

**Report of the committee to advance  
the implementation of the Comhairle report on  
respiratory medicine and the management of  
tuberculosis.**

**Adopted by Comhairle na nOspidéal on 25<sup>th</sup> April 2003**

## **1.0 Introduction**

The committee was appointed in March 2001 with the following terms of reference:

*"To advance the implementation of the Comhairle report on respiratory medicine and the management of tuberculosis".*

The following members were nominated to the Committee:

Dr. M. Gray (Chairman) General Practitioner, Limerick  
Prof. M.X. Fitzgerald Consultant Respiratory Physician and Professor of  
Medicine University College, Dublin  
Dr. J.J. Gilmartin, Consultant Respiratory and General Physician, Galway  
Mr. P. McLoughlin, Chief Executive Officer, South Eastern Health Board  
Mr. T. Martin, Chief Officer, Comhairle na nOspidéal.

Ms. R. Langan (Executive Officer) was Secretary to the Committee and assisted the Chief Officer in drafting this report.

This report should be read in conjunction with the earlier Comhairle report, Report of the committee on respiratory medicine and the management of tuberculosis (July 2000).

## **2.0 Background to the Comhairle report of July 2000**

Applications were received from St. James's Hospital and Peamount Hospital in May 1999 for two posts of consultant respiratory physician, one with a special interest in tuberculosis. One of the applications was for a replacement post at St. James's Hospital with a minor commitment to Peamount Hospital. The other application was for a new post, to be based primarily at Peamount Hospital with a minor commitment to St. James's Hospital.

Arising from its consideration of the applications, a committee was established by Comhairle na nOspidéal in June 1999. It visited Peamount Hospital and discussed the proposals for the posts with representatives of St. James's Hospital, Peamount Hospital and the Eastern Health Board. A number of issues remained outstanding and further meetings were held to discuss the role, if any, of Peamount in the provision of acute hospital services such as general medicine, respiratory medicine and tuberculosis, and the appropriate model of care nationally for patients with tuberculosis given current epidemiological trends.

## **3.0 Key findings and recommendations of the Comhairle report of July 2000 relating to management of tuberculosis.**

Having reviewed the literature, including the Report of the Department of Health Working Group on Tuberculosis (1996); consulted with the Irish Thoracic Society

and visited Peamount Hospital, the committee produced a report which made a number of recommendations in relation to the organisation and delivery of services to tuberculosis patients nationally<sup>1</sup>. The report was adopted by Comhairle na nOspidéal at its meeting on 19<sup>th</sup> July, 2000.

The international trend - supported by the Irish Thoracic Society - is for the treatment of patients with tuberculosis (TB) in the local acute general hospital, ideally under the direction of a respiratory physician. Most patients can be treated as outpatients. A very small number of beds are required for in-patient admissions for TB. Comhairle na nOspidéal was of the view that such beds should ideally be located on the campus of acute general hospitals.

The committee recognises the valuable role Peamount has played in relation to tuberculosis over many years.

However, with the major advances in medical treatment and hospital services over the years, the optimal care of patients with respiratory diseases, including tuberculosis, belongs now in acute general hospitals staffed by consultant respiratory physicians and other consultants supported by an array of investigative facilities. Peamount is not regarded by Comhairle na nOspidéal as an appropriate location for the treatment of TB patients, especially those requiring ventilation and specialised treatment for other symptoms (heart disease, HIV etc.) which may also present in patients with TB.

Peamount Chest Hospital was one of many TB sanatoria in existence throughout Ireland in the 1940's and 1950's. With the advent of curative drug therapies, their roles as TB hospitals diminished and they were phased out. None of the reports or plans on hospital policy and development since the 1960's has envisaged a role for Peamount as an acute general hospital. Moreover, the hospital does not have any Comhairle approved consultant post. Until these applications which gave rise to the establishment of this committee, none had been sought.

The opportunity now exists for Peamount Hospital to play a valuable and much needed role in providing a range of non-acute support services and facilities for a variety of patients in association with the ERHA and the providers of acute hospital services. Peamount is already providing services to people with learning disabilities, to the elderly and to the young chronic sick. The provision of appropriate medical cover for these patients should be considered by Peamount Hospital and the ERHA.

The Comhairle report published in July 2000 made a number of recommendations in respect of the optimum treatment of tuberculosis patients in Ireland:

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<sup>1</sup> The number of notified and definite cases of TB nationally, in each health board area and in Peamount Hospital during 1998 is set out in the Report of the committee on respiratory medicine and the management of tuberculosis (July 2000).

