

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council was held in the Conference Room, Custom House on Friday 14th June 1974 at 3 p.m.

Present at the meeting were:

Mrs. J. Barlow
Dr. J.G. Cooney
Dr. H.V. Connolly
Dr. M.J. Dyar
Dr. P.A. Farrelly
Mr. J. Foster
Mr. T. F. Hassett
Mr. J. M. Hillery
Mr. T. Kennedy
Mr. T. King
Mr. W. A. Lynch
Miss M. McCabe
Dr. D. McGrath
Mr. J. McGuire
Mr. J. A. Mehigan
Mr. M. Neary
E. S. O'Braoin, Uas.
Dr. E.S.M. O'Brien-Moran
E. S. O'Caoimh, Uas.
Mr. J. O'Hanrahan
Mr. J. O'Neill
Mr. L. P. Pelly
Dr. H. Raftery
Mr. P. J. Teehan
Dr. S. M. Thornton
Prof. O. Conor Ward

(a) Election of the Chairman

Mr. O'Hanrahan took the chair temporarily for the purpose of electing the chairman. Having explained the relevant provisions of the Standing Orders, Mr. O'Hanrahan invited nominations.

Mr. Pelly said he had been a member of the Council for a long time and during that time the business of the Council had been conducted in a exemplary manner and without discord. This, he felt, could be attributed entirely to the highly competent ministrations of the outgoing chairman, Mr. E. S. O'Braoin who had shown his ability to fill the role over many years. Mr. Pelly said he had, therefore, great pleasure in proposing Mr. O'Braoin as Chairman to the Council for another term of office.

Miss McCabe said she had pleasure in seconding the proposal.

Mr. King also supported Mr. Pelly's comments and Mr. O'Braoin's nomination.

At this stage for the benefit of the new members Mr. O'Hanrahan identified Mr. O'Braoin and all the previous speakers.

Mr. Neary said he was sure he was speaking for all the members when he expressed the hope that, notwithstanding Mr. O'Braoin's own previously expressed desire to vacate the position of Chairman, he would agree to continue on in that position for which he was so admirably suited.

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There being no further nomination, Mr. E. S. O'Brien was declared Chairman and took the Chair.

The Chairman said that he had indeed indicated his intention several times during the year not to accept chairmanship of the Council for another term. He had been Chairman for a very long time. He recalled that, at the time of his first appointment to the position his election had been unanimous as had all his subsequent appointments even though the position was thrown open every year. His reasons for not wanting to put his name forward again were based primarily on medical grounds. On account of this and because of his advanced years, he had hoped that a younger and healthier member might be elected. He had, however, let his name be put forward again because of several requests to do so, and he was indeed grateful for the continued confidence in him shown by the members. He was particularly grateful to the new members of the Council for sharing in that trust and confidence. They could be assured that he would do his best to discharge the honour bestowed on him.

The Chairman said that like himself the other members would have been saddened to hear of the recent tragic death of Mrs. Shanley, the wife of another long standing Council member, Dr. J. P. Shanley. A great void had been suddenly created in the life of Dr. Shanley. The Council observed a minute's silence as a mark of respect and the secretary was asked to convey the Council's sympathy to Dr. Shanley.

(b) Election of Vice-Chairman

The Chairman asked for nominations for the post of Vice-Chairman.

Mr. McGuire said that drawing on his experience as a member of the previous Council he considered that the combination of a "layman" as Chairman and a medical man as Vice-Chairman had worked admirably before when Prof. W. F. O'Dwyer had been Vice-Chairman. He had, therefore, great pleasure in proposing Mr. O'Hanrahan, another eminent member of the medical profession, as Vice-Chairman.

Mr. Teehan seconded the proposal.

There being no further nomination Mr. O'Hanrahan was formally declared Vice-Chairman.

Mr. O'Hanrahan thanked the Council for their confidence in him.

The Chairman, before introducing the next item, referred to the Standing Orders which, he said had been in operation since April 1954. He suggested that the time had come to revise the Standing Orders to take account of change, particularly the changes brought about by the Health Act, 1970 and subsequent legislative provisions.

The Chairman then read a letter to the Council from the Department of Health drawing attention to the fact that a new Secretary to the Council - Mr. C. Conway - had been appointed instead of Mr. Stanley who had been assigned other duties.

Inaugural Address by the Tanaiste and Minister for Health, Mr. Brendan Corish

The Chairman introduced the Tanaiste who was accompanied to the meeting by the Secretary of the Department of Health, Dr. Brendan Lensey.

/The Tanaiste

The Tanaiste thanked the Chairman for his introduction and said he was very pleased to be present at this inaugural meeting of the National Health Council and to renew acquaintance with so many members of the previous Council whom he had had the pleasure of meeting the previous September. They were, he said, being joined by new members who would be contributing further to the pool of special knowledge and expertise which makes the Council such an invaluable advisory body to the Minister for Health. He appreciated that the members were all busy people with many demands on their time and that the work of the National Health Council was a major addition to these demands. He wished to take the opportunity of thanking them all most sincerely for agreeing to devote so much of their time and energy to the public interest.

The Tanaiste then said he would like to congratulate Mr. O'Braoin on his reappointment as Chairman of the Council and Mr. O'Hanrahan as Vice-Chairman. He had known both of them for a long time and was sure that they would fill their respective roles to the best of their abilities.

The Tanaiste, continuing, said that the functions of the National Health Council were to advise the Minister for Health on such general matters affecting or incidental to the health of the people as might be referred to them by the Minister and on such other general matters (other than conditions of employment of officers and servants and the amount or payment of grants or allowances) relating to the operation of the health services as they thought fit. These functions were given the force of law by the Health Act, 1953. Because of the special position which these functions bestowed on the Council, it has been involved in all the major developments which have taken place in the organisation and operation of the health services. Its reports showed clearly the range and complexity of the matters which had received its attention. Recent Councils had been very much involved with the administrative reorganisation of the health services and with the extensions in the range of these services. Its expert advice on these matters had always been relevant and useful and he was looking forward with confidence to receiving the same high level of service from the new Council.

The Tanaiste said that the cost of the health services was increasing at an alarming rate. It was a sobering thought that as recently as 1969/70 public revenue expenditure on health amounted to £56 million. Three years later, in 1972/73, it had nearly doubled to £105 million and it was still increasing. Health expenditure was absorbing an increasing proportion of the gross national product - the figure increased from 3.9% in 1968/69 to 4.7% in 1972/73.

These figures, he said, gave some idea of the extent of the improvements that have been made in the health services. Still, it could not be denied that there was scope for further improvements and he certainly was not content to rest on achievements to date. A two pronged attack was necessary. On the one hand we must study the outstanding health needs of the community and particularly of the weaker and less privileged sections. On the other hand, we must critically examine all existing services to see how well they meet those needs and where the most obvious gaps remain. We will then be in a better position to judge what areas are most in need of assistance and where we should direct our greatest efforts.

The problem was, of course, greatly complicated by the fact that resources are limited. It is not possible for us to do at once all the worthwhile things we would like to do. We have, he said, to establish a sequence of priorities which is determined partly by absolute need and partly by available resources. The process inevitably involves difficult choices in the selection of one area of development at the expense of another and the postponement of improvements, the need for which is not in question.

The large amount of money involved and the range of alternatives which are presented make it essential that we should equip ourselves to derive the best value from the money being spent. The establishment of the Health Boards and the subsequent administrative reorganisation of the health services, together with organisational changes which were at present taking place in the Department of Health, provide the basic organisation which makes it possible to tackle these formidable tasks with some confidence. Steps were being taken to develop sophisticated computer-based information systems and to acquire specialist techniques in evaluating the services at present being provided and in giving guidelines for further development.

A factor which would have an increasingly important influence on the approach to the further development of the health services was Ireland's membership of the EEC. We were now part of the European community of nations and were expected to take our place as a partner in this community. We have, he said, the opportunity to influence future developments in the community but, equally, we can expect that our own attitudes and concepts will be affected by the broader and more varied environment in which we now live. There were, of course, fundamental differences between our health services and those of other European countries but he thought that it was reassuring to find that many of the problems which trouble us are shared by those countries. The accelerating costs, the apparently limitless demands and the problem of matching limited resources to those demands were questions which were causing concern in even the wealthiest of the European countries.

The Tanaiste said he could foresee a busy time ahead for the present Council. He expected to be asking its advice on many draft regulations designed to improve and expand the services now available and he would welcome any constructive suggestions which the Council chose to offer on matters which were relevant to its functions. Already, at their first meeting today they would be considering draft regulations designed to increase the maintenance allowances which are payable to disabled persons and to persons suffering from specific infectious diseases. He pointed out that in those draft regulations a suggestion made by a previous Council to abolish the differential between persons with no means and other persons had been complied with. He was also asking the Council to consider draft regulations providing for the licensing of manufacturers of medical preparations. The Council would also be looking at the Health Services Regulations, 1974 which affect the entitlement to health services of persons insured under the Social Welfare Acts. He explained to the Council that in the circumstances prevailing at the time these regulations were made, it was not possible to consult it beforehand.

The Tanaiste, in conclusion, said he would again like to thank the members for consenting to become members of this Council. It was a fairly large Council in terms of numbers and it represented a wide cross-section of interests and experience. The Council's views and advice would therefore be all the more useful to him.

/Finally

Finally, the Tanaiste said he hoped he could look forward to a fruitful and constructive relationship with the Council.

The Chairman thanked the Tanaiste on behalf of the Council for agreeing to address them. With regard to the functions of the Council, he could say with certainty that the members had always brought to the work at hand a wholehearted interest in the health scene generally and would, he hoped, continue to do so. He thanked the Tanaiste for his congratulations on his reelection as Chairman and recalled that he first held that office with the first National Health Council during the Ministry of Dr. Noel Browne.

After a short adjournment, the Tanaiste and Secretary left the meeting.

/Minutes

MINUTES OF MEETING OF 29 MARCH

The Chairman asked if there were any objections to his signing the minutes of the last meeting of the Council held on 29 March, 1974.

Dr. Dyar said he would like to make a point arising out of those minutes, in relation to the figures of the per capita annual cost of the administration of the health services in each health board area which were supplied by the Department in letter dated 26 March. He considered it would be more useful to know the percentage of each health board's expenditure on administration and asked if this information could be obtained.

Mr. O'Neill said that perhaps the signing of the minutes should be postponed until this question had been resolved. Dr. Dyar disagreed.

The Chairman suggested that further discussion on this point should be postponed until the next meeting of the Council as he proposed in the interval to have the minutes of the meeting of 29th March circulated to all the new members. This arrangement was agreed to. There being no further objections, the minutes, as circulated were approved and signed.

APOLOGIES

Apologies for inability to attend were received from Mrs. Kingsmill-Moore, Mr. MacEvilly, Professor D.K. O'Donovan, Dr. P. Donnelly, Mr. T.C.J. O'Connell, Mr. G. B. Savage, Dr. A. Meade and Dr. J. P. Shanley.

Dr. Farrelly said that before discussion of the agenda commenced he would like to make a point arising out of the Tanaiste's comments on the ever increasing costs of the health services. The fact that health expenditure as a percentage of gross national product had risen from 3.9 in 1968/69 to 4.7% in 1972/73 was very creditable when compared to the British figures. He asked if comparative figures for, say, the EEC countries, or any selected group of countries, could be provided in order to get an idea of what was happening on the international scene. He did not think such a comparison would show that we were lagging too far behind in this field.

The Chairman suggested that further discussion on this point should be postponed until the next meeting.

Dr. O'Brien-Moran asked if a breakdown of the figure of £105 million mentioned in the Tanaiste's speech could be provided for the next meeting of the Council.

The Chairman said arrangements would be made to have the Tanaiste's speech incorporated in the minutes of the meeting so that the members would have an opportunity of studying it in detail.

Dr. Dyar suggested that the McKinsey Report on health services in other countries, reviewed recently in an issue of the Medical Times, might be worth obtaining for the information of the Council.

DISABLED PERSONS (MAINTENANCE ALLOWANCES) (AMENDMENT) REGULATIONS, 1974

INFECTIOUS DISEASES (MAINTENANCE) REGULATIONS, 1974

The Chairman said that the effect of the new Regulations was to increase the rates of allowance payable under the existing Regulations. He pointed out that, as recommended by the Council at its meeting on 22nd June 1973, the differential in the rates of payment as between persons with no means and other persons had been abolished. He then invited the members to comment on the Regulations.

Dr. Connolly remarked that nowadays Infectious Diseases Regulations applied to very few people, for example, persons suffering from T.B. Mr. O'Neill and Dr. Dyar considered that the rates of allowances were inadequate in present circumstances. The latter felt that recipients were probably faring less well than persons receiving these allowances years ago at the lower rates then prevailing.

Dr. McGrath suggested that the regulations should include a regulatory clause to enable the allowances to be varied in line with the cost of living.

After further discussion the two Regulations were passed by the Council with the recommendation that a escalatory clause enabling the allowances to be varied in line with the cost of living should be included in the regulations.

DRAFT MEDICAL PREPARATIONS (LICENSING OF MANUFACTURE) REGULATIONS, 1974

The Chairman asked for comments on these Regulations.

Dr. Dyar said he had some reservations regarding the Regulations. Although recognising that the National Drugs Advisory Board was a body relatively independent of the Department of Health, nevertheless he would like to see provision for a completely independent analyst's report on a drug for which a manufacturer's licence was required. Despite his reservation he was glad to see that the Regulations were being made if belatedly.

Mr. Lynch felt that there was a gap in the draft legislation before the Council. There did not seem to be any provision for stopping an unauthorised person placing drugs on the market. He would like to see provision for field testing of drugs before they are put on the market.

Mr. O'Manrahan agreed with Dr. Dyar's and Mr. Lynch's comments and added that he considered that the title of the Regulations should read "Medical Preparations (Licencing of Manufacture and Distribution) Regulations, 1974".

There should, he said, be as much control over distribution as over manufacture of drugs. He referred to Article 9(2) of the Draft Regulation "If the Minister proposes to refuse or to revoke a licence " and suggested that the wording might be changed from "revoke a licence" to "suspend or vary a licence". He considered that it was important to have medical preparations properly assayed and to know to whom they were distributed. Goods should not of course be distributed unless they were properly guaranteed.

Dr. Farrelly agreed with the previous speakers. From his experience the brand name of a reputable manufacturer was the only insurance a doctor had in the prescribing of drugs. He would not ordinarily prescribe drugs by their pharmaceutical name but by their brand name. The carrying out of independent assays and testing of drugs in this country would be very costly and something we could not afford to do. The present draft legislation was, however, a step in the right direction although it was far from being ideal.

Mr. Hillery agreed with the previous speakers. We had, he said, highly skilled professional personnel in Ireland who were fully qualified to assay drugs and to deal with all the technological data, etc., involved in this type of work. The time limits imposed by the present system, however, did not permit assay work on drugs to be carried out efficiently. What could be done was to insist that all imported drugs and drugs manufactured in Ireland should be supported by detailed data sheets and by the results of any trial tests previously made on the products. Trial tests on drugs were being carried out by independent drug companies all over the world. At the moment data sheets were not properly completed. In his opinion there was an urgent need for a comprehensive Medicines Act. He suggested the following amendments to the Regulations:

- (a) In the title of the Regulations after the words "Licensing of Manufacture" the words "and wholesaling" or "and distribution" should be inserted.
- (b) Paragraph 9(1) should be expanded to allow of greater flexibility.
- (c) In paragraph 6(f) after the words "furnish on request" the words "to the Minister" should be inserted.

Mr. Hillery considered that the annual licence fee of £200 laid down in paragraph 8 was too high and suggested that the Council should recommend to the Minister the introduction of a smaller fee for smaller manufacturers. Strict control on the wholesale distribution of medical preparations was an absolute necessity. At present vast quantities of these preparations were freely supplied to supermarkets where they could be purchased without any restriction as to quantity or any record of whether they were for resale or private use. Ireland was the only country in Europe where such a practice was permitted. Some of the preparations on sale were highly dangerous if taken incorrectly. This situation encouraged people to prescribe for themselves - and quite often the wrong product for the complaint in question - with no control over the type or quantity of drugs taken. Control of drugs from the point of manufacture to the patient would have to be enforced.

Mr. Lynch said that, if it were made a condition of obtaining a manufacturer's licence that all drugs had to be assayed, it would be the manufacturer's responsibility to do this work. Drug manufacturers were not like doctors. They were in the business to make money and to be in this particular line of business necessitated having a licence. He felt that it was the Council's duty to ensure that the Minister laid the burden on the manufacturers to carry out proper trials before their products were put on the market. If people wanted to be in the drug manufacturing business they should have to comply with the conditions laid

down for obtaining the necessary licence. He considered the fee of £200 too low considering the type of profits that were being made.

Dr. Dyar said that Thalidomide was a drug which had created a lot of anxiety in the past but there were also other equally dangerous drugs which were not so widely recognised as being so. He stressed again the need for an independent analytical body which would have overall control and could weed out substandard drugs before they were placed on the market. There should not be any need to send drug samples to other countries for analysis. The main deficiency in the National Drugs Advisory Board was, he felt, that it could only operate on the basis of information supplied to it. It was possible, therefore, that drugs could be introduced into the Irish market without going through the Board.

Mr. O'Hanrahan pointed out that there were many aspects of the draft Regulations which would require further discussion, for example, the position of veterinary medicines which could conceivably interfere with human life but yet were the responsibility of the Department of Agriculture and Fisheries. For this reason, he would propose that the advisability of setting up a sub-committee to examine the matter in depth with the assistance of expert advice from the Department should be considered.

The Chairman said he had considered the setting up of a sub-committee but, on the other hand, it would, he thought, be preferable to have a full Council meeting.

Mr. Lynch said he was concerned, on examination of the Regulations, to discover that anybody who paid a licence fee of £200 could set up in business without any obligation other than that he keep "a clean shop". Before a manufacturer could put any drug on the market there should be some method of certification to ensure that the drug was suitable for general release. Many Government Departments had various types of inspectors carrying out inspections throughout the country. Mr. Lynch did not see why this principle could not obtain in the present case. If a drug were suspect it should be withdrawn immediately by an inspector and sent for immediate testing. If, after testing, the drug was found to be below the accepted standard, the manufacturer should be fined and, if the case warranted it, his licence should be revoked. He felt the Minister should be informed of the fears of the Council regarding the proposed Regulations. There were serious gaps in the Regulations and serious omissions in relation to the testing of drugs. Now this situation could be remedied was a matter for further discussion.

Mr. O'Hanrahan suggested that licences should be issued annually and not on a 3-yearly basis as at present thus ensuring a closer check on manufacturers. He felt the Council should indicate to the Minister what it believed to be the proper course of action in regard to making the Regulations absolutely watertight. It was very important that drugs should be assayed both for safety and medical reliability before they were released to the public.

Mr. Lynch suggested that the Secretary of the Council should write to the Minister indicating the serious doubts expressed by the Council and requesting that the making of the Regulations be deferred pending further examination by the Council.

The Chairman proposed that further discussion of the Regulations

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should be postponed until they had been fully examined. He thought it might be useful to discuss them under two headings at the next meeting i.o. medical preparations and new drugs, and that an official of the Department should be in attendance. In the meantime the minister would be made aware of the Council's concern on the subject. As the Minister intended to put the Regulations into operation as soon as possible the Council should meet again before the Summer recess in order to finalise the matter. The next meeting was therefore fixed for Friday, 5th July at 3.p.m.

Dr. O'Brien-Moran asked if the public dental services could be included as an item for discussion at the next meeting.

The meeting then ended.

E. S. O'Brien
31/5/74

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council was held at Wynn's Hotel on Friday, 28th June, 1974, at 3 p.m.

Present at the meeting were:

Mr. E. S. Ó Braoin, Chairman

Mrs. J. Barlow

Dr. H. V. Connolly

Dr. P. Donnelly

Dr. M. J. Dyar

Mr. J. Foster

Mr. J. M. Hillery

Mr. T. Kennedy

Mr. T. King

Mrs. B. D. Kingsmill-Moore

Mr. J. McGuire

Dr. A. Meade

Dr. E. S. M. O'Brien-Moran

Mr. L. P. Pelly

Dr. H. Raftery

Mr. G. B. Savage

Mr. P. J. Teehan

Dr. S. M. Thornton

Professor O. Conor Ward

Apologies for inability to attend were received from Mr. MacEvilly, Mr. Hassett, Dr. McGrath, Mr. Ó Caoimh, Miss McCabe, Mr. O'Hanrahan, Mr. Mahigan, Mr. O'Neill, Professor D. K. O'Donovan and Dr. J. P. Shanley.

MINUTES OF MEETING OF 14th JUNE, 1974

The Chairman apologised to the members for having to bring forward by a week the meeting arranged for the 5th July. The reason for the change of date, he explained, was that the Minister wished to implement the Medical Preparations (Licensing of Manufacture) Regulations 1974 as soon as possible but was anxious to get the views of the Council before doing so.

Because the interval since the previous meeting was so short, the members had not had sufficient time to examine the minutes of the previous meeting properly and he proposed therefore that the adoption of the minutes should be postponed in order to give them an opportunity of doing so.

For the benefit of new members, the Chairman explained that the minutes of each meeting are circulated to every member of the Council whether or not they had attended the meeting. It was imperative that any amendments to the minutes should be forwarded as soon as possible to the Secretary because, after a suitable interval, the minutes of each meeting are sent to the Minister as a matter of courtesy.

He reminded members that, if they desired to have any matter discussed at a Council meeting, fourteen days' notice should be given to the Secretary if the matter was to be placed on the agenda for the next meeting.

Dr. Dyar said he had been misquoted in the minutes of the meeting of 14th June as looking for the percentage figures of each health board's expenditure on administration of the health services. What he wanted was the actual expenditure.

Mrs. Kingmill-Moore said she would like the information provided in the form requested by Dr. Dyar. Actual, and not percentage, figures should be supplied preferably broken down to show what was being spent on buildings, fittings, furniture and such like rather than solely on administration.

CORRESPONDENCE

The Chairman read the following copy letter (the original had been addressed to Dr. Dyar) which he had received from Mr. Hassett:

"Following your request at the last National Health Council meeting, I think the enclosed information from the 1974/75 book of estimates of South-Eastern Health Board will be of interest to you -

Total of all costs	-	£16,496,100
Total of Administration	-	£1,385,600

Administration is broken into:

Local	-	£858,600
Central	-	£240,200 + £34,800 (Development)
Pensions	-	£252,000".

Mr. McGuire asked if similar figures could be obtained for the other health board areas. It was agreed that the health boards would be requested to provide this information.

MEDICAL PREPARATIONS (LICENSING OF MANUFACTURE) REGULATIONS, 1974

Resuming the discussion of the above Regulations, the Chairman stated that most of the points raised at the last meeting had been covered in the minutes and he asked if there were any comments. There being no comments the Chairman invited Mr. Flanagan and Mr. Guidon of the Department to attend the meeting.

Mr. Flanagan, referring to the discussion at the Council's meeting of the 14th June, explained that the draft Regulations were the first in a series of controls to be introduced over the manufacture and distribution of medicines. Draft regulations dealing with the wholesale distribution of medical preparations had that day been furnished to the Secretary of the Council and, in furtherance of our obligations under EEC membership, the Minister had, using the European Communities Act 1972, provided for the implementation of EEC Directive No. 65/65 by making the European Communities (Proprietary Medicinal Products) Regulations, 1974. The effect of these latter regulations is that from 1st October, 1974, proprietary medicinal products may not be placed on the market in Ireland without the prior authorisation of the competent authority of the State - in this case the Department of Health. So far as retail sale was concerned, Mr. Flanagan outlined the position in regard to the draft Poisons Regulations and the extension of the list of medical preparations to be confined to prescription only. He explained that suggestions had been put to the Poisons Council which would, if acceptable to them, make possible the speedier finalising of those regulations and an extension of the control of the sale of medicines. The making of the Poisons Regulations would have the effect of allowing for the implementation of Section 2 of the Pharmacy Act and provide for an updating of retail pharmacy controls by the Pharmaceutical Society of Ireland.

The Chairman then invited comment from the members.

Dr. O'Brien-Moran expressed concern about the uncontrolled use of antibiotics by the farming community and the resultant hazards created in human terms. He considered that something should be done to tighten controls in this regard.

Mrs. Kingsmill-Moore agreed with Dr. O'Brien-Moran. She also said that she felt that the medical profession tended to prescribe proprietary medicines when there were cheaper generic alternatives available to them.

Mr. McGuire said that to him there seemed to be a great need to control properly the advertising of remedies, particularly those of doubtful therapeutic value.

Professor O. Conor Ward agreed with Mr. McGuire and instanced dangers which could follow from taking preparations containing vitamins without benefit of medical advice. The indiscriminate treating of animals intended for human consumption with antibiotics was also having grave health consequences.

Dr. Dyar enquired as to the basis upon which the Minister would be advised in the matter of the controls in the Regulations, stating that there would need to be a high level of professional competence and professional standards in that advice and that the determination of standards should not be left to the manufacturers.

Dr. Connolly stated that it would be difficult to insist upon a doctor prescribing a generic medicinal substance if his preference was for a proprietary product, particularly if it had additional properties or was in dose form which suited the circumstances of the case.

Mr. Hillery felt it would be necessary to have independent quality control facilities and suggested that the existing facilities of U.C.G. and of the Pharmaceutical Society could be expanded for this purpose. He thought qualifications of the professional to be given responsibility for ensuring the effective production and quality of the products should be specified. He considered the £200 per annum licence fee being sought would be penal for the small manufacturer, such as the chemist making only one particular ointment, etc. He supported the concern expressed by others about the hazards represented by the uncontrolled use of antibiotic veterinary products in the treatment of animals. He considered that Ireland lagged behind their EEC fellow members in the control of production and distribution and felt that the National Drugs Advisory Board's membership should be widened.

Mr. Pelly considered that it was vital that professional standards should be specified in the Regulations.

Mr. Flanagan, replying to the points made, said that an essential element of the schemes of licensing to which statutory effect was being given was that the Minister would be advised in their operation by the National Drugs Advisory Board. The Board was thoroughly and comprehensively professionally equipped to do the job for which it was appointed and was served by competent and suitably qualified staff of the highest calibre. The Board had, with the co-operation of the industry, been operating a voluntary product licensing scheme which had been of considerable significance in protecting the public health and of benefit to the industry in the export and of its affairs. An existing procedure, therefore, was being given legislative backing and this did not seem to warrant any expansion in the membership of the Board. So far as professionals employed in industry, etc., were concerned, Mr. Flanagan stated that, unlike the narrower concept aimed at by the EEC Commission and some member States of the original Community of Six, which sought to restrict such employment to pharmacists, the view in the administration here and in the United Kingdom was that the provisions made should be flexible enough to allow for the employment of professionals suitable for the particular speciality being manufactured. While accepting that a State Laboratory could be a useful adjunct in the control of manufacture, he was advised that, in an area in which it was necessary to determine priorities, it was much more preferable to concentrate, as they were proposing, upon the licensing of manufacturers and wholesalers and on the authorising of proprietary medical products. Such schemes depended for success upon the effectiveness of the inspectorate system which was part of them. The expert view held on the subject was that the need for a State Laboratory was in inverse ratio to the effectiveness of an inspectorial system. That was not to say that a State Laboratory was not a necessary part of long-term planning in the medicines field. The Regional Laboratory in, for example, Galway would provide the nucleus of such a laboratory in equipment and personnel. So far as the licence fee was concerned, it had been arrived at after thorough negotiation, particularly with the Pharmaceutical ^{Chemical} and Allied Industries Association, and it was accepted that it did not represent a hardship on any reasonable manufacturing enterprise. Mr. Flanagan added that a fee would not, of course, be payable where a pharmaceutical chemist made up, say, an ointment for sale from his own retail pharmacy outlet.

Flanagan
Continuing Mr. / said that he appreciated the points of concern expressed by Mr. McGuire and Professor O. Conor Ward about spurious advertising claims. It was an area in which consideration was being given to the need for stricter controls in addition to those already in existence for specific diseases. The National Drugs Advisory Board had initiated discussions with RTE on the subject and the Department was keeping in touch with them in this regard. So far as the use of antibiotics in the treatment of animals was concerned, Mr. Flanagan said that this matter was primarily within the responsibility of the Minister for Agriculture and Fisheries. He was aware that it was a subject of much controversy. In any event the essential and immediate concern of the Department of Health was with medicines for human use. The issue of prescribing generic preparations raised by Mrs. Kingsmill-Moore was a difficult one. He was aware that in the past the attention of doctors in the health service had been drawn to the desirability of reducing costs by prescribing generic medical preparations instead of proprietary ones. In the last analysis, however, the prescription of medicines was a matter for the doctor and it was one in which there could be no question of direct interference.

The Chairman thanked the officers of the Department for attending. The subject had been exhaustively covered and he felt that everyone would be satisfied to bring discussion on the Regulations to a close.

HEALTH SERVICES REGULATIONS, 1974

The Chairman pointed out that the Health Services Regulations 1974 had already been implemented - on 1st April, 1974 - but invited the members to comment on them if they so desired.

Mr. Foster expressed disappointment at the fact that any upper limit had been fixed for eligibility under the Regulations.

Mr. Pelly said that the hardship clause was applied generously. His own experience in a large practice was that deserving people were able to obtain relief under this clause.

otherwise
Dr. Dyer said that in practice, ineligible persons are quite often given assistance towards meeting the cost of ~~expensive treatment~~ *drugs and medicines under the hardship clause.* *E. Scott*

PUBLIC DENTAL SERVICES

At the request of the Chairman, Dr. O'Brien-Moran agreed that discussion of the Public Dental Services could be postponed until the next meeting of the Council. However, he said he would like to draw the Council's attention to one or two points which might form the basis for discussion and which they might think about in the meantime. Dental neglect was the one remaining blot on the child welfare services in this country. There are approximately half a million children attending national schools and about 100,000 children in the pre-school age group making a total of 600,000 in all who require dental treatment. Of these 400,000 were left untreated last year. In the adult age group only about 48,000 were treated in the same period giving a ratio of less than one in twenty. The public dental services being provided at the present time are totally inadequate to deal with the demand. There are about 155 dentists working in the public health service giving a ratio of one dentist to 10,000 of the population. As the accepted ratio is 1 : 1000, the present situation is understandably chaotic.

Mr. McGuire suggested that it would be very helpful if Dr. O'Brien-Moran were to prepare a memorandum on the subject and have it circulated to the members before the next Council meeting. Dr. O'Brien-Moran agreed to do this.

OTHER BUSINESS

Dr. Raftery said he understood the members attending meetings of the Council were allowed the use of the Custom House carpark but, as the carpark was so crowded, he wondered if ~~a few special~~ ^{members of the Council} places could be reserved for ~~these busy members who, on~~ arrival to attend meetings, could not spare the time to look around for a place to park.

The Chairman did not hold out much hope of having this facility granted but said that the matter would be raised with the Department.

DATE OF NEXT MEETING

The date of the next meeting was fixed for Friday, 30th August, 1974 at 3 p.m.

There being no further business, the meeting then ended.

E. S. O'Brien
30/8/74

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council was held in the Conference Room, Custom House, at 3.00 p.m. on Friday, 30th August, 1974.

Present at the meeting:

E. S. O Braoin, Uas. (Chairman)
Mr. J. O'Hanrahan (Vice-Chairman)
Mrs. Johanna Barlow
Mr. J. C. Barrett
Dr. J. G. Cooney
Dr. H. V. Connolly
Dr. P. Donnelly
Dr. M. J. Dyar
Dr. P. A. Farrelly
Mr. T. F. Hassett
Mr. J. M. Hillery
Mr. T. Kennedy
Mr. T. King
Mrs. B. D. Kingsmill-Moore
Dr. D. McGrath
Mr. J. McGuire
Dr. A. Meade
Mr. M. Neary
Dr. E. S. M. O'Brien-Moran
Dr. H. Raftery
Mr. P. J. Teehan
Mr. S. M. Thornton
Prof. O. Conor Ward

Apologies for inability to attend were received from Mr. W. A. Lynch, Mr. J. A. Mehigan, Mr. W. MacEvilly, Mr. E. O'Caoimh, Mr. J. O'Neill and Mr. G. B. Savage.

1. MINUTES OF THE PREVIOUS TWO MEETINGS

The Chairman explained that the minutes of the meeting of 14th June had not yet been signed because they had not been long enough with the members to allow of a proper consideration before the meeting on 28th June.

There being no objection, the Chairman then signed the minutes of the meeting of 14th June, 1974.

Dr. Dyar referring to the comment attributed to him on page 6 of the minutes of the meeting of 28th June, 1974, said he had not intended to convey the impression which was given in the minutes that ineligible persons are often given assistance towards the cost of drugs and medicines. He requested that the statement be amended. The sentence was amended to read as follows:

"Dr. Dyar said that, in practice, otherwise ineligible persons are quite often given assistance towards meeting the cost of drugs and medicines under the hardship clause".

Dr. Raftery referred to the statement attributed to him on page 7 of the minutes under "Other Business" and requested that it should be amended to read as follows:

"Dr. Raftery said he understood that members attending meetings of the Council were allowed the use of the Custom House car park but, as the car park was so crowded, he wondered if a few places could be reserved for members of the Council."

Dr. Raftery referred to the point on page 6 of the minutes regarding the use of antibiotics in the treatment of animals being a matter primarily within the responsibility of the Minister for Agriculture and Fisheries and said he would be concerned if this sentence were to be taken as suggesting that the matter was outside the scope of the Minister for Health.

There being no further comments, the minutes were approved and signed.

2. CORRESPONDENCE

The Chairman said that Mr. MacEvilly had apologised for not attending recent Council meetings because they clashed with meetings of Chief Executive Officers and officers of the Department, which were always held on the last Friday of every second month. The Chief Executive Officers usually meet on the last Friday in every month. Some discussion followed on the most suitable day to hold the meetings. The Chairman said the Council had discussed this matter many times and Friday seemed to be the most suitable day for the majority. After further discussion, it was agreed to hold future meetings on the 2nd Friday in the month to see if it worked out. The next Council meeting was fixed for Friday, 11th October.

3. COSTS OF ADMINISTRATION OF THE HEALTH SERVICES

Dr. Dyar referred to the table circulated with the agenda which gave a break-down of the expenditure of £105m on health services in 1972-73. This included a figure of £1 million for central administration and £7 million for "other community services" which also included some administrative expenses. This information did not answer fully his previous request for costs of administration.

Mr. Stanley (acting Secretary) explained that the table giving a break-down of £105 million was supplied in answer to a request from the Council for details of this figure which had been mentioned in the Tanaiste's speech to the Council.

The Chairman said that the costs of administration would come up later on the agenda unless the Council wished to discuss it first. Dr. Dyar proposed that it be discussed then and the Council agreed.

Mr. Stanley said that Mr. Conway had been in touch with the Finance Unit in the Department arising out of the figures of expenditure for the South-Eastern Health Board which had been referred to at the previous Council meeting. Exactly comparable figures were not available for other health boards as up to this health boards had tended to classify some items of expenditure somewhat differently. Apart from this, however, it seemed important to clarify what exactly was to be covered by "costs of administration". It was often regarded as covering the cost of management and headquarters staff, but if the Council wished the cost of executive and clerical staff to be also included this would bring in staff in local offices of health boards and also perhaps staff employed in hospitals and clinics.

Mrs. Kingsmill-Moore asked whether figures could be supplied illustrating the difference in administrative costs before and after the McKinsey proposals were put into operation and what benefits for the patients arose from the new structure.

Mr. O'Hanrahan felt that it should be possible to produce a figure of costs based on the number of staff heads and other cost centres used in drawing up programme budgets. Definite criteria could be employed which would be common to the whole country.

The Chairman said that just before he went away on his holidays he received a copy of a letter which Mr. MacEvilly had sent to the Secretary of the Council in relation to the data on administration costs already supplied to the Council by the Department. In his covering letter to him, the Secretary had pointed out the difference in the order of the expenditure as quoted by Mr. MacEvilly and as given in the expenditure data for the South-Eastern Health Board which had been supplied to the Council by Mr. Hassett. The Secretary had suggested that in order to get comparable data it would be necessary to define what was meant by "Administration" since apparently different interpretations were being adopted.

The Chairman then read Mr. MacEvilly's letter to the Secretary of the Council as follows:-

"I have not been able to attend recent meetings of the National Health Council because they clashed with other important engagements which I had. I have seen the information supplied by the Department of Health regarding the cost of administration of the health services. The Southern Health Board carried out a very detailed survey of the cost of management in the Board. At 1973 wage levels it worked out at £154,000 a year. This covered the entire management staff of the Board with their support staffs and the entire headquarter staffs engaged on finance and personnel work. The expenditure represents 1.6% of the total expenditure on pay and .83% of the all over expenditure of the Board. It represents about 33p a year per head of population in the Board's area. Both as a member of the Council and on behalf of the Southern Health Board I reject the Department of Health's figure of 1.19p a year per head of population. If the Chairman has no objection perhaps you would circulate a copy of this letter to the members of the Council with the agenda for the next meeting, and because of the importance of what is involved I would like reference made to it in the minutes of the next meeting."

The Chairman understood that Mr. MacEvilly had subsequently said his letter need not be circulated before the meeting as he was unable to be present at that meeting.

Dr. Dyar said that what was needed was not only the cost of top management but also the cost of all clerical staff. He instanced an office where one clerical officer was employed on medical cards a few years ago and now there were 12 clerical officers. He could not understand the reluctance of the Department to supply this information which had been requested many times.

Mr. McGuire proposed that the whole question of the costs of administration should be placed on the agenda for the next meeting and that officers of the Department dealing with this matter be requested to attend.

Mrs. Kingsmill-Moore seconded this proposal which was agreed.

