ Older people are the social group that is **most vulnerable to service restrictions** and the impacts of population ageing.
▪ **Essential services for older people**—such as care packages, GP access, and hospital beds—are becoming increasingly difficult to fund.
▪ **Care packages are less accessible** than a decade ago.
▪ Recent DoH budgets have repeatedly proposed cuts that **disproportionately affect older people**.
▪ Older individuals now receive **fewer services per capita** because of pressures on the system caused by population ageing.
▪ Demographic change will accelerate over the next two decades, **worsening current pressures unless substantial reforms are made**.
▪ It is increasingly reasonable to argue that older people in Northern Ireland are witnessing a sharp **decline in universal health and social care provision**.

Higher demand

The previous chapter illustrated how the challenging budget environment is disproportionately impacting older people.[31] The following chapter will show how the increase in service demand caused by population ageing impacts financial and workforce resourcing in the health and social care sector.[32]

As shown in a previous chapter (Population Ageing), the number of older people has increased by a third in the past two decades, while the working age population has remained relatively stable. As the population ages and more people live in the older age groups, **the cost of care increases exponentially, as the cost of providing general and acute care is higher for those in older age groups**.

FIGURE 7. General and acute age-cost curve[33]



In other words, individuals in older age groups are likely to require more costly care. **The cost of general and acute care for people older than 60 is more than four times**

[31] Commissioner for Older People for Northern Ireland (2025) Draft Budget 2025-26 Cumulative Equality Impact Assessment.

[32] "Older people tend to have the highest and most complex needs … The Aging and Public Health overview for Ireland and Northern Ireland predicts a sharp rise in the number of people over 65 from 315,000 in 2019 to 512,000 in 2051. This demographic shift is likely to put additional pressure on health service in future." See Department of Health (2023) Budget 2023-24 Equality Impact Assessment; page 24.

[33] NHS England (2023) Technical guide to allocation formulae and convergence. For 2023/24 and 2024/25 allocations; page 42.

higher than for people aged 15-59. To serve as an example, the average cost of care for people aged 35-39 is around £295 per year and person. For people aged 40-45, the cost per person is around £332. This contrasts with those aged 75-79 (£1549), 80-84 (£1951), and 85+ (£2460.5). The costs of community services follow a similar pattern (see Table 5).

TABLE 5. Community services age-cost curve[34]

Age group	Men	Women
45-49	£4.10	£4.10
50-54	£4.10	£4.10
55-59	£4.10	£4.10
60-64	£4.10	£4.10
65-69	£21.70	£16.30
70-74	£32.90	£32.60
75-79	£61.50	£64.50
80-84	£109.00	£127.00
85+	£226.40	£276.20

One of the key reasons for the **higher cost of care for older people is their increased likelihood of experiencing co-morbidity**. There is a substantial body of literature examining the impact of co-morbidity on healthcare expenditure in the UK. As research consistently shows, 'patients with multimorbidities have the greatest healthcare needs and generate the highest expenditure in the health system'.[35] **Co-morbidity is also recognised as 'the greatest predictor of increased healthcare costs',**[36] and is strongly associated with higher levels of healthcare utilisation, [37] thereby increasing pressure on funding and staffing requirements.

In Northern Ireland, **the risk of experiencing more than one health condition at the same time rises sharply with age** (see Figure 8), which explains the exponential rise in cost and use of health and social care in recent years.

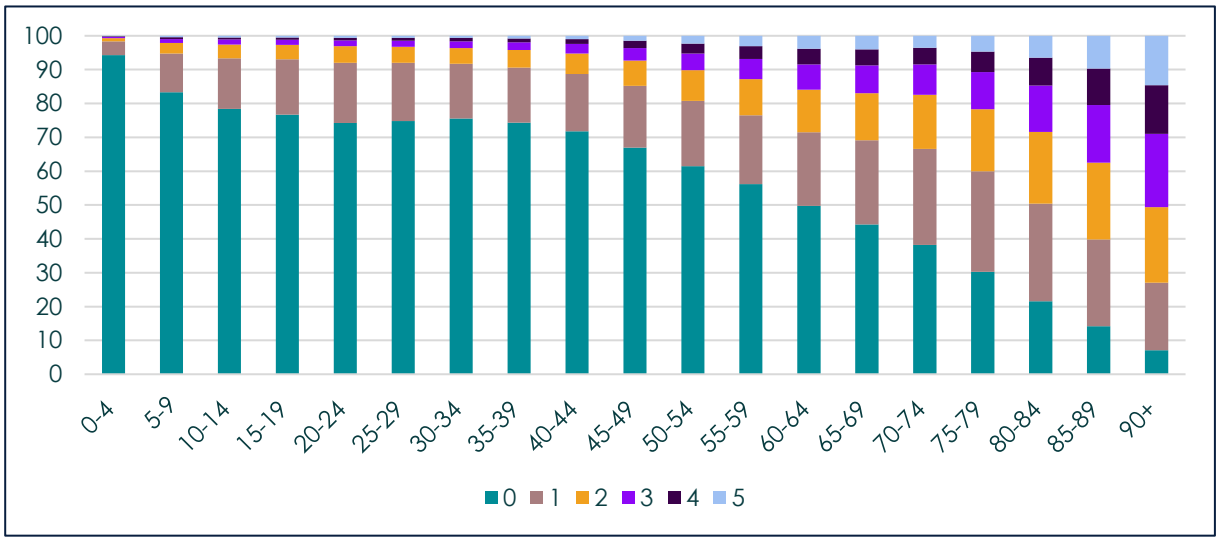
[34] NHS England (2023) Technical guide to allocation formulae and convergence. For 2023/24 and 2024/25 allocations; page 43.

[35] Stokes, J., Guthrie, B., Mercer., S. W., Rice, N. and Sutton, M. (2021) 'Multimorbidity combinations, costs of hospital care and potentially preventable emergency admissions in England: A cohort study', *PLoS Medicine*, 18(1), pp. e1003514; page 2.

[36] Rudisill, C., Charlton, J., Booth, H. P. and Gulliford, M. C. (2016) 'Are healthcare costs from obesity associated with body mass index, comorbidity or depression? Cohort study using electronic health records', *Clinical Obesity*, 6(3)., pp. 225-231; page 229.

