



Bord Sláinte an Oir Thuaiscirt  
North Eastern Health Board

22/5/95

C363

Ref: 362.109417



North  
Eastern  
Health  
Board

Bord  
Sláinte  
An Oir  
Thuaiscirt

Kells,  
Co. Meath.  
Tel:  
Fax:

Ceanannus Mor,  
Contae Na Mi.  
(046) 40341  
(046) 41459

C363

To/ Chairman and Members of the Board

15 May, 1995

The next meeting of the North Eastern Health Board will be held in the Boardroom at Head Office, Kells, Co. Meath, on Monday, 22nd May, 1995, at 3.00 p.m.

Please arrange to attend.

DONAL O SHEA,  
CHIEF EXECUTIVE OFFICER.

### A G E N D A

1. Chairman's Business.
2. To adopt Minutes of Meeting held on 24th April, 1995. {INDEX 1}
3. To note report of Chief Executive Officer.
4. To consider report on Services for Persons with Mental Handicap (Report from Deputy Chief Executive Officer enclosed). {INDEX 2}
5. To consider report on Diagnostic Radiology Services (Report from Programme Manager Acute Hospital Services enclosed). {INDEX 3}

6. To note report of the Medical Council 1989 - 1994.  
(Report from Chief Executive Officer enclosed). **{INDEX 4}**
7. To fill vacancy on Child Care Advisory Committee  
(Report from Chief Executive Officer enclosed). **{INDEX 5}**

8. **DISPOSAL OF PROPERTY:**

- (i) c.0.15 acres plot at Townparks, Ardee,  
being part of the lands attached to St.  
Joseph's Hospital, Ardee.
- (ii) c.0.85 acre plot at Townparks, Ardee, being part  
of the lands attached to St. Joseph's Hospital,  
Ardee, together with a wayleave for the  
purpose of a sewer line from the site to the  
public road at Fair Green, Ardee, Co. Louth.
- (iii) c.0.4 acres at Mulladrillen, Ardee.

Notices pursuant to Section 83 of the Local  
Government Act, 1946, (No. 24 of 1946), having been  
circulated on 10th May, 1995, are recirculated  
herewith, together with Explanatory Notes. **{INDEX 6}**

9. To note date and time of next meeting -  
**Monday, 26th June, 1995 at 3.00 p.m. in Head Office,  
Kells.**

Circulated for information:

- Minutes of Hospital Services Committee Meeting held on 16th March, 1995.
- Leaflet SW 73 issued by the Department of Social Welfare.
- Health Service News, May, 1995, issued by the Institute of Public Administration.



North Bord  
Eastern Slainte  
Health An Oir  
Board Thuaiscirt

Kells,  
CO. MEATH.

**MINUTES OF MEETING OF NORTH EASTERN HEALTH BOARD**  
**HELD IN THE BOARDROOM, HEAD OFFICE, KELLS**  
**on 24th April, 1995, at 3.00 p.m.**

**MEMBERS PRESENT:**

Dr. H. Dolan, (Chairman)  
Mr. J. Leonard, T.D.  
Mr. T. Bellew  
Mr. D. Brady  
Mr. D. Breathnach  
Mr. P. Conaty  
Mr. J. F. Conlan  
Mr. S. Conway  
Sen. J. Farrelly  
Mr. E. Feeley  
Mr. B. Fitzgerald, T.D.  
Mr. B. Hughes  
Mr. M. Lynch  
Mr. J. Mangan  
Mr. G. Marry  
Ms. M. Martin  
Dr. P. Mc Carthy  
Mr. H. Mc Elvaney  
Mr. T. Murphy  
Mr. A. O'Brien  
Mr. F. O'Dowd  
Mr. P. O'Reilly

Apologies: Dr. F. Bereen, Ms. S. Faulkner, Dr. E. J. Hartmann,  
Dr. W. G. Hyland, Mr. N. Mc Cabe, Mr. T. Scannell,  
Mr. M. Shine and Dr. P. Wahrab.

## OFFICIALS PRESENT:

Mr. D. O Shea	Chief Executive Officer.
Dr. A. Mc Loughlin	Deputy Chief Executive Officer and Programme Manager Community Care.
Mr. P.D. Scully	Programme Manager Psychiatric Hospital Services.
Dr. S. Ryan	Programme Manager Acute Hospital Services
Mr. L. Walsh	Personnel Officer
Mr. S. O'hAodha	Finance Officer
Mr. A. Reilly	Management Services Officer.
Mr. T. Egan	Technical Services Officer
Dr. R. Corcoran	Director of Public Health
Mr. R. Bruton	Senior Executive Officer, CEO's Department.
Ms. M. Flanagan	Secretary.

## VOTES OF SYMPATHY;

Votes of Sympathy were passed with the following:-

Ms. Nuala Conlon, St. Mary's Hospital, Castleblayney on the death of her father.

Ms. Carmel Geoghegan, St. Mary's Hospital, Castleblayney, on the death of her father

Mr. Peter McArdle, Cottage Hospital, Drogheda, on the death of his sister.

Ms. Sheila Duffy, Supervisor, Boyne View House, Drogheda, on the death of her mother.

Ms. Maureen Caffrey, Co-ordinator for the Elderly, Meath, on the death of her mother.

Ms. Patricia Neville, Regional Child and Family Centre, Drogheda, on the death of her mother.

Brother Aloysius Shannon, St. Mary's, Drumcar, on the death of his brother.

Family of the late Ms. Sheila Dunne, former staff member, St. Joseph's Hospital, Trim.

Wife and family of the late Michael Lynch, former ambulance staff, Navan.

Mrs. Teresa McKenna, retired staff member, St. Joseph's Hospital, Trim, on the death of her husband.

On behalf of the Board's staff, and on his own behalf, the Chief Executive Officer associated himself with the votes of sympathy which were passed, all present standing in silent prayer.

1. **CHAIRMAN'S BUSINESS:**

The Chairman welcomed Dr. Rosaleen Corcoran, the Board's new Director of Public Health, to the Board and wished her every success in her new post. Members concurred with the Chairman's sentiments.

2. **MINUTES OF PREVIOUS MEETING:**

The Minutes of the Meeting held on Monday, 27th March, 1995, having been circulated with the Agenda on the 18th April, 1995, were adopted by the Board on the proposal of Mr. A. O'Brien, seconded by Mr. T. Murphy.

3. **CHIEF EXECUTIVE OFFICER'S REPORT:**

The Chief Executive Officer read his Report (copy appended to the official minute), which was circulated to the members and which dealt with:-

3.1. **Additional Allocations:**

- Capital Programme for Vocational Training Centres for People with Disabilities 1994 through to 1999
- Task Force on Special Housing Aid for the Elderly
- Grant Schemes for Special Projects to assist Disadvantaged Youth
- Maximum Rate of Allowances with effect from Monday 5th June, 1995
- Development of Services to Persons with a Mental Handicap

3.2. **Appointment of the New Director of Public Health**

3.3. **Child Care Advisory Committee**

3.4. **Notification of Suspected Child Abuse between Health Boards and Gardai**

3.5. **Acute Psychiatric Unit - Our Lady's Hospital, Navan**

3.6. **National Healthy Eating Week, 14th - 20th May 1995**

3.7. **Combined Heat and Power Systems**

- 3.8. Daffodil Day Funded Grant
- 3.9. Donations

Members welcomed the report, particularly the additional funding. In responding to queries on the level of capital funding made available to the Board, the Chief Executive Officer stated that the Board had a number of capital projects with the Department of Health which were awaiting final approval.

In relation to queries on the Louth/Meath Hospital Grouping, the Chief Executive Officer assured the members that the Board was receiving full co-operation from the Lourdes Hospital and that the Board had received approval from Comhairle na nOspideal to proceed with four of the six Consultant appointments and progress was continuing to complete the full package. He stated that he planned to bring a progress report to the May meeting of the Board.

In relation to a query on mental handicap services, the Chief Executive Officer stated that he would have a detailed report prepared for the next meeting of the Community Services Committee.

4. **REPORT ON POLICY DOCUMENT FOR WOMEN'S REFUGES.**

The Deputy Chief Executive Officer presented a report to the Board (copy appended to the official minute) outlining the main recommendations of the policy document issued by the National Federation of Refuges for abused women and children. He also went on to outline the Board's priorities in providing services for abused women and children, including closer liaison between Local Authorities and the Board in the provision of refuges throughout the region.

The report was welcomed and noted by the Board.

5. **REPORT ON FAMILY PLANNING POLICY GUIDELINES.**

The Deputy Chief Executive Officer and Programme Manager Community Care presented a report (copy appended to the official minute) outlining the main provisions of the recently published family planning guidelines, which Health Boards should refer to when developing family planning services in their area. The Board's proposals for these services would be considered by the Community Services Committee when complete.

The report was noted by the Board.

6. **REPORT OF THE EXPERT GROUP ON THE BLOOD TRANSFUSION SERVICE BOARD.**

The Programme Manager Acute Hospital Services presented a report to the Board (copy appended to the official minute) which outlined the background to the establishment of the Expert Group and the findings and recommendations of the Group.

The report was noted by the Board.

7. **REPORT ON GENERAL PRACTICE DEVELOPMENTS.**

The Deputy Chief Executive Officer presented a report (copy appended to the official minute) outlining the developments in General Practice which had taken place in 1993/94.

The report was noted by the Board.

8. **DATE, TIME AND VENUE OF NEXT MEETING**

It was agreed that the next Meeting of the Board would take place on Monday, 22nd May, 1995, at 3.00 p.m. in the Boardroom, Head Office, Kells.

SIGNED: \_\_\_\_\_  
CHAIRMAN OF THE BOARD

DATE: \_\_\_\_\_

**BORD SLAINTE AN OIR THUAISCIRT**

**NORTH EASTERN HEALTH BOARD**

**BOARD MEETING - Monday 22nd May 1995**

**Agenda Item No. 4**

**Report on Services for Persons with  
Mental Handicap**

The North Eastern Health Board's Regional Co-ordinating Committee for Services for people with Mental Handicap is made up of representatives of the Board and of voluntary agencies who provide services in the region. The purpose of the Committee is to ensure that there is effective and efficient co-ordination and integration of service planning and delivery within the region.

The Regional Co-ordinating Committee has recently formulated a proposal for the further development of services in this region. The Co-ordinating Committee considers the provision of full-time residential and respite care, together with additional day places to be a priority for development in 1995. In putting these proposals together the Committee took cognisance of local need and places will be allocated to clients whom it is considered are in the greatest need. The developments proposed by the Committee are as follows:-

1. ***Cavan/Monaghan Community Care Area***

The Committee proposes to expand the residential/group home places in the Cavan/Monaghan community care area. It is proposed to open three group homes in the area, two in Cavan offering ten places, and one in Monaghan offering nine places. A submission has also been made to the Department for the provision of funds to provide transport for clients of these homes to and from day services and also to provide access to community and leisure facilities. It is also proposed to provide additional resources to the Camphill Community at Ballybay to provide a further residential and day service places during the year.

2. ***Louth Community Care Area***

In the Louth Community Care Area further funding will be made available to the St. John of God's at Drumcar for the provision of five extra residential/respite places at a group home and a further twelve places for day service.