- treatment should be delivered locally in acute general hospitals by respiratory physicians, mainly on an outpatient basis;
- there is a need for a small number of inpatient beds attached to the following major teaching hospitals, for drug-resistant and non-compliant patients:
  - -St. James's Hospital, Dublin (10 beds)
  - -Cork University Hospital (4 beds)
  - -University College Hospital, Galway (2 beds);
- each unit with adequate recreation and rehabilitation facilities would also be available to neighbouring health boards and hospitals;
- the need for a small number of consultant respiratory physicians with a designated special interest in tuberculosis in a number of hospitals was also recognised - one each in St. James's Hospital, Dublin; Cork University Hospital and University College Hospital, Galway was suggested.

#### **4.0 Approval of two posts of Consultant Respiratory Physician - one with a special interest in tuberculosis at St. James's Hospital in July, 2000.**

In response to the applications received, Comhairle na nOspidéal in July, 2000 approved the appointment of two wholetime posts of consultant respiratory physician to St. James's Hospital, one additional and one replacement, one of the posts with a designated special interest in tuberculosis. In addition to the usual qualifications for consultant respiratory physicians, Comhairle na nOspidéal specified at least one year's experience in the management of tuberculosis patients for posts of consultant respiratory physician with a special interest in tuberculosis.

#### **5.0 Recommendations re: Chest Hospital at Peamount.**

A number of specific recommendations were made regarding the Chest Hospital at Peamount:

- Patients should not be admitted directly to Peamount Hospital;
- Acute patients should not be treated in Peamount Hospital;
- Peamount Hospital should be used as a non-acute support facility for the South Western Area Health Board and St. James's, Tallaght and Naas hospitals;
- Recommendations were also made in relation to laboratory and radiology services for Peamount patients;
- The Eastern Regional Health Authority (ERHA) was asked to consider the future role of Peamount Hospital;

## **6.0 Reaction to Report**

- 6.1 Peamount Hospital has not accepted the recommendations. The new post with a special interest in tuberculosis approved for St. James's Hospital has not been advertised to-date pending the outcome of representations by Peamount Hospital and St. James's on the matter. The replacement post was advertised in October 2000 and filled in January, 2002.
- 6.2 Correspondence from Peamount Hospital was received in November 2000 which stated that it rejected the Comhairle report in its entirety and asked Comhairle to reconsider its recommendations, specifically 7 and 8 which state:

- Patients should not be admitted directly to Peamount Hospital
- Acute Patients should not be treated in Peamount Hospital

- 6.3 A letter from the Irish Thoracic Society was also received in November 2000. This stated:

- "1. We support the 1996 report of the Working Party on Tuberculosis*
- 2. We support the designation Consultant Respiratory Physician with a special interest in TB*
- 3. We support the integration of Peamount Chest Hospital with St. James's Chest unit on the St. James's Hospital site.*
- 4. We are unable to comment regarding local arrangements put in place to facilitate this development."*

This letter was consistent with the recommendations of the Comhairle report and was welcomed by the members of Comhairle na nOspidéal.

- 6.4 The correspondence was considered by Comhairle na nOspidéal in November 2000. Arising from this a meeting was held in December 2000 with representatives of Peamount Hospital. Peamount representatives expressed their concerns at the implications of the report for their hospital and Comhairle representatives indicated that the members of Comhairle na nOspidéal had reaffirmed their support for the report and its recommendations at their meeting on 24<sup>th</sup> November, 2000.

## **7.0 New Committee**

- 7.1 The term of office of the 8<sup>th</sup> Comhairle ceased in December, 2000 and a new Comhairle membership was appointed by the Minister for Health and Children in February 2001. In March 2001, a new committee was appointed by the present Comhairle to meet with representatives of the ERHA, St. James's Hospital and Peamount Hospital in order to advance the implementation of the Comhairle report on respiratory medicine and the management of tuberculosis.
- 7.2 The committee considered the Comhairle report of July 2000, relevant documentation, minutes of meetings and correspondence on the matter.