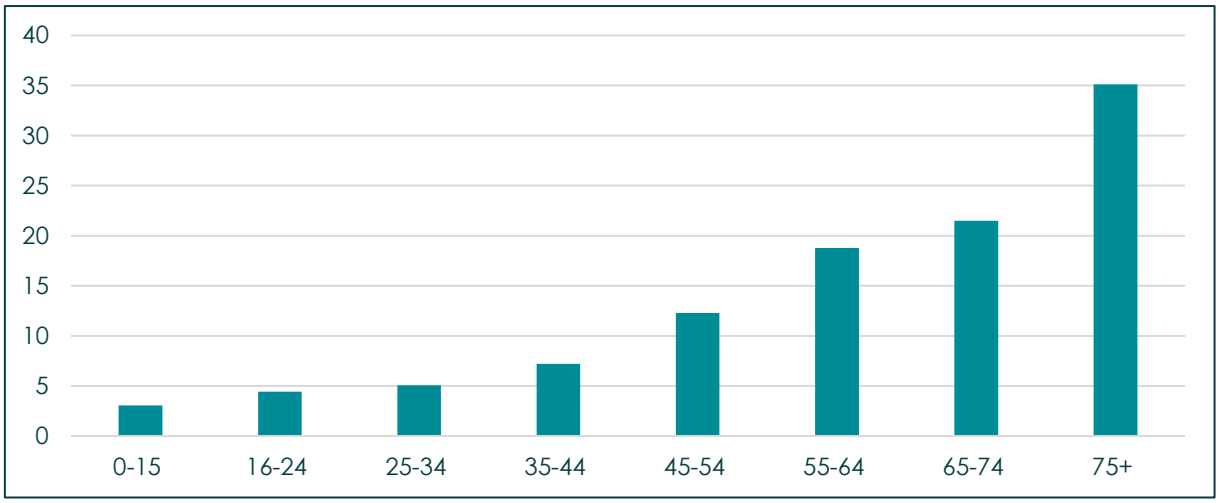
[37] Soley-Bori, M., Ashworth, M., Bisquera, A., Dodhia, H., Lynch, R., Wang, Y., and Fox-Rushby, J. (2020) 'Impact of multimorbidity on healthcare costs and utilisation: a systematic review of the UK literature', *The British journal of general practice: the journal of the Royal College of General Practitioners*, 71(702), e39-e46; page e39

FIGURE 8. Number of health conditions by age[38]



Older people are also generally more likely to experience a long-term health condition or disability that impacts on their day-to-day activities. Current figures indicate that the proportion of the total population living with a long-term health condition in Northern Ireland has increased nearly four per cent between 2011 and 2021.[39]

FIGURE 9. Health Problem/Disability (Long-term). Day-to-day activities limited a lot[40]



As Northern Ireland's demographics change, it will be more likely that a higher proportion of the population will experience limiting long-term health conditions, disability and co-morbidities. This, in turn, will increase the need for more funding and resources.

[38] NISRA 2021 Census, Health Conditions (Number) by Age - 19 Categories.

[39] NISRA 2021 Census, Main statistics for Northern Ireland Statistical bulletin Health, disability, and unpaid care; page 20.

[40] NISRA 2021 Census, Health Problem or Disability (Long-term) by Age - 8 Categories.

One example of the impact of people living longer with long-term illness is provided by the prevalence and cost of dementia care. The number of people living with dementia in Northern Ireland is estimated to double in the next two decades, from approximately 22,700 individuals in 2020, to 42,800 in 2040[41], and to treble by 2050[42]. Consequently, **the cost of dementia care will rise exponentially for both the public budget and for families providing unpaid care, from approximately 800 million in 2020 to around £2.3 billion in 2040.[43]**

The transition towards an ageing population is rapidly increasing both the share and total number of people that require health services, and thus the cost of providing these services.

Health expenditure in Northern Ireland

Northern Ireland is the UK region with the second highest per capita health expenditure.[44] Despite this, the healthcare system in Northern Ireland lags behind other parts of the UK in many metrics.

TABLE 6. Annual per capita health expenditure in UK[45]

Scotland	Wales	Northern Ireland	England
£3,290.99	£3,583.53	£3,474.64	£3,328.86

According to the Northern Ireland Audit Office (NIAO), in December 2022, **51% of people on waiting lists in Northern Ireland 'were waiting longer than 52 weeks for an initial outpatient appointment or hospital admission'** compared to 5.4% in England, and 33.8% in Wales.[46] The equivalent of 26.3% of the population of Northern Ireland was on a waiting list, compared to 12.4% in England and 24% in Wales.[47]

During the past ten years, the number of patients in Northern Ireland waiting for a hospital appointment has increased exponentially, including before and after the COVID-

[41] Wittenberg, R., Hu, B., Barraza-Araiza, L., Rehill, A. (2019) Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040, Care Policy and Evaluation Centre, London School of Economics and Political Science.

[42] The Bamford Centre, Ulster University (n.d.) DFC – Dementia Friendly Communities.

[43] Wittenberg, R., Hu, B., Barraza-Araiza, L., Rehill, A. (2019) Projections of older people with dementia and costs of dementia care in the United Kingdom, 2019–2040, Care Policy and Evaluation Centre, London School of Economics and Political Science.

[44] Stoye, G., Warner, M., Zaranko, B. (2024) The past and future of UK health spending, *The Institute for Fiscal Studies*.

[45] Stoye, G., Warner, M., Zaranko, B. (2024) The past and future of UK health spending, *The Institute for Fiscal Studies*.

[46] Northern Ireland Audit Office (2023) Tackling Waiting Lists.

[47] Northern Ireland Audit Office (2023) Tackling Waiting Lists; page 8.