### 3. ***Meath Community Care Area***

In Co. Meath it is proposed to provide a new adult special care unit for twenty five adult highly dependent handicap persons who are presently located at Athlumney which is inadequate in terms of location, space and mix of clients. It is also proposed to provide a further group home with eight places in Navan during the year.

#### ***Regional Services***

Proposals are being formulated to provide a flexible home support service throughout the region. It is expected that this will commence as a pilot project as a means of demonstrating a community approach to dealing with the issue of community support for clients with Mental Handicap. It is also proposed that three full-time emergency residential places be made available throughout the region in order to cater for urgent emergency type admissions so that a more rapid response can be provided to clients and families of clients with Mental Handicap.

#### ***Transfer of People with Mental Handicap from Inappropriate Settings***

During 1994 a total of nine clients moved to community settings from St. Brigid's Hospital and Clogher House Services. Seven of these moved from St. Brigid's Hospital to the Villa group home in Ardee and two moved from the Clogher House Services to a group home in Carrickmacross. In 1995 it is proposed to move a further thirteen clients currently resident in St. Brigid's Hospital to community facilities in 1995. These clients are of high dependency. It will be necessary in these cases to provide transport facilities to enable them to avail of day activity programmes and leisure pursuits.

In Monaghan it is proposed to move six clients from Clogher House Services to community accommodation in Monaghan and Cavan. Again arrangements will have to be put in place to facilitate transport for these clients to and from day services and leisure activities. We expect that it will be possible to complete the resettlement of persons with Mental Handicap who are currently in St. Brigid's to community settings in 1996.

#### ***Quality of Service***

The Board is currently in discussion with the various service providers in the region with a view towards establishing service evaluation teams. The first phase of this development will be the establishment by each service provider of the method in which they propose to approach this task. The need to provide a meaningful forum for the service user and/or their advocate to give them use on the quality of service provided will be of a crucial requirement within this. The use of an individual programme plan is considered to be the most suitable method.

This report was considered by the Community Services Committee at its meeting on 10th May 1995. The Committee endorsed the proposals outlined in the report and noted that the provision of an individual care plan for each client will enable the Board to provide the best quality service.

The Committee recommends the report to the Board.

**Dr. Ambrose McLoughlin,  
Deputy Chief Executive Officer &  
Programme Manager Community Care.**

**15 May 1995**

**BORD SLAINTE AN OIR THUAISCIRT**

**NORTH EASTERN HEALTH BOARD**

**BOARD MEETING - 22nd MAY, 1995**

**AGENDA ITEM NO: 5**

***DIAGNOSTIC RADIOLOGY SERVICES***

***SUMMARY***

***Introduction:***

The National Health Strategy has outlined the policy direction and principles by which future hospital services will be assessed and the concepts of health and social gain and accountability can be readily applied to radiology services. The Radiologist assists the Clinician in speedy diagnosis and early treatment which causes less discomfort and distress to patients and using scarce resources appropriately and effectively. In summary a comprehensive clinical radiology service is essential to the efficient and effective diagnosis and management of many diseases that affect peoples health and social status.

The North Eastern Health Board has four Consultant Radiologists, one based in each of the acute hospital sites. In addition two Radiologists are based at the International Missionary Training Hospital.

The work undertaken by the Consultant Radiologists include supervision of radiation protection, reporting on plain radiographs and plan film examinations, undertaking and reporting contrast studies and undertaking ultrasound examinations.

***Range of Services:***

The radiology departments in each of the acute hospital groups provide a range of x-ray diagnostic services which include general x-ray, ultrasound, fluoroscopy, barium meals, dental x-ray. The range of work undertaken by a Radiologist depends on the size of hospital, the number of specialties involved, i.e. paediatrics, obstetrics and the skills and/or special interest of the Radiologist. With the introduction of newer imaging modalities, such as ultrasound, isotope scanning, C.T. and M.R.I., major changes have taken place in the

---

work pattern of diagnostic Radiologists with the result that the Radiologist is now playing a bigger role in deciding and organising the appropriate examination or series of investigation. The range of service provided within the North East incorporates those newer techniques such as ultrasound, mammography, C.T. and nuclear medicine.

Mammography is a specific radiological examination to detect breast disease, particularly early cancer, in women. Mammography units are based at the International Missionary Training Hospital, Drogheda and Our Lady's Hospital, Navan and a mobile service has been available to the Cavan/Monaghan catchment as part of the Eccles Street screening project.

A computed tomography scanning service is being established in each of the acute hospital groups in 1995.

With regard to nuclear medicine services, discussions are currently in progress with the joint department of radiology in Louth/Meath regarding the local need for this type of service.

Patients requiring M.R.I. investigations currently have to travel to Dublin to avail of this diagnostic facility.

#### *Statistics:*

Over the past few years increased awareness of the risks of radiation doses to patients has led to G.P.'s and hospital doctors minimising the number of x-rays per patient. This increased awareness is significant in the gradual decrease in x-ray examinations when hospital activity generally has been increasing.

50,672 x-ray examinations were carried out on the Dundalk and Navan sites during 1994, 26,013 of which were carried out at Our Lady's Hospital, Navan and 24,659 at Louth Co. Hospital, Dundalk. 16% of all tests carried out were for in-patients with 84% attributable to out-patients.

46,395 x-ray examinations were carried out at the Cavan/Monaghan Hospital Group during 1994 of which 27,068 x-ray examinations were carried out at Cavan General Hospital and 17,327 at Monaghan General Hospital.

1. In order to improve Consultant Radiology services in each hospital group, there is a need to strengthen C.T. scanning and introduce vascular radiology in the Cavan/Monaghan Hospital Group, and in the Louth/Meath Group, there is a need to introduce C.T. scanning services and strengthen ultrasound.
  2. A review of the radiographer and administrative infrastructure of radiology departments is required.
-

3. Computerisation of radiology departments to be completed at Monaghan site.
4. Future planning is necessary in relation to requirements for nuclear medicine and stereotactic mammography.

The Hospital Services committee considered this report at its meeting on 20th April, 1995 where they agreed to recommend it to the Board.

**Dr. S. Ryan,**  
**PROGRAMME MANAGER ACUTE HOSPITAL SERVICES.**

**15 May, 1995.**

---

## *Diagnostic Radiology Services*

### **INTRODUCTION**

Radiology is divided into two main branches, diagnostic radiology and therapeutic radiology.

Diagnostic radiology (i.e. assisting in identifying disease/illness by means of creating x-ray images) forms the largest focus of activity and relates to the general x-ray services as we know them in the Board.

Therapeutic radiology deals with x-rays as a treatment form, and as such units are highly specialised and costly. These services are generally linked to the oncology services provided at national centres.

This report focuses on diagnostic radiology services in the Board's area.

### **SERVICES GENERALLY**

#### **Role:**

The North Eastern Health Board has four Consultant Radiologists, one based in each of the acute hospital sites. Two Consultant Radiologists are based at the International Missionary Training Hospital, Drogheda, making a current complement of two Consultants in the Cavan/Monaghan Hospital Group and four Consultants in the Louth/Meath Hospital Group. Radiologists are clinicians with expertise in investigatory imaging using x-ray, ultrasound,

nuclear medicine and other techniques, i.e. C.T. scanning and M.R.I. It is important to stress that the role of the Radiologist is to provide a consultation to a referring doctor about a clinical problem as well as carrying out the radiological process investigation. Sufficient time, therefore, has to be afforded in x-ray departments to the screening and evaluation of x-ray request forms and subsequent discussion with clinical colleagues to ensure the best outcome for safe patient treatment.

**Unit:**

X-ray departments are located at each of our acute hospital sites. X-ray equipment is located due to the use of radiation, in specifically constructed units with leaded protection on walls, doors, windows etc. Consultant Radiologists are responsible for the supervision of radiation protection within the department and the hospital at large, and representatives from each unit are members of the Radiation Protection Committee set up to cover the North East region. This is an important aspect of the work of the consultant and every effort is made to work within the protocols and guidelines set down by the Department of Health, Radiation Protection Institute of Ireland and E.U. Guidelines in order to minimise radiation exposure to patients, staff and the general public. There are no satellite units serviced from the acute hospitals. Radiology departments provide a regular high throughput of widely differing procedures and to be effective, the department has to be sufficiently flexible to deal with both emergency work and with the steady demand for various planned specialist examinations. The Radiologist has a key role in achieving effectiveness, efficiency and the co-ordination of the work of the department.

**SERVICE DEMAND**

Over the past few years, increased awareness of the risks of radiation doses to patients has led to vigilance amongst General Practitioners and Hospital Doctors to request the minimum number of x-rays per patient. This increased awareness is significant in the gradual decrease in x-ray examination at a time when hospital activity generally has been increasing. The combined x-ray activity in the Board's hospitals for the years 1992 - 1994 is illustrated below in **Figure 1**.