With regard to the break-down of the figure of £105m Mr. O'Brien-Moran said that it was confusing to include the costs of Dental, Ophthalmic and Aural Services under one heading. He would prefer separate costings so as to be able to identify more precisely the costs involved.

Dr. McGrath wished to know what was included under the heading "Hospitals and Homes for Chronic Sick".

The Chairman said this probably was mainly County Homes.

Mrs. Barlow asked for a breakdown of the different types of hospitals, including maternity hospitals.

The Chairman said it seemed to be the general opinion of the Council that the break-down of the expenditure of £105m was not detailed enough and that a more detailed break-down of the figure was required. It was agreed that this should be sought from the Department.

4. PUBLIC DENTAL SERVICES

Dr. O'Brien-Moran said he wished to make some corrections to the memorandum he has submitted to the Council, as follows:

- (i) Amend the figures per adults in the Summary to read

"Adults (M.C. fully entitled excluding 50,000 social welfare patients) 750,000"

Treated	48,000
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Untreated	702,000"
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- (ii) In the section "The Public Dental Service in Ireland - Development and Background" the first paragraph in page 2 should read

"Persons with full eligibility comprise qualified insured persons under the Social Welfare Acts."

Dr. O'Brien-Moran said that two-thirds of the children attending national schools are without adequate dental services. 700,000 entitled adults are also without dental services. He attributed this situation to a scarcity of dentists in the public health service who were obliged to cater for both national school children, who are the first priority group, and also eligible adults, whose numbers continue to grow. He would propose in these circumstances that the adults should be transferred to the Department of Social Welfare dental benefit scheme. There was an immediate need for an increase of manpower in the public dental service, he said, and he felt that not enough effort was being made to create the extra posts that were urgently needed, with the result that many graduates have to emigrate to England each year. Dental health is a vital factor for general well-being and could not be overlooked.

The Chairman enquired how two-thirds of the children attending national schools are without dental services.

Dr. O'Brien-Moran said this was largely due to the fact that not sufficient money was provided for dental services in the Estimates for health and because more and more people are becoming eligible for public dental services.

Dr. Donnelly queried whether it would be true to say that if more money was made available there would be more dentists available.

Dr. O'Brien-Moran said that the lack of dentists could be partly met by the employment of auxiliary dental personnel, such as dental hygienists. These would be girls trained in polishing and scaling teeth and in giving instruction in dental health and oral hygiene. By the employment of dental hygienists, dental surgeons would be freed to perform the more complicated procedures. Out of approximately 60 dentists qualifying each year a totally inadequate number remained to practise in this country, principally, he felt, because there were not enough posts in the public dental service. This led to the need for auxiliary dental personnel.

Mr. Thornton felt that even if there were more dentists, there would still be a need for auxiliaries.

Mr. O'Hanrahan said that both doctors and dentists are being qualified at the cost of the tax-payer and many emigrate after qualification before making any returns of service to the country. He asked for information about the present manpower and future needs and suggested that the Council should go into the problem in greater depth. Action such as the recommended closing of the Dental School in Cork would not help.

Dr. O'Brien-Moran said that at present there are approximately 820 dentists on the Irish dental register but some of these may have retired or emigrated or may be teaching. There were about 150 dentists in the public dental service.

The Chairman said that the National Health Council had been informed on previous occasions by the Department that the main reason for an insufficient number of dentists in the public dental service was the difficulty of recruiting public dental officers. This was apparently due to some extent to emigration. New posts were not created because the personnel were not available. He had been told, however, that it was in the dentists' professional interest to go abroad for a few years to gain experience and perhaps further qualifications. He thought an increasing number of dentists opted for private practice because the financial prospects of private practice were better.

Dr. Farrelly suggested that it would alleviate the problem if private dentists were brought into the public dental sphere. Perhaps a scheme similar to the choice of doctor scheme for general medical practitioners could be considered for dentists.

Mr. McGuire said he had found in his area that some persons with full eligibility for dental services are unable to get the dental treatment to which they are legally entitled. This was now borne out by the fact that Ireland was shown to have the worst dentist-population ratio in the table quoted in Appendix of the memorandum. He suggested that the Council should send a recommendation to the Minister expressing concern over this situation. The Council would be doing a great service if they drew attention to the fact that persons are unable to obtain dental services to which they are entitled by law.

Dr. Raftery agreed with Mr. McGuire. He thought that proposal No. 1 in the memorandum i.e. "Immediate implementation of the proposed Amendment to the Dentists Act" should not have as high a priority as the other three proposals in the memorandum.

Mr. Thornton said that Proposal No. 1 was related to proposal No. 4 i.e. "A National Dental Health Campaign adequately funded, employing whole-time Dental Health Educators, operating through the Department of Health".

The Acting Secretary said that some years ago he had obtained figures of dental graduates and registrations covering a ten year period which showed that at that time, 50 per cent of dental graduates emigrated. In several parts of the country, health authorities had experienced great difficulty in filling approved posts, even though the salaries were comparable with those paid in the British public dental service. An Irish dental graduate had the legal right to practice in Britain and many went there to practice within the National Health Service. Within the last few years, however, the number of dentists practising in Ireland had increased significantly.

Dr. Connolly was of the opinion that Proposal No. 4 (for a national dental health campaign) should have greater priority as he felt that not enough emphasis was being placed on prevention in the matter of dental health. Preventive measures were of great importance.

Mrs. Kingsmill-Moore said that advertisements on T.V. should be used to educate people in dental hygiene. There was great neglect of dental health in Ireland.

Dr. Meade referring to the suggestion made earlier by Dr. Farrelly, said that continuity of care might be transferred to the private dentists to alleviate the long delays in obtaining treatment in the health board service.

Dr. O'Brien-Moran agreed that this was a viable proposition and suggested that the subject be adjourned to the next meeting and that, depending on the outcome of that discussion, a sub-committee might be set up to examine the whole matter.

The Chairman summarising, said the whole question of the availability, adequacy, etc. of the public dental services would be discussed at the next meeting and he suggested that an officer from the Department should be asked to attend the discussion to explain the present situation and to give his views on improving the service generally, with particular emphasis on the numbers of personnel available. It was agreed that an officer of the Department should be asked to attend the next meeting of the Council.

5. MEDICAL PREPARATIONS (WHOLESALE LICENCES) REGULATIONS, 1974

Mr. Hillery suggested the following amendments to the Regulations:-

Article 3: insert "or supply" after "no person shall sell".

Article 4 (1)(c): add "solely among themselves" after "arrangements for the distribution of medical preparations".

Article 9 (1) after "may revoke" add "vary or suspend".

These amendments were agreed. It was also agreed that provision for variation or suspension should also be made in sub-sections (2) and (3) of Article 9.

Mrs. Kingsmill-Moore asked whether it would be possible to stipulate that alcohol should not be sold in supermarkets.

Dr. Connolly said a recommendation of this kind had been made by the Council when they discussed the question of alcoholism.

6. OTHER BUSINESS

Mrs. Kingsmill-Moore said, that in her opinion the Council's annual reports were not published in sufficient detail.

The Chairman said that by law the Minister must publish the Council's annual report as presented to him, but he could add comments if he so wished.

Mr. McGuire said that recently in his area another tragic accident had occurred arising from the use of Paraquat. He asked whether this highly dangerous substance could be withdrawn from sale altogether. *or brought under control*

Mr. Hassett supported this plea.

Mr. Hillery said that the Pharmaceutical Society had asked the Minister to control the sale of Paraquat by limiting its sale to pharmaceutical chemists, where he thought it should be brought under the same controls as for strychnine. In making this suggestion the chemists were not looking for extra money, as the margin of profit was small, but they considered Paraquat to be so dangerous as to necessitate strict controls on its sale, as with strychnine.

The meeting then ended.

John Anderson
XI/10/74

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council was held in the Conference Room, Custom House, at 3 p.m. on Friday, 11th October, 1974.

Present at the meeting were:

Mr. J. O'Hanrahan (Vice-Chairman)
Mr. J.C. Barrett
Dr. J.G. Cooney
Dr. H.V. Connolly
Dr. M.J. Dyar
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. T. King
Mrs. B.D. Kingsmill-Moore
Dr. D. McGrath
Mr. J. McGuire
Mr. J.A. Mehigan
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. E.S. Ó Caoimh
Mr. L.P. Pelly
Dr. H. Raftery
Dr. J.P. Shanley
Mr. P.J. Teehan
Dr. S.M. Thornton
Professor O. Conor Ward

Apologies for inability to attend were received from: Professor D.K. O'Donovan, Mr. J.P. O'Neill, Dr. P.A. Farrelly, Mr. W. MacEvilly, Mr. W. Lynch, Miss M. McCabe, Mr. J. Foster, Mr. T.J. Hassett, Dr. P. Donnelly and Mr. G.B. Savage.

Mr. O'Hanrahan expressed his own and the members sympathy at the recent death of the Chairman, Mr. Ó Braoin, who had held that office since the foundation of the Council in April, 1954. He himself had been a member of the Council for 15 of those 20 years and in all that time Mr. Ó Braoin had conducted the Council's affairs with great authority and kindness. Many controversial matters had arisen over the years but Mr. Ó Braoin had always dealt with them with great tact and dignity. He was indeed a very great gentleman whom it would be difficult to replace.

As a tribute to Mr. Ó Braoin the members then stood in silence.

ELECTION OF CHAIRMAN

Mr. O'Hanrahan said that the first matter to be dealt with was the election of a new Chairman and outlined the procedure to be followed, as laid down in Standing Orders.

Mr. Pelly proposed Mr. O'Hanrahan for the office of Chairman and the proposal was seconded by Dr. O'Brien-Moran. There being no other nominations Mr. O'Hanrahan was unanimously elected.

The Chairman thanked the members for their confidence in him. It was a great honour to be Chairman of the National Health Council. It would be difficult to follow in the footsteps of so eminent a man as the late Mr. Ó Braoin but he would do his best to be worthy of that high office.

After a short discussion it was decided to postpone the election of the Vice-Chairman until the next meeting.

MINUTES OF MEETING OF 30TH AUGUST

Mr. McGuire requested that the words "or brought under control" should be added to the comment on paraquat made by him on page 6 of the minutes.

Dr. Raftery said that, because the Council was so concerned regarding the sale of such a dangerous substance as paraquat - a concern shared equally by the Pharmaceutical Society of Ireland and the Irish Medical Association - it had requested at the last meeting that its views on the substance should be conveyed to the Minister. He enquired whether there had been any feedback from this recommendation.

The Secretary then read a letter which had been sent to the Department conveying the Council's views on the subject. He said there had been no reply as yet.

Dr. O'Brien-Moran suggested that the matter should be put on the Agenda for the January meeting by which time there would probably be some feedback from the Department. In this way the subject would not be lost sight of.

Mr. Hillery said that the season for using paraquat was now over and the preparation would not now be easy to come by as retailers were reluctant to keep stocks of it on hand. The main danger at this time was from the unused stocks held in outhouses by farmers and others. He agreed with Dr. O'Brien-Moran and said that the whole question could be discussed in detail at the January meeting in preparation for the new season.

Mrs. Kingsmill-Moore said that she wished again to bring up the question of the Council's Annual Report. In her opinion the Report was not elaborate enough and did not give a true picture of the amount of work being done by the Council. The Report should be published at least twice a year and should be on sale much earlier than is now the case. In her opinion the Council, if properly projected, could be one of the most valuable bodies in the country and the public should be made more aware of its activities.

Mr. Mehigan said that the usual practice was for a sub-committee to be formed towards the end of the year to prepare the Report. He suggested the setting up of an "on-going" committee so that the Report would be ready at the end of February with only the minutes of the last meeting to be incorporated in the Report, thus avoiding any delay.

Mr. McGuire suggested that the main delay in publishing the Report was often due to delays by the printers. The question of issuing interim reports, which would eliminate delays, had been raised some time ago but nothing had come of it. He thought this question should be raised again.

Dr. Dyar said that the late Chairman had cause to rebuke the members in the past because Council affairs had been "leaked" to the press. The Council's meetings are not public and the proceedings are confidential. He would be diffident about seeking publicity.

Dr. Cooney said that he had been perturbed to read in various publications accurate reports of the business of the Council. As he understood it the proceedings of the Council were confidential and not meant for publication. "Leakages" to the press were to be deplored.

The Chairman said that the relevant section of the Health Act, which clearly stated that "every meeting of the National Health Council shall be held in private", had been brought to the attention of members when leakage had been suspected on a previous occasion. He pointed out that it was to the medical press that the alleged leakage had been made. He also pointed out that Section 98 of the Health Act 1947, as amended by Section 41 of the Health Act 1953, states that "The National Health Council may present each year to the Minister an annual report and the Minister shall publish the report with such comments (if any) as he thinks fit".

Mr. Mehigan said that once any information "leaked" to the so-called medical press it was taken up by the national press and became public knowledge. This situation was a cause of great concern. He suggested that a reminder should be sent to all members regarding the confidential nature of Council affairs.

There being no further comments the minutes were approved and signed.

COSTS OF ADMINISTRATION OF THE HEALTH SERVICES

At the previous meeting the members had requested a more detailed breakdown of the expenditure of £105 million on health services in 1972-73 which had been referred to by the Tánaiste when he addressed the Council on 14th June, 1974. A table giving this information was distributed to the members at the meeting.

Mr. McGuire said that the information on administration contained in the document circulated was not what was requested. The Council had been endeavouring for some months past to obtain figures from the Department on the cost of administration of the health services but without success. He personally was sick and tired of the lofty "olympian" attitude being adopted by the Department. Was it not possible to state what administration costs were in relation to general expenditure? Were administration costs rising to a greater extent than the quality of the health services being given to patients? For instance, it was an absolute scandal that a hospital in the Ballina area should be without a doctor for the past 1½ years. The Council should put on record its concern about the deteriorating position which had arisen in the provision of the health services to the detriment of the ordinary man in the street.

Mrs. Kingsmill-Moore said there was an extraordinary degree of secrecy about this whole matter. The Council was being told one thing one day and another the next. No positive information had been supplied and she felt the reason for this was that the Department itself did not know where it was going. She herself wanted the cost of accommodation, furnishing, fittings, heating, etc. included in the overall cost of administration.

Dr. Dyar said that figures for administration costs had been requested four times already by the Council. He felt that the requests had been clear-cut and precise, particularly that of Mrs. Kingsmill-Moore as set out on page 2 of the minutes of the last meeting. At this stage everyone was worried by the lack of co-operation on the part of the Department. What was really causing concern was the large proportion of the allocation for health services which was being spent on administration and not enough on the health care side.

The Chairman said that the statement circulated gave a breakdown of the £105 million mentioned in the Tánaiste's speech to the Council. It was not meant to be an explanation of administrative costs. Officials of the Department were available to hear the views of the members and to supply any information required on this aspect. He suggested that they should be invited to join the meeting.

Mr. McGuire said the Council was constituted to advise the Minister but at this stage he wondered if it performed any useful function at all. He had grave doubts as to whether the Council's views ever reached the Minister. He was very angry at the attitude of the Department in shelving what he considered were clear-cut requests for information. The Council should register a complaint on this issue and, if the information sought was not forthcoming, the Council should resign en masse. He was not in favour of meeting the officials and was not prepared to be bamboozled by them. Instead the Council should request an interview with the Minister.

Dr. Dyar said that it was the cost of management as opposed to the cost of health care services that the Council was looking for. In his view there

was far too much being spent on administration which should properly be channelled into health care.

Mrs. Kingsmill-Moore supported the suggestion that the Minister should meet the Council. It would at least give him an indication of how seriously the Council felt about the present state of affairs. Mr. Hillery thought it would be better to meet the officials first and appraise them of the precise information required by the Council.

Dr. O'Brien-Moran said that while he agreed that the Council should seek an interview with the Minister, the Department's officials should be heard.

The Chairman approved of this idea. He said the Minister would have to consult with his officials in any case and a discussion across the table might help to solve many of the problems being experienced by both sides on this issue. The officials could be made aware of what exactly the Council wanted to know. If the Council was still dissatisfied, it could then request a meeting with the Minister.

Mr. McGuire agreed that it was a reasonable compromise to meet the officials and then to go to the Minister for a ruling on the role of the Council.

The Chairman said that the functions of the Council were purely statutory. They could debate almost any subject except salaries and make recommendations to the Minister. He added that, as yet, accounting systems in the different health boards were not uniform and consequently real comparisons were not possible.

Mr. King said that each health board compiles its own estimates, the contents of which were discussed in great detail. Even if the Council obtained the information requested from the Department, what did they propose to do with it?

Mrs. Kingsmill-Moore said that if the figures were supplied they would show up any inconsistencies. For instance, if the administrative staff were earning more than the medical staff, it would be obvious that something was wrong.

Dr. McGrath said that a considerable amount of the Council's time had been taken up with the present discussion and, as had already been agreed, the officials should be invited to join the meeting now. After that, if necessary, an interview with the Minister could be considered.

Mr. Ó Caoimh agreed with this viewpoint. In his opinion it was the definition of "administration" which was causing all the trouble. The officials should be seen and informed of what precisely was required.

The Chairman said that in any business budgets were drawn up and the headings for these budgets did not change from year to year. If, after three years of the new services, a distinction could not yet be made between what are medical, para-medical and administration costs, something should be done about it now.

Mr. J. O'Dwyer and Mr. A. Boushel were introduced to the members by the Chairman who explained to them the difficulties being experienced by the Council in obtaining information on what proportion of health expenditure was allocated to administration costs as distinct from health services proper.

Mr. Boushel said that the principal issue to be decided was what the Council meant by "administration". He asked the members whether by administration costs they meant the cost of headquarters staff only or whether administrative staff in hospitals and clinics should also be included. Either way figures could be furnished but it was essential to

have a clear understanding as to the costings required.

Dr. Dyar said that, as he understood it, administration meant the management of any office, employment or organisation. The Council wanted to know what proportion of health services expenditure was being spent on the executive side and what proportion on the services given to the public. He would like to know the cost of running the administrative set-up devised by McKinsey.

Mr. Boushel reiterated that there would be no difficulty in producing the figures required so long as it was clear what specific staff costs were to be included.

Dr. Dyar said that the health services, which were now costing much more to provide under the McKinsey superstructure, were no better, and in fact were probably worse, than those available under the old system.

Mr. O'Dwyer said that, if the Council was concerned only with the management organisation of the health boards, figures had already been provided on this aspect.

The Chairman enquired whether McKinsey had supplied any formula by which costings could be made uniform.

Mr. O'Dwyer said that in fact costings had been prepared in connection with a Parliamentary Question put to the Minister at the time the health boards were set up. The structure had not changed since then.

The Chairman said that at that time no cost centres had been decided upon and no one knew how to cost, say, a laboratory or an X-ray department. Costs varied from place to place and the question was whether the services given were any better or more elaborate in one area as compared to another. There should be fixed cost centres for everything concerned with health.

Mr. Boushel stated that the Department was working towards this objective. Cost centres had been identified in conjunction with a uniform code for expenditure.

Mr. Mehigan said that the Council was only concerned for the moment about costs at health board level, not at hospital level.

Mrs. Kingsmill-Moore said that she was not concerned about medical expenses or what was being spent on doctors or on anything that was benefitting the patient. She was concerned, however, about the vast sums of money being spent on palatial accommodation for health board staffs which had increased out of all proportion since McKinsey was implemented. These staffs, as far as she could see, spent most of their time collecting statistics about statistics.

Dr. Raftery said that the biggest resource the country possessed was its people. He considered it significant to establish what proportion of the people was necessary to administer health services in a relatively small country.

Mr. McGuire said that at the time the McKinsey Report was published he expressed concern at the amount of our financial resources that would be drained off in implementing the new scheme and also in creating jobs for officials. The then Minister had told them that the new scheme would cost 1.8% of total health costs to operate. He would like to know what the comparable figure would be in present day terms. In parts of Ireland it was almost impossible nowadays to fill medical posts because of inadequate salaries. On the other hand there was no problem in filling non-medical posts because of attractive salaries. Consequently health services had deteriorated while empire building on the administration side was going on all around us.

Mr. Boushel said that the cost for 1973/74, of top management and other headquarters staff and also staff dealing with the choice of doctor scheme,

was 1.77% of total costs. It did not include staff in hospitals and clinics. If these were added the figure would come to about 3.3%.

In answer to a query from Mr. Mehigan, Mr. Boushel confirmed that the figures covered "pay only".

Mrs. Kingsmill-Moore said that she would not accept that figure. Buildings, office accommodation, heating, etc., were very expensive. She wanted all of these items included.

The Chairman said there was a lot of duplication of work in the health boards. Percentage figures did not really give an accurate picture of the true cost.

Mr. Boushel said there was no problem in providing figures in whatever form the Council wished, as he had mentioned already, provided the Department was aware of the categories of staff to be included in them.

Mr. King reminded members that top management staff did not spring up over night with the advent of McKinsey. At least 50% of them were there already and the Health Act was already passed before McKinsey was introduced. The Health Boards discuss at their meetings the points raised by Mrs. Kingsmill-Moore.

Mr. O'Dwyer said that at the time of the change-over to the present system the cost of the health services at top management level was £143,000. If the structure which then existed in the joint health authorities had been applied under the eight health boards, the cost would have worked out at £1,000 less than the system adopted under McKinsey, i.e. £182,000 as compared to £183,000 or two-fifths of 1% of the total cost. Because the Department was involved, in financial terms, in the biggest spending of the whole public service, it was very concerned to obtain the best management skills necessary to achieve the best value for money and it earnestly hoped that the expenditure involved would more than repay itself. However, people who had the necessary skills to achieve the Department's objectives were not very plentiful. The Department and the health boards were moving more quickly than any other sector of the public service towards adopting modern well tried management procedures. The aims the Council were striving for were the very same as those the Department was trying to achieve. One of the most important points in this context was that the key function of health board management teams was to put emphasis on services. It was hoped that in general this would have an impact on achieving the right priorities. The whole scheme was very carefully costed when it was introduced in 1970, the period to which the figures related. Any increases since then were primarily due to increased salaries.

Mr. McGuire said that while this was a rational argument, as far as he could see the Department regarded McKinsey as sacred writ. This was fair enough so far as the Civil Service was concerned. What troubled him most was the fact that the health services provided under the present system were far worse than under the old one.

Dr. O'Brien-Moran instanced the issuing of medical cards as an area where staff costs had increased out of all proportion without any improvement in the treatment given to patients.

Mrs. Kingsmill-Moore asked could costs be supplied for cars and petrol given to senior officials.

Mr. Ó Caoimh said it was an over-simplification to say that, on the question of issuing medical cards, it now took twelve people to do the work previously done by one person. The system had changed in that there was now a choice of doctor scheme which necessitated making enquiries as to whether a doctor could accept a patient on his panel, etc. This involved a considerable amount of paper work.

Dr. Dyar accepted that good management was expensive but he could not understand why, with the expensive superstructure the health boards now

had, they still had to consult the Department about almost every move they made. Surely McKinsey did not envisage this.

Mr. O'Dwyer said that the Department was currently undergoing a complete reorganisation in accordance with Government approved changes for the Civil Service as a whole. The emphasis in the Department had moved from an overseeing role to a policy making one. The Council might be interested to learn more about what was happening within the Department which was presently involved in a very detailed and critical self examination.

Dr. O'Brien-Moran said there was a general feeling that a great organisation was about to be set up which would have nothing to organise.

The Chairman was of the opinion that over a period of time the health services had not improved in relation to the amount of money spent on them. The essential thing was to get proper costings and a programme budget started so that expenditure could be monitored.

Mr. Boushel said that the Department was involved in developing programme budgeting for the health services. Increases in costs were due mainly to inflation.

Mr. McGuire said that thousands of pounds could be saved each year if health boards refrained from inserting such lavish advertising displays in the national press. He noted that much smaller advertisements appeared in the local press and considered these should also be adequate for the national press.

Dr. O'Brien-Moran asked if figures could be produced for the next meeting of the numbers of lay and professional staffs employed before McKinsey and at the present time. He estimated that the numbers of staff had trebled.

The Chairman thought that this would be an almost impossible task as there was too much movement of staff within the different health board areas. It might be possible if calculated on an ~~country~~ ^{area} basis.

Mr. Mehigan felt that in the discussion a lot of criticism had been cast at administrative personnel. It should be realised that clerical staff played a very important role in patient care and it was unfair to say that there was no need for expansion in this area. It was unnecessary expansion that troubled him.

Mr. Ó Caoimh said there could be no increases in health board staff unless they were first approved by the ~~SECs~~ ^{Health Boards} and then by the Minister.

Mr. Boushel said that, unless the Department was perfectly satisfied as to its detailed content, no health board budget would be approved.

Dr. Dyar said that what the Council wanted to get across to the Department was the fact that the services being provided were not as good as they might seem.

Mr. McGuire thought that the time had come to take a good look at priorities and to give more attention to the point of service.

Professor O. Conor Ward said he had got a lot of reassurance from the figures supplied by the officials. He considered that administration costs of between 1.7% and 3.3% were very reasonable when account was taken of the size of the undertaking. He had, he said, been working with health authorities for over 20 years and in that time had seen very big changes in efficiency. County Managers in the past were over-burdened and over-worked. Making a separate organisation of health administration had made it possible to get quicker decisions and it had also made it easier to channel available funds to where they were most needed. His own experience of co-operation between hospital management and medical management was that it could produce very significant results in efficiency.

In Our Lady's Hospital for Sick Children in Crumlin a study undertaken jointly by administrative and medical personnel on bed occupancy and duration of stay had resulted in a considerable reduction in the duration of stay. He considered that any money spent improving hospital administration was well worth while.

Mr. O'Dwyer said that the voluntary hospitals were now coming to the Department with various problems regarding structuring, support staffs, etc., and the Department was responding to these demands.

The Chairman said that the old dispensary system was an excellent one. It was obvious, however, from the heavy demands made upon it that the choice of doctor scheme was even better. Everyone who felt they had a chance of getting a medical card applied for one.

Dr. O'Brien-Moran thought it was incongruous that all students, most of whom could well afford to pay for treatment, were entitled to medical cards and free dental services while children in national schools were being deprived of these same services. He requested that the public dental services be put on the Agenda for discussion at the next meeting of the Council.

Dr. Raftery formally thanked the officials for the information they had provided. He was sure they would now provide the figures requested by the Council.

The Chairman said he felt confident that the officials were now clear on the type of information the Council required. He thanked them for their help and co-operation and said that the Council also had a duty to be helpful to the officials.

Professor O. Conor Ward said there had been a number of appointments approved by Comhairle na nOspideal which had not yet been filled. It might be useful to the Council to know if in fact there were appointments awaiting decisions because of funding.

Mr. Mehigan also thanked the officials for their co-operation and said he appreciated that they had the proper motivation where the health services were concerned.

The meeting then ended.

J. J. Hanahan
22/11/44

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 3 p.m. on Friday, 22nd November, 1974 at the Royal Dublin Hotel, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. C. Barrett
Dr. J. G. Cooney
Dr. H. V. Connolly
Dr. P. Donnelly
Mr. J. M. Hillery
Mr. T. Kennedy
Mr. T. King
Mr. J. McGuire
Dr. A. Meade
Mr. M. Heary
Dr. E. S. M. O'Brien-Moran
Mr. J. O'Neill
Mr. G. B. Savage
Dr. J. P. Shanley
Mr. P. J. Teehan
Dr. S. M. Thornton
Professor O. Conor Ward

Apologies for inability to attend were received from: Dr. P. A. Farrelly, Mr. T. F. Hassett, Mrs. B. D. Kingsmill-Moore, Miss M. McCabe, Mr. W. McBilly, Dr. D. McGrath, Mr. J. A. Mehigan, Mr. E. S. Ó Caoimh, Professor D. K. O'Donovan, Mr. L. P. Pelly, Dr. H. Raftery.

The Chairman opened the proceedings by proposing a vote of sympathy to the wife and family of the late President Childers. He recalled that the late President had been a man of great intelligence and integrity, an exceptional Minister in several Departments of State and latterly an excellent President. The many tributes paid to him in the past week by heads of state and private citizens alike were richly deserved. He had come from a family with a great national background and with a tradition of service to the State, a tradition he had maintained with great dignity during his lifetime. In his political career, Mr. Childers had administered several Departments of State with great success but perhaps the Department in which he had most fulfilled himself and from which he had got most pleasure was the Department of Health. The reorganisation of the administration of the health services had been initiated during his term as Minister for Health and it was a pity he had not lived to see its completion. As President he had brought a completely new approach to the position of the Presidency and had endeared himself to everybody. He was a great credit to our country and a man of whom we could all be justly proud. It was sad that he should have to die after such a short but very successful period in office. The members then stood in silent tribute.

ELECTION OF VICE-CHAIRMAN

Dr. O'Brien-Moran proposed that either Mr. Lynch or Mr. Foster be elected to the office of Vice-Chairman. As neither of these members was present at the meeting the proposal was withdrawn.

Mr. McGuire proposed that the office of Vice-Chairman should go to Dr. Shanley who was a long-standing and most respected member of the Council.

Dr. Shanley thanked Mr. McGuire for his proposal but said that it was a tradition of the Council not to have both the offices of Chairman and Vice-Chairman held by medical men. He in turn proposed Mr. McGuire for the position. He felt that such a devoted member of the Council would be a most fitting appointment.

Dr. O'Brien-Moran seconded this proposal

Mr. McGuire thanked Dr. Shanley for his confidence in him and said that he appreciated the compliment. However, he felt that as the Chairman was from the West the Vice-Chairman should be from some other part of the country, preferably the Dublin area.

However, on being pressed by the Members, he consented to his name going forward for appointment. There being no other nominations, Mr. McGuire was unanimously elected as Vice-Chairman.

MINUTES OF MEETING OF 11TH OCTOBER

Two amendments were suggested on page 7 of the minutes. In the second statement by the Chairman the words "on a county basis" were amended to read "on an area basis". In the statement made by Mr. Ó Caoimh the words "approved by the CEO's" were altered to read "approved by the health boards".

Dr. O'Brien-Moran said the impression might have been gained from the discussion at the last meeting that there was criticism of the administrative staff. Nothing of the kind had been intended and he wanted this made absolutely clear. Rather it was a criticism of the apparent ease of obtaining sanction for administrative staff while, on the other hand, it was so difficult to obtain sanction for much needed professional personnel.

Dr. Connolly asked if it was necessary to report Council meetings in such detail. Recording of the main points would, he felt, suffice. He considered it to be a waste of time and an imposition on the reporting staff to go into such detail as was the practice.

Mr. McGuire said it was important that the Minister should get the full flavour of opinion expressed at Council meetings. It was equally important that he should be made fully aware of minority opinions; these might be diluted or left out in less detailed minutes and it was essential that the full representative nature of discussions should be conveyed to him. He intimated that this was a purely personal opinion. Comprehensive minutes, he said were invaluable to a sub-committee charged with the preparation of the annual report.

Dr. Connolly felt that a more free and frank discussion might obtain if every detail was not recorded.

The Chairman said that the Council could achieve much more than in fact it actually did and felt that Council proceedings should be elaborately reported. Referring to the discussion at the previous meeting on the cost of administration of the health services he too emphasised that no criticism of administrative staff had been intended. The problem had been highlighted in an effort to determine what proportions of allocated funds were being spent on administration and on services and if these proportions were excessive in any one direction. This question would be discussed again at a future meeting when a breakdown of the percentage cost in each area of the health services would be provided by the Department. This would afford the Council an opportunity to determine its views on the problem.

Dr. Connolly emphasised that his remarks were a generalisation and not meant to apply to the minutes under discussion which he considered were excellent if a little too detailed.

It was unanimously decided that reporting of Council proceedings would continue in the present form.

There being no further comments the minutes of the meeting held on 11th October were approved and signed.

CORRESPONDENCE

The Chairman read the following replies to letters conveying the Council's views on the sale of paraquat and on the draft Medical Preparations (Wholesale Licences) Regulations 1974:-

28 Deireadh Fómhair 1974

Secretary
National Health Council

Medical Preparations (Wholesale Licences) Regulations, 1974

A Chara

I am directed by the Minister for Health to refer to your letter of 24th September concerning the draft Medical Preparations (Wholesale Licences) Regulations and to state that it is proposed to amend the definition of sale by wholesale to cover supply, as suggested. Article 4 (1) (c) will also be amended along the lines suggested.

As regards Article 9 the Minister is advised that since the provisions of the Health Acts under which the regulations are to be made do not allow for variation or suspension of licences in addition to revocation, such alternatives cannot be provided for in the Regulations. It would of course be desirable to have provision for such variation or suspension and provision will be made accordingly as the appropriate opportunity arises.

Mise le meas .

19 Samhain 1974

Secretary
National Health Council

A Chara

I am directed by the Minister for Health to refer to your letter of 24 Meán Fómhair, 1974 and to state that he has noted the Council's suggestion regarding the control of paraquat. This substance is at present controlled under the Poisons Act, 1961 (Paraquat) Regulations, 1968. These regulations restrict the sale of paraquat to certain authorised persons and provide for certain container and labelling requirements. A copy of the regulations is enclosed for your information.

In addition to the controls provided for in the regulations further precautionary measures were taken by the manufacturers in connection with the sale and distribution of paraquat ("Gramoxone"). For instance, a letter was issued to over 260,000 farmers emphasising the need for complying with the warnings on the containers and emphasising particularly the danger of decanting the substance into another container (except for the purpose

/4.....

of immediate use). This campaign was accompanied by extensive press publicity. In addition, the manufacturers have stringently curtailed the number of outlets for the distribution of "Gramoxone" at wholesale and retail level.

The company have recently succeeded in producing a stench-added form of "Gramoxone" which should reduce considerably the likelihood of the substance being taken accidentally. According to the Minister's information there have been no deaths attributable to the use of paraquat, as such, when the manufacturer's instructions have been complied with. A substantial proportion of the deaths attributed to the ingestion of this preparation have been suicides. However, the position is being kept under constant review and the question of additional controls is being considered by the Minister in consultation with Comhairle na Nimheanna as required by Section 14 of the Poisons Act, 1961.

Mise le meas

The Chairman suggested that both these letters were satisfactory and asked for comments.

Mr. Hillery disagreed, saying that it was ridiculous for the Department to be relying on the statement that "there have been no deaths attributable to the use of paraquat, as such, when the manufacturer's instructions have been complied with" and that "A substantial proportion of the deaths attributed to the ingestion of this preparation have been suicides". The position was that paraquat could be purchased by anyone without any formalities which would highlight the dangerous nature of the substance and which would require the seller to exercise a judgement as to the propriety of selling the substance to any particular purchaser. It was relatively easy and inexpensive for a shopowner to obtain a licence which would enable him to sell the substance. In the absence of the shopowner, the preparation might be sold by an inexperienced shop assistant. The substance was four times more powerful than strychnine and there was no antidote to it. The manufacturers had refused to pack the substance in quantities of less than one pint. This quantity was suitable for farmers who could use a pint at one operation and then dispose of the container. The danger lay where persons, e.g. living in suburban areas, needed to use only a small proportion of a pint and left the remainder lying around in unmarked bottles or containers. This was a very dangerous practice, especially where children were concerned. It was very difficult for pharmacists and shopkeepers to assess whether a customer purchasing paraquat was depressed and intended to do away with himself. More rigid controls were necessary and could be achieved by placing the substance under control of Part 1 of the Poisons Act. At present persons purchasing the substance did not even have to sign for it. Pharmacists were not anxious to handle this product because it was so dangerous, but felt they were the best equipped to retail it. The profit margins were very small and therefore there was no profit motive in the suggestion. He asked the medical members of the Council to support him on this issue.

Mr. McGuire agreed with Mr. Hillery and said that it was the free availability of the substance which was responsible for so many suicides. He considered that the letter from the Department was inadequate and that the Council should press for the introduction of legislation to bring the substance under pharmaceutical control. The incidence of paraquat poisoning in Ireland was

far greater than in the U.K., a state of affairs which amounted to gross carelessness by users.

The Chairman enquired whether paraquat could be sold in smaller quantities if brought under the control of Part I of the Poisons Act.

Mr. Hillery said that if the substance were under the control of Part I of the Poisons Act, pharmacists could perhaps force the manufacturers to pack it in smaller quantities by refusing to handle the substance until they did.

Mr. Neary said that, even if the statement from the Department was acceptable, it was all the more reason to endeavour to ensure that paraquat was not readily accessible. People in an acute fit of depression were guaranteed death by taking the substance.

Mr. Hillery explained that the difference between paraquat and other weedkillers was that it was not a residual substance and it prevented the germination of weeds until the surface of the ground was broken again. The use of paraquat on its own was falling in popularity. Most farmers as well as the Department of Agriculture and Fisheries now recommended that it be mixed with another weedkiller called Simazine. He was of the opinion that when people had to sign the Poisons Register for a substance they usually had far more respect for it.

Dr. Meade supported Mr. Hillery's remarks and said the Council should insist that something be done about this problem as the evidence for stricter control was so overwhelming.

The Chairman summed up by saying it was the view of the Council that the Minister be advised that paraquat should be controlled by Part I of the Poisons Act. Then the pharmacists as a body would be in a position to pressurise the manufacturers into packing the substance in smaller quantities. This would ensure that less of the substance would be left lying around and in time would reduce the number of deaths and suicides from paraquat poisoning.

PUBLIC DENTAL SERVICE

The Chairman said a comprehensive document on the public dental service compiled by Dr. O'Brien-Moran had been circulated to members and that the subject was open for discussion.

Dr. Meade said present policy on the public dental service was, in his opinion, going in the wrong direction. Rather than build up a whole new public dental service, it would be preferable to graft a private practitioner service onto the existing public service. Children could be examined in schools under the public service and then sent on to a private practitioner for treatment. Under the present system there was very often no continuity of treatment as a patient might be seen by a different dentist at each visit. This was undesirable especially in the case of children where the establishment of a dentist/patient relationship was very important.