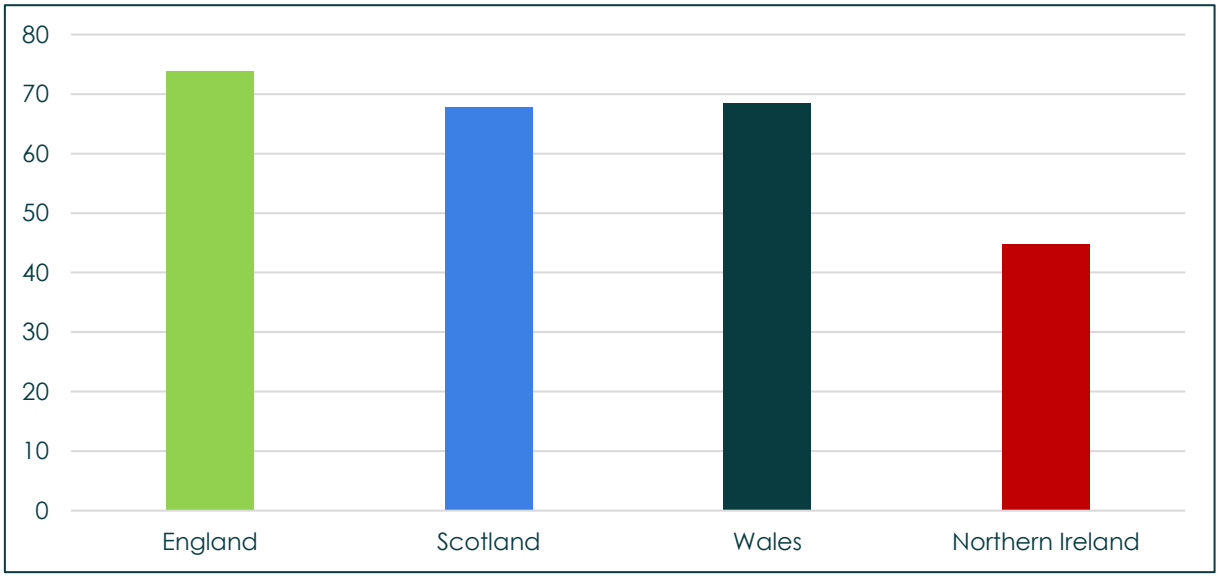
19 pandemic. The upward trajectory that was amplified due to the pandemic has never been halted or reversed. **The most recent data shows that the number of people awaiting an outpatient appointment has quadrupled, while diagnostic and inpatient waiting times have also increased significantly** (see Table 7).

TABLE 7. Individuals waiting for healthcare appointments in Northern Ireland[48]

	2013	2023	Increase
Outpatient	109,476	428,858	291.74%
Diagnosis	61,752	188,850	205.82%
Inpatient	47,223	115,929	145.49%

Emergency Departments (EDs) also experience enormous challenges, **as the number of people waiting for longer than 4 hours in EDs in Northern Ireland has more than doubled in the past 10 years**.[49] Compared with the rest of the UK, waiting times are significantly higher in Northern Ireland.

FIGURE 10. Percentage of ED attendees discharged within 4 hours[50]



The performance of Northern Ireland's healthcare system lags behind that of other UK regions, despite relatively high per-capita spending. **When adjusted for the age profile**

[48] The data above is the most recent data covering the five health Trusts in Northern Ireland. A gap in the data exists during the period when HSC Trusts transitioned to the encompass patient record system. This gap covers approximately from September 2023 to March 2025 for Belfast, Northern and South Eastern Trusts. Southern and Western Trusts are still not reporting waiting times for the above. Sources: NISRA (2025) Northern Ireland Outpatient Waiting Time Statistics; NISRA (2025) Northern Ireland Diagnostic Waiting Time Statistics; and NISRA (2025) Northern Ireland Inpatient and Day Case Waiting Time Statistics.

[49] During September 2025, 33.8% of patients attending Type 1 EDs in Northern Ireland were treated and discharged or admitted within four hours compared to 73.9% in September 2015. NISRA (2025) Urgent and Emergency Care Waiting Time Statistics for Northern Ireland, July - September 2025.

[50] Sources: StatsWales, Performance against 4 hour waiting times target by hospital; Public Health Scotland, Accident and emergency – Interactive Charts; NHS England, Hospital Accident & Emergency Activity, 2024-25; NISRA Urgent & Emergency Care Waiting Time Statistics for Northern Ireland (July - September 2025).

of the population, Northern Ireland has the highest healthcare expenditure in the UK. In other words, once demographic structure is taken into account, Northern Ireland spends more on healthcare per person than any other region.

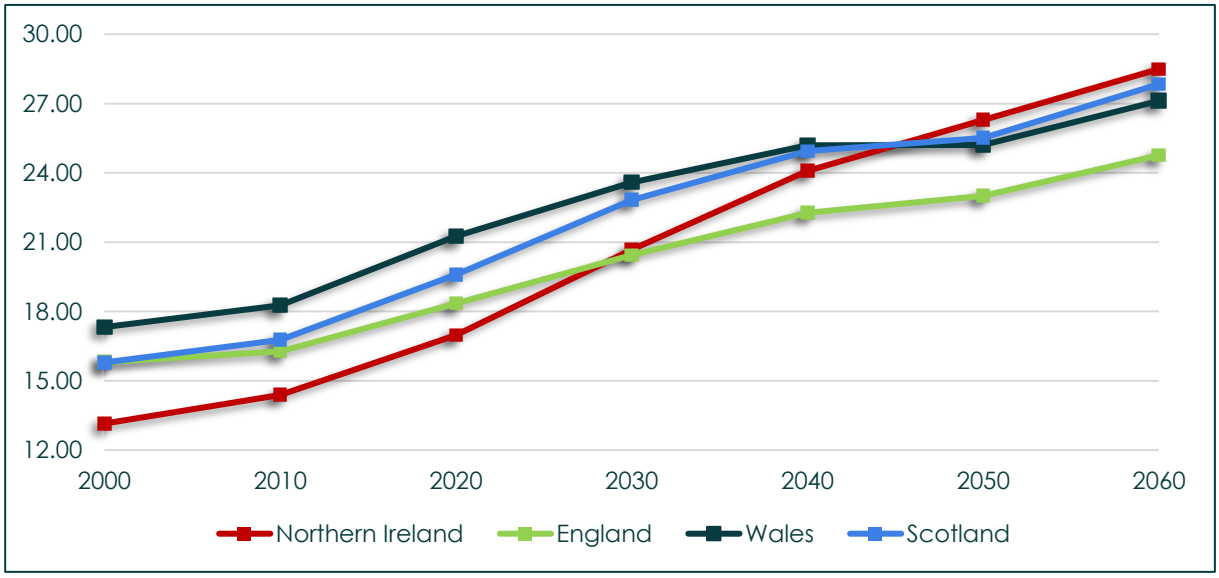
> *For Northern Ireland, age-adjusted health spending is more generous relative to England than non-age-adjusted health spending. This means that the age structure was more favourable – in terms of requiring less health spending – than in England. Or, put more simply, Northern Ireland spends more per person despite having a younger population.*[51]