# North Eastern Health Board X-Ray Examinations at Two Acute Hospital Group 1992 - 1994 (excluding I.M.T.H.)

---

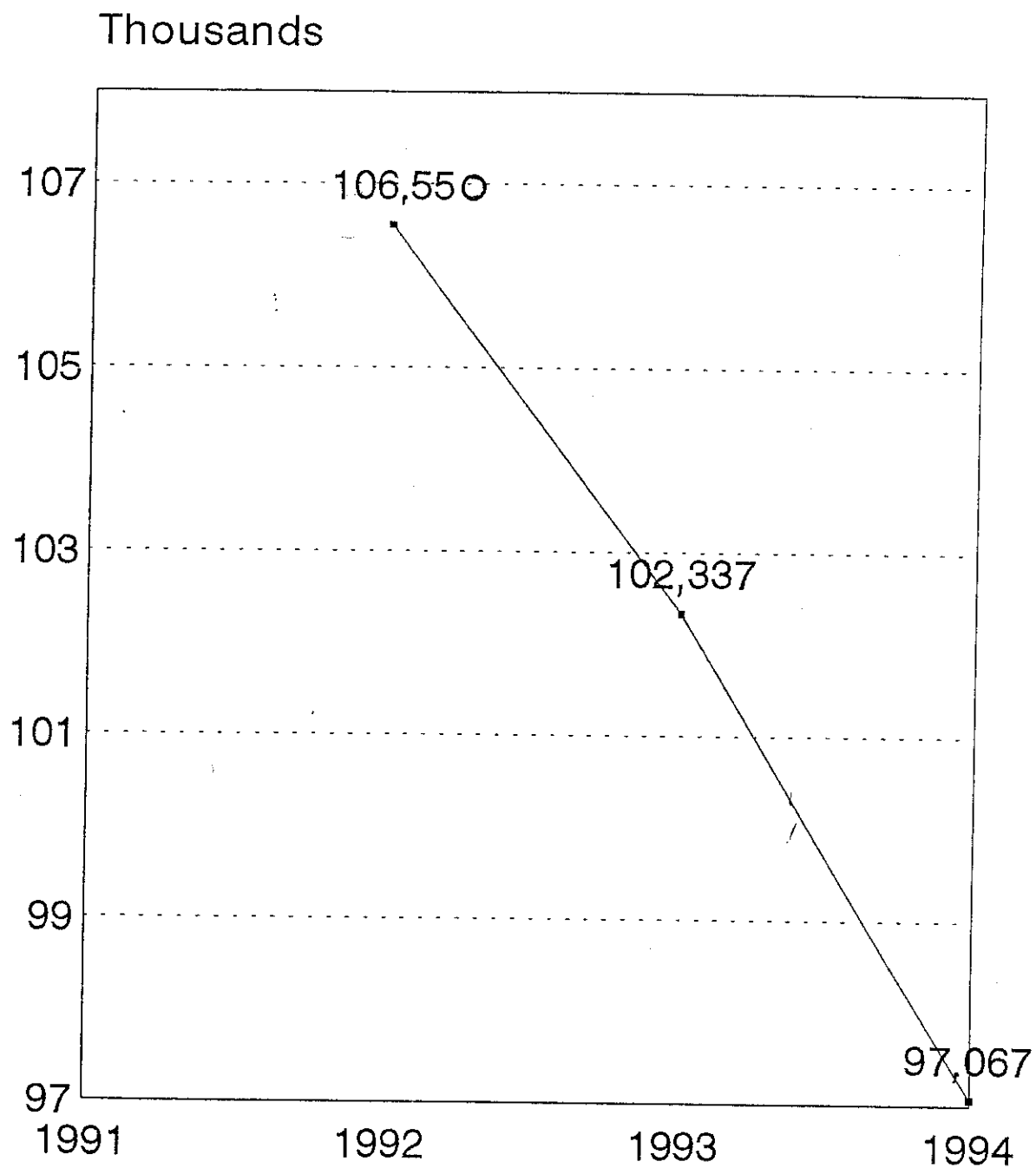


Figure 1

International guidelines have been produced on making the best and safest use of a Department of Diagnostic Radiology, to lessen unnecessary examination and encourage doctors to adhere to diagnostic protocols. These are circulated to general practitioners and new hospital doctors on a regular basis. General practitioners have direct access to radiology services which serves to improve the quality of service to patients and avoid unnecessary hospital referrals.

### **Range of Services**

The radiology departments in each of the acute hospital groupings provide a range of x-ray diagnostic services. Some of these include general x-ray, ultrasound, fluoroscopy, barium meals, dental x-ray. The range of work undertaken by a Radiologist depends on the size of the hospital, the number of different specialties involved, i.e. paediatrics, obstetrics and the skills and/or special interest of the Radiologist. The introduction of the newer imaging modalities, i.e. ultrasound, isotope scanning, C.T. & M.R.I. have initiated progressive and major change in the work pattern of diagnostic Radiologists. Conventional radiographic techniques are being displaced and/or supplemented by these alternative procedures and when patients are referred, the Radiologist is now playing a bigger role in deciding and organising the appropriate examination or series of investigations.

The work undertaken by Consultant Radiologists in the North East includes the following:

1. Reporting on plain radiographs. These films are usually produced by Radiographers, collated with previous x-ray examinations and presented to the Radiologist for reporting. Rapid reporting back to the referring doctor is essential for the best management of the patient and each of our Radiology Units strive to attain a standard of same day reporting.
2. Reporting on more time consuming plain film examinations, e.g. Tomography (layered x-ray examinations).

3. Undertaking and reporting contrast studies, ranging from Barium Meals/Enemas which show the digestive tract, I.V.P.'s (Intravenous Urography) which cover the kidneys, bladder etc. to the more complex invasive examinations and procedures, i.e. angiography which displays blood vessels and arthrography which examines joints.

4. **Ultrasound**

Ultrasound equipment is now available in all x-ray units in the region and deals with a large out-patient and in-patient work load. Ultrasound produces high frequency sound waves to image the body and therefore avoids the use of ionising radiation. From the patient's point of view ultrasound is an ideal examination. It is painless, non-invasive and the machinery is non threatening. It is valuable in investigating the gallbladder, pancreas, kidneys and pelvic organs. It is particularly useful in obstetric monitoring and gynaecological investigations and for investigating children. A variation of ultrasound using the Doppler technique can now assist in evaluating arteries and veins, and is well established in echocardiography.

5. **Mammography**

Mammography is a specific radiological examination to detect breast disease, particularly early cancer in women. Mammography units are located at the International Missionary Training Hospital, Drogheda and Our Lady's Hospital, Navan and a mobile service has been available to the Cavan/Monaghan catchment as part of the Eccles Street Project, which offers screening to all women aged fifty - sixty four years of age. Breast screening is carried out every 2 - 2½ years. Development of a comprehensive screening service will in future have to consider the availability of mammography equipment in the Cavan/Monaghan Hospital Group, upgrading of current equipment in the Louth/Meath Hospital Group to include stereotactic localisation of lumps for fine needle aspiration/biopsy and the strengthening of Consultant Radiological and Radiographer expertise in the field.

6. **Computed Tomography Scanning**

A C.T. service is being established in each of the Acute Hospital Groups in 1995. C.T. has found a place in almost every area of diagnostic radiology although M.R.I.

is now being used in preference for investigation of the brain and spine. In C.T. examinations, the patient lies at the centre of a circular gantry; a beam of radiation is passed through the patient and the x-ray tube and radiation detector rotate around the patient in small steps and a computer deduces the internal structure of the body. Some C.T. examinations require the assistance of intravenous or gastro-intestinal contrast medium to assist in the interpretation of the images. Every C.T. request should be discussed with a Consultant Radiologist and the scan then carried out only after there has been proper clinical justification for it. C.T. examinations on children require a higher justification in view of the exposure risk to radiation. Despite this, C.T. examination remains the optimal investigation for many problems with the head, chest and abdomen. It is the simplest method of assessing the spread of malignant diseases and monitoring the response to chemotherapy. It provides valuable pre-operative information about complex masses and is widely used for post-operative complications.

## **7. Nuclear Medicine**

Compounds that can normally be handled by the body can be tagged with radioisotopes, ingested or injected into patients and their course followed through the body, to measure particular functions or take a static image of an organ. This type of examination is used to diagnose lung emboli (clots), spread of cancer to bones, assess kidney function and has an important contribution to make in some types of bone trauma. The radiation emitted from the radioisotope can be detected by a large machine called a gamma camera. Discussions are in currently progress with the Joint Department of Radiology in Louth/Meath regarding the local need for this type of service.

## **8. Tertiary Service**

**M.R.I.:** In the short to medium term it is likely that patients requiring M.R.I. investigation will have to travel to Dublin to avail of this diagnostic facility. M.R.I. is becoming an important imaging modality in the central nervous system and

musculo-skeletal system, particularly the spine and is becoming the investigation of choice in Neurology/Neurosurgery and spinal trauma. The pictures produced by M.R.I. are similar to those produced by a C.T. scanner but no ionising radiation is used and snapshots can be taken in any place throughout the body.

## **HEALTH & SOCIAL GAIN**

The National Health Strategy has outlined the policy direction and principles by which future hospital services will be assessed and the concepts of health and social gain, and of accountability can be readily applied to radiology services. The Radiologist assists the clinician in speedy diagnosis and early treatment while causing less discomfort and distress to patients, and using scarce resources appropriately and effectively, i.e. C.T. scanning can reduce the length of stay through early diagnosis, ultrasound can differentiate between benign and malignant tumours of the testes, with an accuracy of 99%. Patients with blocked or narrowed arteries may need surgical treatment yet, interventional radiology in the form of balloon dilatation under local anaesthetic can be more cost-effective. Ready and appropriate access to M.R.I. can rationalise orthopaedic waiting list for operations by identifying those who definitely need surgical treatment and M.R.I. is also helpful to clinicians in managing patients with diseases of the head and spine while costing no more than alternative investigations. The introduction of local C.T. scanning services will eliminate the need for patients to travel outside of the region to access the service. Reductions in unnecessary or repeat exposure of patients to radiation is an important prevention role in the clinical responsibility of radiology.

In summary, a comprehensive clinical radiology service is essential to the efficient and effective diagnosis and management of many diseases that effect peoples health and social status.

## **LOUTH/MEATH HOSPITAL GROUP**

### **(EXCLUDING INTERNATIONAL MISSIONARY TRAINING HOSPITAL)**

A total of 50,672 x-ray examinations were carried out on the Dundalk and Navan sites during 1994.

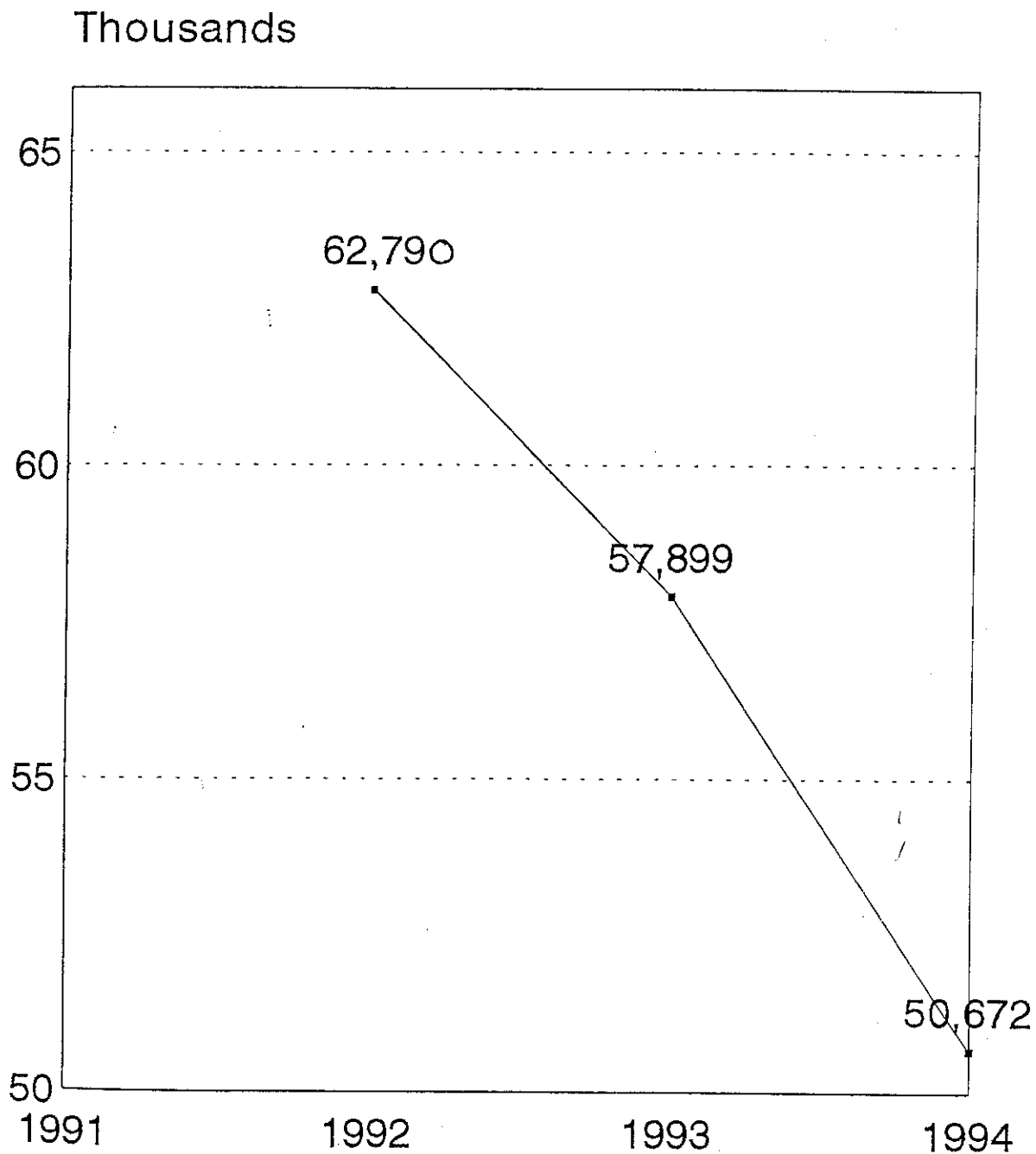
Of this 26,013 x-ray examinations were carried out at Our Lady's Hospital, Navan. X-ray facilities at the hospital include, ultrasound, mammography, orthopantomography, all housed in two fluoroscopy and two general practice rooms. The mammography service at the hospital was extended during 1994 to provide general practitioner access to diagnostic services.