Dr. O'Brien-Moran referring to the point on patients being treated by different dentists at each visit said this was the fault of the present service. With regard to children, and particularly very young children, it was important that treatment should not be rushed. He himself had to deal with large numbers of disturbed children. It did not matter to him financially how long he spent treating a particular child. He could afford to have a child for up to four or five visits without actually doing any work in order to gain the child's confidence. It would be unfair to expect

someone in private practice to do this. He was of the opinion that children should be treated through the public service up to a certain age and then passed on to a private practitioner. By that time children would be used to the idea of regular visits to the dentist; this was important from the point of view of continued dental treatment in later life. It would be impossible to transport the large numbers of children living in rural areas into urban areas for private treatment. This problem was at present handled by the public service by using mobile dental clinics. The best dental services in the world were reported to be in New Zealand and the Netherlands where children are treated in public mobile clinics and sent on to private practitioners after ten years of age. It was an excellent system and he was totally in favour of it.

in some countries

Dr. Meade said it was feasible for mothers to accompany their children when attending a private practitioner but this was not possible under the public service system.

Dr. O'Brien-Moran said that one of the disadvantages of mobile clinics was the lack of contact in instructing parents in dental hygiene but in his experience this was usually a waste of time anyway. The big advantage of mobile clinics, as far as he was concerned, was that parents were not allowed to be present for the reason that a mother's anxiety was frequently passed on to the child. Banning of parents eliminated this problem.

without a support programme for parents

Dr. Connolly said that lack of continuity of treatment in the public service was not as bad as had been stated but it did tend to cater less effectively for persons over the age of 14. The school dental system was of great advantage in the case of problem children who would not normally be sent to a private practitioner by their parents. From his own experience the public service was an excellent one.

Dr. Meade said his experience of the public service was anything but good.

Dr. O'Brien-Moran said the public dental service was initiated by the Health Act, 1953 which nominally gave treatment to certain groups of people but no effort had been made since then to provide either sufficient money or personnel to make the system work properly. Now over 20 years later there were roughly 400,000 children and 700,000 adults without any dental service - a disgraceful situation. The Department had intimated that they would make provision for a 10% increase in funds in 1974. Over the next ten years ~~which was~~ totally inadequate. Neither was any effort being made to assess the long-term effects of inadequate services on the future health of children.

Dr. Meade was of the opinion that a fair proportion of the 400,000 children mentioned had in all probability never availed of the public service because they already had had treatment from a private practitioner. He again emphasised the point that it would be better to extend private practice rather than try to extend the present public service system.

Dr. Thornton said that where practicable all eligible school children up to the age of 16 years, as well as eligible expectant mothers, should be treated under the public service scheme. All other eligible groups should be treated by private practitioners on a fee per item basis, the patient having free choice of dentist. Children attending national schools should have priority over other public service patients. Once an adequate child dental care service existed any remaining resources could then be directed to other eligible groups. It was a question of building up an efficient system but in present circumstances this was impossible because of insufficient funds and personnel. At the present time the ratio of dentists to patients was 1 : 10,000 and as long as this

situation prevailed there could be nothing but chaos. There should be a unified system with a set scale of fees for all.

Dr. O'Brien-Moran said that a private practitioner could not be expected to spend time on difficult children for which he could not charge a fee. There were apparently sufficient public service dentists in Dublin and its environs but this was not so in the rural areas. The primary aim of the public dental service was to attend pre-school and national school children. Other categories such as expectant and nursing mothers, children covered by their parents' medical cards, etc., were next in order of priority. Public service dentists would be quite prepared to hand over these other categories of patients to private practitioners because, under existing circumstances, they were unable to fulfil their primary commitment. It was easy to retain staff in the Dublin area where there were 50 dentists in the public sector. When children went outside the scope of public service care they should be treated under the social welfare scheme which gave entitlement to dental treatment. No effort was being made by the State to provide suitable services and it would appear that nothing would be done in this regard until an assessment was made of what the cost would be.

Dr. Meade said there was a grave shortage of orthodontists in the public service. Two appointments were recently sanctioned by the Eastern Health Board but so far the posts had not been filled because, presumably, the salaries offered were too low. Neither was there adequate follow-up orthodontic treatment. He still maintained that a better service would evolve if more use were made of private practitioners instead of trying to expand the public service. He could see no reason why a child could not be treated by one dentist right through to adulthood.

Dr. O'Brien-Moran agreed with Dr. Meade that two orthodontic posts had been provided but not filled. Orthodontic treatment was provided in the public service, however, and he himself dealt with about 200 cases a year. Every point put forward at the meeting had already been gone into in great detail by the Irish Dental Association and the general consensus of opinion was that the best service was the public service, certainly as far as national school children were concerned.

Dr. Thornton said that, consequent on the imminent closure of Cork Dental Hospital, no consultant dental facilities would be available in any hospital outside Dublin and patients needing serious dental treatment would have to come to Dublin. At present there was a waiting list of three years for orthodontic treatment in the Dublin Dental Hospital. Neither were there any proper facilities or legislation for the training of dental technicians, chairside assistants or dental hygienists.

Mr. McGuire was of the opinion that, to begin with, there was a grave shortage of dentists in Ireland, perhaps not too acute in the Dublin area but certainly throughout the rest of the country. As the public dental service was such a complex one he suggested that a sub-committee should be set up to examine it in detail and report to the Council. After due consideration of the report the Council could then submit its views to the Minister. Such a report coming from the Council would probably carry more weight than representations direct from the dental profession.

Dr. Thornton seconded Mr. McGuire's proposal.

Mr. Neary agreed with Dr. O'Brien-Moran that private practitioners would not have the time to cope with children, especially difficult children, but felt there were much wider issues to be explored and concurred with

Mr. McGuire that a sub-committee should be set up.

Mr. O'Neill said that, in his opinion, there was something wrong with the thinking on this subject. He understood that the whole purpose of providing a public dental service was to give the deprived sector of the community the same quality treatment as everyone else. The Council was now talking of giving deprived people a deprived service.

Dr. Meade said there were long delays in providing dentures for elderly people under the public service system. If these cases were passed over to private practitioners the work would at least be processed more expeditiously.

Dr. O'Brien-Moran agreed that there was a shortage of dentists both in the public and private sectors. If the public dental service were allowed to pass on, say, medical card patients to the private practitioner it might relieve the situation somewhat.

The Chairman said that the public dental service was inadequate for all groups. Under the 1953 Act eligible categories were determined but the proper facilities were never provided. The question now was whether to increase the strength of the public sector or to use the private sector in a partial way. If an attempt were made to use the private sector how would they be paid and would they in fact be interested in such a scheme? Private dental treatment was very expensive nowadays.

Dr. Cooney said it was important to keep the discussion in proper perspective. One of the great problems was prevention and, in general terms, emphasis should be on prevention in regard to all health problems. He suggested that the sub-committee should give particular attention to this question. Arising out of the recommendations on dental auxiliaries, many years ago the question of medical auxiliaries had been considered but there was still a dearth of all para-medical personnel. It appeared that the Health Act did not allow for the provision of dental auxiliaries in its present form but rather than confine the discussion to the mechanics of bringing a better dental service to the community the broad issues should not be lost sight of.

Dr. Donnelly said he agreed with Dr. Meade in that the obvious thing would seem to be to utilise all existing dental personnel to the full in any way that would provide the best possible service. One of the main causes of the shortage of dentists was emigration. The question was how could they be enticed back to this country. The kernel of the problem was probably money. While a more widespread use of Dental Auxiliaries might help to ease the situation this should not be seen as the solution to the problem of dentist shortage; that the Dental Auxiliary be used to make good a deficiency in dental service, either partial or complete, created by a chronic and continuing shortage of dentists in this country, despite the adequate number produced each year from the Dental Schools.

The Chairman said it cost about £12,000 to educate a doctor nowadays and approximately the same for a dentist, 50% of whom emigrated, mostly for financial reasons. This meant that they were being educated for export and to a large extent at State expense. Would it be possible for the Minister to make some provision requiring medical and dental students emigrating after qualifying to repay portion of the grants payable? Another problem was could the State afford to entice dentists away from private practice where the financial rewards were far greater than in the public service? If public service patients were hived off to private practitioners problems could arise in agreeing on fees. More dental auxiliaries would seem to be one of the answers to the problem.

Dr. O'Brien-Moran said that preventive education would be a waste of time if proper treatment facilities were not also available. In 1965 there were 500 dentists on the Dental Register and 850 at the present time. This was a considerable increase in ten years but it was still not enough. The increase could probably be attributed to a more dental health conscious public as a result of the Dental Health Campaigns which have been held annually since 1966.

Mr. King considered it pointless to continue discussion of the problem if a sub-committee were to be set up to examine it, a course he thoroughly approved.

Mr. McGuire said he thought a report on the public dental service would be a major contribution by the Council on a very controversial subject. He was sure the present discussion would give the sub-committee a lot of food for thought.

It was unanimously agreed that a sub-committee should be set up to examine the public dental service and the following members were nominated to act on it:

Mr. O'Hanrahan
Dr. O'Brien-Moran
Dr. Thornton
Dr. Meade
Mr. McGuire
Dr. Connolly

The function of the sub-committee would be to go into every aspect of the public dental service in order to suggest how improvements might be made in the dental services for the country as a whole.

COST OF ADMINISTRATION OF THE HEALTH SERVICES

The Chairman said that, in order to clarify the Council's requirements, as discussed with the Department's Officials at the Council's last meeting, he had contacted the Department and asked that a breakdown be given of the percentage cost of each branch of the health services, e.g. medical, para-medical, administrative, nursing, etc. These figures would be available for the next meeting of the Council.

Mr. O'Neill said he would like to have the figures in writing before the next meeting and the Chairman said that this could be arranged.

ANY OTHER BUSINESS

The Chairman said he would like to have the question of radiographer personnel considered at some future meeting.

Dr. Connolly suggested that all para-medical personnel should be considered in conjunction with radiographers.

DATE OF NEXT MEETING

The next meeting of the Council was arranged for Friday, 10th January, 1975.

The meeting then ended.

J. O'Hanrahan Pres 2
10/1/75

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 3 p.m. on Friday, 10th January, 1975 at the Custom House, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mrs. J. Barlow
Mr. J. C. Barrett
Dr. J. G. Cooney
Dr. H. V. Connolly
Dr. P. Donnelly
Mr. J. Foster
Mr. T. F. Hassett
Mr. J. M. Hillery
Mr. T. Kennedy
Mr. T. King
Mr. W. MacEvilly
Dr. A. Meade
Mr. M. Neary
Dr. E. S. M. O'Brien - Moran
Mr. T. C. J. O'Connell
Dr. H. Raftery
Mr. G. B. Savage
Dr. J. P. Shanley
Dr. S. M. Thornton
Professor O Conor Ward

Mr. J. O'Neill

Apologies for inability to attend were received from:

Mr. J. A. Mehigan,
Professor D. K. O'Donovan
Dr. D. McGrath
Mr. E. S. O Caoimh and
Mrs B D Kingsmill - Moore

MINUTES OF MEETING OF 22 NOVEMBER

The Chairman informed the meeting that the following amendment had been received from Dr. Donnelly:

Page 8, para. 6: Delete last sentence and substitute the following:
"While a more widespread use of dental auxiliaries might help to ease the situation this should not be seen as the solution to the problem of dentist shortage; that the dental auxiliary be used to make good a deficiency in dental service, either partial or complete, created by a chronic and continuing shortage of dentists in this country, despite the adequate number produced each year from the Dental Schools".

Dr. O'Brien - Moran suggested that the word "adequate" should read "inadequate" for the reason that if the total output of dentists from the Dental Schools over the next ten years were absorbed into the Public Dental Service there would still not be enough.

After further discussion Dr. Donnelly agreed to the deletion of the word "adequate" altogether.

Dr. O'Brien Moran suggested the following amendments on page 6:

Para 1 line 8. The words "in some counties" to be inserted after the words "public service".

Para 3 line 3. The words "without a support programme for parents" to be inserted after the words "a waste of time anyway".

Para 6 line 7 The words "in 1974" to be inserted after the words "a 10% increase in funds"; the following sentence to read: "Over the next ten years this would be totally inadequate".

The members agreed to these amendments.

There being no further comments the minutes of the meeting held on 22nd November were approved and signed.

CORRESPONDENCE

There was no correspondence. The Department had not yet replied to the Council's letter of 17th December regarding the scheduling of paraquat under Part I of the Poisons Act. It was understood that the Department was in consultation with Comhairle na Nimheanna concerning further measures to be taken and hoped to be in a position to reply to the Council before its next meeting.

COST OF ADMINISTRATION OF THE HEALTH SERVICES

Commenting on the figures supplied by the Department on the cost of Administration of the Health Services the Chairman pointed out that the figures were divided into two main categories: (1) salaries and wages of staff and (2) supplies and general charges. Last year the health services budget totalled £166 million but, even allowing for inflation, this year's figures showed a 15% increase. He was concerned as to the cost effectiveness of the present system and whether proper value was being obtained for the amount of money spent. The whole idea of bringing this matter before the Council was to see if any light could be thrown on the subject generally so that constructive recommendations for improvements could be made to the Minister. It could be argued that too much was being spent on administration and not enough on the health services proper. At present 5.4% of GNP, which had gone up 7% this year, was being spent on these services and it was a very serious matter indeed. A reduction in the quantity of services provided might well result in a reduction in the quality of services which would be most undesirable. It should be remembered that administration charges which were 3.6p in the £ were an integral part of the costing of the health services. This did not appear to be an exorbitant figure when viewed in conjunction with industry. Hospital services were very costly and it was important that patients should be treated immediately on admission and not left waiting for days before treatment began. This situation occurred all too frequently and was a very expensive practice. Expensive hospital equipment should also be fully utilised. A survey carried out in the U.S. on over 700 hospitals revealed that 34% of them were equipped to perform major heart surgery and that none of this equipment was being fully used. Did the same apply in this country? Should specialist surgery be centralised and should more use be made of the G.P. service in order to keep people out of hospitals except where absolutely necessary? These were matters for the Council to discuss.

Mr. McGuire said that the original administration figure supplied by the Department was 1.8% and, allowing for inflation, the present figure of 3.6% indicated that costs had doubled. Going down through the figures, he said, it became obvious that it would be much cheaper to utilise G.P. and para-medical services rather than admit patients to hospital for treatment as maintenance costs were steadily rising. There was no visible evidence of a cut-back in administration costs but, it appeared to him, there was a cut-back at the point of service. This was very unfair to the patient. He felt that the figure of 3.6% for administration was very high in relation to the figures under other headings.

Mr. Hassett said he would like a breakdown of the figures for each health board area for comparison purposes.

Dr. Donnelly asked if "administration" in category (1) meant costs of staffs down to the most junior clerk or whether it included only top level administrative staff.

The Chairman said enquiries would be made on this point. He himself felt that the figure for "other expenditure and sundries" in category (2) was rather high. He would also like to know whether such items as board meeting expenses were included in administration costs, and also exactly what categories of staff came under this heading.

Dr. Donnelly asked who made the final decision on requests for replacement or additional personnel.

The Chairman said the present health board structure was based on the McKinsey Report. Applications for the filling of vacancies or for additional personnel were made through the health boards to the Department. The Department had the final say in these matters.

Mr. McGuire enquired whether the administration figure of 3.6% was an average for all the health boards. The Chairman replied that it was a national figure.

Dr. Connolly asked what the item "maintenance" in category (1) meant.

The Chairman said he assumed it related to the cost of maintenance staffs.

Dr. O'Brien - Moran asked if a breakdown could be given of medical and dental salaries so as to show what was included under medical and what under dental. He also would like clarification as to the employments listed as "allied" in category "nursing and allied".

The Chairman said that up to now there had been no effective accounting system for non-profit making concerns like the health boards. With the advent of the health boards great strides had been made to remedy this situation but until such time as a uniform accounting system could be provided for each area within each health board throughout the country it would be impossible to produce detailed and comparable figures. However a further breakdown of the figures could, he was sure, be provided if the members so wished.

Mr. MacEvilly said it was important when talking about administration to be clear as to whether all clerical staff were to be included or just management staff. In the Southern Health Board area the cost of management was .8 of 1% the remainder of the administration charges being distributed among clerical staff right down to the most junior hospital clerk. Quite a number of health boards had done costings in order to get a clear picture of where their money was being spent. He illustrated this point by giving the treatment cost (last year's figures) of a surgical patient in a particular teaching hospital -

	£	&
Consultant	3.31)	12.57
Registrars and house staff	9.26)	
Nurses		43.83
Radiology	4.10)	
Laboratory	4.42)	
Anaesthesia	3.15)	13.15
Physiotherapy	0.60)	
All other professional support services	0.88)	
Drugs	6.26)	
Appliances	3.22)	14.39
Other equipment	4.91)	
Catering	1.38)	
Laundry and transport of patients	3.27)	23.12
Ward assistants, mostly domestic	14.28)	
Miscellaneous supplies	4.19)	
Administration of all kinds		4.88
Maintenance	4.10)	
Utilities, insurance, etc.	1.80)	
Replacements	1.27)	9.19
Loan charges	0.79)	
Cleaning	1.23)	
Total		£121.13

He also said it cost approximately £120 to deliver a live baby. Community services were much easier to measure and the figures made very interesting reading. Each health board had a fixed budget and it was the board who decided how best the available moneys should be spent. He added that in his experience there never seemed to be enough money to do all the things one would like.

Mrs. Barlow said that the cost of £120 to deliver a baby in hospital was outrageous. On average it cost about £30 for a home delivery and she felt that an effort should be made to channel maternity services back to domiciliary care. Unfortunately there were too few trained midwives at the present time and this had the effect of lowering nursing standards in this field. She asked if the figure for "nursing and allied" in category (1) could be given under two separate headings.

The Chairman, referring to the figures supplied by Mr. MacEvilly, said that, while they were excellent and very useful, they gave no indication of the actual service given to the patient. The question also arose of whether the patient should have been admitted to hospital in the first instance. Admission Officers in most hospitals were usually very junior doctors who would admit almost anybody. Until the stage was reached where, in general, the only patients to be admitted to hospital were those who had had full out-patient treatment before admission, there could be no reduction in hospital costs which were frighteningly high at the present time. Sometimes patients were admitted to or kept in hospital for social reasons and this point would also have to be examined.

Mr. King said he was at a loss to understand what the Council could do about how the health boards spent their money. Every item of expenditure was thoroughly examined by the boards themselves and by the Department. The Council members were not financial experts but an advisory group set up to advise the Minister on matters of policy. He also felt that the present discussion was pointless as it was only covering ground that had already been covered by the people on the job.

The Chairman said the idea behind the discussion was to be

helpful to the Minister by having a look at the whole question of administration costs, and by making constructive suggestions regarding their improvement. Serious mistakes had been made in the past because nobody had looked at costings. He felt it was the duty of the Council as a body and as taxpayers to ensure that the existing situation did not develop to the stage where the services might collapse altogether. He explained that there was no criticism of the health boards intended.

Mr. MacEvilly said that time spent on discussing the effectiveness of care would be worthwhile.

Mr. O'Connell said that in the not too distant past a body had been set up by a previous Minister to assess the development of the health services throughout the country but it did not succeed in its task and was now defunct. The recommendation in the Fitzgerald Report, if implemented, would have solved a lot of the difficulties under discussion.

Mr. McGuire said that recent Dail reports indicated that a Cabinet sub-committee had been set up to examine the health services. He felt the Council should advise the Minister of the general feeling of alarm regarding the deterioration of the health services. It was time someone called a halt to the present chaos.

The Chairman said that budgetary control in health boards was essential. A cut-back in the annual budget could result in a decrease in the quality of the services. The average stay of a patient was about 10 days and after that costs tended to rise.

Professor O'Connor Ward suggested that perhaps some general conclusions on matters of principle could be agreed. Available statistics pointed to the enormous cost of maintaining a hospital bed. There were also statistics available showing how an increased number of patients could use the same number of beds. He referred to a specific case where, in his experience, an increase of two heads of staff resulted in the doubling of the number of patients. This however had the effect of reducing the income of the doctors concerned. Apart from that, equipment, capital investment in plant, X-ray, laboratory, things which speeded up the rate at which a patient could be treated, could all be subjected to analysis. He felt that the Council should not concern itself so much with finance but should put more emphasis on services and on the gains to be achieved by providing more personnel, equipment and better out-patient services. The proper use of modern facilities and the provision of more day centres would reduce the actual number of patients in hospital by almost 10%. Any recommendations from the Council on money matters should only be in the broadest terms. He also suggested that the number of beds should not be increased but an effort should be made to utilise the present bed complement more fully. Referring to the figures supplied by Mr. MacEvilly he said that the greater proportion of the £120 per week which it cost to maintain a patient in hospital was spent on what he called "hotel services" rather than on medical treatment. There were many services which would have to be abandoned this year because of lack of reinvestment in equipment.

The Chairman asked Mr. MacEvilly if he could give costings for maintaining vacant beds in hospitals.

Mr. MacEvilly said that very little could be saved in hospital costs by a reduction in the number of patients alone. Spending began the day the hospital door was opened to patients and staff were provided to look after them. Real savings could be achieved only by having no patients and no staff! Referring back to the figure of £120 for the delivery of a live baby, he said that this figure was probably not one hundred per cent accurate but was a first attempt to cost the service. In fact the maternity

unit which was used for the costing was now catering for three times the number of deliveries without any increase in the number of beds. However, this had no effect on the appalling cost of the service which had increased last year by 7% as a whole.

Mrs. Barlow said that maternity patients were being sent out of hospitals nowadays after 3-4 days which was ridiculous.

Professor O Connor Ward said that if the proper resources were available it would be possible in many instances to admit a patient for treatment in the morning and discharge him on the same day. This would depend however on really good organisation and would eliminate the use of a hospital bed. It would, of course, involve the use of a day bed or day ward, a practice which was used widely abroad but which we had not got around to in Ireland. Duration of stay for some surgical procedures was being shortened every year and we were coming close to a situation where straight forward procedures could be done in a day.

The Chairman said that a survey on duration of stay was carried out in America, Sweden and England. America had the shortest stay and England had the lowest rate of discharge for the reason that quite frequently there were inadequate after-care facilities available or homes were unsuitable. Sweden had a very good average discharge rate because patients were well catered for after discharge.

Mr. O'Connell said that it depended largely on the social status of the patient as to whether or not he could be discharged quickly. Gall-bladder patients could go home after eight days provided they were going to a good home. Otherwise they would have to remain in hospital for a longer period. In hospital treatment the social factor could be very important and could create a lot of difficulty.

Mrs. Barlow said a recommendation should be made to the Minister that domiciliary maternity care should be encouraged. The cost would work out at less than half of the cost in hospital. She stressed that mothers should have the right to a choice. This right was gradually being taken away from them.

The Chairman said that not all private houses were suitable for domiciliary maternity care.

Dr. Donnelly said in his experience most doctors were not in favour of domiciliary midwifery.

Mr. O'Connell said that most women expect to get expert medical and nursing care for a confinement. There could be great difficulties attached to a home delivery because there might be no one to look after the woman or her other children. He felt that the domiciliary service was being let down by the women themselves.

Mrs. Barlow said that the vast majority of maternity cases were straight forward but doctors were frightening women to go into hospital. There should be a maternity squad on call for complicated cases and the midwife should be empowered to get a hospital bed if she considered this course necessary.

Mr. Barrett said that at a previous meeting some of the members had considered that the figures for administration costs were way in excess of what they should be but he felt that this theory had been disproved by the figures now before the meeting.

Mr. McGuire said the bulk of the argument was that it would be better to concentrate on out-patient and domiciliary services and in this way costs could be reduced. His grievance was that neither doctors nor nurses were being paid enough to encourage them to give a proper service but the

reverse was the case on the administration side. In his opinion too much money was going in the wrong direction, particularly in the West of Ireland.

Dr. Donnelly said there was no medical social worker attached to the Regional Hospital in Galway.

The Chairman said that the figure of 3.6% for administration included such persons as hospital matrons, county medical officers as well as management and clerical staff, while the figure for management only was .8 of 1%.

Mr. McGuire asked if the Council would be in favour of recommending to the Minister that the question of making greater use of out-patient services be examined, with a view to achieving greater cost effectiveness.

The Chairman asked if all other health boards had the same system of costing as the Southern Health Board.

Mr. MacEvilly said that they probably had not. The figures he had quoted on hospital costs were a first attempt by the Southern Health Board to measure what was being done for the patient. The Board had also costed the out-patient services showing attendances for the various specialties and average attendance. Figures for these were also available.

Mr. McGuire asked if Mr. MacEvilly could provide the figures for out-patient services for the next meeting of the Council.

Mr. MacEvilly agreed to have the figures circulated before the next meeting.

Mr. Neary agreed with Mr. McGuire that undoubtedly the most important person in the context of the subject under discussion was the patient. It was almost impossible to measure in monetary terms the services given to patients. He wondered if Mr. MacEvilly's surveys had extended into the psychiatric field where there was scope for enabling patients to be treated within the community and without having to go to hospital. He thought it would be worthwhile exploring this area if savings would result.

Mr. MacEvilly said he could not give figures for the psychiatric service but he had figures which would illustrate the very interesting changes that had occurred following the refusal by his Board to accept psychiatric patients except on the recommendation of a doctor.

Mr. O'Neill said a fundamental factor in the area of hospitalisation was the tendency to over visiting by patients to general practitioners and the total free access available to them on demand. Unless some restriction was placed on this practice one could hardly blame the people administering the service. *operating . job.*

Mr. McGuire asked if the discussion could be resumed when the figures to be supplied by Mr. MacEvilly were available.

The Chairman said that in America it was discovered that 40% of the drugs supplied in psychiatric treatment were not used. There was a lot of waste in hospitals which could perhaps be avoided if they were run in a more business-like way.

Mr. McGuire said it looked as if we would have to go back to the old Chinese system of paying the doctor when you were well.

Mrs. Barlow said that hospitals were emergency centres which were now being used as chronic centres. In her opinion sending a woman to hospital for a normal delivery was tantamount to sending someone into hospital with a cold.

Dr. Donnelly said he understood that the figures provided by the Department covered all health expenditure. The emphasis of the discussion had been

almost exclusively on hospital costs, while in fact a considerable amount of health expenditure was social.

The Chairman said it might be necessary to set up a sub-committee to go into all aspects of health expenditure. He agreed that the discussion would be resumed at the next meeting when Mr. MacEvilly's figures and a further breakdown of the figures supplied by the Department would be available.

OTHER ITEMS ON AGENDA

As items (5) to (9) of the Agenda were not reached, it was agreed that they would be brought forward and put on the Agenda for the next meeting.

DATE OF NEXT MEETING

The next meeting of the Council was arranged for Friday 14th February 1975.

The meeting then ended.

J. Hamacher
14.2.75

11/11/11

19 Feabhra 1975

Secretary
Department of Health

A Chara

The National Health Council at its meeting on 14 February 1975 ask that the following views of the Council on the Misuse of Drugs Bill 1973 be conveyed to the Minister:

Section 1 "Qualified person" should also include registered nurses and midwives lawfully in possession of drugs in the course of their duties; also persons acting as messengers in the carrying of drugs.

Section 19(1) Concern was expressed at the possibility that the existing provisions might not in all cases protect an innocent person, e.g., an aged person letting flats, etc., who might not be aware that drugs were being used on the premises nor be able to recognise the smell of drugs. The Council felt the provision might be improved in this respect by adding the words "and willingly" after the word "knowingly".

Section 23(1)(c) It was pointed out that doctors very often carry medical records in their cars and concern was expressed at the possibility that the section would empower a Garda to seize these records or would result in their being viewed by an improper person. The Council wished to be assured by the Minister that this could not happen under section 23 or any other provision of the Bill.

Section 28 It was considered that it would be ethically questionable for a Chief Executive Officer of a health board to be furnished by a professional person with the information which he would need to have in order to comply with a request of a Court under this section. It was felt that any such reports should be furnished directly to the Courts by the professional persons involved acting in their professional capacities. The Council would like clarification from the Minister on that point.

On a general note, the Council felt that greater publicity could be given throughout the country to the location of drug treatment centres to facilitate persons wishing to avail of them on a confidential basis.

An extract from the Council's report relating to the discussion on the Bill is enclosed.

Mise le meas

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 3 p.m. on Friday 21 March 1975 at the Custom House, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice Chairman
Mrs. J. Barlow
Dr. J.G. Cooney
Dr. H.V. Connolly
Dr. P. Donnelly
Dr. M.J. Dyar
Dr. P.A. Farrelly
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. T. King
Mrs. B.D. Kingsmill-Moore
Mr. W. MacEvilly
Dr. D. McGrath
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. E.S. Ó Caoimh
Mr. L.P. Pelly
Dr. H. Raftery
Dr. J.P. Shanley
Mr. P.J. Teehan
Dr. S.M. Thornton

Apologies for inability to attend were received from:
Professor O. Conor Ward, Mr. J. O'Neill, Mr. J.C. Barrett,
Mr. T. F. Hassett, Mr. J. Foster, Mr. J.A. Mehigan,
Mr. W.A. Lynch, Mr. G.B. Savage and Dr. A. Meade.

MINUTES OF MEETING OF 14 FEBRUARY 1975

There being no amendments or comments, the minutes of the meeting held on 14 February 1975 were approved and signed.

MATTERS ARISING FROM MINUTES

1. Misuse of Drugs Bill

The Chairman said that since the last meeting the Council's views on the Misuse of Drugs Bill had been conveyed to the Department and a reply had been received (copies attached). Also, Mr. P.W. Flanagan of the Department was at the disposal of the members to amplify on the Department's reply if necessary and to help on any further points which members might wish to raise.

Mr. P. W. Flanagan then joined the meeting.

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(i) Section 1

Mr. Flanagan said that Section 1 had been the subject of comment from various bodies including the Institute of Chemists, and the Pharmaceutical Society of Ireland as pharmacists were not specifically mentioned by name. One of the difficulties facing the Department was that the potential list of persons who would be entitled to have drugs in their possession was lengthy and it was in the interests of brevity that the list had been kept short. It was always the intention, to include, for example, nurses and pharmacists under regulations.

Dr. Shanley said his main reason for stressing that nurses should be specified as a special class was the fact that they were a very particular category who had under their control a wide variety of drugs, often in large quantities. Because of their special position in the treatment of people, in common with the other categories brought in directly by the Bill, he felt that registered nurses should also be specified. Their inclusion would in no way complicate the Bill.

Dr. O'Brien-Moran said the section was really concerned with those persons who had the right of prescribing and this was probably why nurses had not been included.

Mr. Flanagan said that many other categories not specifically mentioned in the Bill could also be regarded as being in a special position. He mentioned scientists both in the manufacturing and experimental situation. The point would be pursued with the Parliamentary Draftsman. However, he stressed that it might prove difficult to meet the Council's wishes in respect of nurses because of the arguments it would provoke from other sources.

The Chairman said it would be well to express the Council's views to the Minister that, if it were possible, it would be desirable to have registered nurses included in the Bill at this stage instead of by regulations.

(ii) Section 19

The Chairman said that the addition to the section of the words "and willingly" as suggested by the Council could be used as a defence by offenders. For instance, in the case of a dance hall proprietor who had let his hall, it would be possible for him to say that, while he knew something was going on, it was against his wishes and in that way he would have a loophole. For this reason the Chairman felt the section should be allowed to stand.

Dr. Shanley agreed that the section should be allowed to stand in view of the satisfactory explanation furnished by the Department.

(iii) Sections 23 and 24

Mr. Flanagan said that it seemed from representations received on the Bill that the manner in which Section 24 was drafted created an image of wide-ranging search powers without warrant for the whole of the Bill and particularly for Section 23. In the Minister's view Section 24 was much too wide and as at present drafted it could authorise a doctor's premises or surgery to be entered and searched without warrant. This was not the intent of the Section. Section 24 was intended to enable the Gárdaí or authorised persons to enter manufacturers' or wholesalers' premises to look at records of transactions relating to controlled drugs which had, for example, been stolen or come into criminal use. Section 23 was a very necessary provision. The Council would appreciate that it was not always possible for a Gárda to distinguish a doctor on sight. There was also the problem of the stolen car in drug abuse cases. A Gárda must be able in practice to search if he had any suspicions that there were drugs in a car and to satisfy himself that the person in possession of the drugs was an authorised person. In the normal course any confidential records or papers under scrutiny were merely glanced at by the Gárda in order to satisfy himself that they were authentic. It would be impracticable for the Gárdaí to operate without the powers granted by Section 23. By their very nature drug abuse cases created a "here today, gone tomorrow" situation and the Gárdaí had to be empowered to move quickly and to seize on any opportunity presented to them.

The Chairman considered the explanation given by Mr. Flanagan to be reasonable. If the Bill were too restricted a Gárda would have no power to apprehend a suspicious person in an immediate situation.

Dr. Shanley said he would be satisfied if Section 24 could be looked at again. It was highly undesirable for a Gárda to have the power to search a doctor's premises without warrant.

The Chairman said he agreed with Dr. Shanley regarding the searching of a doctor's premises and he would like to see a tightening up of this provision but search of a car was an entirely different thing. The medical associations usually supplied identity cards to their members and presentation of these cards should be sufficient evidence of identity.

Mr. Flanagan said the Minister intended to raise with the Attorney General the necessity to have Section 24 amended for Committee Stage consideration. It was hoped that it would then be clear that the section would be confined to producers' and manufacturers' premises only. The Secretary of the Council would be informed of the outcome.

(iv) Section 28

The Chairman said that Section 28 would have to be amended and the Minister had agreed to look again at the proposed provision to meet the Council's objections. As the section stood, the Chief Executive Officer of a health board could be obliged to furnish a report to the Court on medical etc. matters of which he would have no personal knowledge. Such report should be a matter between the doctor etc. giving the report and the Courts.

Mr. MacEvilly considered that the function of the health board should be confined to advising the Courts as to the appropriate persons in its area who would be competent to give the sort of reports required. A list of such persons could be supplied and the Courts could then communicate directly with the appropriate expert. The health board should not be involved except in the way he described. The section

as at present drafted would be difficult to implement in practice.

Mr. Flanagan said the Minister intended to request the Draftsman to reword the section to read something like ".... request a health board or other body or person as appropriate to arrange for the furnishing to the Courts of reports in writing". This amendment was acceptable to the Irish Medical Association. It was important that it would also be satisfactory to the Chief Executive Officers.

Mr. MacEvilly felt such a provision would enable the Courts to ask the health boards to indicate who in an area would be suitable to give these reports and who would be known to be normally doing this type of work. The Court could then make its own arrangements.

The Chairman thought the suggested amendment was satisfactory and said that on the whole the Bill was a workable document.

2. Paraquat

The Chairman said that, arising out of the discussions at the Council's last meeting, a letter had been sent to the Department on 3 March 1975 reiterating the Council's views on the scheduling of paraquat as a Schedule I poison. Mr. Flanagan had come along to the meeting in order to give the Department's views on the matter.

Mr. Flanagan said that the Department's role in relation to paraquat was somewhat unusual. It had no known medical use but was, according to the Department of Agriculture and Fisheries, a very useful substance in agriculture and horticulture. That Department were fully aware of the dangerous nature of the substance but considered it most important that it should continue to be available for agricultural and horticultural use.

In co-operation with ICI the point had been reached where sale of the product was restricted through pharmaceutical chemists and a total of 70 - 80 licensed seller outlets. The bulk of the retailing of paraquat was at present done through pharmaceutical chemists but to confine sales to these outlets only would deprive farmers of the traditional points of sale where they had been accustomed to purchasing the substance. Of the 44 deaths from paraquat recorded in the years 1969-1973, 24 were clearly identified as suicides 13 were in the doubtful category and the number of accidental deaths was 7. Its sale had been made subject to clearly defined requirements, including labelling requirements. The substance now had a foul-smelling stench added which should prevent it being taken accidentally. In the future sales from non-pharmaceutical outlets would be confined to persons professionally engaged in agriculture and horticulture and it was hoped to introduce a system whereby purchasers would have to sign for the substance. The real problem occurred, not at the point of sale, but in the way unused quantities of the substance were left lying around. There was no way of controlling this situation. In its publicity campaign ICI had warned purchasers on this point. There were two products available to the suburban gardener, Weedol and Pathclear, which had a very low concentration of paraquat and about two gallons of either substance would need to be consumed before a fatality could occur. The Department had gone as far as it reasonably could to protect the public. Paraquat containers were clearly labelled as could be seen. In view of the Council's request that the word "Poison" should be indelibly printed on the container, ICI had been asked and had undertaken to look into this

matter. Even in its present packing, however, it was quite obvious that paraquat was a dangerous substance.

Dr. Raftery said that in his opinion what had been said further emphasised the necessity to pack paraquat in small containers. He agreed that the real danger was not at the point of sale but when unused quantities were left lying around.

Mr. Flanagan said that Grammoxone - the high concentrate paraquat - was available in 1 pt., 1 quart and 1 gallon containers.

Mr. McGuire said that the incidence of deaths from paraquat poisoning was abnormally high in this country compared to other EEC countries. He wondered if this was because of carelessness or because our regulations differed from those of other countries and gave easier access to such a deadly substance. Invariably, persons attempting suicide did not intend to "finish themselves off" but most people were unaware that there was absolutely no antidote to paraquat.

Mr. Neary felt that, if 24 of the known deaths from paraquat were suicides, this fact, and the absence of an antidote to the substance, would justify the introduction of more stringent legislation to eliminate risks, even if it meant inconveniencing the sellers and those who bought the product for legitimate purposes.