TABLE 8. Real age-adjusted health spending per person relative to England[52]

Scotland	Wales	Northern Ireland	England
99.55%	104.24%	107.56%	100.00%

Northern Ireland is today the UK region with the lowest proportion of older people, and it has been like this since the year 2000. But that is rapidly changing as **the population of Northern Ireland will experience the fastest and sharpest rate of ageing in the coming three decades** (see Figure 11).

FIGURE 11. Population older than 65 per location in the UK (%)[53]



[51] Stoye, G., Warner, M., Zaranko, B. (2024) The past and future of UK health spending, *The Institute for Fiscal Studies*; page 15.

[52] Stoye, G., Warner, M., Zaranko, B. (2024) The past and future of UK health spending, *The Institute for Fiscal Studies*.

[53] Calculations based on NISRA 2023 Mid-Year Population Estimates, NISRA 2022-based Population Projections for Northern Ireland; ONS UK population estimates for England and Wales (1838 to 2023 edition of this dataset edition of this dataset); ONS Principal population projection - England population in age groups; ONS Principal population projection - Wales population in age groups; Estimates of the population for the UK, England, Wales, Scotland, and Northern Ireland; 2020-based interim national population projections: year ending June 2022 estimated international migration variant.

The demographic transition of Northern Ireland will be the most rapid of all parts of the UK over the next three decades. Indeed, Northern Ireland is predicted to have the oldest population in the UK by the year 2050.

In sum, the ageing population of Northern Ireland will cause serious challenges for public services, due to the increase in demand, combined with budgetary and work-force constraints. As Northern Ireland already has a high per capita expenditure in healthcare but performs negatively in many metrics when compared to other parts of the UK, the need for major intervention is stark.

Summary on higher demand of health and social care

HIGHER DEMAND OF HEALTH AND SOCIAL CARE

- **Population ageing drives up healthcare costs**, as providing acute and general care is more expensive for older age groups.
- On average, annual care costs for people over 60 are more than **four times higher** than for those aged 15-59.
- Multimorbidity—the presence of multiple chronic conditions—is the **strongest predictor of high healthcare costs**, and it increases steadily with age.
- **Older adults require more long-term care** due to higher rates of chronic illness and disability.
- As Northern Ireland's population continues to age over the next two decades, **health and social care costs will rise** accordingly.
- Northern Ireland has the second-highest per capita health spending in the UK and **the highest age-adjusted health expenditure**.
- Healthcare performance in Northern Ireland lags behind other regions of the UK, with **longer outpatient and emergency waiting times**.
- The population in **Northern Ireland is expected to age faster than anywhere else** in the UK, further increasing pressure on healthcare resources.

Staffing issues

Staffing levels

Northern Ireland will experience a sharp reduction in the proportion of working age population in relation to older people. While there were around five persons of working age per pensioner in the year 2000, the ratio has reduced to four working age adults per pensioner in 2024, and by 2040 it will only be three.[54] These factors indicate that the HSC sector will have to deal with a drastic imbalance between supply and demand.[55]

This imbalance is likely to cause a serious challenge in workforce availability. **Staff shortages are currently being experienced in many health and social care professions both in the independent and public sector**. For instance, the Royal College of Nursing (RCN) has recently reported that in Northern Ireland 'there is a severe shortage of nursing staff.'[56] As of June 2025, there were 1,819 nursing vacancies in HSC, with similar shortfalls in the independent sector.[57]

During the past decade, the health and social care sector of Northern Ireland has required a growing workforce to meet the service demand. Recruitment of doctors, nurses, social workers and HSC staff in general has increased significantly—and faster than the general workforce—in the past decade. The department and HSC have made great efforts in recruitment and retention of staff to sustain services. These efforts have proven productive which is apparent when comparing the growth in the workforce of health and social care services with the general population.

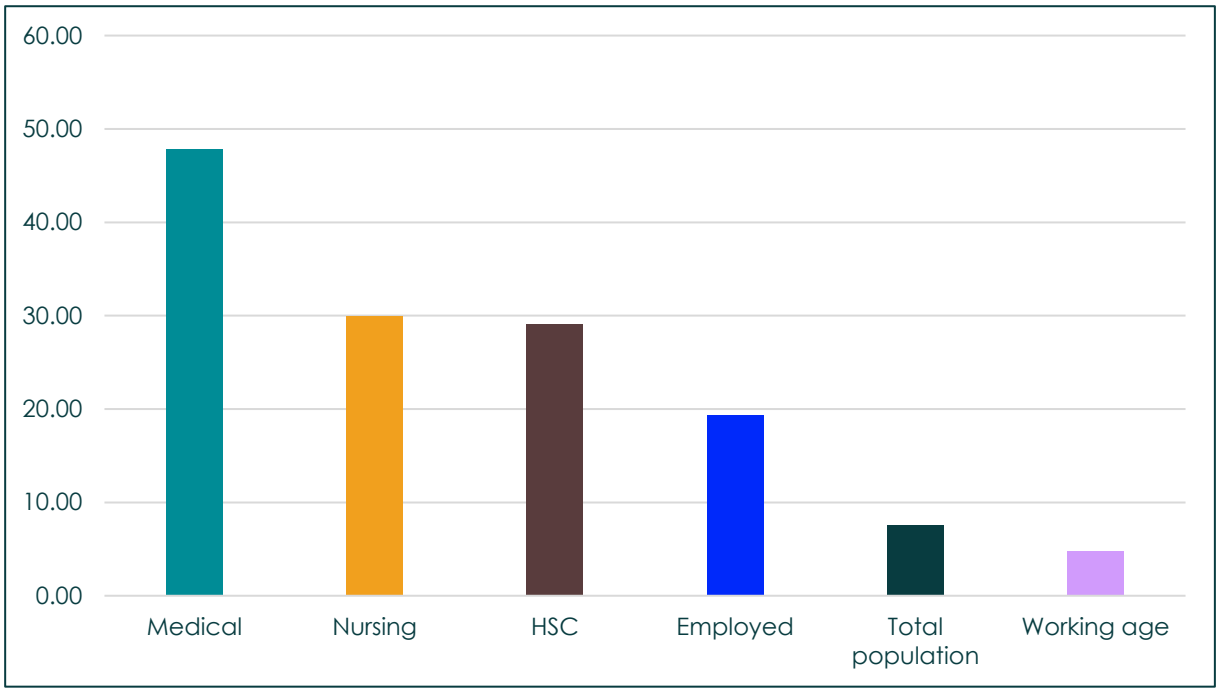
[54] NISRA 2023 Mid-Year Population Estimates, All areas - Population by sex and age bands; NISRA 2022-based Population Projections for Northern Ireland, Principal projection - population by age and sex (2022-2072).