24,659 x-ray examinations were carried out at Louth Co. Hospital in their three screening rooms during 1994. Plans are in train to upgrade equipment in the screening room on a systematic basis. A mobile x-ray machine at the hospital facilitates x-ray examinations to be taken on the wards.

In-patient x-rays at the hospital account for 16% of all tests carried out with 84% attributable to out-patients. Specific sessions are set for general practitioner referrals and no waiting list exists for this category of patient.

Figures (2 - 6) illustrate the x-ray activity of the Louth/Meath Hospital Group and the individual statistics for each hospital. The range of tests provided during 1994 is also illustrated.

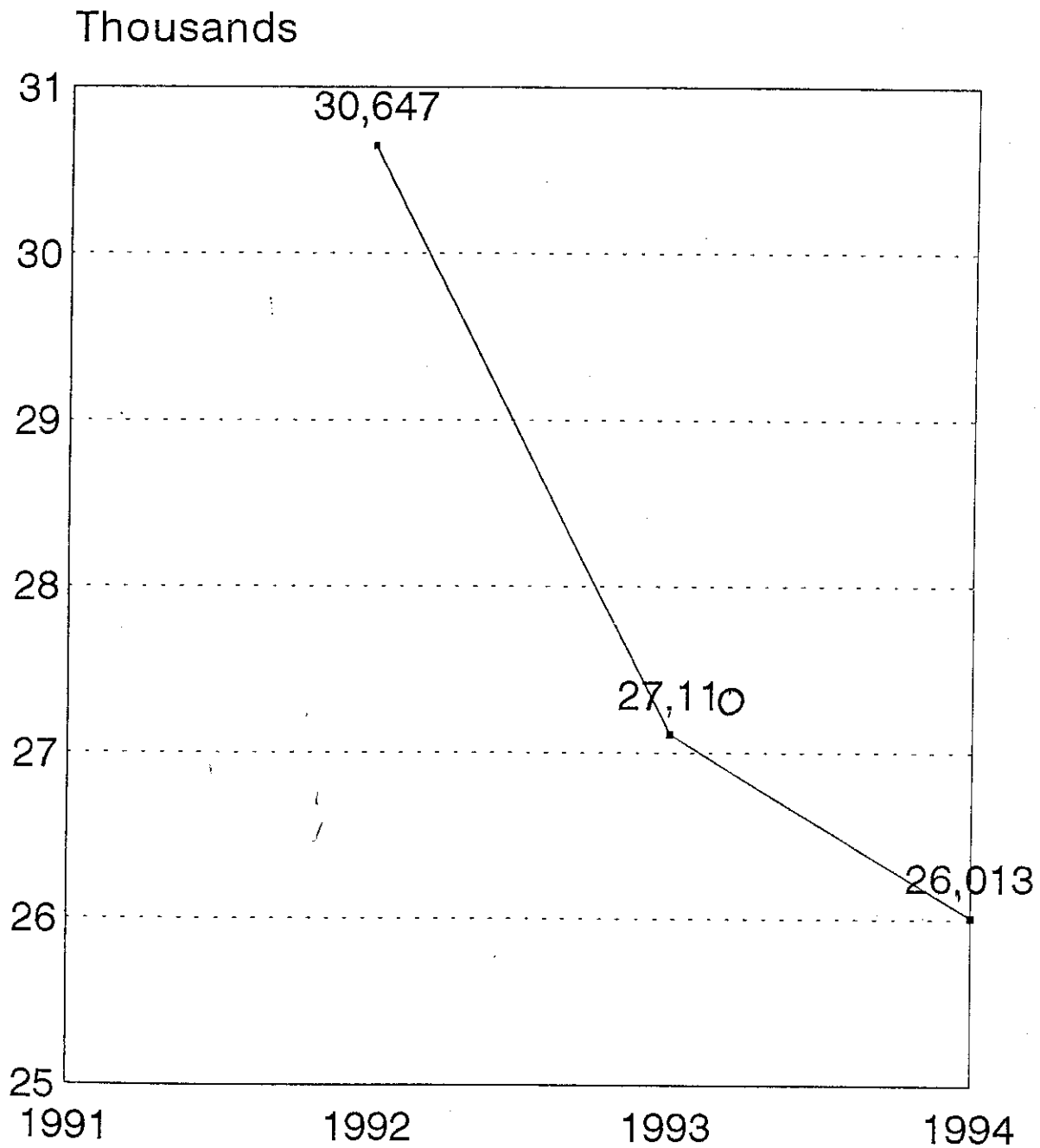
# Louth/Meath Hospital Group (Excl. I.M.T.H.)