Dr. O'Brien-Moran said that this was the second time he had heard the Department of Agriculture and Fisheries put up as a "flack" protection. The other time was in connection with animal antibiotics. It was easy to blame some other body and he felt the Department was not putting enough pressure on ICI to market paraquat in small quantities. This was not a time for using "kid glove" methods. He thought sales should be restricted solely to pharmacists as he felt sales from the licensed outlets were made indiscriminately.

Mr. Flanagan said that it would be quite easy for the Department of Health to say that paraquat should be withdrawn from the market but that took no account of the claimed economic value of the product to the farming and horticultural communities as a herbicide. He thought it was reasonable that the smallest quantity available should be of the 1 pt. size. It was intended for the professional farmer or horticulturist and not for the casual suburban gardener. The availability of smaller quantities could lead to the situation where it might be purchased by people with no understanding of the hazards of the substance and who might treat it less carefully than they ought. It added nothing to the safety factor. It was unfair to suggest that ICI had not responded fully to the pressures placed on them in this regard. In their last publicity campaign they had emphasised the dangers of the product very strongly. To over-publicise the dangers from the suicide point of view could lead to other unstable persons using it for the same purpose.

Mr. King said paraquat was manufactured primarily for the farmer and his recommendation would be that it should only be sold in large quantities so that nobody would buy it but the man who really needed it.

Mr. McGuire said on the evidence before the Council it was quite clear that the main problem was caused by unused quantities of the substance and by the ignorance of people regarding the dangers attaching to it. He agreed that it was a very useful substance in its proper setting but the situation could be met by marketing it in small quantities without depriving the farmer in any way.

Mr. Hillery said paraquat did not have to be ingested to kill. A person who had walked through a recently sprayed field had died from paraquat poisoning. When it was sold only in large containers there was the problem of decanting and this was the main reason why the Pharmaceutical Society had asked to have it made up in smaller quantities. But still smaller quantities were essential. Strangely enough paraquat on its own was comparatively useless as a weed-killer. All the experts in the agricultural sphere, including Department of Agriculture and Fisheries advisers, recommended a mixture of paraquat and simozene for a proper "kill". In practice it was this mixture that farmers used. On the question of labelling, he considered the manufacturers should be forced to state that there was no antidote to paraquat. On the poisons scale, starting at zero, strychnine would get the figure of 16 while paraquat would get the figure 4. It was a systemic killer and could kill through the skin. Gloves and a mask should be worn when using it but these precautions were rarely taken mainly because the persons selling through licensed outlets were unaware that such precautions were necessary and neglected to warn purchasers of the dangers involved. These were all points of interest to the Pharmaceutical Society and were the reasons why they wanted the substance controlled. It was a proven fact that one application of paraquat was not sufficient to last a season. ICI had already sent out their advertising circular for the coming season advising pharmacists to replenish their stocks.

Mr. Flanagan said a detailed study had been carried out on the possibility that spraying with paraquat could be dangerous to the sprayer and a paper on the results would be published soon. He understood that the study had revealed no such hazard. It was the intention that the product should not be sold to amateur gardeners and, if it were at present, it was in contravention of the advice on the label. He did not therefore see the necessity for marketing paraquat in smaller quantities.

Mr. Hillery said that due to economic pressures urban dwellers were now growing small quantities of vegetables in their gardens. They would be attracted to using paraquat by the prospect of not having to weed their gardens during the growing period. The 1 pint container was far too much for this type of job and therefore there was the danger of unused quantities being left lying around.

The Chairman said that in his experience the majority of deaths from paraquat poisoning were children who had found unused quantities of it lying about in outhouses in lemonade bottles and such like containers. He suggested that records of all sales should be obligatory whether through pharmacists or licensed retailers and they should also be subject to periodic inspection.

Mr. McGuire said that if records of sales were to be kept they should also show the quantity purchased. The area to be treated should govern the quantity sold and in this way no unused quantities would be left lying around. He suggested that the paraquat problem should be reviewed by the Council again next year to see if there had been any improvement in the situation.

Dr. Farrelly said paraquat should be sold both in very large quantities and in very small quantities. All categories of users would then be catered for and the necessary protection against unused quantities being left lying around assured.

Dr. Donnelly said he had been appalled to see the casual way paraquat had been handled in some stores. He considered that it should be clearly labelled "Poison" and that the label should also carry the information that there was no antidote to it.

Dr. McGrath said that from the medical point of view the real problem was the accidental death. There was really little that could be done about suicides. Suicide was not, in his view, the major issue. It was much more important to avoid accidental deaths and if this could be achieved by adding a stench to paraquat so much the better.

Mr. Flanagan, in reply to the points made on deaths from paraquat, said that from 1 January 1974 there were 8 deaths and the youngest person, who was incidentally a suicide, was 21 years of age. The average age of the remainder was about 44. Of the 8 deaths the evidence before the Department indicated that only 2 were possible accidents. The stench now to be added to the substance should help to avoid the accidental taking of the product.

The Chairman said there was very little anyone could do about suicides but something would have to be done to prevent accidental deaths.

Dr. Donnelly said sales of paraquat should be confined solely to pharmacists. Ordinary retail outlets had no proper training to sell such a lethal substance. If a purchaser had to sign for the product at a pharmacist's shop he would be much more aware of how dangerous it was.

Mr. Flanagan said that he would bring the views expressed to the attention of ICI and the Minister for Agriculture and Fisheries.

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CORRESPONDENCE

The Chairman read out a letter from the Irish Private Hospitals' and Nursing Homes' Association giving details of the history of the association and its aims.

It was suggested that the letter should be circulated to the members before the next meeting so that it could be studied before any discussion on it took place. This was agreed.

PAPER ON HEALTH SERVICES

The Chairman, referring to Mr. MacEvilly's paper on the health services for the southern area, said it was an excellent document which could be used as a headline for discussion of the health services generally. It was a matter for the Council to decide whether to discuss it in detail page by page or in general terms or whether a sub-committee should be formed to examine it.

Mr. MacEvilly said that for 1½ years the Council had been discussing costs of administration. The terms of the new National Wage Agreement would add about £3 million to the bill for the Southern Health Board for the coming year without adding one extra service. There was a real need for improvement of the health services generally but improvement was impossible with the moneys now available. This led to the question of deciding on priorities. The Council was the ideal body to take an overall view of the problem, but it was not doing so. It had more members with considerable prestige in their particular professions than any health board but the result of its deliberations at the end of the year was ineffective as witnessed by its Annual Report. What he personally would like to see the Council doing over the next year was to examine thoroughly the services at present available and to see how they could be improved, extended or even cut back. There had been a lot of criticism regarding administration costs but all arguments in this regard, either good or bad, could only be judged in conjunction with the entire health care programme. Time should be spent on investigating the problem under the following headings: (i) hospital services, (ii) psychiatric services, including mentally ill and mentally handicapped and (iii) community care services. He suggested that separate groups should be formed within the Council to examine these three areas and to suggest priorities, and then the Council would be in a position to criticise the people who handled the services. The question of administration costs was only one facet of the whole problem.

Mrs. Kingsmill-Moore agreed with Mr. MacEvilly's suggestions. In her opinion the Annual Report was a disgrace and unworthy of such a prestigious body as the Council. When she had asked for information on administration costs she had hoped to find out what the health boards were actually costing. What she wanted were details of the new jobs created since the advent of the health boards and what they cost in terms of houses, furnishings, etc.

Dr. Donnelly said Mr. MacEvilly had done the Council a great service in preparing the paper which was an outline of one man's approach to an enormous problem. He agreed with Mr. MacEvilly's suggestions as to how the Council should devote its time.

Dr. Dyar considered that Mr. MacEvilly's paper was excellent and all the more praiseworthy when it was considered that the Council had to do a lot of probing before they got any reply at all from the Department. He would like to see similar analyses

carried out for the other health boards. He considered that a lot of money was presently being spent on the health services to no good purpose. If one were well-off or poor, services were available but it was the middle income group who suffered most in this area.

Mr. MacEvilly said his paper was intended merely as a discussion document and not as a final solution to the health services problem.

Dr. O'Brien-Moran considered that the paper was an excellent one which should be discussed under the various headings now and at succeeding meetings if necessary. The Council's Annual Report, he suggested, would be much improved by a more attractive lay-out which would facilitate the reader. Referring to the Report on the Dental Services, he pointed out that the figure 1 : 1100 on page 3 should read 1 : 1280. As it stood it referred to a mixed group of adults and children. Children required far more dental care than adults as the incidence of dental caries tended to decrease after the teens. Another consideration was the fact that a large number of adults had dentures and did not need much dental treatment. On comparing the cost of the dental services he noticed that 6.2% of the total budget for 1973/74 was spent on maintenance allowances for disabled persons while only 1.2% was allocated to dental services. In other words allowances to disabled persons, who comprised a small proportion of the population, had over five times the amount allocated to them than was made available for dental services which were required by almost the entire population.

Dr. Raftery also complimented Mr. MacEvilly on his paper which had, on his own admission, been prepared in haste and was never meant to be the answer to the health services problem. He was totally opposed to discussing it page by page. The only valuable contribution the Council could make to solving the problem was to ensure that available finances were utilised to the best advantage. For instance, on Saturdays the amount of activity in nearly all hospitals was negligible but it cost just as much to maintain them on those days. An artificial kidney unit was another expensive item which could not be analysed in terms of money but the social aspect of its function was another thing altogether. Value for money or value to the community was a political decision and not one the Council could effectively go into. People must know that if they were going to have small hospitals they must pay more. These questions were ones to be considered mainly by senior administrators and senior medical staff who were the people making the decisions which cost money. The other big group concerned were the politicians who had to raise the money for the services. He agreed that the Council should examine the problem in the way suggested by Mr. MacEvilly earlier in the discussion with a view to making constructive suggestions on the health services in general.

Mr. MacEvilly said that customer satisfaction should not be taken as a standard as it could prove to be a very dangerous one.

The Chairman said his only regret was that Mr. MacEvilly's report had not been produced earlier. He considered it would be well worth the Council's time to form sub-committees to examine the whole subject on the lines suggested by Mr. MacEvilly. The members would have to be consulted, however, on whether they would be willing to act on the sub-committees.

Mr. MacEvilly said that the Council would be well employed in standing back and taking a long hard look at the problem and

finding out whether the right things were being done at all. Was proper value being got for the money spent? Should more be expended on prevention rather than on care medicine? As more money became available where should it be channelled? These were the aspects that needed careful consideration.

Dr. Dyar said it was difficult at health board level to make comments such as those just made by Mr. MacEvilly because of the presence of the press. There was need for such criticism and Council meetings were the place to make it.

Mr. Neary said that Mr. MacEvilly had succeeded in producing a very worthwhile document showing the costs of administering the health services. If these costs were to escalate in the future, and this seemed inevitable, then it was imperative for the Council to ensure that available moneys were spent in a proper way.

The Chairman said there were many members of the Council who were very good at their own particular jobs and who would be competent to act on the suggested sub-committees. Much valuable information would no doubt emerge from this exercise and would be a useful guideline from the point of view of spending money more wisely on the health services in the future. It was agreed to leave the formation of the sub-committees until the next meeting of the Council.

REPORT OF THE SUB-COMMITTEE ON PUBLIC DENTAL SERVICES

It was agreed to postpone discussion of the Report of the Sub-Committee on Public Dental Services and to place the item on the Agenda for the next meeting of the Council.

DATE OF NEXT MEETING

The next meeting of the Council was arranged for Friday, 18th April, 1975, with the earlier starting time of 2.15 p.m.

The meeting then ended.

J. J. Hamblin
18.4.75

AN RÚNAÍ
(The Secretary)

fé'n uimhir seo :-
(quoting :-)



AN ROINN SLÁINTE
(Department of Health)
TEACH AN CHUSTAIM
(Custom House)

BAILE ÁTHA CLIATH 1.
(Dublin 1.)

19 Márta 1975

Secretary
National Health Council

A Chara

I am directed by the Minister for Health to refer to your letter setting out certain views of the Council on the Misuse of Drugs Bill, 1973 and to reply as follows on the several points raised.

Section 1 - "qualified person"

This definition should be read in conjunction with sections 4(2), 5(2), 6 and 13(1) of the Bill. For the purposes of those sections it was necessary to make provision for those persons principally concerned in a professional capacity in the supply and distribution of these drugs when used for medicinal purposes.

It will be noted that sections 4 and 5 do not preclude the Minister from including other classes of professional personnel in the regulations apart from doctors etc and pharmacists. It is the intention that the regulations will cover the categories of personnel referred to in your letter and it will be appreciated that it would not be practicable to specify in the Bill all the classes of persons who would require to be authorised to have drugs in the course of their duties or in particular circumstances.

Section 19(1)

Since the word "knowingly" may imply a certain element of consent the suggestion to add the words "and willingly" would not significantly alter the effect of the section. On the other hand, however, the amendment suggested would make the section virtually unworkable in view of the difficulty of proving intent on the part of a person charged under the section.

The section is directed primarily at the misuse of premises such as dance halls, discotheques, public houses etc with the knowledge of the proprietor and, in practice, would be most unlikely to be used against innocent persons of the kind referred to in your letter.

Section 23(1)(c)

The powers of search provided for in the Bill are specifically directed against persons suspected of having drugs unlawfully in their possession etc. It is extremely unlikely that such powers would be used in the manner referred to in your letter unless, for instance, the medical practitioner concerned were himself suspected of trafficking in drugs. It will be appreciated that in view of the ease with which drugs can be concealed etc it is necessary that the Gardai should have fairly flexible powers to enable them to enforce the law. It would not be practicable to make an exception in the case of medical records since an equally good case could be made for other confidential documents and it would not be possible to list all the different exceptions without defeating the purpose of the section.

Section 28

The Council's suggestion has been noted. This matter is under consideration with a view to possible amendment of the section at Committee Stage.

Mise le meas

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 3 p.m. on Friday, 14 February 1975, at the Custom House, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mrs. J. Barlow
Mr. J. C. Barrett
Dr. H. V. Connolly
Dr. P. Donnelly
Dr. M.J. Dyar
Dr. P.A. Farrelly
Mr. J. Foster
Mr. T.F. Hassett
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. T. King
Mr. W. MacEvilly
Dr. D. McGrath
Dr. A. Meade
Mr. J.A. Mehigan
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. E. S. Ó Caoimh
Mr. J. O'Neill
Mr. L.P. Pelly
Dr. H. Raftery
Mr. G. B. Savage
Dr. J.P. Shanley
Mr. P. J. Teehan
Professor O. Conor Ward

Apologies for inability to attend were received from: Professor D. K. O'Donovan, Mrs. B. D. Kingsmill-Moore, Dr. S. M. Thornton, Miss M. McCabe and Mr. W. A. Lynch.

MINUTES OF MEETING OF 10 JANUARY

Mr. O'Neill pointed out that his name had been omitted from the list of those attending the last meeting of the Council. He asked to have the word "administering" on page 7, line 37, altered to read "operating".

There being no further amendments or comments the minutes of the meeting held on 10 January were approved and signed.

MATTERS ARISING FROM MINUTES

Mr. O'Neill said it was stated in the minutes that, as items (5) to (9) of the agenda for the meeting on 10 January had not been reached, it was agreed that they would be brought forward and put on the agenda for the next meeting. Items brought forward from a previous meeting should be put first for the next meeting. A look at the present agenda revealed that this had not been done and only one item - The Misuse of Drugs Bill - was in its proper place.

CORRESPONDENCE

There was only one item of correspondence, a letter from the Department regarding paraquat. As paraquat was listed as item (7) on the Agenda the Chairman proposed that discussion of the letter could be postponed until then.

MISUSE OF DRUGS BILL

The Bill, the Chairman said, contained new and more extensive provisions for controlling the production, distribution and possession of certain drugs which were liable to abuse. The drugs were divided into three categories and were listed in the Schedule to the Bill. He invited comments from the members.

Dr. O'Brien-Moran said he was concerned with some of the social aspects of the Bill. He felt that certain people, particularly elderly people, who had let, say, bedsitters and who would neither realise that drugs were being used on their premises nor even recognise the smell of drugs, could be penalised unjustly under section 19.

The Chairman said that the operative word in the section was "knowingly" but suggested that perhaps the addition of the words "and willingly" would make the section clearer and safeguard innocent persons.

Dr. O'Brien-Moran agreed to this suggestion. He was also concerned that legal aid should be provided for persons prosecuted for drug abuse. Even though legal aid was supposedly available to everyone, in practice this was not the case. He felt this point should be covered in the Bill.

Dr. Raftery intervened and said that legal aid was not the concern of the Council.

The Chairman said that unfortunately the fees offered in such cases were not attractive to the legal profession.

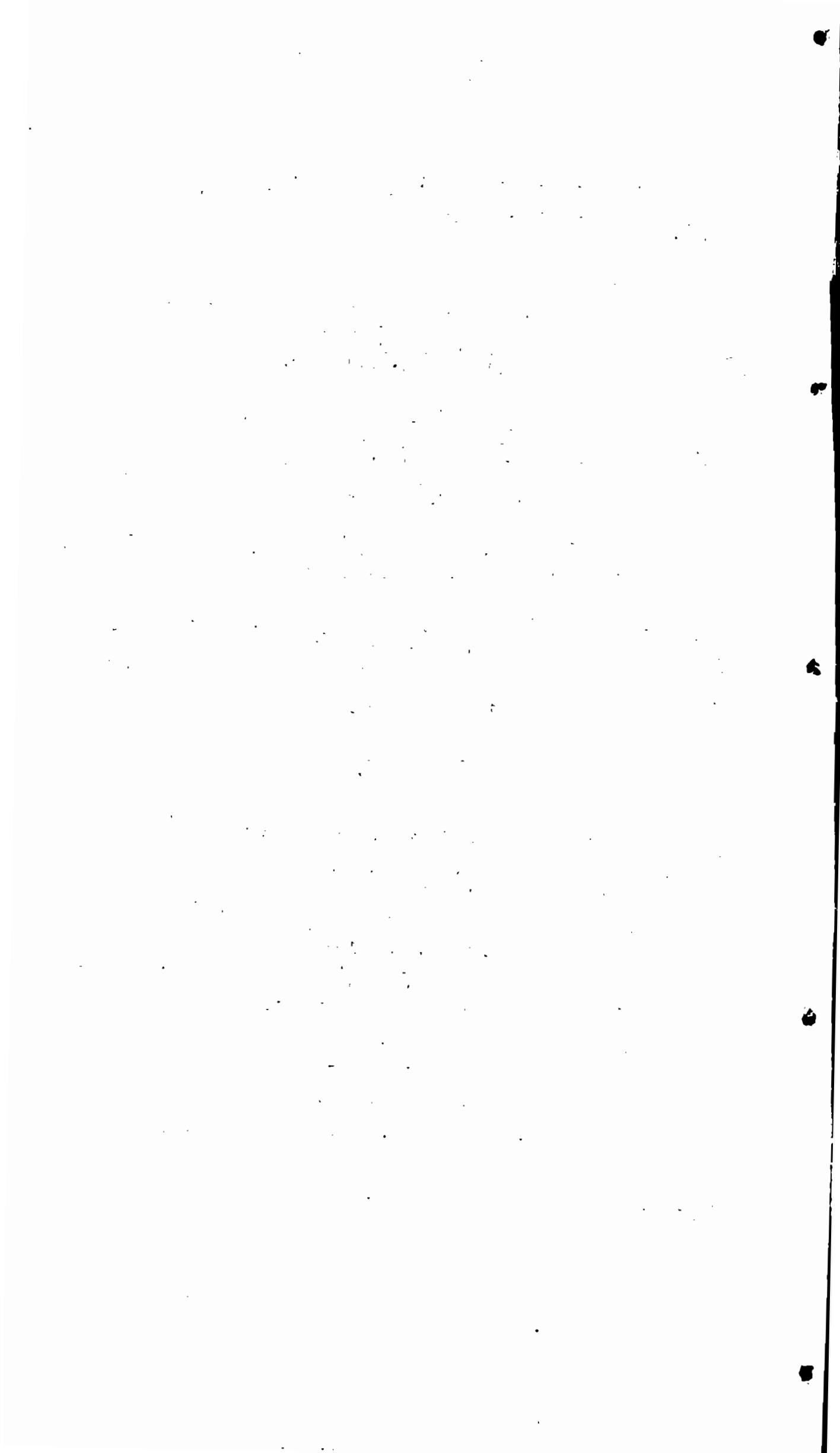
Dr. Meade said that section 23(1) (c) was unacceptable to him as it gave excessive powers to the Gárdaí for search without warrant. As he saw it, the situation could arise where a Gárda in the performance of his lawful duty would have the right to impound a doctor's medical records. This could involve the doctor in a libel suit as the confidential nature of the relationship between the doctor and his patient would be broken. He would like the Council to make a recommendation to the Minister that medical records should be excluded from the scope of the Bill. He had been a member of an IMA Committee which had made recommendations to the Department on this point. It seemed that their recommendation had been ignored.

Dr. Farrelly agreed that confidential medical records should be protected otherwise the confidence of patients would be at risk.

Mr. O'Neill said he supported the two previous speakers.

Mr. McGuire said that provision would have to be made to cater for the doctor who was abusing his privilege and peddling drugs.

Mr. O'Neill said the right must not be punished purely to catch the wrong.



Dr. Meade said that the situation was taken care of in other sections of the Bill under which doctors could be disciplined by the Medical Registration Council for their misdemeanours.

The Chairman agreed that the secrecy of medical records must be preserved but without obstructing justice. It was an important point whether a Garda should be required to have a warrant to enter and search a doctor's premises.

Dr. Dyar considered there was need for strong legislation to deal with drug abuse. If this is to be achieved some encroachment on the confidentiality of medical records might be unavoidable.

Dr. Meade asked if it would be possible to have the records of a doctor suspected of using drugs or prescribing drugs unlawfully subjected to scrutiny by the Medical Registration Council instead of by the Gardaí. In this way the doctor would not be open to libel. His personal fear was that a Garda might not be aware of the complications involved which could result in grave problems for the doctor later on.

Dr. Dyar said there was provision in all legislation, including the Bill under discussion, for the right of appeal and this right could be exercised by anyone.

The Chairman thought section 23 did not apply to house searches.

Dr. Meade said if he could be assured that a Garda would not have the right on his own suspicion to confiscate a doctor's medical records with or without a search warrant he would be satisfied. He agreed that doctors who abused their privileges should not be treated lightly.

The Chairman said that if a doctor were obliged to produce documentation in Court relevant to a particular case, he was at liberty to state that the documents were confidential and not for general perusal. In such a case the Judge would be the only one to view the documents and could use this knowledge in arriving at a decision on the case.

Dr. Meade reiterated that section 23 really worried him and suggested that the words "exclusion of medical records" should be written into the section.

Mr. O'Neill said he invariably had his medical bag in his car and it usually contained numerous medical records. If a Garda on his own suspicion decided to confiscate the bag he would have access to these confidential records.

Mr. Hillery said that in his opinion the section in question referred only to persons not authorised to be in possession of drugs.

Dr. Donnelly said he would accept the section as written if an assurance could be given that it did not apply to doctors' premises.

Dr. Raftery said that the function of the Council was to advise the Minister and that the Bill should be discussed in this context. It should be sufficient for the Council to acquaint the Minister of its reservations and to ask for clarification of them.

Dr. Meade said it would be helpful if those responsible for the drafting of legislation could be present at Council meetings in future. The legal verbiage of the present Bill was difficult to understand and he

would be quite prepared to accept the advice of experts on the present problems.

The Chairman said that this could be arranged.

Mr. McGuire said that the new Bill gave to the Gárdaí powers which they normally did not have. It was essential to ensure that these powers were not misused; otherwise persons could be harrassed under the pretext of searching for drugs when in fact something else was intended. There was the danger of an erosion of civil liberties. Searches by Gárdaí should be possible only by order of the Chief Superintendent or of the Court. The entire matter would need to be handled very carefully.

Mr. O'Neill maintained that, in common with many other doctors, his car was his premises for the purposes of the Bill. He repeated that it was his practice to carry his medical bag containing medical records in his car but under the terms of section 23 this would now appear to be a dangerous practice.

The Chairman said it was very doubtful if a situation similar to that under discussion would arise in the case of an authorised person such as a doctor. He did, however, admit that on occasions it would be quite difficult to prove one's identity.

Mr. O'Neill said he agreed with Dr. Raftery that a recommendation should be made to the Minister expressing the Council's fears on this question.

Dr. Meade said he was not satisfied on this point. He would be only too happy if someone could show him anywhere in the Bill under examination a provision which would prevent confidential medical records from being confiscated by the Gárdaí.

Dr. O'Brien-Moran suggested that the addition of the words "other than patients' medical records which latter may, however, be subject to scrutiny by the Medical Registration Council" might meet the case.

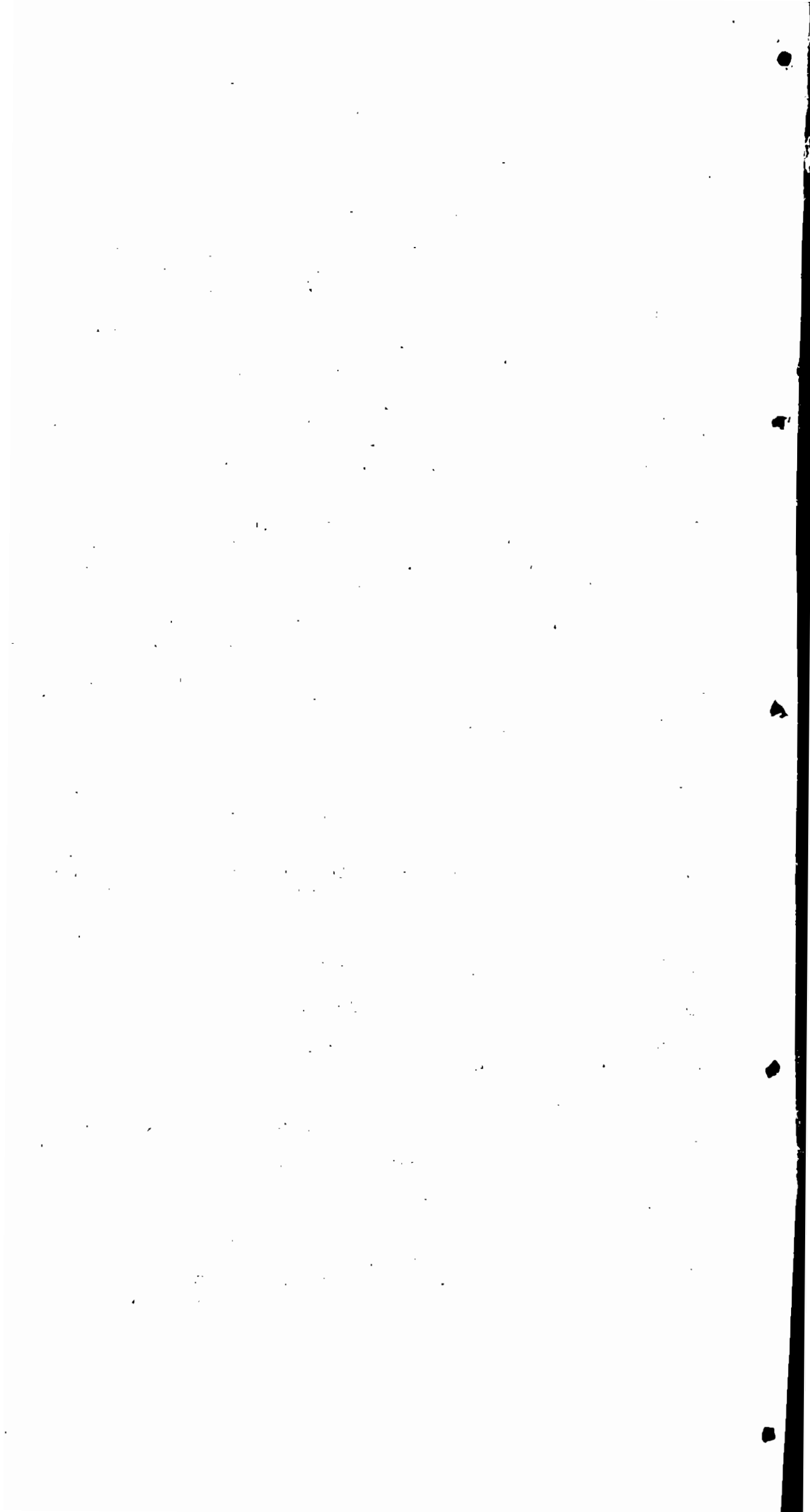
Dr. Donnelly said that unfortunately some doctors abused their special position regarding drugs and agreed that there should be a provision in the Bill to deal with them. They should not be allowed to hide behind medical ethics.

The Chairman suggested that officials of the Department could be invited to the next meeting to interpret the Bill for members.

Dr. O'Brien-Moran, referring to Mr. McGuire's argument regarding the excessive powers now to be granted to the Gárdaí being used as a pretext for harrassment, suggested that penalties should be written into the Bill to cover this eventuality.

The Chairman argued that the Gárdaí had to be given sufficient powers to carry out their duties, otherwise they would be wasting their time. In any event, he did not consider that the section under discussion (23) was intended to cover medical records. A doctor had every right to be in possession of drugs and it would be pointless for him to forge or wrongfully alter a prescription.

Mr. O'Neill insisted that, in his opinion, the section did mean that medical records could be seized and retained by the Gárdaí. Dr. Raftery, he said, had made a simple request that a recommendation be made to the Minister conveying the Council's concern in this matter and, if this were



done, discussion of the Bill, which at this stage had become pointless, could end.

At the Chairman's request Dr. Raftery proposed that the Council should write to the Minister voicing its disquiet about the possibility of medical records, which are often carried in a doctor's car, being viewed by an improper person and asking for assurance that this would not happen under section 23 of the Bill.

This was agreed.

Dr. Meade said that clarification should also be sought as to whether a Garda had authority to seize medical records because, if he had this authority, it could give rise to innumerable problems, as stated earlier.

Mr. MacEvilly said that under section 28 of the Bill the Court was entitled to request a health board or other body or person to furnish a report in writing as to the medical, vocational and educational circumstances and social background of a convicted person. This could mean that in his capacity as the Chief Executive Officer of a health board he could be requested to furnish such a report. He considered it would be ethically questionable for a professional person to provide him with the necessary confidential information which would constitute a report of this kind. It would also put him in possession of medical and other information which he had no desire to have. These reports should be furnished directly by the professional people involved and in their individual professional capacities and not through the ordinary machinery of a health board. He requested clarification from the Department on this point.

Dr. Shanley pointed out that registered nurses had been omitted from the list of "qualified persons" in the Bill and suggested that the omission be rectified.

Professor O. Conor Ward said it should be suggested to the Minister that registered nurses be regarded as "qualified persons" in the lawful course of their duties.

Mrs. Barlow said that nurses had never been regarded as "qualified persons" and resented this exclusion. In hospital wards all sisters and staff nurses had access to the drug cupboard. Midwives would also be in possession of drugs in the course of their duties. Registered nurses and registered midwives should, therefore, be specified in the Bill as qualified persons.

Mr. Mac Evilly said that the provisions at section 4 would perhaps cover this point.

Dr. Meade said that section 4 was intended to cover psychiatrists for the prescription of certain controlled drugs which could not normally be prescribed by family doctors.

It was agreed that registered nurses and midwives lawfully in possession of drugs in the course of their duties should be specified as "qualified persons".

Mr. Hillery said that the old Act made provision for messengers carrying drugs. It would be desirable if these could be included in the new Bill and suggested that a recommendation should be made to that effect.

Dr. Connolly asked if it could also be suggested to the Minister that greater publicity be given to the location of treatment centres for drug abusers.

Mr. O'Neill suggested that, as the agenda for the meeting was a long one, discussion of the Bill could be resumed at the second next meeting of the Council.

The Chairman said that the Bill could well be law by that time as it was presently before the Houses of the Oireachtas. He considered that no further discussion of the Bill was necessary. All that remained to be done was to convey the Council's views to the Minister.

DISABLED PERSONS (MAINTENANCE ALLOWANCES) (AMENDMENT) REGULATIONS 1975

INFECTIOUS DISEASES (MAINTENANCE) REGULATIONS 1975

The Chairman read the explanatory letter from the Department regarding these regulations which increased the rates of allowances payable under the existing regulations and asked for comments.

Dr. Donnelly said he did not see why legislation was required to grant increases of this kind. The persons benefiting were affected by inflation like anybody else and the allowances should be increased automatically as the cost-of-living index went up.

The Chairman said that increases granted under regulations were quite often higher than cost-of-living increases and in this way the benefits to the persons receiving these allowances could, in fact, be greater.

Dr. McGrath said the Council had recommended to the Minister last year that an escalatory clause be added to these regulations. He was concerned about the continuing adequacy of allowances. Rates would need to be updated either by raising the basic levels or by ensuring that those basic levels rose with the cost of living.

The Chairman said that allowances under the regulations were based on a means test and were therefore variable.

Dr. Donnelly said that the present system of revising rates of allowances was too slow and meant that the recipients of these allowances never really caught up with the cost of living.

Mr. Foster said nothing could be done about this situation because of the statutory requirements of the present system.

Mr. McGuire thought that £4.95 per week for domestic help was not realistic.

Dr. McGrath reminded the members that the Council's terms of reference precluded discussion of money matters and extended only to advising the Minister. He suggested that a further recommendation regarding an escalatory clause, which would enable the allowances to be varied in line with the cost of living, should be made to the Minister.

There being no further comments the regulations were passed.

PARAQUAT

A letter from the Department in reply to the Council's letter recommending that paraquat be listed as a Schedule I poison was circulated to the members.

Dr. Raftery said there was an urgent need for the introduction of special regulations requiring records to be kept of sales of this dangerous product. It was still possible to buy the substance in hardware shops. There had been 389 world deaths from paraquat poisoning, 37 of which had occurred in Ireland. In relation to the population this was a most disproportionate figure. There were 24 deaths in Japan and only 9 in the United States. Israel in the years 1972 and 1973 had a high proportion of deaths attributed to paraquat quite a few of which were suicides. On the day before the Council's last meeting eight gallons of paraquat had been stolen from a forestry hut in Kerry. The possibility of a similar occurrence was a very serious matter and, because paraquat was such a dangerous substance, it was imperative that it should be controlled under Part I of the Poisons Act.

Mr. Hassett said that the Department's letter made no reference to the advertising of paraquat. Last year ICI had launched a big advertising campaign for the product without mention of how lethal it was. This campaign was likely to be repeated this year again without any warning as to the dangers involved.

The Chairman said the Council would have to insist that paraquat be placed on Part I of the Poisons Act; otherwise it would be impossible to control its use.

Mr. Hillery said he was not at all happy about the Department's proposals. The arrangements did not adequately meet the Council's objections. The substance should be listed as a Schedule I poison. There was a provision in the Poisons Act regarding age limits in connection with the sale of poisons but there was no such restriction imposed by the Paraquat Regulations. The smallest quantity on sale was one pint which resulted in quantities of the substance being left lying around in outhouses, etc. Repeated requests to the manufacturers to have it packaged in smaller quantities had been ignored. It would now appear that the only way to achieve this objective was to ~~write~~ write in a specific provision into the regulations.

Dr. Donnelly agreed with Mr. Hillery that the manufacturers had been frequently asked to market paraquat in smaller quantities in order to minimise the danger of unused quantities being left around in an open container and to use containers of distinctive shapes, and colours which would distinguish paraquat from less harmful substances.

Dr. Raftery said there was a move afoot to produce paraquat with a foul-smelling additive and it would soon be tested on the market. He considered the Council should have no hesitation in pressuring ICI to manufacture and market the substance in the way they considered this should be done. Paraquat should also be made much more difficult to purchase thus ensuring public awareness of how dangerous it was.

The Chairman suggested writing to the Minister advising withdrawal of the substance altogether until it was scheduled under Part I of the Poisons Act.

Dr. O'Brien-Moran asked if there was anything in the Council's terms of reference preventing it from writing direct to ICI in the matter.

The Chairman said the Council was only empowered to advise the Minister.

Mr. Hillery said the addition of a foul-smelling substance to paraquat would not have much effect. Packaging in smaller quantities was what was really needed. In the cities and towns paraquat was used mainly for horticultural purposes where only a small quantity was needed but the minimum quantity on sale was one pint.

Mr. McGuire considered that the Minister should be advised to schedule paraquat under Part I of the Poisons Act immediately and to insist, for safety purposes, that it be retailed in small quantities and in suitably marked containers. Cigarette manufacturers were compelled to print a health warning on all their products. It was ridiculous that a substance which could kill could be sold without any warning whatsoever.

It was agreed a recommendation should be made to the Minister reiterating the view that it should be listed as a Schedule I poison and recommending that in future it should be marketed in properly labelled containers of distinctive shape and graded in size and that any advertising of the product should clearly warn about the dangers involved in using it.

DRAFT PROPOSALS FOR REGULATIONS ON EMULSIFIERS AND STABILISERS IN FOOD

The Chairman asked the members for their comments on the draft proposals.

Dr. Shanley considered there was nothing in the draft proposals to which the Council could take exception.

There was general agreement to this viewpoint and the draft proposals were unanimously passed.

COST OF ADMINISTRATION OF THE HEALTH SERVICES

The Chairman complimented Mr. MacEvilly on the excellence of the document on hospital costs which he had, as promised, circulated to the members before the meeting. It contained a great deal of useful information which would be invaluable to the Council in its discussions. He also referred to the further breakdown of figures supplied by the Department and asked for comments.

Dr. O'Brien-Moran said that the dental figures supplied by the Department were very different to those given by Mr. MacEvilly.