[55] The issue of supply and demand is addressed in the consultation document when the previous work being done in Northern Ireland is described. The Delivering Care: Nurse Staffing Levels in Northern Ireland policy is designed to 'support general and professional managers in clearly demonstrating the need for investment in nurse staffing, within changing service profiles, particularly in response to incremental service growth' (paragraph 3.3). Similarly, the Social Work Workforce Review acknowledges that currently, 'it is evident that demand is outpacing supply for the social work profession' (paragraph 3.11). See Department of Health (2024) Safe and Effective Staffing Legislation in Northern Ireland Consultation.

[56] Royal College of Nursing (2025) Northern Ireland fair pay and safe staffing campaign.

[57] Royal College of Nursing (2025) Northern Ireland fair pay and safe staffing campaign.

FIGURE 12. Workforce growth comparison (2010-2025)[58]



Over the past 15 years, the HSC workforce grew by almost a third, while the working age population only grew by approximately 4.75%. In certain professions, such as medical and dental, the workforce increase has been even more sizeable, nearing a 50% rate of growth. The workforce growth in health and social care has outpaced that of all other sectors in Northern Ireland.

Despite the significant success in increasing the number of health and social care professionals in Northern Ireland,[59] **vacancies remain high in the HSC sector** (see Table 9).[60] Similarly, Trusts have recently reported to COPNI that they experience difficulties in meeting demand in certain workstreams with current levels of workforce.[61]

[58] Employed population, working age population and total population are calculated for the 2009 and 2024 period. Sources: Department of Health (2025) Northern Ireland Health and Social Care Workforce Census Tables, March 2025; Department of Health (2025) Northern Ireland Health and Social Care Workforce Census Tables March 2017; NISRA 2024 Mid-Year Population Estimates; Annual population survey - regional - labour market status by age, queried data: geography (Northern Ireland), date (June 2009; June 2024), labour market status (employed). The category "Medical" includes medical and dental; the category "Nursing" includes registered nursing and midwifery.

[59] Department of Health, Northern Ireland Health and Social Care Workforce Statistics Tables, December 2024; and Northern Ireland Health and Social Care Workforce Census Tables, March 2018.

[60] Department of Health (2024) Northern Ireland health and social care (HSC) active recruitment statistics December 2024; "Table 6: HSC Vacancies Actively Being Recruited by Profession, 31 March 2017 to 31 December 2024".

[61] See Leira Pernas, Á. (2025) Freedom, Care and Wellbeing. Review of Deprivation of Liberty Safeguards, *Commissioner for Older People for Northern Ireland*.

TABLE 9. HSC vacancy rate[62]

	Medical & Dental	Nursing & Midwifery	Social Services	HSC Total
June 2017	4.6%	8.6%	5.9%	6.6%
June 2018	4.1%	10.5%	7.8%	8.1%
June 2019	5.9%	13.1%	9.3%	9.5%
June 2020	4.6%	9.1%	6.7%	6.5%
June 2021	4.8%	11.4%	9.7%	8.8%
June 2022	6.7%	10.2%	9.8%	7.9%
June 2023	7.5%	8.5%	10.0%	8.5%
June 2024	6.5%	5.8%	8.2%	6.4%
June 2025	6.8%	5.8%	9.7%	7.1%

Not only has the statutory HSC workforce grown significantly. The independent sector provides the majority of social care services for older adults in Northern Ireland,[63,64] with approximately 23% of social workers and 79% of social care workers employed by non-statutory organisations.[65] In these two occupations, the level of workforce growth has been substantial in recent years. According to NISCC, the number of social worker registrations has increased by 6% between October 2022 and October 2025, and the total number of social care workers grew by more than 17%.[66]

Despite this, a report published in 2024 by the Northern Ireland Council for Voluntary Action (NICVA) shows that 49.0% of organisations in the independent social care sector faced difficulties recruiting staff during the previous year, and 42.0% of them faced difficulties retaining staff. In addition, 70.8% of the organisations that faced recruitment difficulties referred to the insufficient number of applicants as a reason for these difficulties.[67]

[62] Source: "The **vacancy rate**, as a percentage, is the FTE number of vacancies divided by the FTE planned workforce, multiplied by 100. That is: Vacancy Rate (%) = [Vacant Posts (FTE) ÷ Planned Workforce (FTE)] x 100". See Definition of Vacancies and Vacancy Rates (as used in NHS England's NHS Provider Workforce Return). NHS England Digital.

[63] Over four fifths (81%) of residential care homes and almost all (98%) of the nursing homes in Northern Ireland are run by in the independent sector. Source: Department of Health (2025) Statistics on community care for adults in Northern Ireland (2023 – 2024).

[64] The independent sector provided 76% of the domiciliary care contact hours in 2023. Source: Department of Health (2023) Domiciliary Care Services for Adults in Northern Ireland.

[65] NISCC, Data about the social work and social care workforce, online dashboard.

[66] The number of social workers grew by 6.04% between October 2022 (6,464) and October 2025 (6,855). The number of social care workers grew by 17.51% in the same period (from 35,678 to 41,926). Source: NISCC, Data about the social work and social care workforce, online dashboard.