X-Ray Examinations 1992 - 1994

Figure 2

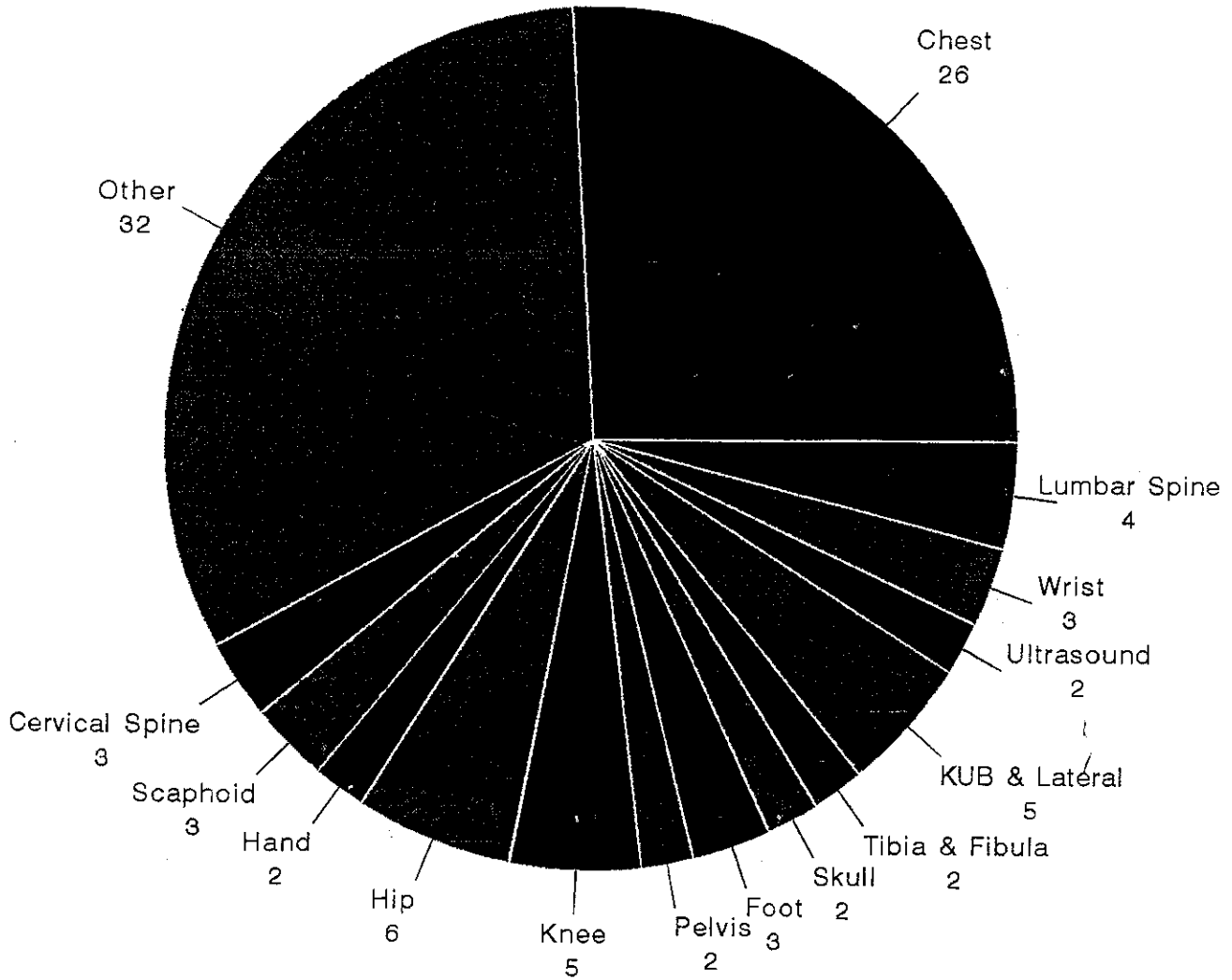
# Navan Site



## X-Ray Examinations 1992 - 1994

Figure 3

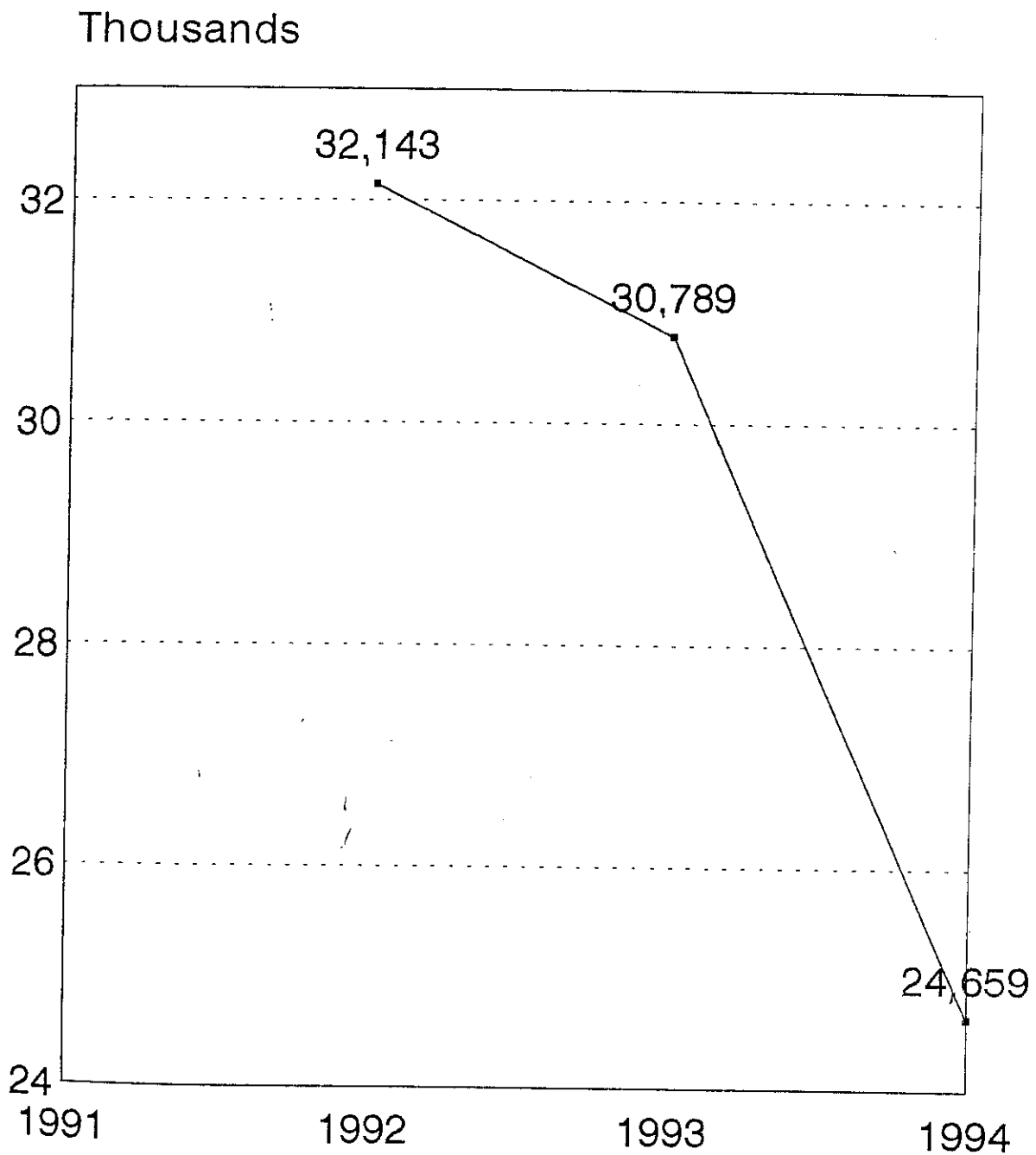
# Navan Site



% X-Ray Tests 1994

Figure 4

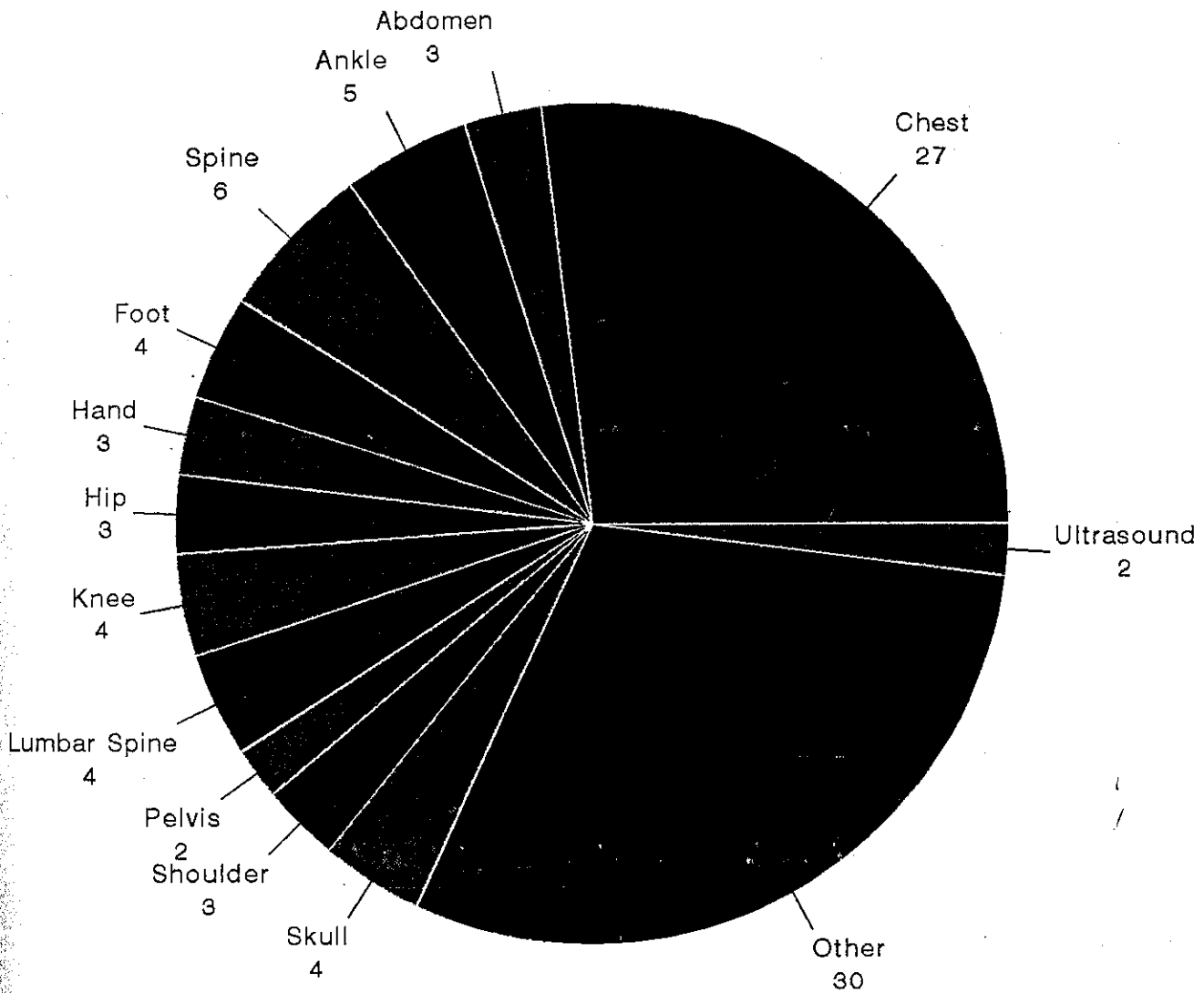
# Dundalk Site



X-Ray Examinations 1992 - 1994

Figure 5

# Dundalk Site



% X-Ray Tests 1994

Figure 6

## CAVAN/MONAGHAN HOSPITAL GROUP

46,395 x-ray examinations were carried out at the Cavan/Monaghan Hospital Group during 1994.

An increase in activity has been evident at Cavan General Hospital over the past three years. This may be attributed to the increased activity generally at the hospital. 27,068 x-ray examinations were carried out during 1994 in the general x-ray room, major/minor screening rooms, I.V.P. room, A & E room, and ultrasound room.

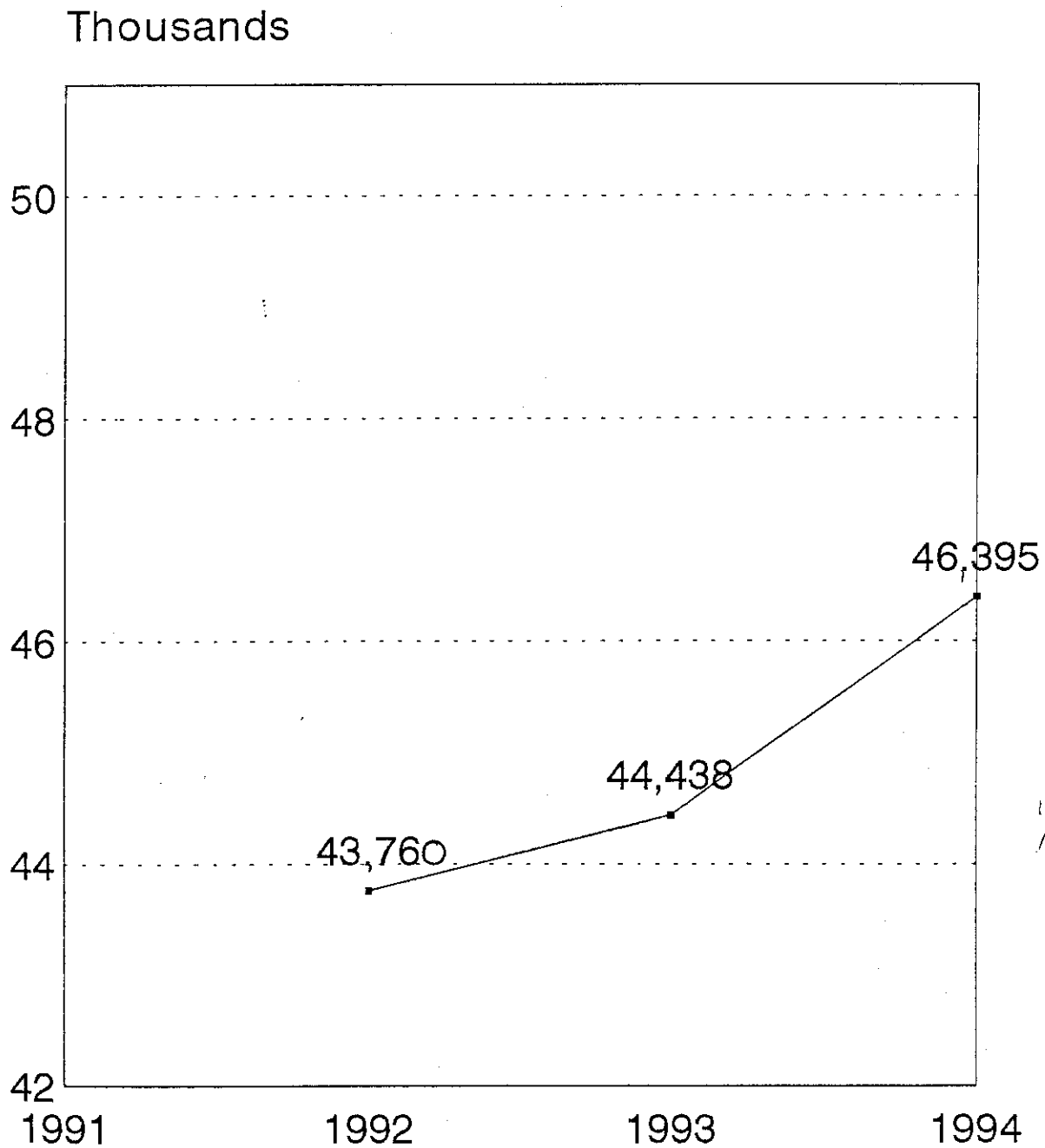
The recent opening of the renal dialysis unit at the hospital has increased the workload.

The two x-ray examination rooms at Monaghan General Hospital serviced 19,327 examinations during 1994. A complete new screening unit was installed at the hospital last year. In addition a new laser camera is being installed. It interfaces to both the new screening unit and the ultrasound unit and will reduce the radiation exposure to the patient and staff.

An order has also been placed to purchase an orthophos panoramic x-ray unit with cephalometer attachment.

The diagrams set out below (Figures 7 - 11) illustrate the x-ray activity at the Cavan/Monaghan Hospital Group and also the individual statistics for each hospital. The range of test provided during 1994 is also illustrated.