The Chairman explained that in Mr. MacEvilly's report it was mentioned that there was not a separate budget for dental services, moneys only being allocated for proven worthwhile projects. It might perhaps be better if there were a separate budget for dental services.

Dr. O'Brien-Moran said that for years past dental services had been grouped with aural and ophthalmic which gave no idea of what was being spent on actual dental services.

Mrs. Barlow asked if the figure of 1.8% for paramedical included social workers. The Chairman said it did.

Dr. Raftery felt that the Council had spent a lot of valuable time discussing petty details, which did not really concern it, in relation to this subject. The Council was primarily concerned with the broad policy of the health services. If it felt that some section of the services was being treated unfairly, or, conversely, too generously, then this could be gone into. He considered that the figures supplied were entirely acceptable and any further probing should be the concern of a special sub-committee.

Professor O. Conor Ward supported Dr. Raftery's views and said the figures for administration were a very reasonable proportion of total expenditure.

Dr. O'Brien-Moran disagreed and said that administration accounted for too large a proportion of total health expenditure.

Mr. McGuire said that the original request had been for a comparison of treatment costs and administration costs and, in his opinion, there was cause for concern at the priority given to administration.

Mr. MacEvilly said it had been agreed at previous meetings that the Department's administration figures included all clerical staff irrespective of the class of work on which they were employed whereas the figure of 0.8 of 1% given by him was for top management staff only. However, administration costs also had to take account of persons who had the task of running a particular service such as matrons, assistant matrons, hospital clerical staff, porters and also such things as postage, telephones, etc. Relatively junior clerical staff and typists also had to be taken into consideration and there were quite a lot of them. Secretarial services in the past had been totally inadequate and the increase in recent years was obvious only in comparison with that time. It was false economy to have busy consultants writing out their reports in longhand when improved secretarial services would enable them to utilise their time more beneficially. For some reason increases in management and clerical staffs were always noticed but increases in professional and para-medical staffs were not. Top management cost less than 1% in his area on a budget of £30 million for this year. The health services were expensive, complicated and presented greater technical difficulties than any commercial concern. If the services were to be efficiently run top-class personnel had to be employed and this cost money.

The Chairman said that administration must be efficient and good administration was not cheap. It took time for new services to find their proper level, to channel finances in the proper direction and to ensure that expenditure was cost effective. In the past administration had been haphazard with employees doing jobs for which they were not properly trained. Consequently services were ineffective. All in all he considered the figures for administration costs were reasonable.

Dr. O'Brien-Moran suggested that the Department should be asked to supply administration costs in the same format as had been given by the Southern Health Board. Then it would be possible to have a proper comparison of the figures area by area and health board by health board.

Dr. Donnelly said the reason the Department had been requested to supply a breakdown of administration costs in the first instance was because the Council considered that these costs had become too heavy and that too much money was being spent on them and not on the services given to patients.

Good administration, he agreed, was essential but it should justify itself by doing effective things and doing them economically. He was inclined to the view that this was not so at present but, if the services could be made effective, then, in his opinion, the money would be well spent.

The Chairman said there was an amount of unnecessary expenditure on the health services at the present time, a state of affairs which would have to be rectified. Greater liaison would be necessary between the administrators and the medical profession in order to ensure a better service combined with better utilisation of available resources.

Mr. Mehigan thought it was a pity to discuss such a valuable document as Mr. MacEvilly's at the end of a long meeting. The report should be very carefully considered and should be brought forward to the next meeting of the Council when it could be properly examined.

The Chairman agreed with Mr. Mehigan and it was arranged to have this item placed first on the agenda for the next meeting.

PUBLIC DENTAL SERVICES

It was also agreed that this item would be brought forward to the next meeting when it was hoped the sub-committee would have completed its report.

DATE OF NEXT MEETING

The next meeting of the Council was arranged for Friday, 21 March 1975.

The meeting then ended.

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NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 2.15 p.m. on Friday 18 April 1975 at the Custom House, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mr. J.C. Barrett
Dr. H.V. Connolly
Dr. P. Donnelly
Dr. M.J. Dyar
Dr. P.A. Farrelly
Mr. M.J. Hillery
Mr. T. Kennedy
Mr. T. King
Mrs. B.D. Kingsmill-Moore
Mr. W.A. Lynch
Mr. W. MacEvilly
Dr. D. McGrath
Dr. A. Meade
Mr. J.A. Mehigan
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. E.S. Ó Caoimh
Mr. J. O'Neill
Mr. L.P. Pelly
Dr. H. Raftery
Mr. G.B. Savage
Dr. J.P. Shanley
Mr. P.J. Teehan
Dr. S.M. Thornton
Professor O. Conor Ward

MINUTES OF MEETING OF 21 MARCH 1975

There being no amendments, the minutes of the meeting held on 21 March 1975 were approved and signed.

MATTERS ARISING FROM MINUTES

Dr. Shanley said he was not satisfied with the explanation given to the Council at its last meeting by the Department's representative for the decision to exclude registered nurses from the list of qualified persons prescribed in the Misuse of Drugs Bill. In his opinion, with the exception of pharmacists, nurses had control of far more drugs than any doctor, dentist or veterinary surgeon. For this reason registered nurses should be specifically mentioned in the Bill rather than be brought in by regulations. Neither was he satisfied with the explanation given regarding Section 24. He was totally opposed to giving power to a Garda to search a doctor's premises without warrant and to examine confidential medical records.

The Chairman pointed out that the departmental representative had undertaken to have this latter point re-examined. He felt this matter need not therefore be discussed further.

Mrs. Kingsmill-Moore asked if the Council would have an opportunity to comment on the Minister's decision in this regard.

Mr. King said the trend of discussion on the Bill led him to wonder if the Council were really sincere in aiding the Minister to do away with drug abuse. He had an open mind on the nurse question and saw no necessity for the present argument if they were to be included anyway as qualified persons by regulations.

Dr. Dyar said that drug abuse was a very difficult problem and some cherished professional freedoms might have to be given up if it were to be properly controlled.

Dr. Shanley felt the Minister should nevertheless be asked again to include "registered" nurses in the Bill as qualified persons and to ensure that regulations did not extend this status to nurses who were not registered.

The Chairman felt this should be agreed to. As nurses would be in control of drugs when the Act was passed, they might, in the absence of regulations, be doing so illegally if they were not specified in the Act.

Referring back to Section 24 Dr. Shanley again said that the point he had made had not been satisfactorily resolved.

Dr. Farrelly considered the section to be much too wide. A doctor's premises should be well known to be such, thus eliminating the necessity for search. He conceded that searching of cars was understandable as they could have been stolen. It would be interesting to see how the Section would be rephrased.

Dr. Meade said the Eastern Health Board had passed a resolution suggesting to the Minister the addition of the words "unless it is a medical record" to Sections 23(1)(c), 24(1)(e) and 26(2) line 51. It was imperative that this clause should be added. Otherwise the Gardai would not be aware of the situation. He suggested that the Council should send a similar resolution to the Minister.

Mr. MacEvilly pointed out that any number of things could be construed as a medical record. If any addition were to be made to the section it should be more specific than that proposed. Instead of "medical record" the words "clinical record of the treatment of an individual patient" should be used.

Dr. Meade said he did not agree and said the doctor would still be vulnerable on the question of confidentiality. A doctor should have the right to say to a Garda that a particular record was a medical record and therefore could not be examined or taken away for examination.

Dr. Dyar said that, in his opinion, a record of the fact that a patient had been in hospital and had had an operation was not very confidential information. Good doctors were not afraid of having their records examined. Bad doctors did not keep records.

Dr. Meade said it was the confidentiality to the patient that counted.

Dr. Shanley considered that no Garda should have access to information on, say, treatment for mental illness, particularly in a rural area.

Mr. Lynch said the whole matter should be looked at in a wider context - the protection of the people. The real question was whether the Council desired to stop the misuse of drugs and prevent crime or merely protect records. Any professional officer of the *Garda Síochána* had to use his discretion and nothing should be kept from him in the detection of crime. Doctors should realise that they must give way on this issue and all documents should be open to inspection and readily available to those in proper authority.

Dr. Meade said it had been agreed that the Medical Registration Council would have the right to inspect records and the MRC had agreed to this. There was no question of evidence being buried for all time. If a doctor were under suspicion his records would be open for inspection but only by the MRC. It was a question of shifting the right of inspection from one authority to another.

Dr. Dyar said there was a vast difference between the MRC and its English counterpart which dealt much more severely with offenders. It was difficult to stimulate the Irish Council into action.

The Chairman wondered if the MRC would be able to deal quickly enough with any problems which might arise on this question.

Dr. Farrelly said that under the proposed new Medical Act the MRC would be reviewed. On the question of inspection of records it was not the doctor's vested interest but the patient's that was at stake. It was immaterial to a doctor if a *Garda* inspected his records. He considered that the amendment suggested by Dr. Meade was reasonable. Having the right of inspection withdrawn would not hinder the *Gardaí* in any way in carrying out their duties. It would be difficult for the medical profession to retain the population's confidence in the confidentiality of all medical matters if this type of information were freely available to the *Gardaí*.

Mr. McGuire enquired as to how confidential in fact were doctors' records. Doctors had to make returns and patients' charts went with them when they were referred elsewhere for treatment. In trying to reach a reasonable balance on this question he considered that the Council should not tie the Minister's hands. He was concerned however that Section 24, as at present worded, could be used as a pretext for all sorts of other harassment and this would have to be avoided at all costs.

Mr. MacEvilly said that all the Council had done so far in its examination of the Bill was to find drafting difficulties. Basically the Bill was designed to deal with criminals. If any addition were to be made to the section, it was his opinion, as stated earlier, that it should read "clinical record of the treatment of an individual patient" rather than "medical record". On the question of inclusion of nurses, no other country in the world had as many qualified nurses as Ireland, the vast majority of whom left the profession either on marriage or to take up other employment which bore no relationship whatever to their professional training. If "registered" nurses were listed as qualified persons some provision would need to be made to cover the situation where they were no longer practising. It should not be made easy for anyone to escape the consequences of the law.

Mrs. Kingsmill-Moore said that she as a lay person would take the strongest objection to any medical record relating to her illness or treatment being examined by a *Garda*. Her immediate reaction to such a situation would be to consult her solicitor.

Mr. Hillery suggested that to cater for the situation where the Gárdaí considered it necessary that medical records be examined, some provision might be made in the Bill entitling a doctor to insist that the medical records be sealed in his presence and only examined by the MRC.

Mr. McGuire said that enough time had been spent discussing this problem. He suggested that the views of the Council should be conveyed to the Minister who would, after all, have the final say. The Minister was not in fact compelled to accept the advice of the Council.

Mr. Mehigan said that the medical profession were determined to protect the confidentiality of medical records to the utmost. Hospital consultants had agreed to participate in the In-patient Hospital Enquiry only when satisfied that the arrangements would ensure there was no breach of confidentiality.

Dr. Meade said he agreed absolutely with Mr. Mehigan. He would be willing to have the section amended as suggested by Mr. MacEvilly.

It was unanimously agreed that the words "unless it is a clinical record of the treatment of an individual patient" should be added to Sections 23(1)(c), 24(1)(e) and 26(2) line 51 and that this recommendation be conveyed to the Minister.

CORRESPONDENCE

- (1) Letter dated 7 March, 1975 from Irish Private Hospitals' and Nursing Homes' Association

The Chairman said the letter had already been circulated to the Members and asked for comments.

Mr. MacEvilly was of the opinion that no action was required. The Association had just asked the Council to acknowledge its existence.

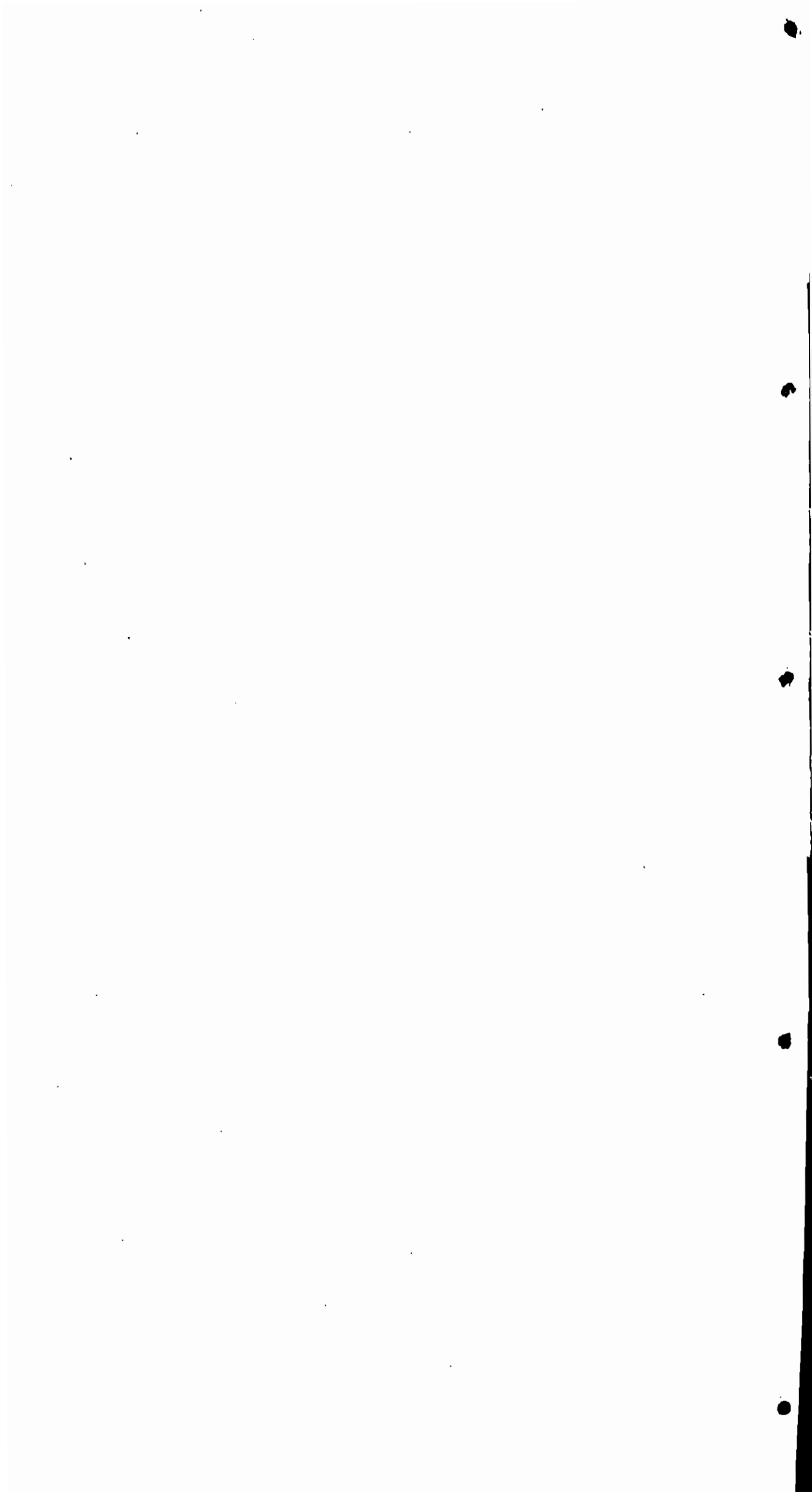
Dr. Dyar agreed with Mr. MacEvilly. The Association had painted too rosy a picture of nursing home accommodation. So far as rural areas were concerned the range of specialty services was very curtailed.

Mr. Mehigan felt this was an area which the Council should discuss at a future date. From 1977 onwards there would be free movement of doctors within the EEC. There was no licensing of nursing homes, other than maternity homes, in Ireland. Consequently there was a very real possibility that a level of practice, unacceptable at both ethical and medical level, could emerge, if there was no control by licence of nursing homes in this country.

Mr. McGuire said it could be argued that the present overcrowding in hospitals and nursing homes was equally unethical. There was not a single private hospital in Co. Mayo and the lack of consultants in the area had an adverse effect on the whole structure of medicine there. He agreed there should be proper registration of all nursing homes.

The Chairman agreed that the subject should be debated by the Council. In the U.S. 62% of hospitals were state-accredited and they carried about 80% of the beds of the whole country. However, the 38% of hospitals not accredited had 60% of the medical beds. The ratio of qualified nurses was 2 : 1 in the registered hospitals. With the advent of the EEC regulations, all sorts of people would be able to set up nursing homes and private hospitals. Without a proper registration system, there would be no control over them. Whether nursing homes would continue in existence due to rising costs was another consideration.

Dr. Shanley said the Department had the right of inspection but he was unaware whether they ever took place.



- (2) Letter dated 10 April, 1975 from the Department regarding Seminar on Health Services to be held on 15/17 May, 1975 in Waterford

The Chairman said that, as the members would be aware from the copy of the letter circulated to them prior to the meeting, the Council had been invited to send three delegates to the Seminar. As well as selecting the members, the Council would need to consider the question of setting up its own sub-committees as discussed at the last meeting and to decide whether this should be done now or should wait until after the Waterford Seminar.

Dr. Farrelly said it was a reflection on the Council that it had not already fully examined the health services. As had been said at the last meeting, it was the ideal body to undertake such a task. The agenda for the Seminar revealed that the proposed discussions would be on much the same lines as had already been decided by the Council for its own evaluation of the services. In his opinion the Seminar was an attempt to take politics out of health affairs and a better appreciation of the existing problems might ensue. He was in favour of the Council's availing of the three places offered.

Mr. McGuire wondered if the conclusions reached at the Seminar would be made available afterwards. The Seminar would be a worthless exercise unless there was a commitment to do something about the deficiencies that everyone knew existed.

Mr. Mehigan was of the opinion that the groupings for study at the Seminar were illogical. He felt it would be better not to divorce organisation and personnel from community services and hospital services as there was an element of both in each of the other two. He suggested that hospital services should be subdivided into general hospitals and psychiatric services and studied in conjunction with organisation and personnel. Community services could also be subdivided.

Mr. O'Neill said his professional organisation thought it rather odd to receive a notification of the Seminar 5 weeks ahead which laid down a very rigid format but without stating the titles of the papers to be read or giving any real information as to other organisations which would be represented. It was grossly short notice for a very wide agenda.

After further discussion it was agreed that the following would represent the Council:

Mr. O'Hanrahan

Dr. Dyar

Dr. O'Brien-Moran.

The Department of Health was to be notified accordingly and requested to make copies of background etc. papers available to the representatives as soon as possible.

It was also agreed that the sub-committees to examine the health services would be formed after the Seminar and further discussion of Mr. MacEvilly's paper should be postponed until then.

PUBLIC DENTAL SERVICES

The Chairman said that the sub-committee had gone into the subject of the public dental services very thoroughly. The report was a broad outline of what was considered necessary to improve the services.

Mr. McGuire suggested that the members should be at liberty to draw on the report as a source document as the need arose. He also suggested that the Council should make representations to have the report published immediately in book form, instead of leaving it to be incorporated in the Annual Report. In fact he thought, it would be a good idea for the future if the Council's deliberations on specific subjects were published on completion instead of waiting for the Annual Report. At least that way they would be up to date when published.

The Chairman said permission would have to be obtained from the Minister to publish matters as they arose.

Mr. MacEvilly complimented the members of the sub-committee on their report and said this was the type of work the Council should concentrate on. He said he would like in particular to comment on the costs of the recommendations. A thorough examination of the report with these in mind would be necessary before the report was adopted.

Also, if comparisons were to be made with other countries, they should be with ones in some way comparable with our own as regards size and economic conditions. Quoting countries merely on their favourable manpower ratios in a given area e.g. dentists, was not acceptable. It was necessary also to have regard to other health manpower ratios and the amount of their expenditure on health services generally, especially in the case of countries with which we were unfamiliar.

Dr. O'Brien-Moran said that the list comparing dentist/patient ratios was inserted merely as an example of countries which had what was regarded as an acceptable ratio and was not meant to be a comparison as such.

Mr. MacEvilly felt it was implied that Ireland should copy it. We could not omit comparisons with countries that were comparable to our own in size, culture, etc. The list under discussion had been selected because of dentist/population ratios. It would be necessary to have comparisons with some countries nearer home. Dentistry was only one facet of the health services and if dentist ratios were compared so also should doctor and nurse ratios. If the public were to be asked to accept the ratios chosen, the Council could be questioned on how they related to Irish conditions.

The Chairman said it would be very difficult to find a country comparable in GNP, population, etc. The ones taken for comparison purposes were chosen purely to illustrate the number of patients treated by one dentist and as a target to be aimed at in our own case.

Mr. MacEvilly said he would like to see comparisons with the European and British situation as the Council could be asked on what they were basing their standards. If similar comparisons with the countries chosen for the report were made for other areas of the health services a rather low level could result. Dentist/population ratios for some European countries based on 10,000 population were listed in the McKinsey Report "The Growing Dilemma" which if used would give a much fairer comparison.

Dr. Connolly said most of the figures used in the report were taken from WHO publications. To get a truly accurate figure such things as age structure, sex structure, population, type of employment etc. would have to be considered when making comparisons.

Mr. MacEvilly said the countries listed in the report had in general no relevance to the Irish scene and therefore were not the ones on which to base ourselves. The EEC countries including Britain were the ones most frequently looked to for comparison purposes.

Mr. McGuire agreed with Mr. MacEvilly but said that, on the evidence available, the dentist/population ratios in the countries listed were better than our own and were what should be looked to as an ideal.

The Chairman suggested that EEC and other countries should be added to the list.

Mr. O'Neill said that some years ago he worked in a community managed by three governments - Yugoslavia, Britain and America and comprised of army personnel, various types of professional people, members of relief organisations etc. all of whom were of a comparable working age and of comparable numbers according to nationality. Yugoslavia provided no dentists for their nationals, America had five dentists, 3 technicians and one orthodontist while Britain had two dentists and one technician, so that in effect it all came down to a question of what one considered was required.

Dr. O'Brien-Moran said the dentist/population ratio for Britain was 1 : 3,000 while in Ireland it was 1 : 4,300. There were 200 dentists in the public dental service in this country. Last year £1.2 million was spent on dental services and even if this amount were trebled it would still be relatively small in comparison to the sum expended on other services. He did not advocate cutting back on other services but dental treatment was required by about 90% of the population and the amount of untreated dental disease was staggering.

Dr. Donnelly said that the condition of the teeth of the majority of patients admitted to the Regional Hospital in Galway was appalling. Most people seemed to know nothing at all about oral hygiene. The only time they would think of going to a dentist was if they were in pain. There were still some people who had not had even primary dental care. He considered it might be a good thing to let the comparisons listed stand in so far as they would show that these countries had an even better ratio than we had.

Mr. MacEvilly emphasised that if the Council endorsed the report as it stood it should be quite clear of the implications involved not alone in the dental area but as regards its consequences for other services.

Dr. Raftery said the dental services posed an enormous problem. The proposed dentist/population ratio was unlikely to be achieved, but was something to be aimed at for the future and every effort should be made to achieve it.

A sufficient supply of qualified dentists should be ensured by providing proper training facilities and adequate job opportunities. As today's children would be the adults of tomorrow a dental programme concentrated on children should be initiated thus attempting to achieve for the future an adult population which would need less treatment. The existing services were inadequately financed. These should be put on an efficient basis before any further services were added. The public should also be made aware that the services were not free but were provided by the State.

The Chairman said a reference had been made at Section (7), page 6 of the report to the lack of dentists. Last year 60 dentists qualified and thirty of these went abroad. The reason why so many went to England in particular was because they could earn twice as much money. There were enough dentists graduating from our colleges each year for our needs. The problem was to keep them in Ireland.

Dr. Meade said the sub-committee had set out to identify the priority groups, to identify the legislation necessary to make improvements possible and to set up targets. It would be many years before these targets could be achieved. The first priority was the children who would be the adults of the future. He considered the Council should not concern itself with finance. The report should simply be presented to the Minister and it was up to him to take it from there.

Mr. MacEvilly said the report quite properly suggested ways of improving the dental service but it did so by recommending a considerable extension of entitlement. The recommendation at Section (1) page 4 would increase the number of eligible children by about a quarter of a million.

Section (2) suggested giving entitlement to expectant and nursing mothers irrespective of income. This would be very hard to justify when people in other areas of the health services were denied eligibility on an income basis. The anomaly of the entitlement of university students, some of them from well to do homes, to medical cards caused a lot of trouble and ill feeling. The Council as a body should avoid adding further to this inequitable situation. The chronically ill, the mentally ill etc. were also included in this section. These were categories which were extremely difficult to define. It would be unwise to make these extensions. In practice it might not involve much but it would create all sorts of dissatisfaction and anomalies.

Dr. O'Brien-Moran said he accepted Mr. MacEvilly's statement. The public dental service should concentrate on children and expectant and nursing mothers and the other categories could be treated by private practitioners.

The Chairman said the extension of the school children category was considered essential because it was a group which would benefit most from good dental care. Dentistry was not the cheapest of sciences and families tended to neglect their children's teeth if there was no free service available. The addition of a further quarter of a million children should not strain finances to much as they would probably need only minor treatment in any event.

Dr. Thornton said the age of 16 was chosen because, if children left school after the primary grades, there would be a gap between 14 and 16 when they would become eligible for social welfare benefits.

Mr. MacEvilly agreed so far as children were concerned but considered the other categories should be omitted as they would only create anomalies.

The Chairman suggested that the recommendation be confined to school children and to expectant and nursing mothers.

Mr. MacEvilly emphasised that he was not objecting to the recommendations but merely pointing out the inevitable consequences of them. Some income conditions should apply. He was opposed to giving privileges to people over and above what they were entitled to on means grounds.

Dr. Meade said the groups mentioned at sections (1) and (2) were not getting the attention they needed and something would have to be done about them. The sub-committee merely tried to identify them as priority groups.

Mr. MacEvilly agreed with the thinking behind the recommendations but said that as the report stood it looked as if the Council were advocating a radical extension of entitlement.

Dr. O'Brien-Moran considered that all medical card holders should be entitled to treatment under the social welfare scheme. This would alleviate a lot of the pressure on the public dental service, where there were 200 dentists as opposed to 500 dentists in private practice.

Mr. MacEvilly said the total number of dentists in relation to the population was small. Dr. O'Brien-Moran's suggestion would merely shift the burden.

The Chairman said the ideal situation would be to provide services for all the categories mentioned but this was not possible, at least in the foreseeable future, because of the lack of finance and shortage of manpower.

Dr. Raftery said the Council should not concern itself with finance. Neither was he in favour of diluting too much the recommendations under discussion. The report after all would not be the last word on the subject of dental services. It should be sent to the Minister without further ado.

Mr. King said the percentage of people who would be ineligible would be small and examination of their means to prove this theory would probably cost more than if they were given the services.

Mr. MacEvilly said he was simply pointing out that the recommendations at (1) and (2) were inconsistent with the later recommendation that the services should not be extended. He would agree to the report provided it was made clear that another quarter of a million children would be added to those already receiving services. There should be no extension of eligibility to any other group until those already entitled to services were adequately catered for. As far as possible priority could then be given to the other classes as finances became available.

Dr. O'Brien-Moran said the ratio of 1:1500 was meant to be specifically for children. For adults the figure would be higher.

Mr. MacEvilly said, that assuming all the dentists required were available, on a ratio of 1:1500 the cost of implementing the recommendations in the report would be in the region of £14 million per annum. On a ratio of 1:2000 it would probably cost about £12 million per annum.

Dr. O'Brien-Moran said that for 1972 the figures supplied by the Department showed that 200,000 school children and 100,000 adults were treated at a cost of £1.1 million.

Mr. MacEvilly said that those at present eligible for dental services included 300,000 pre-school children, $\frac{1}{2}$ million school children and 100,000 adults i.e. $1\frac{1}{2}$ million people or half the population. If the recommendations were implemented the school-going group above would increase the figure by $\frac{1}{4}$ million. The total cost of the services would have to include such things as premises, equipment, dentists' receptionists, typing services, travelling expenses etc. which would bring the real cost to around £14 million p.a.

Dr. O'Brien-Moran said that 100,000 pre-school children would be more likely to be the number requiring treatment.

Mr. MacEvilly said that, even accepting a figure of 100,000 for pre-school children, if the services were extended as proposed, implementation of the report would bring the cost into the £12-£14 million bracket. If private practitioners were added on a fee per item basis the amount of money involved would be enormous.

The Chairman said that improvement of the services was vital and was something that would have to be done eventually.

Dr. Thornton said these were the services the community needed. What should be done was not necessarily what would be done but a start would have to be made and it was up to the Government to provide the necessary money.

Dr. Raftery said the Council should not be frightened by the costs estimated by Mr. MacEvilly. Implementation of the recommendations proposed would not happen over night.

Mr. MacEvilly said that if private dental practitioners became involved in the service in much the same way as at present existed for medical practitioners the average cost on the ratio 1 : 1,500 would work out at about £9.33. The average cost for a doctor's services, taking the revised fees into consideration, would be approximately £6 and this included a certain amount of domiciliary visiting.

Dr. Meade referring to Recommendation (13), suggested that the words "or where continuity of treatment is important" should be inserted after the words "not available" in line 3. Just because a child became eligible for services should not necessitate a change of dentist. There should be some subvention from the State for private practitioner service.

Dr. Donnelly asked whether costs would go down if private dentists were employed on a fee per item basis. This system would not involve the State in any expenditure on premises, equipment etc, and should cut costs.

Mr. MacEvilly said that two years ago this question arose and he had done some costings on it. The results clearly showed that the use of private practitioners on a fee per item basis cost a little less than salaried dental service dentists. However, it did not really make any appreciable difference in the long run. With regard to recommendation (13) he had the gravest reservations about having children sent to busy private practitioners for treatment. He also had reservations about appointing a Chief Dental Surgeon in each health board area. In fact he had reservations about chiefs of any kind but particularly professional chiefs. If they were introduced into dentistry it could lead to their introduction into other areas which was not good.

Dr. O'Brien-Moran agreed that children would not fit into busy private practices. Chief Dental Surgeons in each health board area were recommended so that information could be correlated and also so that there would be an administrative link with management which would give the dental service access to finance.

Professor O Conor Ward agreed with Mr. MacEvilly's views on the appointment of Chief Dental Surgeons. Organisation by committee in professional areas was much more effective. Chiefs tended to become dictators in time, usually to the detriment of the service. Boards of managers and other professional groups nowadays preferred the committee arrangement. The "chief" system was not a good one.

DATE OF NEXT MEETING

The date of the next meeting was arranged for Friday 30th May 1975 at 2.15 p.m.

The meeting then ended.

[Handwritten signature] 30/5/75

National Health Council

A meeting of the National Health Council took place at 2.15 p.m. on Friday 30 May 1975 at the Custom House, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mrs. J. Barlow
Mr. J.C. Barrett
Dr. J.G. Cooney
Dr. P.A. Farrelly
Mr. J. Foster
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. T. King
Mrs. B.D. Kingsmill-Moore
Miss M. McCabe
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. L.P. Pelly
Dr. H. Raftery
Dr. J.P. Shanley
Mr. P.J. Teehan

Apologies were received from the following:

Dr. Connolly, Dr. Thornton, Dr. McGrath, Mr. MacEvilly, Prof. O'Donovan, Mr. Hassett, Mr. O'Connell, Mr. O Caoimh, Dr. Dyar, Dr. Donnelly, Prof. O. Conor Ward and Mr. Mehigan.

Minutes of Meeting of 18 April

There being no amendments, the minutes of the meeting held on 18 April were approved and signed.

Matters Arising from Minutes

Dr. Cooney suggested that a time limit should be put on the duration of meetings. As the starting time had been brought forward to 2.15 p.m., they might aim to end them at, say, 4.30 p.m. This was agreed.

The Chairman said that the Department had not yet replied to the Council's recommendations concerning the listing of registered nurses as qualified persons under the Misuse of Drugs Bill.

Correspondence

There was no correspondence.

Sub-Committee's Report on Public Dental Services

The Chairman said that, having regard to the suggestions made by Mr. MacEvilly at the last meeting of the Council, Dr. O'Brien-Moran had undertaken to revise the Report. He proposed that further discussion should be postponed until such time as the revised version was available. He asked members if they had any further amendments to suggest to the report. There being no suggestions the Chairman's proposal was agreed.

Waterford Seminar

The Chairman reported that the three nominees of the Council - Dr. Dyar, Dr. O'Brien-Moran and himself - had attended the Waterford Seminar on Health Services. It was the first of its kind and had been initiated by the Minister primarily to discuss the problems encountered in the administration of the health services and to make recommendations for their improvement. There were 122 participants representing the professions engaged in the health services, trade unions and health boards. Four main groups, each with a number of sub-groupings, had discussed hospital services, community care, organisation and personnel. Dr. O'Brien-Moran and he each chaired a sub-group. The Minister was to be complimented on a most successful and highly organised venture. Everyone had an opportunity of commenting on the matters under discussion. The Minister, his Parliamentary Secretary, Mr. Barry, and his advisers were present for the entire proceedings and were available for discussion, both formal and informal, at all times. Much useful information had emanated from the various working groups and the many recommendations made should now be followed up on the group discussion system adopted at the Seminar.

Dr. O'Brien-Moran said he agreed completely with the views expressed by the Chairman. Dr. Geoffrey Dean and he had chaired groups A1 and A2 which dealt with community care (medical) while Senator Ferris chaired group A3 covering community care (welfare). Groups A1 and A2 selected ~~domiciliary~~ ^{medical} dental care as their first priority and recommended the ^{use of} ancillary personnel in conjunction with it. Group A3 chose the care of the aged as their first priority. All the Community Service Groups recommended an extension of the community care programme which was considered to be under-funded at present. If properly organised, this would reduce hospitalisation in many cases. They recommended that the major portion of any extra finances becoming available in the future should be channelled towards this service but without diminishing in any way the funds presently being allocated to the hospital services. A strong recommendation was also made in favour of improving the optical services which were considered to be very deficient.

The Chairman circulated a summary list of the priorities selected by the sub-group B3 on hospital services which he had chaired. He said that the full reports of all the groups would be made available to Council members in due course.

The hospital groups had made 37 recommendations amongst which were the following views:

- agreement with Comhairle na nOspidéal recommendations for the Dublin and Cork areas
- a catchment area of 250,000 people would be suitable for an urban general hospital catering for all major specialties
- rural hospitals should serve a catchment area of approximately 100,000 people and should be staffed by two physicians, two surgeons and two obstetrician/gynaecologists
- rural hospitals should cease to function as single units
- small hospitals should be discontinued and could be used for other purposes - e.g. community centres

- enough hospital beds are available in the country
- hospital beds are being over used due to shortcomings in the admission, discharge and follow-up systems and lack of X-ray and pathology service over the weekends
- expensive hospital beds are being unnecessarily occupied by overnight cases, e.g. drunks, which could be catered for in some type of ancillary unit
- county boundaries should be abolished for hospital purposes. Patients should be able to avail of nearest hospital facilities even if outside their health board area
- basic standards should be set for all general hospitals as regards staff, equipment etc.
- a uniform method of appointing consultant and hospital staff should be aimed at
- position of private hospital needed to be considered in the light of proposed EEC developments, both as regards their establishment and operation
- a common form of contract should be introduced for consultant medical staff
- health board and voluntary hospitals should have some uniform type of management and there should be greater integration and co-operation between the two groups
- Regional Hospital Boards should be discontinued
- the increasing demand for acute hospital beds should be investigated. Admissions are largely influenced by outside factors such as availability and attitudes of general practitioners, availability of community facilities
- X-ray and laboratory services are being grossly abused by junior doctors who request inordinate and unjustifiable numbers of tests
- practice of consultants holding appointments in several city hospitals should in general be terminated except where in certain specialties the number of cases in each hospital is small
- the vast improvements necessary in the hospital services could be achieved by proper handling of finances.
- steps needed to be taken to curb the enormous wastage and expense of drugs. In many cases cheaper drugs would be just as effective.

Mr. King felt that further discussion should be deferred until the complete reports were available to members.

Mr. McGuire wondered why the health boards had been established at all. From what the Chairman had said he doubted if they could be functioning adequately. He hoped the reports of the other groups would be more heartening. Otherwise, he could only conclude that the outcome of the seminar would be a total condemnation of the whole system.

Mr. Hillery said the total cost of drugs, in comparison with overall costs, was minimal. Under the old system if a doctor wanted a patient to have a specific drug the patient usually had to buy it himself as the delay in supplying the drug through the official channels could be anything up to three weeks. The

present system was much better as all types of drugs were now immediately available.

The Chairman pointed out that in the British health services drugs accounted for 10% of the total bill and food for a further 10%. A cut-back on drugs would probably not make any appreciable difference to the overall picture but savings effected in the hospital services would. It was related at the Seminar that a senior laboratory technician in a hospital earned £100 a week in overtime through being called back at night to run tests ordered by junior hospital doctors. This was an intolerable practice and would have to be curtailed. This was the type of economy he had in mind.

Mr. Hillery said a lot of these problems had been with us for years. He wondered if any consideration had been given to increasing the ambulance service.

■ The Chairman said that this service would have come under the umbrella of another group.

Dr. O'Brien-Moran asked if it would be possible to obtain comparative figures of the cost of the health services for the years 1970 and 1974.

Dr. Raftery considered that the key to the whole problem was the lack of adequate financial forecasts. A devolution of responsibility for living within budgets was essential. Those involved in spending should also have some responsibility for financing. The fear of litigation contributed to the ordering of excessive tests.

The Chairman said that hospital consultants were of the opinion that increased costs for laboratory and X-ray services stemmed from excessive use of these facilities at night. He agreed that the fear of legal consequences for doctors could have some bearing on the matter.

Mr. Foster said that some matters had obviously been discussed in greater detail within the different groups than was apparent from the summary reports at the end of the Seminar. The problem of the abuse of laboratory and X-ray facilities, for instance, did not come across in the way the Chairman had described. He suggested that it would probably be better to postpone discussion of the Seminar until the full reports were available.