[67] Northern Ireland Council for Voluntary Action (2024) Making a difference. Reflections from the challenges facing the voluntary and community sector workforce; pages 4-5.

While service demand remains high, **the HSC sector and non-statutory organisations have made significant efforts to increase funding and expand the workforce in order to maintain acceptable levels of care**. These increases in funding and staffing will inevitably need to continue as demand grows.

However, sustaining this approach is becoming increasingly difficult in the context of an ageing population. One of the central challenges of population ageing is workforce supply: Northern Ireland is characterised by a low unemployment rate, and the pool of individuals actively looking for work is limited. With the unemployment rate currently at only 2.6%,[68] there is no substantial reserve of workers available to meet rising demand, and this scenario will likely continue in the future.

In addition to this, the workforce is ageing, which will likely cause workforce supply challenges in the near future. Since 2005, the share of workers older than 50 has increased significantly in Northern Ireland—and particularly in HSC. **In 2005, the share of workers older than 50 in HSC was 19%, while this share was over 32% in 2025**, with similar increases in the total Northern Ireland workforce (see Table 10).

This means that **a third of the workforce is likely to retire by 2040, with fewer people reaching working age to replace them**. Furthermore, although economic activity among people over 50 has improved—including for those older than 65[69]--older workers remain more likely to be economically inactive or to leave the workforce, often due to health conditions, caring responsibilities[70] and ageism in the workplace.[71]

Relying on an ageing workforce has positive aspects, such as retaining experience and institutional knowledge. However, without adequate public services to support older workers, this reliance becomes increasingly fragile. The result is a vicious cycle: an ageing population places greater pressure on public services—particularly health and social care—and the strains on these services make it harder for older workers to stay in employment.

[68] Department for the Economy, Labour Market Statistics - October 2025.

[69] NOMIS, Annual population survey - regional - labour market status by age. Selected variables: countries (Northern Ireland), sex (all persons), reasons for economic inactivity (Student, Looking after family/home, Temporary sick, Long-term sick, Discouraged, Retired, Other), by year (June 2005 to June 2025) and age groups (50 to 64; 65 and over).

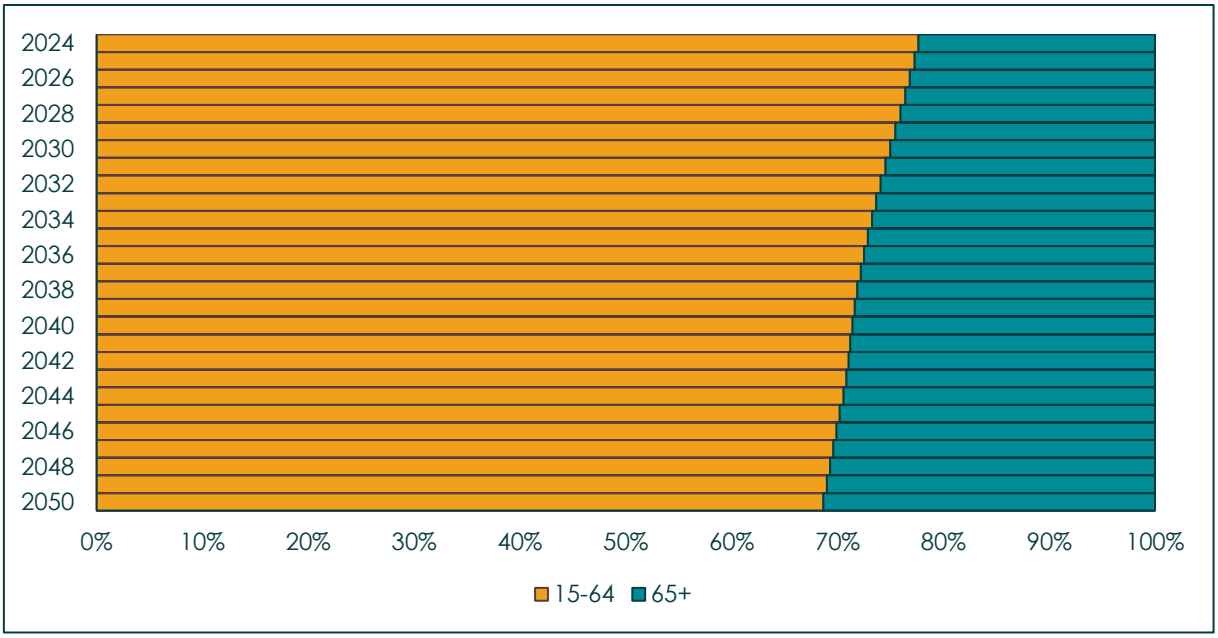
[70] NOMIS, Annual population survey - regional - economic inactivity by reasons. Selected variables: countries (Northern Ireland), sex (all persons), economically active, by year (June 2025) and age (50 to 64).

[71] Commissioner for Older People for Northern Ireland (2024) Are you ageist? COPNI report on ageism in Northern Ireland.

TABLE 10. Workforce age structure[72]

	HSC Workforce		NI Total Workforce	
	2005	2025	2005	2025
Age 16 to 24	9.02	4.69	15.14	11.53
Age 25 to 49	71.96	62.99	63.05	55.15
Age 50 to 64	18.91	30.06	20.33	28.26
Age 65 and over	0.11	2.26	1.49	5.04

FIGURE 13. Older population to working age population ratio[73]



The DoH has acknowledged the difficulties ahead in terms of workforce. In its Social Care Workforce Strategy, the DoH acknowledged that it is currently 'experiencing a workforce shortage' and it is 'unable to meet the needs of those individuals who may be vulnerable or in need of support.'[74] The strategy aims to ensure that the workforce flow to the HSC sector is guaranteed by increasing the appeal of social care careers and making the workforce feel valued.

[72] Sources: NOMIS, Annual population survey - regional - labour market status by age. Selected variables: countries (Northern Ireland), sex (all persons), economically active, by year (June 2005 to June 2025) and age groups (16 to 24; 25 to 49; 50 to 64; 65 and over); Department of Health (2025) Northern Ireland health and social care (HSC) workforce census March 2025; Department of Health (2025) Northern Ireland health and social care (HSC) workforce census March 2005.