## **8.0 Revised proposal from Peamount and St. James' hospitals and the ERHA**

- 8.1 The new committee met with representatives from Peamount Hospital, St. James's Hospital and the ERHA in June 2001. The agreed outcome was that a proposal, in line with the Comhairle report, would be submitted by the parties to the committee. The representatives of the hospitals indicated that this submission might include protocols for the delivery of a safe and high quality service.
- 8.2 A letter from the ERHA, enclosing a document entitled Crest Directorate, St. James's and Peamount Chest Units, Protocol for Admissions, was received in February 2002. This letter and enclosed document, was considered by the sub-committee at a meeting in March 2002. The ERHA in its covering letter indicated that *"the Authority considers that the arrangements set out address the fact that it is undesirable that the Peamount Chest Unit should operate as a stand alone facility."*
- 8.3 The committee examined proposals, including the protocol for admissions of respiratory and tuberculosis patients to Peamount Hospital. The proposal is to amalgamate the respiratory units at St. James's Hospital and Peamount Hospital to form a single operational unit on two separate sites ten miles apart.

## **9.0 Observations of the sub-committee on proposal**

- 9.1 The sub-committee noted that this most recent proposal was not in line with the Comhairle report of 2000.
- 9.2 The Peamount/St. James's document (February 2002) states that *"as the size of the unit at Peamount has been reduced to its present 30 TB beds and 30 non TB beds, it is believed that a stand alone unit of this size is inappropriate"*. The committee concurs. The previous Comhairle committee was concerned on finding out in 1999 that Peamount Hospital had a unit catering for acute respiratory patients given that it is not an acute general hospital and does not have Comhairle approved consultant appointments.

- 9.3 Essentially, the revised proposal continues to envisage Peamount Hospital as being an appropriate environment to admit acutely ill patients with various categories of tuberculosis and other respiratory diseases, most particularly, respiratory failure. There are minor concessions to the carefully articulated Comhairle view that acutely ill patients should not be admitted directly to Peamount Hospital. Thus individuals in the extremities of respiratory failure (likely to require intubation/ventilatory support/ICU care) are excluded. These categories represent a relatively small number of acutely ill patients with respiratory failure that are admitted through Accident and Emergency Departments. The vast majority of individuals with respiratory failure from late/end-stage respiratory disease are ill individuals who need to be treated aggressively in an acute fully serviced hospital environment and require strict monitoring in case they need non-invasive ventilatory support. The committee considers that such patients should not be treated in Peamount Hospital. Neither, is it appropriate to admit individuals for possible Nasal Intermittent Positive Pressure Ventilation Support (NIPPV), as is envisaged in the document.
- 9.4 The Comhairle sub-committee believes that the setting of Peamount Hospital is inappropriate for the treatment of the generality of patients with acute Chronic Obstructive Pulmonary Disease (COPD) and related respiratory conditions that require acute hospital admission. These arguments have been clearly set out previously in the Comhairle report of July 2000. Peamount Hospital cannot provide the holistic care of patients in acute or sub-acute respiratory failure. The appropriate setting in this region for such care is St. James's Hospital where all the supports are in place and where patients can get optimum care in an environment which features a high level of specialist expertise in respiratory medicine and all of the necessary support disciplines such as anaesthesia, cardiology, microbiology and radiology and where there is an appropriate level of safety and minimal risk. The sub-committee's view articulates long established evidence-based data that warns of the inadequacies and hazards of providing acute care in an isolated hospital environment which lacks specialist facilities such as critical care and acute diagnostic services. Indeed, a recent working party report from the Royal College of Physicians (U.K.) on isolated acute medical services concluded that *"acutely ill medical patients should not be admitted to hospitals which do not have critical care and appropriate diagnostic services. No further such services should be created."* It also recommended that, *"hospitals which do not have critical care and diagnostic services should be reconfigured to provide intermediate or step-down care."*
- 9.5 The Peamount-St. James's proposals would deliver a lesser level of care for patients with COPD compared to patients with cardiac, renal or neurological failure where it would be regarded as entirely unacceptable to propose a care setting such as is now being proposed for the treatment of patients with respiratory failure.

- 9.6 The Comhairle sub-committee is of the view that no substantial change from the original proposal features in the resubmitted proposal. In essence it would seem that the parties continue to view Peamount Chest Hospital as being an appropriate environment to admit acutely ill patients with various categories of tuberculosis and other respiratory diseases. Such patients require and deserve to be treated in an acute hospital environment such as St. James's Hospital and not in an isolated non-consultant staffed setting without the necessary on-site expertise and appropriate facilities.
- 9.7 The committee notes that there is no substantial change in the proposals from those originally submitted in 1999-2000.