Dr. Farrelly said that young doctors were blamed for a lot of the troubles encountered in hospitals. This was not fair, as facilities generally were bad and pressures were very great so that routine tests were run on most patients as a matter of course.

● Mr. McGuire considered that priority No. 7 of the list circulated by the Chairman (which recommended that priority should be given to alleviating the unequal distribution of hospital facilities throughout the country) got to the basis of the whole hospital problem. He hoped the Seminar did not introduce too great an emphasis on the financial aspect to the detriment of the services aspect. He would prefer to have patients over-examined rather than under-examined even if it meant providing expensive tests and X-rays.

Miss McCabe thought the Council would be better advised to await the final report of the Seminar rather than continue with the present piecemeal discussion.

Dr. O'Brien-Moran said that one of the most valuable things that came out of the Seminar was the suggestion that hospital outpatient facilities should be made more available to general practitioners, *thereby reducing the need for hospitalisation.*

Mrs. Kingsmill-Moore criticised an increasing tendency on the part of hospitals to employ management consultants who knew nothing about hospitals and who inevitably produced suggestions costing anything between £20,000 and £50,000 a year without any actual benefit to the patient.

The Chairman said that the medical profession had never taken an interest in the administration of hospitals. There should be a career structure in hospital administration. The problem was one for the Minister and the medical profession

to iron out between them.

Mr. Pelly said he was interested in the brief reference made by Dr. O'Brien-Moran regarding optical services. His interest lay in the fact that at the present time people seeking such services had to wait anything from three weeks to seven or eight months. Some years ago a sub-committee of the Council recommended to the Minister a cheap, efficient and comprehensive plan for screening school children. As far as he knew, this recommendation had never been implemented. He asked if Dr. O'Brien-Moran could amplify on what had been said at the Seminar about optical services.

Dr. O'Brien-Moran said he could not, for obvious reasons, give a comprehensive view. There was a general feeling that there were great delays in this area. In informal discussion it was mentioned that there did not really appear to be any great objection to opticians doing refractions but there was not complete agreement on this. A greater use of opticians for refractions would eliminate a lot of the delay in supplying glasses to children.

Mr. Pelly understood that there was an increasing sense of frustration among ophthalmologists who were bogged down by refractions which prevented them from doing more serious work.

Dr. O'Brien-Moran said that no recommendation had been made in this regard. The discussion had been purely informal.

Mr. Pelly asked if it would be possible to find out if the Council's recommendation had ever been considered by the Department and if not why not.

The Chairman said that, as far as he could recollect, the recommendation was made in 1962. It was agreed that the Secretary would look into this matter.

Dr. Cooney said it would be impossible at this stage to discuss the seminar in detail. Without the advantage of the full reports everything would be taken out of context. The fact that the Minister and his Parliamentary Secretary were there all the time contributed very much to the success of the Seminar. He considered that the object of the exercise was to isolate key factors and highlight priorities. The whole value of the seminar was that it gave everyone an opportunity to listen to others and to learn something. The Minister and other interested parties now had an opportunity to get down and study in detail the wealth of information which had emanated from it. The one misgiving he had was that not enough emphasis had been placed on the quality of care provided for the patient and on whether the patient was getting the best possible care in relation to the amount of money being spent. He had made these points in his personal comments on the seminar. This was the sort of question which now required detailed examination. He hoped the outcome of the seminar would be to stimulate action in this regard.

Dr. Raftery said that the people spending the money should be involved in drawing up the budgets and must take some responsibility for the allocations in the different areas. Consultants were spending a lot of money without any real insight into the framing of the budgets and without any knowledge as to their limitations. They tended to be more involved nowadays in clinical care rather than in management affairs. It was clear from Mr. MacEvilly's report that the proper utilization of nursing staff must be looked into because of its cost impact on services.

Mr. King said he did not agree that county boundaries should be abolished within the health services context and there would probably be other recommendations he would not agree with either when he had read the final reports. However further discussion was pointless until the reports were available.

It was agreed to postpone further discussion until the full reports of the Seminar had been circulated to the members and they had had an opportunity of studying them. A full meeting of the Council could then be devoted to a detailed examination of the reports.

Any other Business

(1) Paraquat

Mr. McGuire said that another death from paraquat had been reported in the mornings paper - this time a 4-year old child - despite all the alleged publicity of the deadliness of the substance. He was still not satisfied that enough was being done and was dissatisfied with the assurance given by the Department. He considered that the matter should be reactivated.

Dr. O'Brien-Moran suggested that the press cutting on this particular incident should accompany a further recommendation from the Council.

Miss McCabe remarked that, on a recent visit to a farm, she had seen "Gramoxone" lying on an outhouse shelf well within the reach of children. People generally tended to be very careless in handling this dangerous substance.

Mr. Hillery reminded members that the Department had not accepted the Council's view that "Gramoxone" should be marketed in smaller containers. A highly coloured glossy publicity booklet (copy produced) had recently been issued by ICI. It gave the general impression that "Gramoxone" was a safe substance - at least no more dangerous than many others in common use. It stated that "Gramoxone" was harmful only if one drank it but he had known of deaths from inhalation and from absorption of the substance through the pores of the skin. The brochure further stated that each of the 80 or so distributors had signed an undertaking to confine sales to professional farmers and growers and to maintain a register of sales which must be signed by the purchasers. He questioned the authority of ICI to impose such a requirement and wondered if the company was taking to itself the power to legislate for the Irish people. He was sceptical about the usefulness of that undertaking. It was not clear whether a Garda could examine the register. He wondered if anyone else did so. His own profession knew nothing officially of this practice. "Gramoxone" was an excellent product and one he recommended to selected users but the dangers still remained. He would like to see the money spent on publicity being channelled into finding an antidote. He was not interested in sales but in safety. If someone bought strychnine he was required by law to sign for it which was a deterrent to passing it on as any accident which might occur could be traced to the purchaser. This did not apply to paraquat. Accidents occurred because people still did not realise how dangerous the substance was.

Mr. McGuire said it was remarkable how the present fatality followed so closely the pattern of previous accidents. A small quantity had been decanted from a gallon container into a lemonade bottle. The bottle from which the child subsequently drank had been left within his reach because his mother did not realise the substance was so dangerous. Both the mother and the person who supplied it to her claimed to have no knowledge about the dangers. The manufacturers should be compelled to market paraquat in small quantities to avoid decanting into inadequately labelled bottles. The enormous ignorance on the subject was pathetic.

Mr. King was of the opinion that paraquat should only be marketed in large quantities so that no one but the large farmer would buy it. There were other less lethal and less expensive preparations available for those who only needed small quantities.

Mr. Hillery said there was no alternative to "Gramoxone" for tillage. He asked if it would be possible to obtain from ICI details of the sales of paraquat in the various container sizes. From his experience the greatest demand was for

the 1 pint size. It would be very interesting to see what the general picture was and it might prove to the company the need to market even smaller quantities so that no unused quantities would be left lying around.

It was agreed that the Council's views arising out of the present fatality should be brought to the Minister's attention and the Secretary should endeavour to obtain information about the quantity of each size container sold by ICI.

(ii) Draft Poisons Regulations

Mr. Hillery said that at a Council meeting early last year, the members had been informed by a departmental representative that steps were being taken to expedite the making of draft Poisons Regulations. He would like to be informed if any progress had been made.

The Secretary is to enquire as to the position.

(iii) Annual Report

Mrs. Kingsmill-Moore referring to the Annual Report said that the small 5-6 page booklet published annually gave no indication of the amount or value of work done by the Council nor of what had been achieved. So many interesting and valuable documents came before the Council each year and the public knew nothing about it. In her opinion it was a disgrace.

The Chairman said there were two difficulties in this regard. The Annual Report only gave a skeleton view of what the Council did and it was published too late to have any impact. An effort should be made to get the views of the Council across to the public in a more dynamic fashion.

Mrs. Kingsmill-Moore said the Report should be published every six months. Each of the members worked hard and gave valuable time to Council affairs but, so far as the public was concerned, the results of their achievements were an insult.

It was agreed that a draft of the Annual Report would be prepared before the next meeting when a sub-committee would be formed to examine it.

Date of Next Meeting

The date of the next meeting would be arranged when the report of the Waterford Seminar became available.

The meeting then ended

Signature
P. J. G. G. G.
 26/9/75

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 2.15 p.m. on Friday, 26 September 1975 at the Custom House, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mrs. J. Barlow
Mr. J.C. Barrett
Dr. H.V. Connolly
Dr. P. Donnelly
Dr. M.J. Dyar
Dr. P.A. Farrelly
Mr. J. Foster
Mr. T.F. Hassett
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. T. King
Mr. W.A. Lynch
Dr. D. McGrath
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Dr. H. Raftery
Mr. P.J. Teehan
Dr. S.M. Thornton
Professor O. Conor Ward

Apologies were received from the following:- Dr. J.G. Cooney, Mrs. B.D. Kingsmill-Moore, Mr. W. MacEvilly, Mr. E.S. Ó Caoimh, Mr. James O'Neill, Mr. G.B. Savage and Mr. Mehigan.

MINUTES OF MEETING OF 30 MAY 1975

There being no amendments, the minutes of the meeting held on 30 May were approved and signed.

MATTERS ARISING FROM MINUTES

Meeting of 18 April 1975

Misuse of Drugs Bill: The Chairman said that a representative of the Department would be in attendance to help the members in considering items 5 and 6 of the current agenda. He had indicated his willingness to deal also with the Council's latest representations on the Misuse of Drugs Bill viz the question of specifying nurses as qualified persons and also the confidentiality of medical records.

Meeting of 30 May 1975

Poisons Regulations. Department's reply of 17 July 1975 to the Council's enquiry about the progress being made with the making of the Poisons Regulations was read out. It stated that the preparation of the Regulations was at an advanced stage and that technical amendments to the Poisons Act 1961, necessary in order to make the Regulations, were provided for in the Misuse of Drugs Bill 1973, which had passed its second stage in the Dáil.

Paraquat. The following reply of 11 July 1975 from the Department which had been circulated to members was considered:

A Chara

I am directed by the Minister for Health to refer to your letters of 11th and 12th June and previous correspondence on the subject of paraquat and to state that he has noted their contents. I am to enclose for the Council's information copies of the Poisons Act, 1961 (Paraquat) Regulations, 1975 which provide, inter alia, that sellers of paraquat shall keep a record of each sale which must be signed by the purchaser. Copy of press statement is also enclosed which explains in greater detail the changes provided for in the new Regulations.

With regard to the Council's request for information about the volume of sales of "Gramoxone" in various sizes the position is that the manufacturer is under no obligation to furnish such information and the Minister cannot see his way to press the firm to place the information at his disposal, especially as it has no direct relevance to the controls for which he is responsible. In any event the Minister cannot accept that the marketing of the preparation in smaller containers would be appropriate having regard to the fact that the product is intended solely for use by professional horticulturists, farmers or foresters.

The Minister fully appreciates the concern felt by the members of the Council in this matter. He considers, however, that the additional controls now imposed together with the fact that a stench has been added to the product should reduce considerably the likelihood of the substance being taken accidentally and should help to achieve a greater measure of public safety generally in the handling of the product.

Mise le meas

Sgd. P.W. Flanagan

Dr. O'Brien Moran felt that the Minister's reluctance to seek information from the company about the quantities sold in the various container sizes showed undue sensitivity. He could see no reason why the firm should be reluctant to supply the information.

Dr. Dyar expressed appreciation of the new measures introduced by the 1975 Regulations. It was too early to say whether they would have the desired effect. They would need to be given a fair trial.

Mr. Hillery felt that the obligation of purchasers to sign a register would act as a deterrent. The Irish Government had taken a lead over other countries in controlling the sale of paraquat. He was rather worried that local authorities and health boards had been exempted from the new Regulations and by the fact that the Regulations did not extend to the storage of paraquat. He was sorry that it had not been possible to get information on the quantities sold in each container size. Replying to a query from the Chairman as to whether a person signing the register must be above a specific age limit, Mr. Hillery thought the age limit under the control of poisons legislation would apply. A seller would not accept the signature of a minor.

Mr. McGuire considered it was iniquitous that local authorities and health boards were exempt from Regulations they would be enforcing on others. The pressure to tighten up the paraquat controls had mainly come from the National Health Council. The Council should record its appreciation of the sympathetic consideration given by the Minister to the Council's views.

Ophthalmic Services - The following reply of 19 September 1975 from the Department to the Council's enquiry was read:

A Chara

I refer to your letter of 28th July, 1975 and enclosures requesting information on behalf of the National Health Council about action taken on the Report of the Sub-Committee on Ophthalmic services, sent to the Department on 11th May, 1963.

It would appear from the relevant extract from the minutes of the Council's meeting on 30th May, 1975 that they were particularly concerned with the recommendation in the above mentioned Report that public health nurses should carry out annual ophthalmic screening examinations in national schools as a means of improving the ophthalmic services for school children.

This matter was later considered by the Study Group appointed in May, 1965, by the Minister for Health to examine and report on the Child Health Services, including health examination services for children attending national schools. The Study Group recommended that annual vision testing of school children be undertaken by the public health nurse. The recommendation of the Study Group was accepted by the Minister and provision was made in the training course for all entrants to the public health nursing service for a series of lectures on ophthalmology, including instruction on the use of the Snellen test type chart. The nurses who have undergone this course are regarded as adequately trained for carrying out ophthalmic screening examinations.

The intention is to have this type of test carried out ultimately by public health nurses on district duties, in the course of the greater involvement of these nurses in the health services for school children. They are now undertaking the ophthalmic screening of national school children in a number of areas and the public health nurses attached to the chief medical officers' headquarters are undertaking the work elsewhere. At the present stage of development of the public health nursing service it is not feasible to have ophthalmic screening of all school children carried out by public health nurses annually.

I am to add that it is part of the policy of the Minister to continue the expansion of the public health nursing complement which has been almost doubled in the last ten years.

Mise le meas

Sgd. C. Mulvihill

The Chairman said that progress was apparently being made. Whether it was sufficient was another matter. It was up to the CMOs to get the service going with the staff available.

Dr. Connolly said that the diagnostic services were not at fault. In his experience treatment facilities for children were adequate but those for adults fell far short of the ideal.

The Chairman said the ophthalmic services were bad throughout the country, particularly in rural areas. There was a lack of staff and hospital facilities. Certainly in the Western Health Board area the services were totally inadequate. He considered that the Minister should be made aware of this situation.

Dr. Connolly said that waiting lists in his area were now quite small. Ardkeen Hospital was willing to take cases from all over the country and could therefore assist areas with long waiting lists.

Dr. Dyar said it was inequitable that people entitled to services could not get treatment except by making private arrangements. The situation with regard to opticians in the public service was even worse than that for dentists. He was concerned at the possibility that some eligible persons might clutter up the service e.g. by getting their glasses changed too often.

Dr. O'Brien-Moran said it had been agreed at the Waterford Seminar that non-pathological conditions could be dealt with by opticians. If services were supposed to be available they must be provided. At present the public were being duped. People's eyesight was too important a matter and proper facilities must be provided.

The Chairman said the Department's letter showed an advance in the area of refractions and that some effort was being made to improve this aspect of the service still further. The back-up services were insufficient for conditions needing full refractions or operations.

Mr. Hassett said that persons looking for refractions in the Wexford area had to wait from 6 - 8 weeks. However, he considered the Council did not have sufficient information to deal with the matter under discussion. The necessary information should be got from the health boards before pursuing the matter further.

The Chairman agreed that the subject should be thoroughly investigated. Among the items on which information should be sought were the waiting lists for each operative condition in each health board area.

Dr. Raftery suggested that information should also be obtained on the number of ophthalmic posts approved and vacant, the number of medical card holders and the number of eligible children covered by the school medical service.

Dr. O'Brien-Moran felt it would also be useful to know the total numbers eligible, both adults and children.

CORRESPONDENCE

There was no correspondence other than that already referred to.

DENTAL SERVICES

The Chairman asked the members for their comments on the final report of the Sub-Committee on the Public Dental Services.

Dr. O'Brien-Moran said the population for New Zealand given on Page 4 of the Report should be amended to read 3.1m.

Dr. Raftery felt that the recommendations in the Report might be too idealistic in the present financial situation. If eligibility for free services was extended as proposed, there was a danger that the most disadvantaged section of the community would again be at the bottom of the pile. It might be more reasonable to suggest a staged approach. Proper use was not being made of existing anaesthetic facilities in the country, either because of lack of machinery to do so, or through non-use of such machinery as existed. There was a pool of service available which could be used with a little co-operation.

Dr. O'Brien-Moran said he accepted Dr. Raftery's statement regarding anaesthetic services. In rural areas too few anaesthetists were appointed and there were not enough dental beds available. Dentistry tended to be pushed into the background. In Wexford some adults had to wait 2 years for treatment and the situation was just as bad in other areas. Many dental patients required in-patient treatment and it was almost impossible to get beds. He was lucky if he could get a bed in an emergency. Regarding Recommendation 2 ("A free comprehensive service should be made available to all expectant and nursing mothers") the number of mothers involved would be small but it was very important to give them dental health education. In Recommendation 1 it was being recommended that a free comprehensive service should be made available to all children up to the age of 16 years, because of the fact that there was at present a treatment gap between the time a child leaves primary school and reaches 16 years of age. Treatment given during attendance at primary school could be wasted in the succeeding period until the child again became eligible for treatment at 16. At that age, a person could become eligible in his own right for services as a Medical Card holder, or alternatively if working, could get services under the Social Welfare Acts, after he had 26 weeks' stamps. There was at present a very great difference between eligibility for services and the availability of these services. The figures quoted on page 6 of the report showed that almost one million eligible persons, both children and adults, were without dental treatment.

Mr. Lynch said the sub-committee were to be congratulated on the report. Because of the increased numbers availing of free education, he felt the 16 years limit in Recommendation 1 was too low, and should be extended to cover all persons pursuing courses of full-time education. It was his experience that persons over 16 years of age in full-time education had difficulty in getting necessary dental services, even with Medical Cards. While it might not now be possible to achieve the ideal, the Council should make a statement of intention and he felt the recommendation should be expanded accordingly. However, he would not press the matter at the present time.

Dr. Dyar said that more resources would solve all problems but if additional funds were allocated to the dental services it would be at the expense of some other service. Vast sums of money were being spent on the health services at the present time but he doubted whether the quality of care had improved proportionately.

Mr. McGuire said that for specific groups the entitlement to dental services was at present only nominal and they were not in fact being provided with services. The sub-committee's recommendation about servicing the scheme had suggested ways in which this might be done.

Dr. Farrelly complimented the sub-committee on its report. It pointed out very clearly what needed to be done to improve the dental services. Referring to Recommendations 3 and 4, which recommended the involvement of private dental practitioners in the provision of services, particularly as an interim measure to catch up on waiting lists, he stated that he could see no reason why these services could not be provided in the same way as the general practitioner service. This would do away with the present two-tiered system of public dental services for certain cases, while the services of private practitioners could be availed of by Social Welfare Act cases.

Dr. Thornton said he could never understand why one should have to wait six months before becoming eligible under the Social Welfare Scheme. Six months was a long time if one was suffering from dental decay.

Dr. Dyar said that nowadays the emphasis seemed to be on providing exotic services to the detriment of the bread and butter ones. He considered that more rationalisation was called for.

Mr. Hassett asked if there was any significant loss of working hours through dental illness. He wondered what percentage of the population would accept dental treatment under a public dental scheme.

Dr. O'Brien-Moran said he had heard the figure of one million working hours quoted as lost through dental illness. He had no information regarding the acceptance of dental treatment. Most of the population, he thought, would be prepared to accept limited treatment but some would accept it only if in pain. On the other hand, the services in Britain were over-used by some and there had been reports of people obtaining as many as six sets of dentures within six months. If a further £2.8 million were allocated for dental services the present staff complement could be doubled resulting in a considerable improvement in the services. Improved treatment services would only be provided in response to pressure and trade unions could play a very important role in this respect.

Dr. Donnelly also complimented the sub-committee on its report. He approved of the recommendation that a dental school should be part of a general medical teaching hospital complex. Dentistry had for too long been isolated from medicine proper. A dental consultant appointment had never been made in the twenty-six counties. He asked how the sub-committee envisaged the role of the individual dental consultant in the development of community services. He wondered what degree of professional freedom he would have and how it would compare with the freedom of medical or surgical consultants. He felt there should be no distinction in the degree of freedom. If he were to work with the Director of Community Care, he wondered how he could identify and assess the needs of the acute and special hospitals and of the psychiatric and other institutions in his health board area. It was not possible for one man to oversee these areas and cater also for the community care area as well.

Dr. O'Brien-Moran envisaged the appointment of a consultant for the special and general hospitals and also for community care. At present, the Senior Dental Surgeon had responsibility not only to the Programme Manager, Community Care, but also for hospital services.

The Chairman said these details would have to be worked out at local level by the Programme Managers. It would be up to them to ensure that there was an adequate dental service for hospitals and for the community. The dental profession would have to work as a unit the same as any other specialty.

Mr. McGuire warned against overloading resources. Recommendation 12 specifically stated that there should be no further extension of eligibility, other than for the categories mentioned in the report, until such time as present needs were catered for. At that stage extension of eligibility could be reconsidered.

The Chairman considered the sub-committee had correctly established the priorities i.e. expectant and nursing mothers, and all children up to sixteen. It was essential that the gap between leaving primary school and up to sixteen should be covered.

Mr. Lynch stressed that the Minister should be made aware of the need to provide dental services for all persons pursuing full-time education. While

those over sixteen were covered in theory by medical cards or Social Welfare there was a practical gap in that services were inadequate and therefore not available to the necessary degree.

Dr. Farrelly again suggested that Recommendations 3 and 4 should be altered to recommend the provision of dental services on a choice of practitioner basis as under the G.M.S. scheme.

Dr. O'Brien-Moran said he agreed with Dr. Farrelly but a proposal of this nature had already been rejected by the Minister. Those with the greatest need would have to be treated under the limited services available.

Mr. McGuire considered that the most important thing at the moment was to provide existing eligible persons with the best treatment possible. It was ridiculous to talk of extending eligibility when this was impossible because of lack of funds.

Mr. Lynch said that any recommendation to the Minister should be based as widely and as comprehensively as possible. In the case of the employed, the period before the necessary Social Welfare contributions were accumulated should be covered.

Mr. Hillery enquired as to the number of dentists in New Zealand and in Ireland.

Dr. O'Brien-Moran said that New Zealand with a population of 3.1m. had 1200 dentists. In Ireland there were 900 on the register but a considerable number of those were practising in England and others were working in teaching situations.

Mr. Hillery enquired if the implementation of Recommendation 9 (the introduction of hygienists and other auxiliaries) would improve matters.

Dr. O'Brien-Moran thought it would go a long way towards easing the situation but the service would still require more qualified dentists. Ancilliary services varied from country to country. The hygienists mentioned at Recommendation 9 differed from the dental nurses employed in New Zealand because the latter were allowed to do fillings for children.

Dr. Dyar proposed that the report be adopted.

Mr. Foster asked what would happen to the report after presentation to the Minister. It would be a shocking waste of time and effort if it were shelved as too often appeared to be the fate of such reports.

The Chairman said it would be very important to follow-up the report. It would be a fruitless exercise to draw up proposals and recommendations if they were not implemented. When the Minister had had time to consider it properly, the Council could ask what progress had been made.

Dr. O'Brien-Moran suggested that the report should be put on the Agenda for next April.

Mr. McGuire said that the report should be published with the Annual Report. In that way pressure would be brought to bear to have the recommendations implemented. The Annual Report did not reflect the amount of work done by the Council and the addition of the report would be a valuable advantage.

Dr. Thornton asked if he could now give the Report to his Association for their comments. He recalled that at a previous meeting members had been asked to treat all matters discussed by the Council as confidential.

The Chairman said that Council deliberations were confidential and could not be discussed outside the Council. All Council discussions were submitted to the Minister i.e. minutes of meetings, reports and Annual Reports. Regarding the Annual Report, the Minister was at liberty to make any comments he thought fit and these comments could be published with it. He again stressed the importance of following up the present report.

Dr. Dyar said he had been 12 years on the Council and had attended many meetings which had produced very worthwhile advice. The idea that the Council could affect Departmental thinking was, in his opinion, illusory.

Dr. O'Brien-Moran asked if the report could be sent to the Minister with a request that it be published.

The Chairman said that such a request had never been made in the past. The Council was a statutory body and bound to report to the Minister. He suggested the report should be submitted to the Minister in the normal way.

The Report was then unanimously adopted.

DRAFT DISABLED PERSONS (MAINTENANCE ALLOWANCES) (AMENDMENT) REGULATIONS 1975

DRAFT INFECTIOUS DISEASES (MAINTENANCE) (AMENDMENT) REGULATIONS 1975

Mr. Hassett said that as the Regulations would be effective from 1st October there was not much point in the Council's discussing them at this stage.

The Chairman explained that the Minister requested the advice of the Council on all Regulations made under the Health and Mental Treatment Acts but he was at liberty, in cases of urgency, to make the Regulations and then request the Council's advice. On this occasion the draft Regulations had been sent well in advance to the Council but the Council had not met since 30th May 1975, and the Regulations were to become operative on 1st October.

Mr. Foster said the Regulations were implementing the increases in welfare allowances provided for in the last Budget.

Dr. Donnelly said that during the discussions on the previous Regulations implementing increases under these schemes it had been confirmed that the allowances could be increased only by Regulations. He was still of the opinion that recipients should share in the general wage increases enjoyed by the rest of the population and not have to wait until new Regulations were made.

The Regulations were then passed without further comment.

ANNUAL REPORT

The Chairman said that past Annual Reports had not been attractive enough to make an impact on the public. They were usually published too late and consequently the contents were out of date. He asked the members for their comments.

Mr. McGuire said it was the practice to set up a sub-committee to compile the report. The Secretary usually presented the committee with a draft outline report on the pattern of previous reports. In that situation it was difficult to get away from the set presentation, both as regards layout, style and commentary. It was time to change this. This time the Committee should draft all the stages. A layout similar to that adopted for the Report on the Public Dental Services would make it more readable and therefore more attractive to the public.

Mr. Lynch agreed with Mr. McGuire that the present layout of the Annual Report needed to be improved. He suggested that the main part of the report could be short and concise with amplification of the matters dealt with being set out in appendices. If the Council wanted public reaction to the Annual Report a press reception at the time of publication was the answer.

The Chairman said a press reception would not be possible under the Council's terms of reference. It was time to publish a more readable Annual Report which would show the public that their interests were being looked after by the Council. The Annual Report might then produce some reaction.

It was agreed to proceed accordingly and the following members were selected on the Sub-Committee:

Mr. O'Hanrahan
Mr. McGuire
Dr. O'Brien-Moran

The Committee is to meet on 10th October 1975.

WATERFORD SEMINAR

As the report of the Waterford Seminar would not be available until mid-October at the earliest, it was decided to postpone discussion on the matter until the next meeting.

At this point Mr. P.W. Flanagan, who was accompanied by Mr. C. Keogh and Miss K. Swayne, joined the Meeting.

PARAQUAT

Mr. Flanagan in response to an enquiry from the Chairman said that in the case of licensed sellers the Regulations required the person signing the register to be a person known to the seller to be engaged in agriculture, horticulture or forestry. This point had been made clear to the officers enforcing the Regulations for the health boards.

Dr. Donnelly asked if it was an offence for the seller not to comply with these provisions and if so what were the penalties.

Mr. Flanagan said the penalties were a fine and/or imprisonment.

The Chairman asked if there were any provisions for the safe storage of paraquat purchased by health boards or county councils.

Mr. Flanagan said there were no specific provisions for storage by such bodies. In practice each such body had in all probability an adequate storage arrangement properly supervised.

Dr. O'Brien-Moran asked if a directive in this regard had been issued.

Mr. McGuire queried the exemption of health boards from the provisions of the law for which they were entitled to prosecute others.

Mr. Hillery said there was no provision for storage in the case of licensed sellers.

Mr. Flanagan said that I.C.I. were satisfied that the selected licensed sellers to whom they were supplying paraquat were capable of storing it properly and it was understood that this was being done. He undertook to enquire from health boards as to the manner in which any paraquat purchased by them was stored and accounted for.

DRAFT MEDICAL PREPARATIONS (LICENSING OF MANUFACTURE) (AMENDMENT)
REGULATIONS, 1975

The Chairman said that para 1(a) of the Schedule to the Regulations did not specify dentistry as one of the permitted disciplines. Would it be permissible for a dentist to manufacture, say, toothpaste or a vaccine?

Mr. Flanagan said the provisions of the Regulations would in no way interfere with any existing rights which a dentist had to manufacture preparations for use in his professional capacity. However, dentistry was not one of the disciplines permitted by the terms of the EEC Directive on which the draft Regulations were based to hold the position of responsibility in manufacture of medical preparations.

Dr. O'Brien-Moran said he could see no good reason why dentistry should be excluded when, for instance, veterinary medicine was included.

Mr. Flanagan said that dentistry was not one of the disciplines which had any association by tradition with the manufacture of medical preparations. In fact the original six member nations of the E.E.C. had envisaged confining the position of responsibility for manufacture to pharmacists. In the negotiation on the draft Directive, the U.K. and Ireland had successfully fought to have the provision widened to include other disciplines, but at no point had there been pressure to have the discipline of dentistry included. It was to be remembered that the holder of the position of responsibility was in most instances an employee and in this respect manufacturers tended to employ either a B.Sc. (Chemistry) or a B.Sc. (Pharmacy). If a sustainable case can be made to justify the inclusion of dentistry amongst the disciplines the issue could be raised at the E.E.C. Pharmaceutical Committee for consideration in connection with a possible amendment of the Directive.

Dr. O'Brien-Moran said he accepted Mr. Flanagan's explanation. He would, however, like to have the point put to the proper authorities. He could, he said, foresee a situation where a dentist might open a factory and would have to employ a qualified person because he himself would not be considered to be such.

Mr. Flanagan said it would be very helpful in the consideration of the dentists' case for inclusion among the discipline if Dr. O'Brien-Moran could have a memorandum on the subject prepared.

Mr. McGuire asked if the type of control now envisaged would eliminate the danger of manufacturers producing quasi-medical preparations.

Mr. Flanagan said that the controls exercisable under the European Community (Proprietary Medicinal Products) Regulations, which required that a product

licence was necessary before any medical preparations are placed on the market in this country would ensure that no branded medicine could be put on the market which lacked therapeutic efficacy. The Minister was advised by the National Drugs Advisory Board on the efficacy of such products.

Mr. McGuire asked if there would be control of somewhat doubtful advertising of medicines.

Mr. Flanagan said that control of advertising was not as tight as the Department or the National Drugs Advisory Board would wish. It was an area which had been noted for future consideration.

The Chairman asked if there was any follow-up check on product licensing.

Mr. Flanagan said that licences were valid for five years and required to be renewed at the end of that period.

Mr. Hillery said that Ireland had a problem. Irish pharmacists were excluded as responsible persons because we did not have a basic four-year academic course. British graduates with a three-year course were included. (Britain also had a four-year course). The faculty of Pharmacy in Ireland was completely married to its British counterpart. Both used the same textbooks, exchanged examiners and used the same pharmacopoeia. He asked what were the chances of the Irish course being extended. As things were it meant that an Irish pharmacist could not be considered a responsible person by E.E.C. standards which he considered most unfair.

Mr. Flanagan confirmed that the position was broadly as outlined by Mr. Hillery. The reason the British course was accepted was simply because they register graduates from both their three-year and their four-year courses in the same manner. The U.K. were able to convince the Commission that the point of entry for their three-year course was higher than that for the four-year course. He was aware that the Pharmaceutical Society of Ireland were about to submit revised regulations based upon a four-year course for the Minister's consideration.

Dr. Donnelly assumed the main reason for exclusion of the Irish Pharmacy qualification was the fact that Leaving Certificate standard at entry was not equivalent to A levels standard.

Mr. Flanagan said it was generally accepted that A levels (which in the case of pharmacy concentrated upon three scientific subjects) were equivalent to a first-year university course. Other member states also had problems in complying with the Directive. For example, the Germans had to add a year's practical experience to their $3\frac{1}{2}$ year university course to be accepted. The duration of pharmacists' courses varied greatly from country to country ranging from a seven-year course in the Netherlands to our three-year course. The Minister would undoubtedly bear in mind the fact that the basic Irish pharmacy course was the only one in Europe which did not entitle its holder to embark upon a career aimed at the position of responsibility in manufacture and that proposals for freedom of movement of pharmacists in the E.E.C. when reframed by the Commission would most likely be based upon a four-year course.

The regulations were passed unanimously.

Mr. Flanagan then left the meeting as his presence was required urgently by the Tanaiste.

DRAFT MEDICAL PREPARATIONS (CONTROL OF SALE) (AMENDMENT) REGULATIONS, 1975

Mr. Hassett said he was surprised at the inclusion of substances (e.g. Phenacetin, etc.) on their own, with no reference to preparations containing such substances.

Mr. Keogh said that these Regulations must be read in conjunction with the 1966 Regulations. The proposed Regulations merely added a number of items to the schedule to the original Regulations which applied to the listed substances or preparations containing them.

Dr. O'Brien-Moran said he was concerned with the sale of this type of medical preparation in supermarkets.

Professor O. Conor Ward said that concern would depend on the safety of the drugs on sale. There were some drugs which were reasonably safe such as Paracetamol which had virtually been given complete clearance.

Dr. O'Brien-Moran said he had experienced cases where parents had given a child half a dozen aspirins in the space of an hour. He considered that people should not have such ready access to preparations of this type without advice.

Professor O. Conor Ward considered that this was a field of general education. By and large in most situations it was better for a family to use a little aspirin judiciously rather than go in search of antibiotics.

Mr. Keogh said these controls were not to be the last word on the subject. They were an interim measure until such time as more comprehensive controls could be introduced. It was expected that over the next couple of years the list of prescription only medicines would be extended to cover a much wider range of preparations and to deal with a variety of situations. With regard to the Poisons Regulations he explained that some changes were necessary in the Poisons Act, 1961 before the Regulations could be made. These were provided for in the Misuse of Drugs Bill at present before the Dail.

The Regulations were passed unanimously.

DATE OF NEXT MEETING

The date of the next meeting was arranged for 2.15 p.m. on Friday, 21 November, 1975.

The meeting then ended.

Signature
J. O'Brien-Moran
21/11/75

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NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 2.15 p.m. on Friday, 21 November 1975, at the Custom House, Dublin 1.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mrs. J. Barlow
Dr. J. G. Cooney
Dr. H. V. Connolly
Dr. M. J. Dyar
Mr. T. F. Hassett
Mr. J. M. Hillery
Mr. T. Kennedy
Mr. T. King
Mr. W. A. Lynch
Mr. W. MacEvilly
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. T.C.J. O'Connell
Mr. J. O'Neill
Mr. L. P. Pelly
Dr. H. Raftery
Mr. P. J. Teehan

Apologies were received from the following: Dr. Farrelly, Dr. McGrath, Dr. Thornton, Mrs. Kingsmill-Moore, Mr. Mehigan, Mr. Savage, Mr. Ó Caoimh and Dr. Donnelly.

MINUTES OF MEETING OF 26 SEPTEMBER 1975

There being no amendments, the minutes of the meeting held on 26 September were approved and signed.

MATTERS ARISING FROM MINUTES

Mr. Pelly said that the Department's letter, quoted on page 3 of the minutes, did not answer his query about the action taken on the recommendations made in 1963 by the Sub-Committee on Ophthalmic Services. The Sub-Committee had put forward proposals for the screening of school children which were comprehensive, speedy and cheap and he had raised the subject at the Council's May meeting in order to elicit whether these recommendations had ever been implemented. The Department's reply would seem to suggest that they had not. He had originally suggested in 1963 that any suitably trained person - and the Public Health Nurse was the obvious choice - could carry out preliminary tests provided the results were subsequently analysed by a competent person. He still held this view. He was concerned that quite a number of children who should have had attention had been "lost" through the screening process at present in operation at school clinics. The Department's letter indicated that the Public Health Nurses' training course now included lectures on ophthalmology, including instruction on the use of the Snellen test chart. The only information gained from this test was the degree of vision at the time.

It meant nothing unless it was related to the child's refractive condition. The Department's efforts to improve the service were a step in the right direction but they did not go far enough. He suggested that the Department should now implement the suggestions put forward by the Sub-Committee. Bad and all as the services were for children they were far worse for adults. He sympathised with ophthalmologists in the public service who had to cope with both bad working conditions and a shortage of equipment. Coupled with this they were further frustrated by long waiting lists which varied from 6 - 8 weeks to one year. In fact the waiting lists were so long in some areas that some of the people on them could be dead before they got to the top of the queue! To him the point of breakdown in the present service was fairly apparent. Where surgery was involved there were special facilities. In the majority of cases persons requiring ophthalmic services needed only refractory treatment but by the time the ophthalmic surgeon got around to treating them this need not be the case. The ophthalmologists themselves were becoming increasingly frustrated by this situation as they could not get to the "real" work. The main problem was that the field services were defective. There were too few people for too much work. One answer to the problem was to allow ophthalmic opticians to do refractions and so reduce the burden on the ophthalmic surgeons. This of course would cost more but at this stage it was a question of giving a proper service to those eligible. In present circumstances there was no service available at all for a lot of people.

The following reply received from the Department was circulated at the meeting:

20 Samhain 1975

A Chara

I am directed by the Minister for Health to refer to your letter of 14 October 1975 and to attach particulars of the numbers of ophthalmic posts approved and vacant and also of the numbers of eligible persons.