[73] NISRA 2022-based Population Projections for Northern Ireland.

[74] Department of Health (2024) Social Care Workforce Strategy 2025 – 2035; page 20.

The rationale of the strategy—used here only as an example—replicates the thinking of many health and social care professionals and providers, by attributing the workforce crisis to the inability of the DoH and HSC to recruit enough workers. This view is characterised by a focus on simply making a social care career more appealing.

However, when compared to other sectors and public services, the HSC and independent social care sectors have recruited at a high pace. In contrast to the focus on making HSC roles more appealing (which is likely part of the solution), the population trends indicate that the recruitment difficulties are deeper and structural in nature. In the HSC sector, the high number of vacancies despite the increasing number of health workers across HSC services is a clear reflection of the workforce issues.[75]

Staff workload and burnout

The increased demand is causing issues with staff to patient ratios with repercussions on patients but also impacts staff. The health and social care services of Northern Ireland are experiencing worrying trends in terms of morale and burnout evidenced in key indicators and across most professions.

A recent survey by the RCN found that **nurses in Northern Ireland are under extreme pressure due to workforce issues**:[76]

- 83% of nursing staff said that the actual number of nursing staff on their last shift was not sufficient to meet patients' needs safely and effectively.
- 60% of nursing staff were unable to take the breaks they were supposed to take during their last shift.
- 64% worked additional hours on their last shift, of which 82% did so unpaid.

Similarly, a recent HSC study found that **37% of health and social care staff reported a 'desire to leave' their occupation**; 73% of staff reported working four hours or more overtime due to persistent shortages; and almost 60% felt overwhelmed by the pressures they experienced.[77]

Similarly, a worrying proportion of doctors were 'struggling' (33%), regularly working beyond their contracted hours, and feeling unable to cope with their workload. **Doctors**

[75] These issues are not exclusive to Northern Ireland. They are mirrored across the UK, and the government has acknowledged this fundamental challenge by introducing special visas for healthcare workers to alleviate pressures. See GOV.UK, Health and Care Worker visa: Overview.

[76] Royal College of Nursing (2025) Northern Ireland fair pay and safe staffing campaign.

[77] Ulster University News (2022) Latest health and social care survey shows almost 60% of workers feel public services are overwhelmed; Health and Social Care Workforce Research Study (2023) Health and social care workers' quality of working life and coping while working during the COVID-19 pandemic: Findings from a UK Survey and Focus Groups.

in Northern Ireland generally reported more negative experiences than the UK average, including a higher level of dissatisfaction in their work. 48% were dissatisfied, compared with 39% of UK doctors.[78] In addition, 48% of GPs were struggling, a higher proportion than that of other groups of doctors.[79]

A higher than average proportion of doctors in Northern Ireland found it difficult to provide sufficient patient care at least once a week (55% compared with 43% of UK doctors) and had witnessed patient safety being compromised at least once a week (52% compared with 41% of UK doctors) due to shortage pressures.[80]

Being a GP is also a less attractive job than previously, as there are today more patients seeking services from fewer GP practices. During 2024/25, around 46,000 first-time patients registered with GP practices in Northern Ireland, which represented almost a 2% increase in total registration activity compared with the previous year.[81]

At the same time, the total number of practices has fallen.[82] There were 305 active GP practices in Northern Ireland on 31 March 2025. This is a reduction of 7 practices since 2024 and a reduction of 45 (13%) since 2014.[83] Consequently, the average patient list size per practice has risen by more than 23% since 2014, increasing from 5,500 to 6,777 patients.

This is affecting patients and putting pressure on GP practices. Between 2020 and 2024, 98 practices—almost 1 in 3—sought crisis support from the General Practice Improvement and Crisis Response Team.[84] And these pressures are unlikely to ease, as the average age of GPs in Northern Ireland is 45,[85] with 19.4% aged over 55.[86] In some

[78] General Medical Council (2024) The state of medical education and practice in the UK. Workplace experiences 2024; page 66.

[79] General Medical Council (2024) The state of medical education and practice in the UK. Workplace experiences 2024; page 50.

[80] General Medical Council (2024) The state of medical education and practice in the UK. Workplace experiences 2024; page 67.

[81] Business Services Organisation Family Practitioner Services Information Unit (2025) General Medical Services for Northern Ireland: Annual Statistics 2024/25.

[82] Department of Health (2025) Publication of FPS General Medical Services for Northern Ireland, Annual Statistics 2024/25.

[83] Business Services Organisation Family Practitioner Services Information Unit (2025) General Medical Services for Northern Ireland: Annual Statistics 2024/25.

[84] Northern Ireland Audit Office (2024) Access to General Practice in Northern Ireland.

[85] Business Services Organisation Family Practitioner Services Information Unit (2025) General Medical Services for Northern Ireland: Annual Statistics 2024/25.

[86] Business Services Organisation Family Practitioner Services Information Unit (2025) General Medical Services for Northern Ireland: Annual Statistics 2024/25.

areas, such as in the South West GP Federation, more than one third (35.2%) of GPs are aged 55 and over.[87]

The challenges described in this section have occurred despite the fact that the HSC workforce has grown faster than other sectors in Northern Ireland, and that health professionals have made enormous efforts to contain pressures. Yet left substantially unaddressed, this issue will be more acute in the years to come due to the acceleration of population ageing.

[87] Business Services Organisation Family Practitioner Services Information Unit (2025) General Medical Services for Northern Ireland: Annual Statistics 2024/25.

Summary on staffing issues

STAFFING ISSUES
▪ Northern Ireland is facing a **sharp decline in the number of working age people** relative to its older population.
▪ Many health and social care professions, both in the independent and statutory sectors, are already **experiencing staff shortages**.
▪ Over the past decade, **the sector has required a steadily growing workforce** to meet rising service demands.
▪ In the past 15 years, **the HSC workforce has expanded by almost one third**, while the working age population increased by only about 4.75%.
▪ Workforce growth has been particularly strong in some professions, such as medical and dental, where **the workforce has increased by nearly 50%**.
▪ Despite ongoing recruitment efforts, **vacancy levels remain high**, and HSC Trusts continue to struggle to meet demand in key areas.
▪ With Northern Ireland's unemployment rate at just 2.6%, the health sector faces a **limited pool of available workers** to fill HSC roles.
▪ **The HSC workforce is ageing**. In 2005, only 19% of HSC staff were over 50, but by 2025 that figure had risen to more than 32%.
▪ By 2040, **around one third of the current HSC workforce is expected to be of retirement age**, with fewer younger people entering the labour market to replace them.
▪ Due to demand pressures, nurses, social workers, and GPs are increasingly reporting **burnout, heavy workloads, and a desire to leave** the profession.