#### **10.0 Further meeting of committee with relevant parties**

- 10.1 The committee held a further meeting in November 2002 to which management representatives from St. James's and Peamount hospitals, the ERHA and consultant respiratory physicians working in the CResT Directorate at St. James's Hospital were invited. Only one of the three consultant respiratory physicians attended the meeting. The committee's draft report was circulated to those present for their information and observations.
- 10.2 It was agreed at that meeting that Peamount and St. James's hospitals would jointly submit a summary paper consistent with the thinking of the committee which should address the concerns of the committee regarding the admission of acute patients to Peamount Hospital and how, in the context of a "joint respiratory service", the four posts of consultant respiratory physician would be structured, in terms of sessional commitment to the two sites, as well as the purpose of sessions at Peamount Hospital.
- 10.3 A document was jointly submitted by St. James's and Peamount hospitals in December 2002. The committee met in January 2003 to consider the response.
- 10.4 It was decided at the meeting of the committee that the document did not adequately address the concerns of the committee regarding the operation of a "joint respiratory service" between Peamount and St. James's hospitals. The document focused on protocols for admission. In particular the document was considered unacceptably ambiguous on the issue of assessment and admission of patients to Peamount Hospital and the restructuring of existing posts of consultant respiratory physician in the CResT Directorate at St. James's Hospital.
- 10.5 The committee reiterated their view that the operation of a "joint respiratory service" between St. James's and Peamount hospitals would only be appropriate if it was to operate without prejudice to the recommendations of this current committee (and the previous Comhairle report) that:



- patients should not be admitted directly to Peamount Hospital
- acute patients should not be treated in Peamount Hospital
- Peamount Hospital be developed as a non-acute support facility providing intensive COPD/respiratory disease rehabilitation as well as the care of some patients with tuberculosis who require institutional care after acute care has been administered in the acute general hospital.

10.6 In order that the concept of a “joint respiratory service” between St. James’s and Peamount hospitals could operate meaningfully, the committee expressed its view that it would be necessary to:

- restructure the vacant approved post of consultant respiratory physician s.i. tuberculosis based at St. James’s Hospital to include a small number of sessions at Peamount Hospital<sup>2</sup>
- to simultaneously restructure each of the three other permanent posts of consultant respiratory physician currently based at St. James’s Hospital, to include a specified number of sessions at Peamount Hospital.<sup>3</sup>

The committee feels that this would be necessary to reflect the real and substantive engagement of the consultants in the ongoing care of patients at Peamount Hospital and their commitment to the optimum operation of a “joint respiratory service”.

## **11.0 Recommendations and conclusion**

- 11.1 The committee endorses the recommendations contained in the report of the previous Comhairle which has the support of the Irish Thoracic Society.
- 11.2 The committee recognises the valuable role Peamount Hospital has played in relation to tuberculosis over many years. However, with the major advances in medical treatment and hospital services over the years, the optimal care of patients with respiratory diseases including tuberculosis belongs now in acute major general hospitals staffed by consultant respiratory physicians and other consultants supported by an array of investigative facilities.
- 11.3 The opportunity now exists for Peamount Hospital to play a valuable and much needed role in providing a range of non-acute support services and facilities for a

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<sup>2</sup> In view of the time which has elapsed since this post was originally approved, as well as the need for clarity on the role and duties of the proposed consultant in each hospital, a new joint application - using the new Comhairle Application Form for Consultant Appointments - would be required for Comhairle na nOspidéal to consider an application to restructure the post in question.

<sup>3</sup> Such requests should be submitted to Comhairle na nOspidéal in the normal way, i.e. signed by the post holder and all relevant employing authorities, stating clearly the nature and purpose of the sessions at each location.

variety of patients in association with the ERHA and the providers of acute hospital services. The ERHA and Peamount Hospital should consider its future role in this context. Peamount is already providing services to people with learning disabilities, to the elderly and to the young chronic sick. The provision of appropriate medical cover for these patients should be considered by Peamount Hospital in conjunction with the ERHA.