Arrangements are being made to get up-to-date information on the waiting list situation for operative conditions. This will be forwarded to the Council as soon as it becomes available.

In the meantime, it should be noted that

- (a) a new 18-bed Ophthalmic Unit came into use at Sligo General Hospital in August 1974
- (b) An improved 18-bed Ophthalmic Unit is almost completed at Ardkeen Hospital, Waterford, with additional facilities and two extra beds more than the existing unit
- (c) A second operating theatre has recently been completed at the Cork Eye, Ear and Throat Hospital to be used exclusively for ophthalmic operations
- (d) The new 600-bed Cork Regional Hospital, which will be completed in 1978, will have 22 ophthalmic beds.

In addition to the foregoing, a survey has recently been commenced in the major ophthalmic units with a view to obtaining information relating to the admission and discharge of patients and their duration of treatment. The survey will measure the length of time persons are on waiting lists before being admitted and will be of value in deciding how such waiting times may be reduced. It will

also take account of the duration of treatment for particular conditions and of the factors which influence the length of stay. The final results should be available by mid-1976 and will be made available to the Council if so desired.

Should it be of assistance to the Council, Dr. A. Walsh of the Department will be available to attend on the Council in this matter.

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(Sgd.) S. Trant

The Chairman commenting on the reply said that the provision of extra beds and facilities at Sligo, Ardkeen and Cork should help to ease the situation. Also the survey currently being carried out by the Department should provide useful information relating to the admission and discharge of patients and their duration of treatment. The figures given in Table A of the Department's letter indicated that there were only two vacancies for whole-time ophthalmologists in the public service, i.e., one each in the Western and South-Eastern areas. Whether the full complement of ophthalmologists was sufficient was, of course, another matter altogether.

Mr. Pelly said that relating the numbers employed to those eligible underlined the impossibility of the whole situation.

Dr. O'Brien-Moran said that the figures supplied gave details of those eligible for services but none for those treated.

Dr. Dyar said that he had an 80-year old patient on the waiting list since May 1974.

Mr. Pelly said delays in the private sector were equally bad. He had tried that morning to make an appointment with a Dublin ophthalmologist for a patient of his and could not get one until next May!

Dr. Raftery asked if it would not be better to await the outcome of the Department's survey before discussing this matter further. He suggested putting the subject on the agenda for mid-1976.

It was agreed that the matter would be put on the agenda for mid-1976 when the results of the Department's survey would be available.

There were no further matters arising from the minutes.

CORRESPONDENCE

(1) Misuse of Drugs Bill

The Chairman said that a letter dated 17 November 1975 had been received from the Department enclosing a long list of amendments which were to be considered by a Special Committee of the Dáil. The list was being printed and copies would be available shortly to the Members. He suggested that further discussion be postponed until that time. This was agreed.

- (2) (i) General Hospital Plan, (ii) Comhairle na nOspidéal Discussion Document on the Role of the Smaller Hospital and (iii) Report on the Waterford Seminar

The Chairman enquired whether the Members wished these documents to be examined by the Council as a whole or to set up special sub-committees for the purpose.

Mr. Pelly thought it would be better to form sub-committees. It would be an almost impossible task to go through them at a Council meeting.

Mr. Hassett asked if it would not be more appropriate to defer consideration of the hospital proposals until the health boards had examined and considered the reports. The boards were more directly involved in these areas than the Council.

The Chairman thought the Council would be in a position to make a more independent examination of the hospital situation than the health boards.

Mr. MacEvilly said that each health board would only consider the reports in the context of its own area and they should be left to sort out their own problems. The Council, on the other hand, should take an over-view of the whole situation.

The Chairman agreed. There was some very valuable information in these reports. It should be possible for the Council to make some useful suggestions to the Minister after a thorough examination of all three documents. It would be necessary to decide how the Council should go about considering the documents.

Mr. Hillery said he would be inclined to postpone detailed discussion of the hospital plan until there was some feedback from the health boards. Controversial points of view involving location and size of hospitals were bound to be expressed which would have to be considered by the Council. The Council would not have this vital information at this stage.

Dr. Dyar said he was weary of the endless discussions on planning when resources were not available to carry out such plans. If the Minister would say what resources would be available it would be possible to plan services that could be made available within those limits.

Dr. O'Brien-Moran agreed with Dr. Dyar. He felt it was a waste of time planning in the present financial climate.

Dr. Dyar said that more money was needed for community care. Hospital problems would never be solved until the community care area had been taken care of.

Mr. Hassett suggested that discussion of the hospital plan should be deferred until the appropriate section of the Waterford Report had been reached.

Dr. Raftery said, if the three reports were to be discussed intelligently, it was imperative that the Council should be given guidelines as to the time span and financial limits within which it was proposed to implement these reports. If, for instance, the discussions were to cover a 25-year span problems would be different -- even the Council would be different!

The Chairman said that, while he agreed with Dr. Raftery's sentiments, he doubted if information of this kind would be forthcoming. It was so difficult to control spending as there were always hidden expenses.

Mr. Neary said that advance information about finances would not really solve any of the present problems. Every Minister for Health had had his share of financial difficulties. Wrangling between the different areas of service at national and at health board level would continue - it was a fact of life. It was the duty of the Council to give the Minister the best possible advice within the limits of the available resources.

Dr. O'Brien-Moran asked if it would be feasible to request information on what improvements were planned in real terms indicating the amount of money likely to be allocated and the numbers of staff to be employed in the different services.

Mr. Hillery said that, in his opinion, community services was the only area in which any real improvement could be envisaged as it would cut down on expensive hospital costs. Far too many people were now going into hospitals who would not need to if community services were better. He was not in favour of forming sub-committees to consider the reports but thought that the Council as a whole should discuss them.

The Chairman said that patients tended to be kept in hospitals far too long. This was usually the fault of the hospitals themselves who were not anxious to relinquish lucrative bed occupancy fees. He considered this was a bad method of payment and would probably go by the board. He agreed that the best way to tackle the three reports would be for the Council as a whole to discuss community services in detail and then follow on with the other services.

Dr. Cooney suggested that the Council should consider community services in depth at the present meeting and not attempt anything else.

The Chairman thought it would be better because of the time factor to first dispose of item (4) on the Agenda - the Annual Report - and then go back to community services.

This was agreed.

ANNUAL REPORT

The Chairman thanked the members of the Sub-Committee for the excellent report which had been produced. Mr. McGuire, in particular, had done a remarkable amount of work and to him must largely go the credit for the draft now before the Council. It was proposed, he said, to publish the report in a more attractive form than theretofore. He then asked the Members for their comments.

Mr. Lynch thought that the functions of the Council should be set out item by item rather than in their present form which tended to confuse. The terms were in any event very vague and limiting and it might be necessary to approach the Minister with a view to getting more concrete terms of reference which would also expand the role of the Council. At present the Council debated many interesting topics and put forward many worthwhile suggestions but usually to no avail. He envisaged a more positive role for the Council which would enable it to get things done. He sensed a growing frustration among the Members at this lack of achievement.

Mr. O'Connell said the Council was originally established as a result of pressure from the medical profession to have a liaison body between the Minister and the people. The views expressed by the Council over the years on a varied selection of topics gave extremely valuable information to the Department. However, a lot of the work now being done by the Council did not seem to make any impact but there was little the Council

could do about this. In the early days the Council had a very definite say in affairs and even held up legislation while it was debating the issues involved. Nowadays there was hardly any reaction to the Council's recommendations.

Mr. Lynch said the Congress of Trade Unions had nominated Mr. Foster and himself to be Members of the Council to represent their members' interests. His Executive were of the opinion that some type of consumer body should be established in the health area as had been done in the Department of Industry and Commerce and the Post Office. He had a responsibility to report back to Congress on how the Council fulfilled that role. He could see the Council having an extended role not alone as a sounding board but also as a competent body to monitor the views of the consumer interests represented and to ensure that the best possible services were available for the money being spent. That, in his view, was the commitment of the Council. If it were not possible to achieve this goal within the present framework, the Council should ask the Minister to extend its terms of reference.

Mr. McGuire said that he had been a member of the Council for many years and that he would go along with a lot of what Mr. Lynch had said. One of the major difficulties confronting the Council in its operations, however, was that it published only one report annually which was always too late in reaching the public and was therefore out of date. He advocated the publication of interim reports throughout the year. There were statutory limitations within which the Council had to work and within those limitations it was in effect acting as the consumers' representative whether it realised it or not. It was possible, he felt, to have much more flexibility of operation even within the present terms of reference.

The Chairman said he appreciated Mr. Lynch's views which would give a type of ombudsman role to the Council. If this arrangement were put into operation the Council would be aware of the needs and difficulties experienced by those eligible for health services and would be in a position to bring these matters forcibly before the Minister to get results. The regular publication of reports could lead the Council into the field of controversy. Whether this would be a good or bad move was a matter of opinion. The Council could apply to the Minister to have reports issued at intervals and also to have its functions extended. Up to now publication of the Annual Report had always been too late, a fact which usually provoked adverse publicity.

Dr. O'Brien-Moran proposed that the Council should seek permission from the Minister to publish such reports as the Council might compile from time to time.

Mr. Lynch said it was regrettable that so much of the Council's work went unheeded. The Irish Congress of Trade Unions would be in a position to support Council proposals and recommendations but unfortunately he was precluded from acquainting Congress with these matters until they had been published by which time it would be too late. It was disgraceful that much of the valuable work of the Council was buried in oblivion and that the great expertise of the Members was not being properly utilised. He would be satisfied if the Council's reports to the Minister were published within a reasonable time. Certain subjects needed immediate follow-up and long delays in implementation resulted in lack of impact.

Dr. O'Brien-Moran said that surely Council Members were at liberty to refer to inadequacies in any service provided comments were not attributed to the Council.

Mr. O'Connell felt the discussion was verging on very dangerous ground. The Council's function was to report to the Minister and not to dictate to him. He in turn was responsible to the Oireachtas and nobody else.

Members were not permitted to discuss Council proceedings in public. In the past some Members had been reprimanded for public utterances on controversial matters and one Minister even terminated the appointments of some Members. The Council was bound by the Health Act and until that Act was amended nothing could be done to change the Council's function. Council affairs were private and could not be divulged until published by the Minister. Mr. O'Connell was also of the opinion that the Council represented the consumer.

The Chairman agreed with Mr. Lynch that publication of the Annual Report was usually too late. Admittedly their recommendations had not always been accepted but some had in fact been implemented. If the Council issued quarterly reports for publication by the Minister enabling free discussion of the contents, there could be no controversy and everyone would be satisfied.

Mr. King was not in favour of issuing quarterly reports. The Minister was presented with practically a verbatim account of the Council's proceedings which gave him all the information he needed.

Mr. Hillery said that the public were not in general aware of the Council's existence. A more topical report would help to change this and make people realise the Council was a body to which they could refer their problems. It was imperative that the Council's reports should be published quickly if anything were to be achieved. He felt it was only fair to say that any information requested from the Department had always been supplied.

Mr. O'Connell said that the Minister had never refused to publish the Annual Reports although in some cases they had been sent back for revision. However, the Council could not make the Minister publish other reports if he did not so wish.

Dr. Dvar said that the Minister was statutorily required to ask the Council's advice on Regulations but nothing else. Other problems could be referred for discussion but this rarely occurred.

The Chairman said that perhaps it would be a good idea to raise this aspect with the Minister.

Dr. Cooney said that if the Minister were requested to publish the Annual Report within a short interval of receiving it all the objections now being raised would be met. In the past many of the recommendations emanating from the Council had been adopted by the Minister and indeed by other bodies which, he felt, was the greatest compliment that could be paid to the Council. It did not worry him that the Council did not get the credit.

Mr. Lynch said he wanted to bring about a way in which Council recommendations could be more expeditiously implemented if not through the Council then by some other body. This was not possible in the present situation as valuable information was virtually worthless and out of date by the time it was published.

Mr. McGuire said that ^{while in the main} he agreed with Mr. Lynch, ^{similar sentiments had} ~~He himself had been~~ voicing the same sentiments for years. ^{been voiced for years by various members of the Council.} C. J. H.

Mr. Lynch proposed that the Council should seek an interview with the Minister to discuss the whole question; otherwise the Council would serve no useful purpose. The frustration of the Members in this regard should also be made known to him.

Mr. King said he got the impression that the Council Members were aggrieved because they were not getting full credit for their work. He

would, he said, be satisfied to know personally that he had achieved something after a day's work. If publicity was all that was required the meetings should be made open to the press.

Mr. Lynch said the Minister should advise the Council of whether or not he was going to publish their reports within a reasonable time, say, one month, of presentation. At the moment the Council was hamstrung. Someone should be able to say on behalf of the people that their interests were being looked after.

Mr. McGuire did not think it would be a good idea to put too much pressure on the Minister. He agreed that he should be asked to publish the Council's reports more quickly but thought the Council should tread warily. There was an area of private consultation within the Council which he would not like to see withdrawn.

Mr. Lynch thought it would be better to have a free and frank discussion with the Minister without commitment to see what could be done to resolve the problem. It would be more satisfactory than writing as a letter could convey a mood or portray something that was not intended. The Minister could then decide what was to be done.

Mr. MacEvilly pointed out that Members had spent three-quarters of an hour discussing the Council's lack of impact and the services which it could provide for the Department and health boards if only asked to do so. Yet, the Council had before it three very important documents awaiting attention. It now seemed that there would not be sufficient time to deal with them adequately during the present meeting. Continuing he said he would like to compliment those who had drafted the Annual Report. He asked to have the second sentence of the second paragraph on page 7, which had been based on information originally supplied by him, amended to read: "An interesting statistic from these studies is that the cost of delivering a live baby in hospital in one health board area is £120".

Mr. McGuire proposed that the Annual Report should be adopted and sent to the Minister with a request that it be published as quickly as possible. It was most desirable that it should be printed in a more attractive form in order to get away from the institutional-type treatment it had received in the past. If possible the Sub-Committee should be consulted at the printing stage on the format to be used.

The Annual Report was then passed unanimously.

Mr. Hillery suggested that the Minister be requested to investigate the possibility of publishing interim reports on current discussions of the Council.

Mr. King thought that the matter was too delicate to be the subject of a letter and suggested that the Minister should be asked to receive the Chairman, the Vice-Chairman and Mr. Lynch to discuss the matter.

Mr. Cooney asked if the Minister could issue reports other than the Annual Report.

The Chairman said the Minister could release anything for publication either by a press conference or by a press release issued through the Government Information Service.

The following resolution was unanimously passed by the Council for submission to the Minister:

- "The Council request that the Minister receive specific reports from the Council as they shall in their wisdom desire to submit to him and that such reports be released for publication by the Minister at his discretion."

DATE OF NEXT MEETING

The date of the next meeting was arranged for 2.15 p.m. on Friday,
12 December 1975.

The meeting then ended.

12/12/75
Hamber

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place at 2.15 p.m. on Friday, 12 December, 1975.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mrs. J. Barlow
Mr. J.C. Barrett
Dr. J.G. Cooney
Dr. H.V. Connolly
Dr. M.J. Dyar
Dr. P.A. Farrelly
Mr. T.F. Hassett
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. T. King
Miss M. McCabe
Mr. J.A. Mehigan
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. L.P. Pelly
Dr. H. Raftery
Mr. P.J. Teehan
Professor O. Conor Ward

Apologies for inability to attend were received from: Dr. Donnelly, Mrs. Kingsmill-Moore, Mr. Foster, Dr. Thornton, Mr. MacEvilly, Dr. McGrath, Mr. O'Neill, Mr. Savage, Mr. Ó Caoimh and Mr. Lynch.

MINUTES OF MEETING OF 21 NOVEMBER 1975

Mr. McGuire asked to have his comment on page 7 of the minutes amended to read: "Mr. McGuire said that, while he agreed in the main with Mr. Lynch, similar sentiments had been voiced for years by various members of the Council". There being no further amendments, the minutes were approved and signed.

MATTERS ARISING FROM MINUTES

The Chairman in reply to Dr. Raftery said that he did not think the Minister would be in a position at the present time to commit himself to a time span for the implementation of the changes envisaged in the General Hospital Plan or by the Waterford Seminar. Dr. Raftery said he accepted the Chairman's judgment on this point.

CORRESPONDENCE

There was no correspondence.

COMMUNITY SERVICES

The Chairman summarised the main provisions of Part II - Community Services - of the Waterford Seminar Report. He pointed out that

paragraph 1.3 stressed the need for greater emphasis on community care as opposed to institutional care. Institutional services accounted for 70 - 75% of the total health bill. A question to be answered was whether improvements in the community services would reduce costs.

Continuing, the Chairman drew attention to the general recommendations made by the working groups in the areas of Community Welfare Services and Community Medical Services. In relation to the care of the aged, paragraph 2.1.1 recommended that a comprehensive range of community welfare services should be developed across the whole spectrum of an ageing person's life in order to permit him to live in the community, healthily and content, for as long as possible. It also suggested that "welfare homes" should be renamed "community homes".

His personal opinion was that these homes should be named after national figures, e.g., Plunkett Home in Boyle.

Dr. Connolly said he would like to see the word "home" eliminated altogether as it had a "poor house" connotation.

Mr. Neary pointed out that in Mayo they had already started naming these homes after famous personages, e.g. McBride Home, D'Alton Home, etc.

Professor O. Conor Ward said that none of these homes was so big that it could not be called "house".

Mr. King had not much sympathy with a person who did not want to go into a welfare or county home simply because of its name.

Referring to the recommendations in paragraph 2.1.2 dealing with children the Chairman said there were many defects in the adoption laws in this country which would have to be rectified. He had been told by people dealing with child adoption that well intentioned clergy sometimes found homes for children without going through the formal adoption process. This could result in a lot of difficulties for the child in later life. The law would have to be tightened to prevent such practices.

Dr. Connolly, referring to the recommendations regarding the establishment of pre-school nurseries for children ~~at risk~~, pointed out that there was no obligation at present to register nurseries and this omission should also be rectified.

Mr. Hassett said that one of the national newspapers had refused to take an advertisement from a lady who wished to look after children until she had got clearance from the Eastern Health Board.

Dr. Connolly pointed out that while maternity homes and geriatric homes had to be registered there were no such regulations for the setting up of nursing homes.

At this point it was decided that the Council would proceed to deal consecutively with each of the recommendations in Part II of the Report.

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Referring to improved community services for the aged, Dr. O'Brien-Moran said that the number of home helps was a critical factor. Unless there were sufficient of these it would be impossible to cut down on expensive hospitalisation of the elderly.

Mr. McGuire referred to reports of two recent inquests in Co. Mayo. One referred to an old man living alone who had been dead for five days before being found. The second case was of a 73 year old man who had literally died of malnutrition in front of his own family. There was no point, he said, in talking about community care in a narrow sense. There must be a community involvement. The postman, neighbours etc. had a role to play in providing information on people needing assistance. There was great public misconception on the concept of home care. For instance, in his area the Society of St. Vincent de Paul, in a new departure for the Society, had intended to set up in a local housing estate a home management centre which would give advice on nutrition. Two days after the announcement had been made there was a deputation from angry residents complaining about getting charitable handouts from the Society. This type of mis-conception would have to be eradicated. The process would have to begin with educating and informing the public.

Dr. O'Brien-Moran said that quite a number of social workers had been appointed but their efforts to assist the aged were hampered by the shortage of home helps.

The Chairman felt that an infrastructure would have to be set up before anything could be done to improve community services. The local people and local voluntary organisations needed to be educated as to what was involved in providing community care.

Dr. Connolly pointed out that, in his area, home helps were paid £6 a week. This was insufficient to attract the right calibre of person for the job. It was also very difficult to get home helps in rural areas. Public Health Nurses were complaining about having the job of recruiting home helps. For an efficient service it was necessary to set up a register of cases and to arrange for frequent visits. *social training*

The Chairman said that Public Health Nurses had complained that some elderly citizens would not allow them to enter their homes. The larger the area covered, the greater was the risk of cases being overlooked.

Dr. O'Brien-Moran said that properly trained home helps were needed. In the Netherlands they were trained in such matters as special diets for the elderly. They also looked after a family while the mother was having a baby and stayed on after she came home to help with the new baby. The ideal situation would be for the Public Health Nurse to establish a social link with older citizens before they got ill so that there would be no problem about visiting them when they were sick.

Mr. McGuire was of the opinion that the genteel poor who would not admit to financial embarrassment were really the worst off. There would never be widespread acceptance of community services unless they were operated and staffed on a professional basis with a properly

organised "intelligence" system which would bring to notice persons needing assistance. The present efforts of local voluntary organisations, neighbours, etc. were admirable but not sufficient. A professional approach to the problem would be much better.

The Chairman said that paragraph 2.1.5 recommended the appointment of Directors of Community Care as quickly as possible and that community health centres be established where necessary throughout the country. This innovation would probably cost a lot of money but it would be a worthwhile expenditure.

Dr. Connolly said that the appointment of Directors of Community Care was in effect a perpetuation of the old CMO system. Nothing really new had been added except that in some areas the person responsible for community care would have to cater for about double the population he had heretofore, and for no extra remuneration.

Dr. Dyar said that old people were not now being accepted back into the community once they had been in hospitals or homes. The modern tendency was for geriatric patients to transfer from general hospitals to county homes, usually because their families did not want them. It was depressing to think that people did not want to take care of their own parents. There were very few back-up facilities after hospital treatment. The whole outlook was gloomy. The provision of Welfare Homes cost £3/4,000 per bed. This type of money was not available. It would be better to concentrate on improving community services rather than try to provide institutional accommodation which might not be built for another ten years.

Dr. Connolly said that in his experience relatives would not take old people home unless they got an allowance for looking after them.

Professor O. Conor Ward asked Dr. Connolly whether in his experience the domiciliary care allowance for handicapped children had resulted in a larger proportion of these children being kept at home.

Dr. Connolly said he was not in a position to give a general opinion on this question but, in so far as his area was concerned, it had not seemed to make any marked change in the situation. In any event there had been an increase in the number of day centres which would contribute towards keeping such children at home.

Mr. McGuire said there was an excellent scheme in operation in Co. Mayo for the care of handicapped children which was run by voluntary personnel. There was not however the same degree of community awareness of the problem of the aged who constituted such a high proportion of the population in the area. He would like to see a similar type scheme for the elderly backed by an allowance scheme similar to that for handicapped children.

The Chairman said that it appeared from the discussion that members were agreed that -

- (1) An improvement in community care was essential if any reduction was to be made in institutional costs

- (2) An infrastructure should be set up to deal with community care. This should be initiated by the appointment of Directors of Community Care as quickly as possible.
- (3) Many more Public Health Nurses were needed in the community and their numbers should be increased at the earliest possible opportunity.
- (4) Professionally run community services were essential if the public were to tolerate them or give them any recognition.

Dr. Dyar said there should be a link between the community care service and the hospital. At present each programme manager tended to operate on his own without cross communication. He believed that health board management would be much better if the Programme Managers were abolished. The set-up might suit administrative convenience but it did not serve the welfare of the patient.

Dr. Connolly pointed out that it was envisaged that the Directors of Community Care would have a direct link with the Community Hospitals as a member of the hospital committee.

Mr. Hassett asked if any agreement had been reached on the appointment of the Director, Community Care, to the management team.

Dr. Connolly said that the Director, Community Care, had to report to the Programme Manager, Community Care, about community matters. On the question of hospital care, both general and special, he had to report to two different Programme Managers depending on the type of hospital concerned. He would not be a member of the board management team which discussed policy.

Dr. O'Brien-Moran thought it was a mistake to appoint doctors to posts as Programme Managers. Lay persons would be much more suitable in these posts.

Dr. Connolly said that in fact only four doctors held posts as Programme Managers.

Dr. Raftery said the Council could do the greatest service to the community by focusing attention on the patient. An efficient administrative structure was essential but the emphasis should be on the patient. If community services were to be extended money should be spent on the provision of nursing services in the home to cater for the needs of the patient and to make him more comfortable.

Mr. McGuire said the General Hospital Plan recommended that two District Hospitals - Athlone and Ballina - should be converted to Community Hospitals but so far no move had been made to get this project under way. He suggested that the Minister should be asked to initiate a pilot scheme on community care in these two areas on an experimental basis for, say, two years. This would push forward the concept of community hospitals being linked to community care and should provide useful information for extending the idea to the rest of the country. At present, administration was superseding patient care and this situation would have to be reversed. Focus would have to shift back to the patient.

Dr. Cooney said he supported Mr. McGuire's recommendation. The suggested pilot scheme should also have regard to community services in a city setting. There was a survey of this type already in existence in the Walkinstown area of Dublin and this could be linked to the proposed pilot schemes for Athlone and Ballina. He had great misgivings about the present management structure in the health services, which was derived from the McKinsey Report, and about its validity to the Irish scene. The McKinsey Report was a fait accompli before the Council had had a chance to discuss it adequately. It had been pushed through without the thorough examination warranted for such a huge undertaking.

The results of the pilot project would probably throw up many interesting theories not the least of which might be whether the present costly concept of management of the health services was relevant to the Irish situation. It would also provide an in-depth analysis of all branches of medicine and ancillary care which would be very useful. Indeed the outcome of the pilot project might even result in a change in the present management structure.

The Chairman agreed that Mr. McGuire's proposal had a lot of merit. It was a pity that pilot schemes had not been initiated for many of the projects embarked on in the past. It would be a good way to test the market to see what value could be got from available resources. As there was no conflict with the authorities regarding the suggested status of the hospitals in the Athlone and Ballina areas, they would be ideal areas in which to have a pilot scheme.

Dr. Cooney said that the answer to the *problem of the hospital in* Ballina ~~problem~~ was to have a suitable person in charge there. This was a prime necessity if proper care was to be given. This crucial factor seemed to have been overlooked.

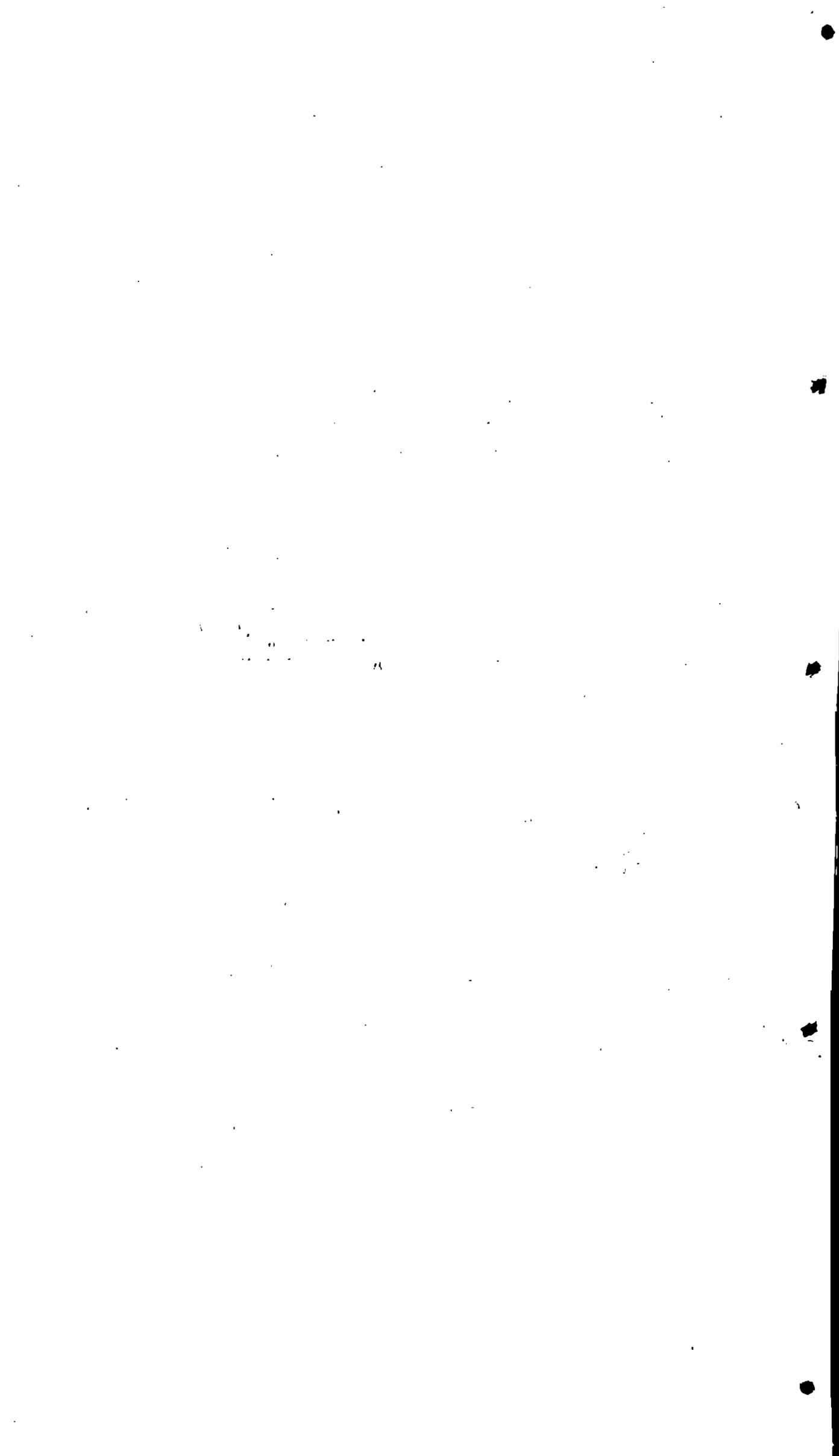
Mr. McGuire said that they had a priority in Ballina to which the authorities had not subscribed i.e., a hospital with a full-time medical officer and with a working team of local doctors and nurses and proper diagnostic and clinical facilities. A part-time medical officer would be unable to give the service they required. It had taken 2½ years to achieve their goal and it was now a question of filling the post. The District Hospital now had the formal status of a community hospital.

Dr. Dyar pointed out that the modern consultant was not prepared to work in isolation.

The Chairman said that a man with senior qualifications would expect the services of a hospital team. One of the difficulties in appointing a part-time officer with charge of a number of hospital beds was that he would be given an advantage over other local doctors when it came to private practice. It would be much better to have a full-time officer.

Dr. Cooney said that while the Chairman's statement was no doubt correct, it was not quite what he had in mind. There were questions to be answered in relation to the Ballina area. If a suitable appointment had not been made, why was this so? Did it arise out of a misconception as

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to the needs of the area or was the wrong type of appointment specified? The real needs of the area must be identified and a decision taken on how best they could be met. Practical problems like this would be revealed by a pilot project.

Mr. McGuire felt the Council should adopt a resolution calling on the Minister as a matter of urgency to initiate a pilot scheme for the development of the community hospital/community care concept with a view to applying the lessons learned to the rest of the country.

Mr. King felt it was a waste of time making any recommendation as there were no funds available for new hospitals.

Mr. McGuire said there was no question of new hospitals but a redeployment of what was already there.

The Chairman said that if, as the Minister had indicated, Ballina was to have a community centre it was essential that a proper management structure should be devised. A full-time medical officer would be needed with proper conditions and salary. It would be unreasonable to expect that he would be an expert in all fields. He would however have the expertise of all the consultants in the Western Health Board region available to him.

Dr. Dyar said that, in spite of the fact that some areas were adequately catered for so far as consultants were concerned, other facilities were non-existent such as assessment units, out-patient clinics, etc. There were long delays for patients seeking appointments with consultants. For instance there was no paediatrician in Castlebar and cases had to wait six months to be seen. He considered that the management structure of the entire health service was tied in a knot. There was no money available to develop hospital services.

Mr. McGuire agreed that this was a general problem. Management structure should be revamped to cater for the needs of the community. There should be an effective local board of management representative of doctors, nurses, hospital matrons, etc. which would act as a pressure group on central management to have the interests of the local area looked after.

Dr. Cooney said the proposed resolution was that a pilot survey on community services should be done now. It was not necessary to wait until further monies were available. He believed that ~~very good~~ ^{less than} an adequate health services could be provided at a ~~fraction~~ ^{fraction} of the present cost. The survey would provide answers to many of the problems now being posed by the members, and it was the best way of acquainting the Minister with what was required to be done in this area.

The Chairman said that the proposed Director of Community Care should have a field staff at his disposal to deal with community services. The community hospital should be under the joint control of the community health administration which would give the Director of Community Care entrée to the hospital. In this way some kind of co-ordinated community services would be possible. In his experience quite a considerable amount of very good medicine was practised in County Homes resulting in a channelling back of old people into the community.

Miss McCabe said she could not understand why the pilot survey should necessarily result in an increased expenditure on services. Hospitals and community services were already in existence in the chosen areas. All that was required was for somebody to go in and examine the situation and report on whether the services were effecient, and if not, why not.

Mr. Hassett said that the Comhairle na nOspidéal Discussion Document on the Role of the Smaller Hospitals outlined plans for dealing with all the problems under discussion.

Dr. Cooney agreed but said that the Comhairle document was only a discussion document. If a pilot scheme were initiated all the practical problems would be thrown up and steps could be taken to deal with them.

The Chairman said that the Comhairle document gave a general overall picture but was not specific, for example, on the numbers and types of medical personnel required. He suggested that a sub-committee should be set up to study the question.

Mr. Hassett thought it preferable that the Department should investigate the problem by setting up a pilot scheme.

Dr. Cooney said that the Council could not improve on the theoretical proposals put forward for the improvement of the community services. It could however suggest to the Minister that a practical survey be done to see how the theory would work. He could see no point in setting up a sub-committee to study the matter as it had already been fully discussed at the Waterford Seminar. What was needed now were hard facts applicable to a particular situation. The basic reason for doing the pilot survey was not to reduce costs but to try to improve the community care services. Reference should be made in the resolution to the fact that the scheme already in existence in Walkinstown was an on-going one and the findings emanating from this scheme should be studied in conjunction with the findings emerging from a study of the other two areas thereby getting a cross-section for the county.

Professor O. Conor Ward said he found the discussion a little confusing. Mr. McGuire had proposed a pilot survey which was hospital based while the Walkinstown scheme referred to community care. A special committee had been set up for the Walkinstown project under the guidance of a Director who had had special personnel allocated to him for the purpose of making the best use of the resources available in the community care context.

Dr. O'Brien-Moran thought it important that specific funds should be allocated to the pilot scheme so that there was no question of the money being diverted elsewhere.

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Dr. Dyar said the provision of proper housing was an integral part of the community services. There was no point in trying to improve home nursing if people had no homes to go to.

Dr. Farrelly was of the opinion that no matter what was spent on community services it would not reduce hospital costs. It would be impossible to divert money from the hospitals. In fact both types of service were essential. One of the biggest difficulties was how the community hospitals would be staffed under the proposed hospital plan and how the staff would react to the reorganisation. There was no movement as yet to intergrate the G.P. into the area of community hospitals and this important point would also have to be examined.

Dr. Cooney said that all the arguments put forward could be relevant to the setting up of efficient community services. Different areas had different needs and priorities. A pilot survey to study these needs in depth would help to reduce the undue emphasis at present put on hospitalisation. The knowledge gained from the survey could be applied to the rest of the country.

The following resolution, proposed by Mr. McGuire and seconded by Dr. Cooney, was then adopted unanimously by the Council:

"The National Health Council, in line with the concepts for the role of the Community Hospital contained in the General Hospital Development Plan and the suggestions embodied in the Comhairle na nOspidéal 'Discussion Document on the Role of the Smaller Hospitals' and bearing in mind the need to change the emphasis from institutional care more to a community orientated system in the interests of the recipients, proposes that the Minister should forthwith initiate pilot schemes for the Athlone and Ballina areas. These schemes would ensure an examination of the role, staffing and management of the Community Hospital in each area as well as a consideration of its operation in relation to the local community care services, which would be examined in depth concurrently. Practical information on methodology might be obtained from a consideration of the Walkinstown pilot project which has been in existence for some time.

Particular attention should be given to the feasibility of setting up boards of management composed of representatives of both local and professional interests. The question of the most suitable form of budgetting for the health needs of the areas concerned should receive priority.

It is hoped that the results of these surveys will enable firm proposals to be made to ensure that the health needs of local communities will be served to the best advantage of the individual patient having regard to the resources available."

The Chairman said that discussion of the community services would be resumed at the next meeting of the Council.

MISUSE OF DRUGS BILL

Mr. Flanagan, Department of Health, joined the meeting at this stage.

Mr. Flanagan said that in meeting the undertaking previously given to keep the National Health Council up-to-date in regard to developments on the Misuse of Drugs Bill, he had discussed with the Secretary to the Council the question of circulating to the members the amendments to the Bill put forward by the Minister and various deputies. There were now over 140 such amendments and it was thought it would be confusing to the Council to circulate them. Accordingly it had been felt that the easiest way to keep the Council up-to-date would be to give them a factual run down of what the Minister had proposed by way of significant amendments to the Bill and of developments in the Special Committee of Dáil Éireann at present considering the Bill. Mr. Flanagan continued that he thought the Council would wish him to deal first with those sections of the Bill with which they had expressed a concern. The first of these was the definition of "qualified person". The Minister had proposed, and the Committee accepted, that that definition should be removed from the Bill and that it should be replaced by "practitioner" defined as a registered medical practitioner, a registered dentist and a registered veterinary surgeon and a "pharmacist" defined as a registered pharmaceutical chemist, a registered dispensing chemist and druggist and a registered druggist. This amendment met a point raised by the Council in regard to the absence of a specific reference in the Bill, as introduced, to a pharmacist. The provision made in the amendment was to enable those professions for whom, for the practice of their professions, it was necessary for them to have controlled drugs in their possession as a regular feature to so have them. The Council had expressed a concern that the nursing profession should be named in the Bill. Mr. Flanagan explained that it would not be possible to include the nursing profession in its entirety in the Bill - obviously, for example, junior nurses would not have custody of controlled drugs. It was the intention to cover in Regulations to be made under the Bill the categories of nurses who would be entitled to have controlled drugs in their possession. There were other professions and disciplines who would have need to have controlled drugs in their possession and who would similarly be covered in the Regulations. The Council had been very concerned when discussing the Bill previously about the implications of search procedures in the area of clinical records particularly in the context of Section 24 of the Bill. The Minister had circulated an amendment of Section 24 of the Bill which made its intent absolutely clear that the procedures envisaged only applied to commercial concerns involved in the manufacture and distribution of controlled drugs. There was opposition indicated by deputies in the Special Committee to the provisions of Sections 23 and 25 of the Bill and the issue of clinical records would no doubt arise when amendments etc. relating to these sections were considered by the Committee. The Minister had made it clear that he would be flexible in his approach to reasoned argument.