Conclusion

The present report has shown that, to meet the growing demand generated by Northern Ireland's demographic shift, the HSC and the DoH will need either to develop new models of service delivery or to secure substantial increases in funding and workforce levels. Meeting the demand will require not only internal reforms to ensure value for money, but also external changes underpinned by a whole-government approach to addressing the pressures of demographic ageing. Reform of the health sector alone will not be sufficient unless supported by other departments and the Executive.

Although this report draws on up to date evidence, the call to transform the health and social care model to meet Northern Ireland's demographic reality is not new. For at least a decade, there has been broad consensus across government departments, Trusts, service users, staff, and stakeholders that the current trajectory is unsustainable and that developing new ways of delivering services is no longer optional but essential.

To this end, the DoH published a report in October 2016, produced by an expert panel led by Professor Rafael Bengoa. The report offered an in-depth analysis of the health and social care system in Northern Ireland and set out a series of reform recommendations—*Systems, not structures: changing health and social care*.[88] It highlighted the 'clear impact of inaction' on service delivery, describing the situation as a "**burning platform**,"[89] and concluded that swift action was essential to transform the system. Without urgent reform, the pressures associated with an ageing population would intensify year after year.

A decade after the publication of the Bengoa report, the landscape remains largely unchanged, as recently acknowledged by the Health Minister:

> *I have listened to the workforce—be that social care workers, social workers, nurses, GPs, consultants, surgeons, administrators… And there is a universal desire for change. A universal recognition that,* ***if we simply keep doing what we are doing, we are hurtling towards some form of collapse****.*[90]

[88] Department of Health (2016) Systems, not structures - Changing health and social care - Full Report.

[89] Department of Health (2016) Systems, not structures - Changing health and social care - Full Report; page 9.

[90] Committee for Health (2025, November 20) Committee for Health – Thursday 20 November 2025 [video], YouTube; quote at 50:53-51:25.

In the ten years since Bengoa, demographic pressures have already driven change across the health and social care system. However, as the report warned, this change has not been strategically planned but rather 'prompted by crisis'[91] Rising demand and insufficient capacity have forced the system to adapt by reallocating and stretching existing resources, resulting in service reductions and a lower per-capita level of service availability.

The primary aim of this report has been to examine how these crisis-driven adjustments within the HSC sector are already shaping the lived experience of older people—the group most reliant on health and social care. To explore this, COPNI conducted an engagement exercise during the summer of 2025 to identify older people's priorities, concerns, and expectations. The findings of this engagement were, regrettably, predictable: the primary concern of older people in Northern Ireland today is the trajectory of health and social care services. But the fact that this was expected does not make it any less urgent.

COPNI's survey indicated that the decline in health and social care services is affecting older people far beyond their physical health. **Deteriorating provision has an obvious physical impact**, as older people face reduced access to essential services such as hospital beds, GP appointments and specialist care. However, **the consequences extend deeply into older people's mental well-being**. Many now live with a reasonable doubt about whether vital services will be available if—or when—they need them. This constant anxiety about access to healthcare, and the prospect of being unable to obtain it, has a clear effect on mental health.

Perhaps the most disturbing finding from COPNI's engagement is the **widespread perception among older people that the health and social care system is excluding them**. Many reported increasing difficulties in accessing basic healthcare: getting through to a GP, securing an appointment, or even speaking to a doctor has become a challenge. Healthcare is no longer "a phone call away." Instead, accessing care nowadays demands persistence, repeated attempts, and considerable energy. Older people feel that barriers have been put in place to deter them from seeking the care they need.

As a consequence of this, **many older people express a profound sense of unfairness and injustice**. After a lifetime of contribution, they expected that a decent level of service provision would be available to them in older age. Instead, they feel that the social contract has been broken at the time when they most need these services.

The need to amplify older people's voices in the context of population ageing is made even more urgent by **the rise of ageist narratives that portray them as a privileged**

[91] Department of Health (2016) Systems, not structures - Changing health and social care - Full Report; page 69.

group benefiting at the expense of others through the welfare state. This depiction is far from reality. It certainly does not reflect how older people are experiencing the increasing demand on HSC services, or the severe winter pressures that disproportionately affect them every year.

At its core, the present report has sought to answer a single question: **what does it feel like to be an older person in an ageing society where access to healthcare is deteriorating?** And the answer is clear—older people do not feel privileged. They feel vulnerable, overlooked, and increasingly excluded from the very system that was meant to protect them. This report has also shown that these concerns are neither exaggerated nor unfounded. The evidence clearly demonstrates that older people are receiving significantly lower levels of service today than they did one or two decades ago.

Yet **the pressures facing the HSC sector extend far beyond older people and deeply affect health professionals themselves**. Many professionals are experiencing burnout, working long and exhausting hours, and expressing a desire to leave their roles altogether. Perhaps most troubling is that, despite their persistent efforts to deliver an acceptable level of care, health professionals find themselves overwhelmed by the pressures of the system and, ultimately, blamed for the very failures they are fighting every day to contain.

As older people and health professionals struggle every winter, and in light of the evidence and concerns here shown, Bengoa's warning has never been more relevant than it is today: '**The alternatives are either planned change or change prompted by crisis**'.[92] The choice now is between planned reform and collapse. Decisive action and leadership are essential—and urgent—to deliver the transformation needed. Without it, older people today—and older people in the future—will face the consequences of a system that failed to act in time.

[92] Department of Health (2016) Systems, not structures - Changing health and social care - Full Report; page 69.

Equality House
7-9 Shaftesbury Square,
Belfast, BT2 7DP

T: 028 9089 0892
E: info@copni.org

www.copni.org

COPNI
Commissioner for **Older People**
for Northern Ireland