- 11.4 The Comhairle committee suggests that consideration be given by the relevant parties to pioneering pulmonary rehabilitation services in a non-acute setting such as Peamount. Patients who have been appropriately treated in St. James's and other major acute hospitals and require on-going rehabilitative care in a non-acute setting could be transferred to Peamount Hospital for completion of their care. In this scenario, badly needed acute beds in the major hospitals such as St. James's could be freed up. At the same time, Peamount Hospital could fulfil an appropriate and much needed role as a significant pulmonary rehabilitation unit. This strategy would resolve the serious risk-management issues previously identified and would be in alignment with the RCP (U.K) recommendations on isolated acute medical services.
- 11.5 The opportunity also now exists to develop a centre of excellence in the care of tuberculosis at St. James's Hospital where there are now three consultant respiratory physicians, two with significant expertise in the management of tuberculosis. The recent allocation of the National TB Reference Laboratory service to St. James's Hospital advances and consolidates this opportunity. The filling of the vacant Comhairle approved post of consultant respiratory physician with a designated special interest in tuberculosis - the first such post in Ireland - will further enhance this development which is in the best interests of tuberculosis patients. A copy of the letter of approval for the post is at Appendix A.
- 11.6 The committee supports the decision of July 2000 of the 8<sup>th</sup> Comhairle to approve the appointment of an additional post of consultant respiratory physician with a special interest in tuberculosis to be based at St. James's Hospital.
- 11.7 To bring to fruition the proposed the development of a "joint respiratory service" between St. James's and Peamount hospitals the following is recommended:
  - the vacant approved post of consultant respiratory physician s.i. tuberculosis based at St. James's Hospital should be restructured to include a small number of sessions at Peamount Hospital. A revised joint application form (as detailed in the footnotes at 10.6) should be submitted.
  - each of the three other permanent posts of consultant respiratory physician currently based in the CResT Directorate at St. James's Hospital should be restructured to include a specified number of sessions at Peamount Hospital. Formal letters (as detailed in the footnotes at 10.6) should be submitted.

The committee feels that these steps are necessary to reflect the real and substantive engagement of the consultants in the ongoing care of patients at Peamount Hospital and their commitment to the optimum operation of a joint respiratory service.

- 11.8 The committee urges the ERHA and St. James's Hospital to advance the implementation of the Comhairle report of July 2000 including making any necessary financial adjustments to facilitate the filling of the post at St. James's Hospital.
- 11.9 The committee feels that the recommendation of the Comhairle report, that a consultant physician in respiratory medicine with a designated special interest in tuberculosis be appointed in both Cork University Hospital and University Hospital College, Galway, should be implemented without further delay.

The committee is motivated purely from the perspective of providing the best quality of care to patients and we ask that our recommendations be viewed in that context. We hope they will be implemented very soon.

April, 2003.

## **BIBLIOGRAPHY**

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Department of Health and Children, Report of the Department of Health Working Group on Tuberculosis (1996)

Royal College of Physicians U.K., Isolated acute medical services: current organisation and proposals for the future. (Report of a Working Party, 2002)

## **APPENDIX A**

21 July 2000

Mr. John O'Brien  
Chief Executive Officer  
St. James's Hospital  
James's St.  
Dublin 8

Ref.: JSGMRS16

Dear Mr. O'Brien,

I refer to your letter of 24 May 1999, enclosed applications and subsequent correspondence and discussions. I am pleased to inform you that Comhairle na nOspidéal at its meeting on the 19 July 2000 approved the appointment, on a Category 2 basis, under the Consultants' Contract 1997 of a new post of Consultant Respiratory Physician with a special interest in tuberculosis under St. James's Hospital. This post is approved in the context of the report of the committee which was adopted by Comhairle na nOspidéal at its meeting on 19 July 2000.

Comhairle na nOspidéal has specified that the following professional qualifications and experience shall apply to this appointment:-

- (a) Full registration in the General Register of Medical Practitioners or entitlement to be so registered and
- (b) The possession of the MD degree\* of a recognised university or the MRCPI or a qualification in medicine at least equivalent to either of these. (\*other than a primary degree) and
- (c) At least seven years satisfactory experience (after primary medical qualification) in the practice of the medical profession, including at least three years experience in respiratory medicine and appropriate experience in pulmonary function studies and including at least one years satisfactory training in the management of tuberculosis patients

I would be glad if, in due course, you would let me have, for record purposes, details relating to the person appointed to the above post.

This letter of approval must be attached at Appendix I to the contract to be made with the successful candidate - see paragraph 3.2. of the Consultants' Contract, 1997.

As already indicated in previous circulars (dated September 1972 and October 1986), replacement appointments are subject to approval by Comhairle na nOspidéal. In the event of the above post becoming vacant at any future date, whether by reason of resignation, retirement or death, the vacancy must be notified to Comhairle na nOspidéal which will then review the position and decide whether to ratify the continuation of the post.

Yours sincerely,

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Tommie Martin  
Chief Officer