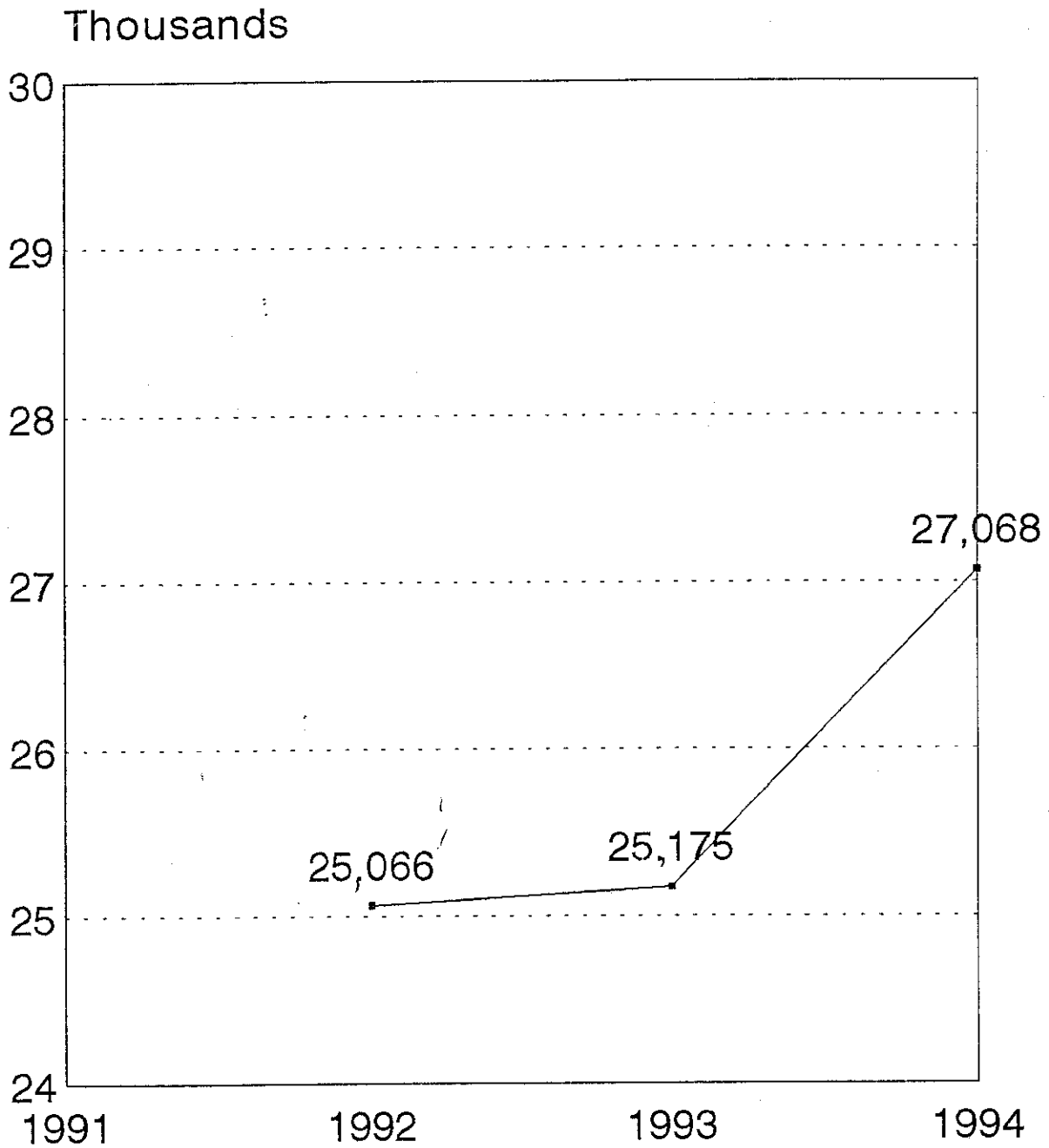
# Cavan/Monaghan Hospital Group



X-Ray Examinations 1992 - 1994

Figure 7

# Cavan Site

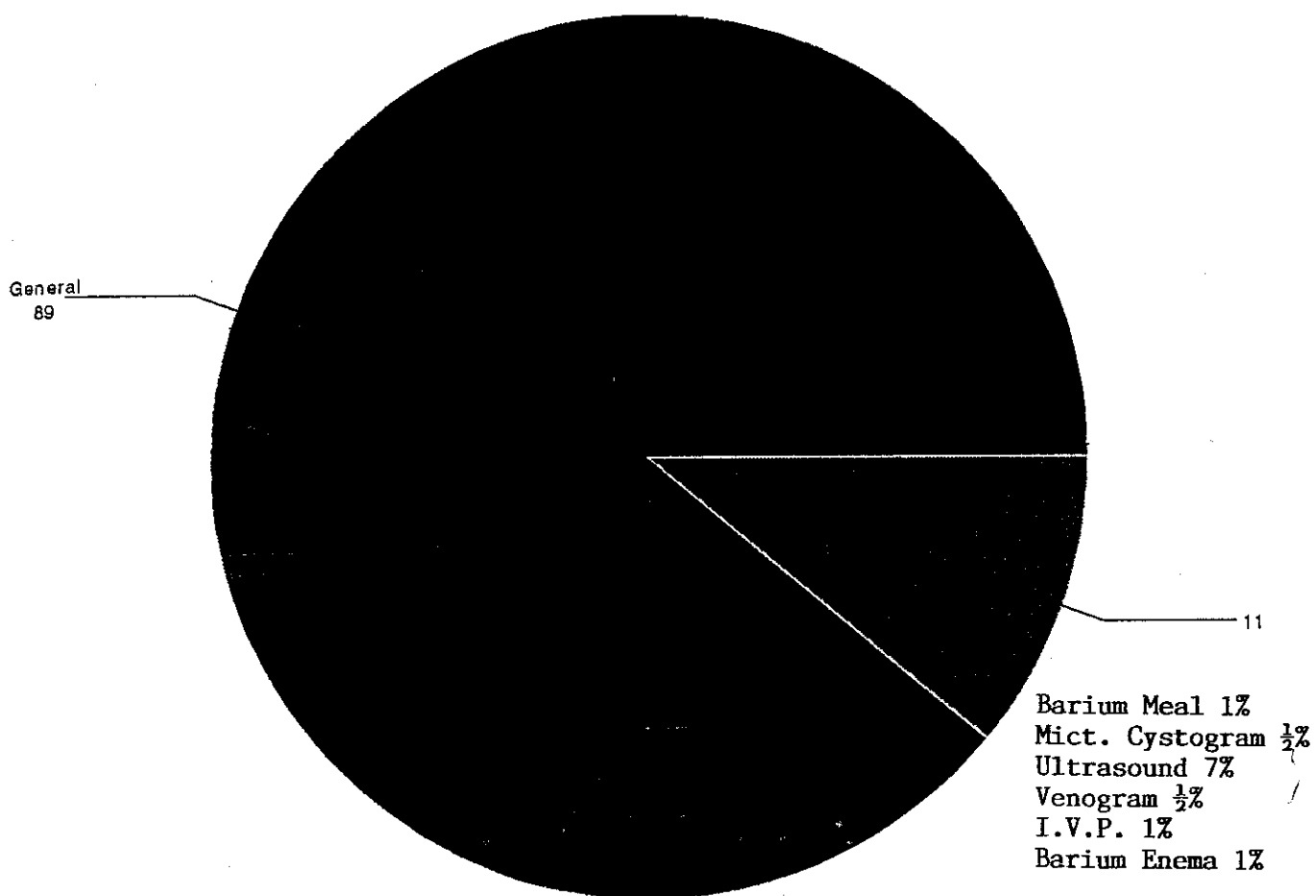


## X-Ray Examinations 1992 - 1994

Figure 8

# Cavan Site

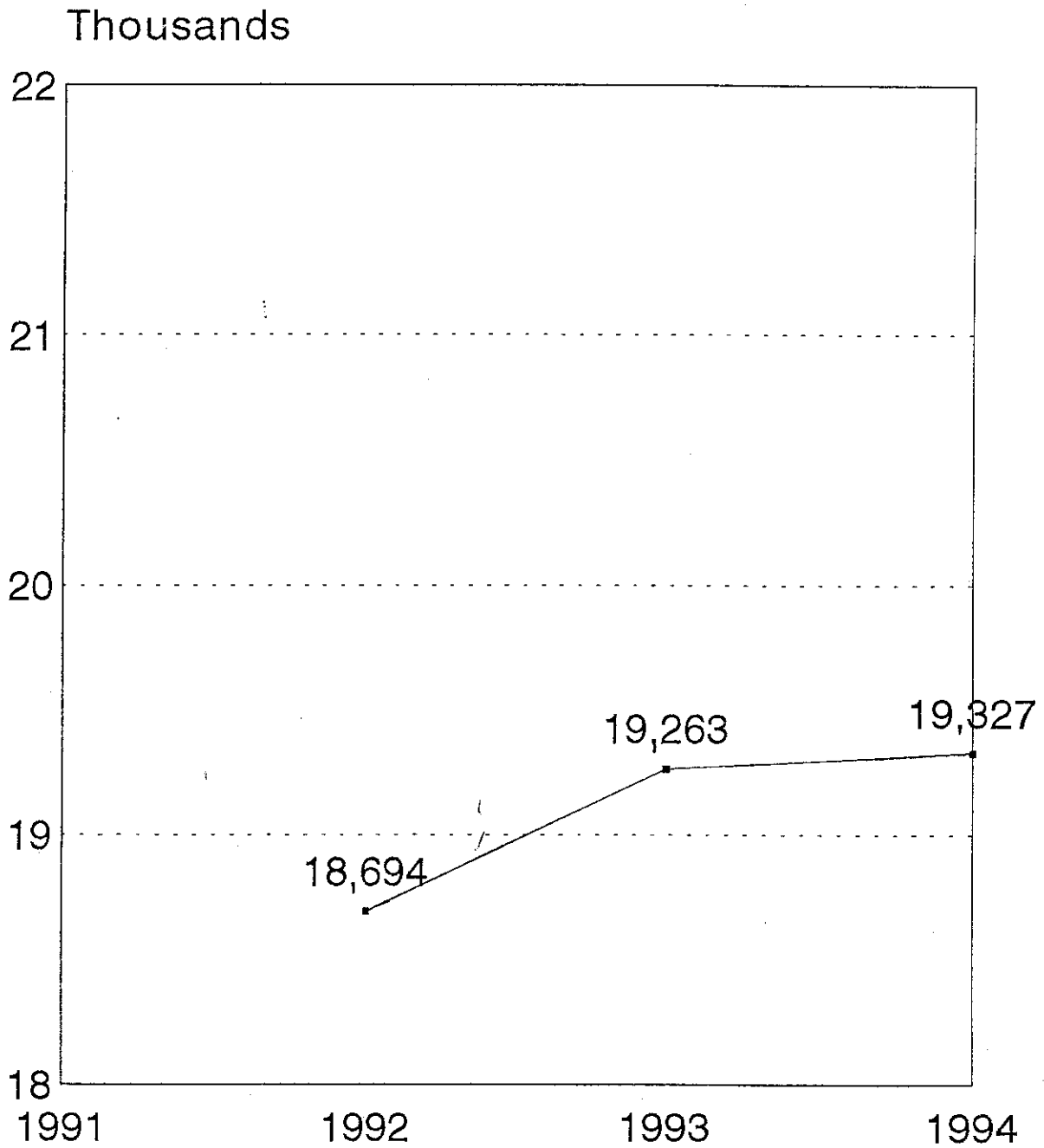
---



% X-Ray Tests 1994

Figure 9

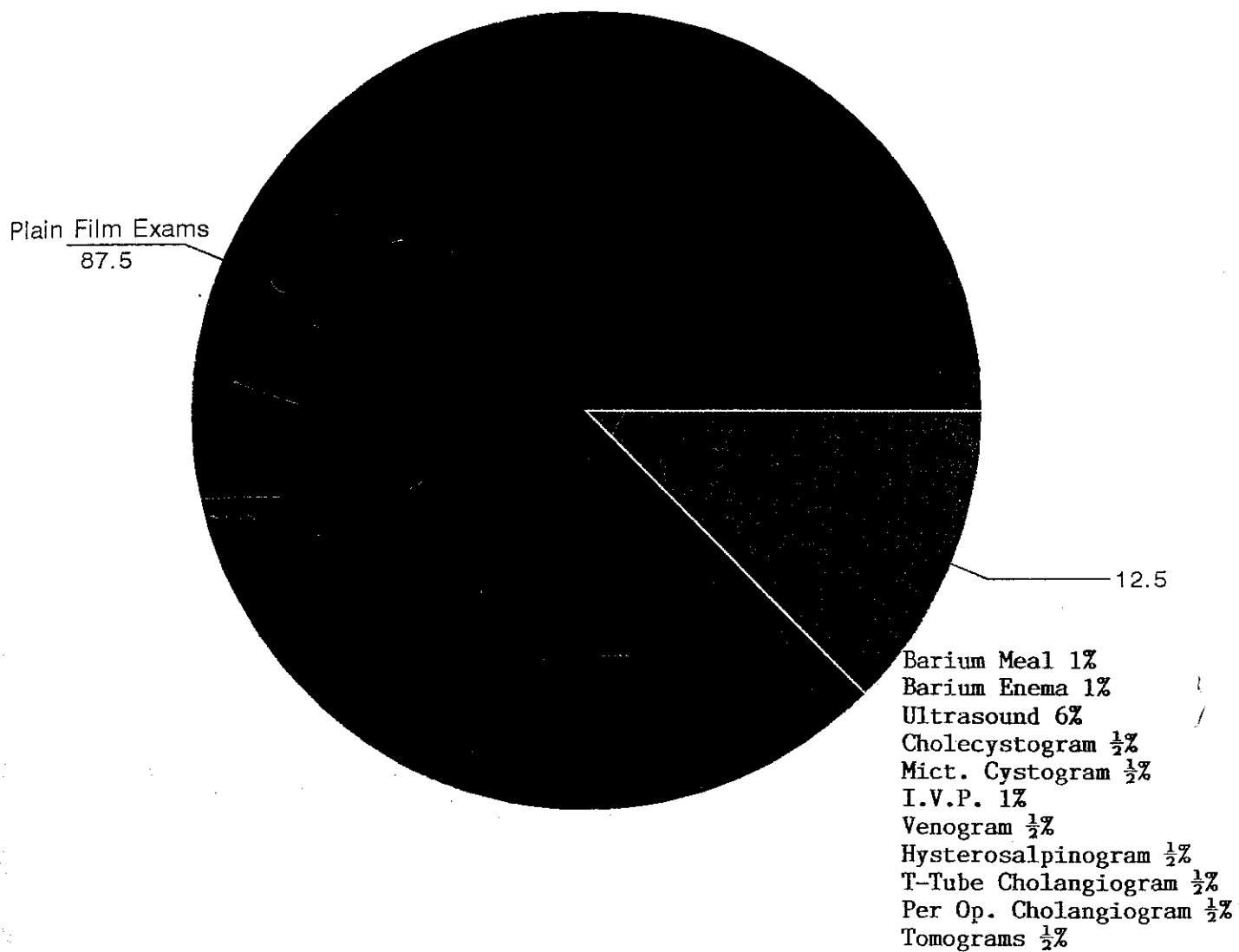
# Monaghan Site



## X-Ray Examinations 1992 - 1994

Figure 10

# Monaghan Site



% X-Ray Tests 1994

Figure 11

## SUMMARY

In 1995 the Board will have in place a comprehensive broad range of x-ray diagnostic facilities, which will further minimise the need for persons to travel outside the Board's area for services.

As services and activity develop generally, these will continue to create demands on x-ray diagnostic services with resultant pressure on resources. In this regard, it is planned to improve Consultant Radiology services in each Hospital Grouping, i.e.:-

1. (a) In Cavan/Monaghan there is a need to strengthen C.T. Scanning and introduce Vascular Radiology.  
  
(b) In Louth/Meath there is a need to introduce C.T. Scanning services, and strengthen ultrasound.
2. In each Hospital Group, there is a need to review the Radiographer and Administrative infrastructure of Radiology Departments with a view to ensuring the most effective and efficient service.
3. Computerisation of the workload of Radiology Departments needs to be completed at the Monaghan Site.
4. Further planning and consultations are necessary before deciding on capital requirements for nuclear medicine, and stereotactic mammography.

**Dr. S. Ryan,**

**PROGRAMME MANAGER ACUTE HOSPITAL SERVICES.**

**15 May 1995**

**BORD SLAINTE AN OIR THUAISCIRT**

**NORTH EASTERN HEALTH BOARD**

**BOARD MEETING - 22nd MAY, 1995**

**AGENDA ITEM NO: 6**

*Medical Council Report 1989 - 1994*

The Medical Council was established by the Medical Practitioners Act, 1978 and is made up of twenty five members:-

- 5 appointed by the Undergraduate Medical Schools,
- 6 appointed to represent medical and surgical specialties, psychiatry and general practice,
- 10 registered medical practitioners elected by the profession,
- 4 other persons nominated by the Minister for Health 3 of whom be non doctors representing the interests of the general public.

The members have a five year term of office.

The principle functions of the Council relate to:-

- (1) The general registration of medical practitioners and the maintenance of a register of medical specialists.
- (2) Standards of education and training at undergraduate and postgraduate levels.
- (3) Questions of professional misconduct or fitness to practice.
- (4) The operation of EU Directives relating to the practice of medicine.

**(1) Registration:**

The Medical Council register is published every five years with annual supplements in the intervening years. Copies are available in public and hospital libraries, health board offices and teaching institutions. There were 9824 fully registered medical practitioners at the end of April, 1994.

By legislation, the Council is responsible for approving temporary registration to doctors and also the hospitals in which they may practice. During 1992/1993 six doctors were detected as having presented forged documentation in support of their applications for temporary registration.

**(2) Education and Training:**

All medical schools in the country are represented on the Medical Council. The Council has a representative on the Advisory Committee on Medical Training of the EU and its report has been accepted and is generally available. This report does not have the binding force of a Directive, but it would be a source document should a Directive be introduced. The Council support the present study of specialist and continuing medical education and visits to medical schools in various countries.

The Council recognises the need for greater emphasis on communication skills in training curricula.

With regard to education and training outside the European Union, the report notes the large numbers of graduates from India and Pakistan looking for training posts in Ireland. To improve the assessment of the initial level of training the setting up of an entry examination for temporary registration such as is held in most other countries is being explored.

In relation to postgraduate training for Interns, there are unsolved problems. The essential educational nature of the Intern year can be submerged in time consuming and trivial routine tasks. There is also the problem of exposing the Intern to clinical problems beyond the competence required and without the supervision and support. The Council is treating this matter very seriously and is reviewing each post. Work is in progress on the production of an updated version of the Council's guide on the Intern year. It will restate the objectives of the Intern year and expand on the means of achieving them.

**(3) Fitness to Practice Committee:**

The function of the Fitness to Practice Committee is to review complaints received and to decide on the most appropriate course of action. A total of 590 complaints were received from April, 1989 to April, 1994. Of this 276 required further action, 289 were no prima facie, 18 were prima facie and 7 are under consideration.

The term of office of the Committee was dominated by what has become known as the "Beaumont Enquiries", which were in fact enquiries into the conduct of three members of the neurosurgical staff of that hospital. The enquiries were extremely complex and time consuming. There were 117 days of formal hearings and the whole process took over two and a half years. One Neurosurgeon was found to have no case to answer, while another was found guilty of professional misconduct on fourteen counts and a Registrar was also found guilty of professional misconduct. The Council decided on presentation of the report of the Committee to impose on the

Neurosurgeon periods of suspension of twelve months to eighteen months on nine counts to run concurrently. He was also censured on fourteen counts. The Neurosurgeon appealed this decision to the High Court. The Registrar was censured.

**(4) Ethics:**

It is a function of the Medical Council to operate the EU Directives relating to the practice of medicine. It is their function generally to give guidance to medical practitioners on all matters relating to ethical conduct and behaviour.

**ELECTION OF MEMBERS TO THE MEDICAL COUNCIL:**

Members are elected to the Medical Council every five years. The current members will hold office for the period 1994 - 1998 and were elected in accordance with Medical Council (Election of Members) Regulations 1978.

**FINANCIAL STATEMENTS:**

The Medical Council report includes details of its financial statements as approved for the year ended 31st December, 1993.

**STATISTICS:**

The report contains statistics relating to the Fitness to Practice Committee with regard to the number of complaints received, what they are related to and their outcomes. Of 590 complaints received 11% were complaints regarding treatment, 21½% related to professional standards, 5% related to failure to communicate/rudeness, 5½% related to failure to supply medical records and 33% were complaints outside the remit of the Medical Council. The remainder of the complaints related to irresponsible prescribing, deputising arrangements, responsibility to colleagues, failure to attend, certification, advertising, convictions and alcohol/drug abuse, physical/mental disability.

Forty eight enquiries were set up by the Medical Council into complaints received, of which one was adjourned and ten are pending.

**MEDICAL COUNCIL PREMISES:**

The Medical Council purchased a new headquarters at Portobello Court, Dublin, which was formally opened by the Minister for Health in April, 1994.

The complete report of the Medical Council 1989 - 1994 is available to any member on request.

**Donal O Shea,  
CHIEF EXECUTIVE OFFICER.  
15th May, 1995**

**BORD SLAINTE AN OIR THUAISCIRT**

**NORTH EASTERN HEALTH BOARD**

**BOARD MEETING - 22nd May, 1995.**

**AGENDA ITEM NO: 7**

**VACANCY ON CHILD CARE COMMITTEE**

**TO/ CHAIRMAN AND EACH MEMBER OF THE BOARD**

The Child Care Advisory Committee is a Committee established under Section 7 of the Child Care Act, 1991, to advise the health board on the performance of its functions under the Act.

Its membership is composed of persons with a special interest or expertise in matters affecting the welfare of children, including representatives of voluntary bodies providing child care and family support services.

Sr. Marion Gribben, Daughters of Charity, has tendered her resignation and in accordance with the directions of the Minister for Health for membership of the Committee, I recommend that Sr. Margaret Joyce, Daughters of Charity, be appointed to the Committee in her place.

Donal O Shea,  
CHIEF EXECUTIVE OFFICER.

**BORD SLAINTE AN OIR THUAISCIRT**

**HEALTH ACT 1947**

**STATUTORY NOTICE**

Notice is hereby given pursuant to Section 83 of the Local Government Act, 1946 (No. 24 of 1946) that it is proposed to dispose of the property below described and which is no longer required for the purpose of the powers and duties of the Board.

**STATUTORY INFORMATION**

1. Circa 0.4 Acres at Mulladrillen, Ardee.
2. The property was transferred to the Board from Louth County Council with the passing of the 1970 Health Act.
3. It is proposed to sell the property to the Trustees of the Residents of Mulladrillen/Hale Street, Ardee, Co. Louth, C/O R.H. McDonnell & Son, Solicitor, Ardee.
4. The consideration in respect of the disposal is £2,000.

At a meeting of the Board to be held after the expiration of ten clear days from the date of the sending of this Notice, the Board may resolve as follows:

- (a) That the disposal shall be carried out in accordance with the terms specified in the resolution, or
- (b) That the disposal shall not be carried out.

If the Board resolve that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister, be carried out in accordance with these terms.

If the Board resolve that the disposal shall not be carried out, then the disposal shall not be carried out.

If the Board does not pass a resolution, the disposal may, with the consent of the Minister, be carried out.

Dated this 10th day of May, One Thousand Nine Hundred and Ninety five.

**Signed:** Donal O Shea,  
CHIEF EXECUTIVE OFFICER.

To/ **Chairman and each Member of the North Eastern Health Board.**

# **NORTH EASTERN HEALTH BOARD**

**BOARD MEETING ON 22nd MAY 1995**

## **AGENDA ITEM NO. 8**

### **Disposal of Property**

#### **Circa 0.4 Acres at Mulladrillen, Ardee, Co. Louth**

This small strip of land was part of a link between the Mulladrillen Farm and Hale St. Farm Yard both of which the Board disposed of sometime ago. This strip of land adjoins a number of houses at Hale St., Ardee. The trustees of the residence of Mulladrillen/Hale St., Ardee wish to acquire this strip of land at the rear of their dwellings.

The offer of £2,000 is considered reasonable.

\*\*\*\*\*

**BORD SLAINTE AN OIR THUAISCIRT**

**HEALTH ACT 1947**

**STATUTORY NOTICE**

Notice is hereby given pursuant to Section 83 of the Local Government Act, 1946 (No. 24 of 1946) that it is proposed to dispose of the property below described and which is no longer required for the purpose of the powers and duties of the Board.

**STATUTORY INFORMATION**

1. **C. 0.15 acres plot at Townparks, Ardee, being part of the lands attached to St. Joseph's Hospital, Ardee.**
2. This property was transferred to the Board from Louth County Council with the passing of the 1970 Health Act.
3. It is proposed to lease the property to the Board of Management, Day Care Centre, Ardee for a term of 99 years.
4. The consideration in respect of the lease is £1.00 per annum
5. Any development on the site to be agreed with the North Eastern Health Board by the lessee.

At a meeting of the Board to be held after the expiration of ten clear days from the date of the sending of this Notice, the Board may resolve as follows:

- (a) That the disposal shall be carried out in accordance with the terms specified in the resolution, or
- (b) That the disposal shall not be carried out.

If the Board resolve that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister, be carried out in accordance with these terms.

If the Board resolve that the disposal shall not be carried out, then the disposal shall not be carried out.

If the Board does not pass a resolution, the disposal may, with the consent of the Minister, be carried out.

Dated this 10th day of May, One Thousand Nine Hundred and Ninety five.

Signed: Donal O Shea,  
CHIEF EXECUTIVE OFFICER.

To/ **Chairman and each Member of the North Eastern Health Board.**

# **NORTH EASTERN HEALTH BOARD**

**BOARD MEETING ON 22nd MAY 1995**

## **AGENDA ITEM NO. 8**

### **Disposal of Property**

**Circa 0.15 acre plot at Townparks, Ardee.**

**Consideration in respect of lease £1.00 per annum.**

The Day Care Centre Ardee provide services for the Elderly and the Handicapped at Market St., Ardee in premises which they have leased from the Board. Additional parking space is required at the centre.

It is proposed to lease this additional area, adjoining the centre, to the Board of Management, Day Care Centre, Ardee.

The proposed disposal of this property to the Board of Management, Day Care Centre, Ardee on the terms outlined in the official notice is recommended.

\*\*\*\*\*

# BORD SLAINTE AN OIR THUAISCIRT

## HEALTH ACT 1947

### STATUTORY NOTICE

Notice is hereby given pursuant to Section 83 of the Local Government Act, 1946 (No. 24 of 1946) that it is proposed to dispose of the property below described and which is no longer required for the purpose of the powers and duties of the Board.

### STATUTORY INFORMATION

1. **C. 0.85 acre plot at Townparks, Ardee, being part of the lands attached to St. Joseph's Hospital, Ardee, together with a wayleave for the purpose of a sewer line from the site to the public road at Fair Green, Ardee, Co. Louth.**
2. This property was transferred to the Board from Louth County Council with the passing of the 1970 Health Act.
3. It is proposed to sell the property to Ardee Voluntary Housing Association.
4. The consideration in respect of the sale is £100.
5. Ardee Voluntary Housing to agree:-
  - (i) Not to use the property other than for the erection of 7 Residential Units in accordance with the design and layout plan approved by the North Eastern Health Board.
  - (ii) Not to use or permit the said units to be used other than for the accommodation of the elderly or the handicapped.
  - (iii) To permit the North Eastern Health Board to have an input into the selection of the occupants of these houses.
  - (iv) In the event of the said development not being completed within 4 years, or such extended time as the North Eastern Health Board shall agree, to transfer the property back to the Board for £100.

At a meeting of the Board to be held after the expiration of ten clear days from the date of the sending of this Notice, the Board may resolve as follows:

- (a) That the disposal shall be carried out in accordance with the terms specified in the resolution, or
- (b) That the disposal shall not be carried out.

If the Board resolve that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister, be carried out in accordance with these terms.

If the Board resolve that the disposal shall not be carried out, then the disposal shall not be carried out.

If the Board does not pass a resolution, the disposal may, with the consent of the Minister, be carried out.

Dated this 10th day of May, One Thousand Nine Hundred and Ninety five.

Signed: Donal O Shea,  
CHIEF EXECUTIVE OFFICER.

To/ Chairman and each Member of the North Eastern Health Board.

# **NORTH EASTERN HEALTH BOARD**

## **BOARD MEETING ON 22nd MAY 1995**

### **AGENDA ITEM NO. 8**

#### **Disposal of Property**

#### **Circa 0.85 acre plot at Townparks, Ardee**

The Ardee Voluntary Housing Association Ltd. was formed to provide housing for the elderly and handicapped in Ardee. A site adjoining the Ardee Day Care Centre has been identified as being suitable for a small housing development for their purposes. The residents will avail of the services of the Ardee Day Care Centre. This site is part of the grounds attached to St. Joseph's Hospital.

The Ardee Voluntary Housing Association Ltd. has negotiated funding for the development of seven houses. The Board will have an input into the selection of the residents and fully supports the proposed development. It is recommended that the site be transferred to the Ardee Voluntary Housing Association Ltd. for a nominal sum of £100

In the event of the said development not being completed within 4 years, or such extended time as the North Eastern Health Board shall agree, the property will be transferred back to the Board for £100.

The sale is subject to the consent of the Minister for Health and the Board.

\*\*\*\*\*

**CIRCULATED FOR INFORMATION OF**

**BOARD MEMBERS**

***NORTH EASTERN HEALTH BOARD***

***Minutes of the Meeting of Hospital Services Committee***

***held at***

***International Missionary Training Hospital***

***on***

***Thursday, 16th March, 1995 at 6.00 p.m.***

***Members Present***

Senator J. Farrelly, Chairman,  
Mr. T. Bellew,  
Mr. P. Conaty,  
Mr. B. Fitzgerald,  
Dr. H. Dolan,  
Mr. F. O'Dowd,  
Mr. D. Brady,  
Mr. A. O'Brien,  
Mr. D. Breathnach,  
Mr. G. Marry,  
Mr. T. W. Scannell,  
Mr. M. F. Shine,  
Ms. M. Martin,  
Dr. E. Hartmann,

***Apologies***

Mr. J. Leonard.

***In Attendance***

Mr. D. O Shea, Chief Executive Officer.  
Dr. S. Ryan, Programme Manager Acute Hospital Services.  
Ms. A. M. Hoey, Section Officer Acute Hospital Services.

**MINUTES OF THE PREVIOUS MEETING**

The Committee unanimously agreed to adopt the minutes of the Hospital Services Committee held on 16th February, 1995.

## REPORT OF THE PROGRAMME MANAGER ACUTE HOSPITAL SERVICES

Dr. S. Ryan, Programme Manager Acute Hospital Services advised the Committee that £125,000 has been raised in the "Target 250" campaign at Louth Co. Hospital to date. This money has been used to purchase equipment for the hospital.

With regard to the appointment of Consultants to the Cavan/Monaghan Hospital Group, the Committee were advised that eight Consultants have agreed their starting dates.

In reply to a question raised at the Board Meeting regarding equipment not being used at Dundalk Ambulance Station, Dr. Ryan advised the Committee that one semi-automatic defibrillator is available at the base. When two-person crewing is introduced at Dundalk and additional equipment is purchased, it will be possible to maintain a full cardiac service for the area.

In reply to a question raised at the Board Meeting in relation to people travelling ten miles to get transport to a Geriatric Unit, Dr. Ryan advised the Committee that the policy of the Board is to transport patients within a radius of fifteen miles to the Unit. At present there is one patient outside this radius who has to travel to a pick up point.

### ONCOLOGY REPORT

Dr. Ryan delivered to the Committee an Oncology Report, which detailed priority recommendations to be pursued by the Board in order to develop oncology services for the region. The Committee agreed to recommend this report to the Board.

### NUTRITION POLICY

The proposed nutrition policy for the Board was outlined. The Committee agreed to recommend this document to the Board to be adopted as policy.

### ANY OTHER BUSINESS

The Committee were advised that framework documents on joint departments within the Louth/Meath Hospital Group are currently being prepared for Comhairle na nOspideal. It is anticipated that on receipt of these documents Comhairle will be in a position to consider the six posts for the Grouping at its April meeting.

Mr. B. Fitzgerald requested that the Board review its catchment areas and any anomalies which exist, i.e. South Meath people being treated at James Connolly Memorial Hospital, in case that the Board is requested to provide services for its entire population within the region.

Dr. Hartmann reported that he received a telephone call on Tuesday last from Cavan General Hospital to advise that there were no medical or surgical beds available at the hospital. Dr. Ryan advised that this was due to twelve nurses at the hospital being sick on the particular day. This matter is to be further investigated.

**DATE, TIME & VENUE OF NEXT MEETING**

It was agreed to meet again on Thursday, 20th April, 1995, at 6.00 p.m. at Louth Co. Hospital, Dundalk.

Signed:

John J. Doolan

Date:

20/4/95