Mr. Flanagan referred to Section 28 of the Bill upon which the Council and the medical profession had raised two points -

- (1) Concern that medical reports should be sent direct to the Court, and
- (2) On the involvement of medical practitioners in charge of treatment units in the admission and discharge of persons recommended for care in those units by the Courts.

The Minister had circulated amendments meeting the points.

One of the major changes made as a result of the consideration of the Bill by the Special Committee concerned cannabis and to an extent the barbiturates. In an endeavour to balance the attitude in the legislation to cannabis and to take account of the concern expressed by various advisory bodies, the Minister had put forward a proposition to do away with the existing three-part schedule of controlled drugs and list all the substances in a single schedule. The single schedule would meet the objections which had been raised in respect of the categorisation of barbiturates. The penalties to be imposed would be those hitherto imposed in respect of the first schedule of the old three-part schedule except in the case of cannabis in respect of which a fine of £50 would be imposed for a first offence of possession, £100 for a second such offence with a jail option only for a third or subsequent offence of possession. The Council would appreciate that the Bill was structured so that the penalties were aimed at controlling drug trafficking. The Minister had other powers in the Bill to make regulations relating to the medical use of controlled drugs and when these regulations were being drawn up the various professions concerned would be consulted. The introduction of different regimens of control was envisaged and advice would be sought on the provisions to be made in the Regulations.

In answer to a query from the Chairman, Mr. Flanagan said there was no intention of excluding the nursing profession. The Regulations to be made following the passing of the Bill would provide for those of the nursing profession who needed to have possession of controlled drugs for the practice of their profession e.g. midwives, ward sisters, etc.

Mr. Hillery enquired as to the penalties for abuse of barbiturates.

Mr. Flanagan said that the penalties to be applied would be those which applied hitherto to Category I drugs. The penalties laid down were maxima.

Dr. Connolly, referring to the question of medical reports on individuals requested by the Courts, asked if the Judge would be the only one to have access to them.

Mr. Flanagan said that medical reports would be transmitted direct to the Courts - the mechanics of their reaching the Judge would be those normally applicable in which, no doubt, due regard would be had to their confidentiality.

Dr. Dyar asked if many people were using cannabis as a medicine. It still had a very valuable medicinal use. Could a doctor prescribe it?

Mr. Flanagan said he understood that cannabis was no longer being used as a drug in Ireland or the U.K. It had been replaced by more effective preparations. As far as he knew cannabis was only used in veterinary medicine nowadays. He would make enquiries and let Dr. Dyar know the precise position.

The Chairman then thanked Mr. Flanagan for his help and co-operation and Mr. Flanagan withdrew from the meeting.

ANY OTHER BUSINESS

Mr. Neary said that because of the present unprecedented inflationary trend many people who had had continuous health eligibility for years past now found themselves outside the upper limit. Failure to introduce the promised comprehensive health scheme was partly responsible for this situation. These people had wrongly assumed that they would be adequately covered. To add to the confusion health contributions had been incorrectly deducted over a period. The contributions had now been refunded to these people and he would ask the Minister to allow them to be repaid in order that these people might be covered again for health services.

The Secretary explained that unless they were eligible for services the payment of the health contribution would not help their situation.

The Chairman said the Minister would be asked to consider this request.

Dr. O'Brien-Moran asked if any information could be obtained on when the new Dentists Act was likely to be introduced. It had been on the stocks for about ten years but so far nothing had been done about it.

The Secretary undertook to look into the matter.

Mr. Haggett asked if the Council would consider examining the role of the Regional Hospital Boards, their effectiveness and their operating costs. If so it would be necessary to obtain some background information from the Department.

The Chairman agreed and the Secretary undertook to obtain the necessary information.

DATE OF NEXT MEETING

The date of the next meeting of the Council was arranged for Friday, 23 January, 1976.

The meeting then ended.

R. O'Hanlon
23/1/76.

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place in the Conference Room, Custom House, at 2.15 p.m. on Friday, 23rd January, 1976.

Present at the meeting were:-

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mr. J.C. Barret
Dr. J.G. Cooney
Dr. H.V. Connolly
Dr. P. Donnelly
Dr. H.J. Dyar
Dr. P.A. Farrelly
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. T. King
Mr. W. Mac Evilly
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. E.S. Ó Caein
Mr. T.C.J. O'Connell
Mr. J. O'Neill
Mr. L.P. Pelly
Dr. H. Raftery
Mr. P.J. Teehan
Dr. S.M. Thornton
Professor O. Conor Ward

Apologies for inability to attend were received from: Mr. Hassett, Mr. Mehigan, Mr. Lynch and Dr. McGrath.

MINUTES OF MEETING OF 12 DECEMBER 1975

Dr. Cooney asked to have the following amendments made:

Page 6, paragraph 4: Sentence to read: "Dr. Cooney said that the answer to the problem of the hospital in Ballina was to have a suitable person in charge there"

Page 7, paragraph 7: To read: "He (Dr. Cooney) believed that an adequate health service could be provided at less than the present cost"

Dr. Connolly also asked to have the following amendments made:

Page 2, paragraph 8: Omit "at risk"

Page 3, paragraph 4: Last sentence to read: "For an efficient service it was necessary to set up a register of cases and to arrange for special training".

There being no further amendments, the minutes were approved and signed.

MATTERS ARISING FROM THE MINUTES AND CORRESPONDENCE

1. Medical uses of Cannabis: It was reported that the Department had not yet furnished the information promised to Dr. Dyar.
2. Resolution on community care pilot scheme. It was reported that the text of the Council's resolution had been conveyed to the Department on 17 December 1975.

3. Limited eligibility: The following reply from the Department to the points raised by Mr. Neary was read.

"18 Nollaig 1975

Secretary
National Health Council

A Chara

I am directed by the Minister for Health to refer to your letter of 17 December concerning the entitlement to hospital and certain other services of persons in non-manual employment whose rate of remuneration is in excess of £2250 a year.

I am to explain that the health contribution, ^{formerly} ~~formally~~ 15p and now 26p per week, is payable by insured workers who have entitlement to these services. The payment of the contribution by a person who is not so entitled would not confer entitlement on him. Consequently, if the persons to whom the enquiry is related are in receipt of remuneration at a rate in excess of £2250 a year and are thereby ineligible for the services in question, it would not be possible for them to secure eligibility by repaying the health contribution already refunded to them.

Mise le meas

S. Trant."

Mr. Neary said that the matter dealt with in the Department's reply was different to the one he had wished to raise. It was possible that the problem was in the Social Welfare area. He was referring to people who had been compulsorily insured as non-manual workers and had, prior to 1 April 1974, gone above the insurance limit. They would have been eligible to become voluntary contributors but did not do so because the Minister for Health had announced in 1973 his intention to introduce a comprehensive health scheme. That scheme had not been introduced and because of inflation, these people were now ineligible for health services. The course of action they had adopted was on the basis of the information then available to them. In view of the hardship at present being experienced by these people, he would ask the Minister to allow them the opportunity of paying such voluntary contributions as would enable them to regain their former entitlement to limited eligibility.

Mr. McGuire remarked that in the converse situation, there was now delay in making refunds to persons from whom health contributions had been deducted erroneously.

The Chairman considered Mr. Neary's request reasonable and said the matter would be put to the Minister for consideration.

4. Dentists Act: It was reported that the Department had not yet replied to the Council's request but there was every hope that a reply would be received in the near future.
5. Effectiveness of the Regional Hospital Boards: It was reported that a reply had not yet been received from the Department to the Council's request for information.

6. Directors of community care: The following reply from the Department was read:

"22 Eanair 1976

Secretary
National Health Council

A Chara

I am directed by the Minister for Health to refer to your letter of 17 December, 1975 requesting information regarding the appointment of Directors of Community Care and Medical Officers of Health. The following is the position to date:

Health board areas:

South Eastern

4 posts have been approved, two of which have been filled by the appointment of the existing C.M.O's and the remaining two have been advertised by the Local Appointments Commission

North-Eastern

3 posts have been approved and appointments to these from within the existing complement of C.M.O's are pending.

Midland

2 posts have been approved and appointments to these from within the existing complement of C.M.O's are pending.

North-Western

2 posts have been approved and appointments to these from within the existing complement of C.M.O's are pending.

Western

3 posts have been approved and appointments to these from within the existing complement of C.M.O's are pending.

Mid-Western

3 posts have been approved, one of which has been filled by the appointment of an existing C.M.O., and the remaining two vacancies have been advertised by the Local Appointments Commission.

Southern

5 posts have been approved, one of which has been filled from within the existing complement of C.M.O's, and the remaining four have been advertised by the Local Appointments Commission.

Eastern

The position in regard to this area has not been finalised - the board's proposals are at present under examination in the Department.

Mise le meas

J. Gloster"

Mr. McGuire remarked that the reply indicated the privileged position of C.M.O's with regard to the filling of these posts. Suitably qualified persons from outside the service had virtually no chance of securing an appointment. This form of discrimination seemed to be very prevalent in the health service and he wondered if it was a fixed policy.

The Chairman explained that the filling of these posts had been discussed by the medical organisations, the health boards and the Department. It was a unique situation which would have resulted in redundancies among C.M.O's if appointments had been made from outside their complement. The situation was unlikely to recur in the case of future appointments to these posts. Something similar had occurred after the war when army medical officers were demobilised and had to be slotted into local authority posts.

Dr. Dyar queried whether C.M.O's had any particular expertise in community care.

The Chairman pointed out that most of the C.M.O's were already doing a certain amount of that type of work. He felt they were eminently suitable for the posts in question.

Mr. McGuire said he accepted the point made about the special position of existing C.M.O's. However, he was concerned at the general tendency to confine health board appointments to a narrow circle of people. He doubted if the practice was equitable or in the best interests of the service. He would like it recorded that the Council was concerned about the "closed shop" element of selection. All future health board appointments should be filled through open competition in order to secure the best possible talent available.

7. Publication of reports: The following reply from Department was read:

"23 Nollaig 1975

Secretary
National Health Council

A Chara

I am directed by the Minister for Health to acknowledge receipt of your letter of 5 Nollaig 1975 and to say that the Council's resolution on the submission of reports to the Minister has been noted.

As members will be aware, copies of the minutes of all meetings, which are reported in considerable detail, are sent to the Minister shortly after they are available to Council members. Also, where the Council so decides, its views are referred formally to the Minister by letter and all resolutions are notified to him in the same way. Further contact is maintained through the attendance of officers of the Department at certain meetings of the Council. Moreover, Council proceedings are summarised yearly in the annual report presented to the Minister and subsequently published with such comment as the Minister may decide to make.

The Minister is accordingly kept fully informed both of the resolutions adopted by the Council and of the views of the individual members.

Mise le meas

S. Trant"

Dr. O'Brien-Moran said that the point of the resolution had been missed. The time lag in the publication of the annual report was the main reason for the resolution.

Mr. McGuire said the objective in seeking to have reports published was to ensure that the public would be aware of the work being done by the Council and of its views on specific health matters. He accepted that the Minister was already adequately informed in this area.

In reply to Mr. McGuire, the Secretary stated that the last annual report was still being processed in the Department and had not yet reached printing stage.

The Chairman said the Council should in future make every effort to ensure that its annual report was published on time. The preparation of the next report would have to be put in hand shortly.

8. First Report of Comhairle na nOspideal: Copies were distributed to members. It was agreed that the report would be put on the agenda for discussion at the next meeting.

Dr. Donnelly felt that the statement of Dr. O'Brien-Moran on page 3 of the minutes that "quite a number of social workers had been appointed", might give a wrong impression of the situation especially in relation to hospitals. So far as he was aware, no health board hospital had a medical social worker. The Galway Regional Hospital with 1,000 beds had been looking for approval to appoint a medical social worker since 1971. It had to depend on the public health nurse who, as well as acting in her own capacity, acted as a social worker and intelligence collector both for the community and the hospital. Even if community care teams had adequate numbers of social workers this was of little assistance to the hospitals; they required the services of medical social workers.

Dr. O'Brien-Moran said that he had been alluding to the community care area.

The Chairman said that, due to the shortage of openings for medical social workers, very few people had qualified in that field. It was essential to have them in hospitals. He agreed that the Department should be asked to look into the matter.

COMMUNITY SERVICES

It was agreed that the Council would continue the discussion on this topic.

Dr. O'Brien-Moran said there was considerable room for improvements in the community care area and particularly as regards the provision of preventive care. With the Chairman's permission, he would be circulating a paper on preventive care, including dental care, which the members would receive before the next meeting. Referring to page 32 of the Waterford Seminar Report, in relation to the cost of drugs, he said there was a tremendous waste of drugs which could possibly be curbed by the introduction of a prescription fee. He recalled that at a previous meeting of the Council, Mr. Hassett had referred to people presenting prescriptions and then neglecting to collect the medicines. Even when collected, some patients did not take the prescribed dosage with the result that their illness was probably prolonged at considerable extra cost to the State.

Dr. Dyar said that it was interesting to note that, when people lost their medical cards, they tended to complain less often and seemed less in need of drugs. This was also accompanied by an amazing decrease in the number of visits to doctors. The present system encouraged pill-peddling. Drugs were virtually available on demand. It was a very difficult situation to control.

The Chairman pointed out that the poor would be the hardest hit if a prescription fee were introduced.

Mr. Hillery said that he knew of cases where patients entitled to free drugs and holding repeat prescriptions for a number of drugs only looked for a repeat of some of the drugs. This was a clear indication that they were not following the prescribed medication and probably still had unused supplies of some of the drugs. This type of wastage was intolerable. He felt it would improve the situation if the patient had to pay for drugs at the time of purchase and was later reimbursed by the State, if eligible. He felt that some medical card holders would be well able to pay for or contribute towards the cost of drugs. He suggested that a scheme, similar to the existing scheme of assistance towards the cost of prescribed medicines, but with a ceiling of £2 or £1 instead of £4, might be introduced for medical card holders deemed capable of making a contribution towards the cost of medicines.

Mr. O'Connell said that most countries with public health services had established national drug formularies. Only drugs listed on the formulary could be issued to eligible persons, where the drugs were being provided free of charge or at subsidised rates. Any other drugs prescribed had to be paid for by the patient irrespective of income. In this country, very expensive drugs were often prescribed when other drugs costing a fraction of the price would be just as efficient. The introduction of a national formulary might help to curb that practice. If everyone paid for drugs at point of purchase and subsequently received full or partial reimbursement, depending on eligibility, from the health board, it was likely that people would be more hesitant about purchasing unnecessary drugs. A further economy could be achieved if reimbursement was confined to drugs listed in a national formulary. Without safeguards of this type, it was difficult to curb expenditure. In his view, V.H.I. benefits had been seriously eroded by over spending. Once things are freely available, demand becomes uncontrollable.

Professor Conor Ward said that the basis of a national formulary had existed under the old dispensary system but there had been serious drawbacks to the purchase of drugs by contract. Great care needed to be taken to ensure that drugs were of an acceptable standard and efficacy.

Mr. O'Connell thought the present method of procuring drugs should remain but only drugs listed on the formulary should, as a rule, be supplied under the health scheme. The cost of drugs and medicines was increasing all the time. There was a tendency for patients to demand certain types of drugs from doctors and in that situation it was difficult for the doctor to prescribe cheaper alternatives. He felt the Council should strongly advise the Department to set up a national formulary.

The Chairman agreed that a national formulary would be desirable. Doctors should not be allowed to prescribe expensive drugs in the health services when cheaper and equally effective ones were available. The price difference amongst the various brands of the same drug was remarkable.

Dr. Farrelly agreed with Professor Ward that the introduction of a national formulary could bring serious problems. Between 40% and 50% of the drugs at present listed on the British formulary were ineffective. As a safeguard, Irish doctors tended to prescribe drugs by brand name and manufacturer.

Mr. O'Connell said that a modern drugs formulary should be compiled in consultation with the medical profession, the pharmacists and the National Drugs Advisory Board. The medical profession, which was always being blamed for over-prescribing, did not want to spend money unnecessarily on expensive drugs; that money could be better utilised elsewhere. He would again stress that the Council should strongly advise the Minister that the introduction of a national formulary was imperative. He would expect the national formulary to be composed of drugs supplied by ethical companies.

Professor Conor Ward said it was extremely difficult to assay drugs, particularly antibiotics. He was aware of an antibiotic which was put on the market having satisfied all laboratory tests, but which was found in practice to be unsuitable and ineffective. Protection of the patient was one of the reasons why central bulk buying of drugs had been dropped.

Mr. Hillery agreed that drug assaying standards had been low in this country in the past. EEC regulations, which were binding on this country, would now change all that. One of the biggest drawbacks of the old system was the placing of the contract with one supplier.

Dr. O'Brien-Moran thought the easiest way to curtail excessive use of drugs would be to introduce a nominal prescription charge of, say, 10p.

Mr. King said that it seemed to him that one of the main causes of excessive drug taking was over-prescribing by the medical profession. The chemist was only fulfilling the doctor's prescription. Prescribing should be cut to a minimum.

The Chairman agreed there was a tendency for doctors to over prescribe but this was often under pressure from the patient who would go to another doctor if he did not get what he thought he needed. If there was a formulary, no doctor would have an advantage over his colleagues with regard to the items prescribed. A small fee for each prescription, which would be payable by the patient, might help to reduce the consumption.

Mr. MacEvilly pointed out that the Southern Health Board had spent £3½ million on drugs in the previous year. Of this £2½ million was spent on GP prescriptions, £½ million on general hospital service, and £½ million on the psychiatric service. There had been great waste in the past and it was as well to face up to the fact that this phenomenon had not disappeared. The choice of doctor scheme cost £20 per patient last year, of which £12 was spent on drugs. Patient demand had a big say in what was prescribed. It would be interesting to see what would be prescribed if the patient had to pay. Some mechanism to restrain demand was essential. Another expensive abuse was the excessive use of the out-patient departments of hospitals. The number of referrals was unnecessarily high and there were too many unnecessary return visits. Restraining that kind of abuse could lead to very significant economies. Any good pharmacist should be able to make out a list of drugs suitable for the various conditions with their comparative prices. This should enable the doctor to make the most suitable choice at the lowest cost. While drug prescribing in the hospital services was controlled, this was obviously not the situation in the rest of the service. Expenditure of £2½ million on GP prescribing would indicate a total expenditure of the order of £7½ million per annum on non-hospital prescribing for the total population of the Southern Health Board area.

Dr. Dyar said that the costs of drugs and doctors' fees were comparatively low and better controlled in the middle 1950's. The present costs, even allowing for inflation, were proportionately higher due mainly to heavy patient demand.

Dr. Donnelly said it would be unethical to control the types of drugs which a doctor could prescribe. It might be in order to limit the quantity covered by a prescription and put time limits on prescriptions.

Dr. Raftery thought that some wild statements and generalisations were being propounded without any hard facts to back them up. The introduction of a national formulary was a good idea. The Council should stick to broad principles and not concern itself with detail.

Mr. Hillery said that drugs had become so frighteningly expensive that every effort would have to be made to prevent wasteful prescribing. Admittedly there would always be people genuinely in need of free medicine but some medical card holders could well afford to make a payment. Students should not automatically qualify for medical cards; they should be assessed individually. In his experience people did not appreciate medicines they did not have to pay for. As a principle, he thought drugs should be paid for by the individual at the time of purchase with reimbursement taking place later, if eligible.

The Chairman suggested that medical cards might be over-stamped to indicate varying degrees of entitlement, according to the needs of the individual. Some people could be shown to have entitlement for all the services, free of charge, while others might be certified as being entitled only to some services e.g. free general practitioner service but liable for all or part of the cost of medicines or only entitled to free medicines for a limited time.

Mr. King said that he was still at a loss to understand how any professional man could be coerced to supply a specific type of drug at the dictate of a patient.

Dr. Dyar said that it was often difficult to reason with a patient when he believed that one type of drug was more effective than another in the treatment of his complaint. A national formulary would eliminate many of the problems. There were too many brands of the same drug.

Professor Conor Ward said that, while commercial drug companies obviously had a profit motive in manufacturing drugs, account must be taken of the fact that the development of new drugs or the improvement of existing ones has to be financed out of these profits. The effect of establishing a national formulary on their ability to do this should be taken into account.

The Chairman felt that a properly controlled formulary would give all the drug companies a fair chance. It might be instrumental in bringing companies together and might even help to bring down prices. The formulary should provide an adequate choice of the different brands of the same drug.

Mr. Hillery pointed out that certain drugs such as insulin would have to be prescribed by brand name in the interests of patient safety.

Mr. O'Connell said that the Minister should be requested to consider the introduction of a national formulary. The money saved could be better used in other areas of the health service. It could be instrumental in changing the present over-dependence of our society on drugs and medicaments which could become chaotic if not controlled now.

Mr. Hillery felt the Department should also be asked to look into the question of eligibility for medical cards and for the various services as had been discussed by the Council.

Dr. Raftery pointed out that the Council was suggesting major changes relating to eligibility for medical cards and he was not happy that these changes were being given the necessary consideration. Members should have advance notice of the intention to debate such important matters in order that they might give adequate thought to the problem. If it was to be given the consideration which it deserved, it should be placed on the agenda for a further meeting. He considered that the establishment of a national formulary was a good idea and should not at this stage be linked with the question of medical card eligibility. That was another question and should be looked at again.

It was agreed that the Council's views regarding the establishment of a national formulary should be forwarded to the Minister for his consideration.

Dr. O'Brien-Moran pointed out that the recommendations concerning the dental service in the Waterford Seminar Report (page 33, paragraph 2.2.2) had omitted to include expectant and nursing mothers amongst the priority groups. His recollection, as a participant in the Seminar, was that these were intended to be included. In that respect the Waterford Report would therefore coincide with the recommendations in the Council's own report on the dental services.

Referring to the recommendation in the Waterford Report (page 34, paragraph 4.2) concerning the allocation of extra resources to the dental services, he pointed out that, in the past, only 1% of the total allocation on the health services had gone to the dental service. However, in the current year one health board had allocated less than 1% of its resources. He felt that these points should be stressed when the Council made its own report on the Waterford Seminar.

Dr. Connolly drew attention to the statement on page 32, paragraph 2.2.1 that "the middle income group have free hospital services but were not entitled to free community care service". This was not accurate. The following services were available to the middle income group: midwifery (domiciliary), care of the aged, chronic sick, domiciliary after care of psychiatric patients, domiciliary care of mental handicapped children, at risk children, child welfare, school medical services (c.f. Circular 2/66). These inaccuracies needed to be corrected.

Dr. Raftery referred to the statement on page 34, paragraph 4.5 that "much of the work presently being done by doctors, dentists and other health personnel could be delegated to less highly trained and experienced personnel. Efforts should be made to delegate the relevant functions". While he agreed in principle with the statement, he was rather dubious about the way it would work in practice. It was too sweeping a statement. There were areas where it might work but one had only to look at pathology departments where costs had soared, particularly at week-ends, through delegation to less competent and experienced persons.

The Chairman said it was not clear how the principle would apply to the medical profession. In other areas such as in the employment of dental auxiliaries, more highly trained and expensive personnel could be released to do more worthwhile work.

Dr. Cooney was in agreement in principle with Dr. Raftery's viewpoint. The recommendation in the report was not necessarily meant as a move to reduce costs. Doctors should be doing work more appropriate to their qualifications.

Dr. Donnelly pointed out that senior consultants were not paid overtime, no matter how long they worked, while auxiliaries and also junior doctors got overtime and "stand-by" pay which sometimes worked out at more than their actual salaries. In a situation where our own more highly qualified dentists were going abroad to work, it was a sad reflection on this country to be suggesting the use of dental auxiliaries.

OTHER BUSINESS

It was agreed that the first item on the agenda for the next meeting would be a discussion of General Hospital Services.

DATE OF NEXT MEETING

The date of the next meeting of the Council was arranged for Friday, 20 February, 1976 at 2.15 p.m.

The meeting then ended.

J. O'Hanlon 20/2/76

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place in the Conference Room, Custom House, at 2.15 p.m. on Friday, 20 February 1976.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mr. J. C. Barrett
Dr. J. G. Cooney
Dr. H. V. Connolly
Dr. P. Donnelly
Dr. M. J. Dyar
Dr. P. A. Farrelly
Mr. T. F. Hassett
Mr. J. M. Hillery
Mr. T. Kennedy
Mr. T. King
Dr. D. McGrath
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. L.P. Pelly
Dr. H. Raftery
Dr. J. P. Shanley
Mr. P. J. Teehan

Apologies for inability to attend were received from: Professor O. Connor Ward, Mr. J. A. Mehigan, Mr. E. S. Ó Caoimh, Dr. S. M. Thornton and Mr. J. Foster.

MINUTES OF MEETING OF 23 JANUARY 1976

There being no amendments the minutes of the meeting held on 23 January 1976 were approved and signed.

APPRECIATION

The Council paid tribute to the late Mrs. Kingsmill-Moore whose death had taken place since the Council's last meeting. It was agreed that the condolences of the Council should be conveyed to her husband.

MATTERS ARISING FROM THE MINUTES

There were no matters arising from the minutes of the meeting held on 23 January 1976.

BUREAU OF NUTRITIONAL COUNSELLING

At Dr. O'Brien-Moran's request, it was agreed that the paper circulated by him would be the first matter discussed.

Dr. Farrelly said he supported in general terms the idea of a Bureau of Nutritional Counselling. There was a great need for advice on this subject as nutritional abnormality was one of the major factors contributing to ischaemic heart disease and other serious illnesses. It was of interest to note that because of strict food rationing the population in England had a better balanced diet during the last war than they had at present. He had no idea how the proposed bureau would go about launching a nutritional campaign but one of the first areas to be tackled was community medicine where expert advice on diet for such conditions as overweight, blood pressure, diabetes, etc., was essential.

Dr. O'Brien-Moran said his suggestion was that if the idea of setting up such a bureau were acceptable to the Members then the Council should recommend to the Minister that the Health Education Bureau should set up a Bureau of Nutritional Counselling which would have representatives of both the Departments of Health and Education. Nutritional counselling should start in schools and it would be necessary to have co-operation between the two Departments.

Mr. McGuire thought that in the present financial climate it might be more appropriate to recommend that the suggested bureau should be incorporated within existing health organisations. The setting up of a complete new entity might be refused on financial grounds.

Mr. Hassett agreed with Mr. McGuire's approach. The major portion of the Irish Heart Foundation's funds was channelled towards health education, mostly in secondary schools. The paper under discussion was geared to all spheres of education.

The Chairman said that counselling on nutrition was not being catered for at present and should be initiated as soon as possible. The Council should recommend to the Minister that he should examine the desirability of setting up such a bureau.

The general lack of knowledge among the public on the importance of proper diet and nutrition was extraordinary. It would be very important for the bureau to sell the idea of proper nutrition to the public. A start should be made in the schools.

Dr. O'Brien-Moran hoped the idea of nutritional counselling would initially be incorporated in some health education programme run by the Health Education Bureau. The question of setting up a Bureau of Nutritional Counselling might be considered later.

The Council agreed to recommend to the Minister that the Health Education Bureau should be asked to incorporate nutritional counselling in its health education programme and to consider the question of setting up a Bureau of Nutritional Counselling at an appropriate time in the future.

Dr. Connolly said that more dieticians were needed in the health services. Not enough posts had been sanctioned. Most dieticians had to emigrate because of the lack of jobs in this country.

Mr. Hassett remarked that there was no dietician employed by the South-Eastern Health Board.

It was agreed that the lack of dieticians in the major hospitals should be brought to the Minister's attention and that he should be asked to look into the matter.

CORRESPONDENCE

1. Resolution on community care pilot scheme

A reply had been received from the Department stating that the matter was receiving attention.

2. Limited eligibility

The Council's further query to the Department of Health on limited eligibility had been taken up with the Department of Social Welfare.

3. Dentists Act

The following reply from the Department was read out:

"18 Feabhra 1976

Secretary
National Health Council

A Chara

With reference to your letter of 17th December 1975 the position is that the proposed Bill to amend the Dentists Act 1928 is still under active consideration. In fact the proposal was referred to recently by Deputy Noel Lemass in a Parliamentary Question addressed to the Minister for Health. As you will see from the Minister's reply (a copy of which is enclosed)* it is unlikely that the Bill will be introduced in the current session.

Mise le meas

(Sgd.) C. J. Mulvihill"

*(In reply dated 18 February 1976 the Minister for Health stated as follows:

Proposals for a Bill to amend the Dentists Act 1928 are still under consideration. Because of pressure on Parliamentary time, I do not think it will be possible to introduce it in the present session).

Dr. O'Brien-Moran said that this matter had been receiving attention for the past ten years.

The Chairman said the matter would be followed up.

Dr. Farrelly asked about the possibility of early legislation being necessary as a result of EEC directives dealing with dentists. It would probably help to speed up a revision of the Dentists Act.

Dr. O'Brien-Moran thought that no such move was likely for about two years.

4. Effectiveness of Regional Hospital Boards

Information on this matter had not yet been received from the Department.

5. Introduction of a National Formulary of Drugs

The Council's views had been conveyed to the Department.

DRAFT INFECTIOUS DISEASES (MAINTENANCE) REGULATIONS 1976

DRAFT DISABLED PERSONS (MAINTENANCE ALLOWANCES) (AMENDMENT) REGULATIONS 1976

The Chairman said that there appeared to be nothing of a controversial nature in the Regulations.

Dr. O'Brien-Moran referring to Part 1 (c) of the Schedule to the Infectious Diseases Regulations wondered why such a high rate of allowance was payable where the recipient and spouse were both receiving in-patient treatment.

The Chairman explained that such persons would still have continuing expenses such as rent, rates, etc., which would have to be met while in hospital. In the circumstances the provision in the regulations was not unreasonable.

Dr. McGrath said that for a number of years the Council had been suggesting to the Minister that an escalatory clause should be introduced in order that these allowances could be automatically increased in line with the cost of living without having to wait for regulations to be made. Under the present method allowances rarely if ever caught up with the cost of living. He asked if the recommendation on the escalatory clause could again be put to the Minister.

This was agreed.

The Chairman noted that brucellosis, which was a common complaint nowadays, was omitted from the infectious diseases listed in the explanatory note to the Regulations.

Dr. Connolly said that in his experience brucellosis sufferers were now looking for disability pensions. It was very difficult to say whether such persons were in fact fit for work or not.

The Chairman thought that salmonella could probably be dropped from the list and brucellosis substituted instead.

Dr. Raftery considered it would be desirable to review the list of infectious diseases. He suggested the deletion of streptococcal sore throat and scarlet fever.

There being no further comments both Regulations were passed unanimously.

GENERAL HOSPITAL SERVICES

The Chairman reviewed the main provisions of Part IV - General Hospital Services - of the Report of the Waterford Seminar. He went on to say that the general hospital services were a very topical subject at the present time for the reason that costs had escalated to such an extent that something would have to be done about them.

Mr. McGuire said that the policies relating to the location of services would have to be reviewed in view of the crippling cost of transportation. Where ambulances were not available, taxis were being used. Transport costs and distance factors must be given very serious consideration when decisions are being taken on the siting and locating of services, especially in areas with poor public transport.

The Chairman said that most people were reluctant to use their own cars or pay for transport to hospital. They insisted on being transported at the hospital's expense. There was a misconception that medical card holders were automatically entitled to free transport. No one had ever contradicted this view. The matter was, however, being looked into now.

Dr. O'Brien-Moran thought that the recommendation in paragraph 3.3 (that a hospital should get the benefit of any savings it made) was most important. It should help to curb inefficiency and unnecessary costs such as the excessive referral of patients for laboratory tests by junior hospital staff, etc.

The Chairman said that hospital budgeting was extremely difficult. Budgets could look good on paper but be very difficult to adhere to in practice. There was no incentive for hospitals to save under the present system. Even if they did manage to save in one financial year, they were not allowed to carry that saving into the next financial year. The real problem was that up to now budgets had not been examined in sufficient detail in the first instance.

Dr. Dyan said it had been easy to manage in the early happy days of the health boards when money was no object. They were now faced with a very different situation. He did not believe that anybody would suffer as a result of the stringent financial cutback envisaged. In fact he believed that a better and more efficient service could emerge. Public patients were being brought back unnecessarily to OPD clinics time and time again. This did not happen with private patients. There would have to be a cutback on the 'taxi' service. He did not mean to denigrate the health boards but, in the circumstances, one was forced to the belief that there had been a happy-go-lucky idea that the availability of money was not a problem.

Mr. Barrett agreed that a lot of money was being wasted particularly on such things as taxis. It had been agreed that no more taxis would be supplied in his (the Mid-Western) area.

Mr. McGuire said that the tragedy was that money was being wasted without any improvement whatsoever in the services being provided for the patient. It could be that the hard realities of the present financial crisis might result in better planning in the future with a consequent improvement in the services.

Mr. Hillery said that in general people were abusing the services. One of the two GMS doctors for his area lived outside the area. That doctor held surgery in the area for GMS patients on only one half-day a week. This seemed to be sufficient to cope with the needs of the patients. Unnecessary visits were cut out because people were reluctant to travel a distance to see the doctor on days other than the official surgery day. There had been complaints about delays in transporting patients by ambulance to Limerick Regional Hospital. On investigation the ambulance rotas proved to be fair and it transpired that patients wanted to use taxis in between the official ambulance times. Patients would have to be educated to use the services properly and economically.

Mr. Hassett said that in the South-Eastern area the overdraft accommodation had risen within three years from over £500,000 to over £2 million. He considered that there had to be a more economical way of funding the health boards.

Dr. Farrelly said that overdraft accommodation for capital development was understandable but it should not be used for revenue purposes. He too agreed with the views expressed in paragraph 3.3 of the Waterford Report. It was difficult for an individual hospital to become concerned about its own budgetary arrangements when it would not reap the benefits of its thrift. Up to now the medical staffs of hospitals had in general no say in the budgeting process. It was not going to be easy to change to a new system but it would have to be done.

Dr. Donnelly said he agreed with Dr. Farrelly. He believed that the Western Health Board intended to cut the hospital services budget by £1 million this year. The matter had not been discussed with the hospital authorities and, as far as he was aware, there was no plan as to how the budget was to be reduced by this amount. The persons spending the money were not being consulted. Rumour had it that the reduction was to be achieved by a cutback on staff but this was only hearsay. Apparently the whole matter was a well-guarded secret.

Dr. Reftory said he supported Dr. Donnelly's views. There had been an amount of publicity in the national press in recent times about the financial state of the country and various theories had been propounded as to how the crisis could be averted. However so far no definite steps had been taken. There was obviously a lot of action to try and save money but to most people it was all hearsay. On the health services question there was, in his opinion, no co-operation between those allocating funds and those who spent them. In the hospital setting senior medical staff, matrons, etc. should be involved in the budgeting programme and should have a real knowledge of the amount allocated to their particular hospital and of how best it could be spent. It should be indicated to the Minister that it was a bad thing to have the present vacuum-type situation where nobody really knew anything of the financial implications involved in their actions and demands within their individual departments. Short-term priorities and long-term plans should be determined. Official responsibility for the spending of money in individual areas should be delegated. The people making medical decisions should also be fully apprised of the financial limits within which they had to work.

The Chairman said that unfortunately hospitals were operated as non-profit making institutions and therefore not properly motivated in the financial sense. The detailed costing necessary for budgetary purposes were not available. This situation would have to be remedied.

Mr. McGuire said that, as far as he was aware, there was no statutory obligation on any hospital to balance its books. Before the advent of the health boards each health authority had to work within a fixed budget. It had been envisaged that with the introduction of the health board areas the services would be run more efficiently but this was not the case as things had turned out. It was time now to get back to reality. Each health board should be given a fixed budget or allocation and given a free hand to operate the services within those limits. The present chaos could not be tolerated any longer.

Dr. Dyar said that at a recent Council meeting Mr. MacEvilly had referred to the enormous increase in out-patient attendances. In the Western Health Board area these attendances had increased by about 14% over the past three years. It was difficult to credit that this figure represented an increase in real terms in the incidence of illness. If it were true, then one could only conclude that the people concerned spent half their lives going in and out of hospitals. This abuse would have to be stopped.

Dr. Farrelly said that in his experience referrals from GPs were increasing all the time. In fact his only complaint was that neither he nor his colleagues could devote the time they would like to the numbers of patients referred to them. Financial considerations were only secondary to proper patient care. As things were it was almost impossible to maintain standards and most hospitals were operating at a minimal level. If financial resources were cut drastically as was envisaged, these standards would be lowered even further and patients would suffer. If financial cuts could be phased out over, say, the next two years perhaps the hospitals could cope with the problem. To axe the budgets as was now contemplated was ridiculous.

The Chairman said that if the problem were viewed objectively it would have to be admitted that the health boards were the authors of their own misfortune. There were too many medical card holders who, if they continued their present heavy demands, would cripple the health services. The sums paid to junior hospital doctors by way of overtime were very considerable. A straightforward increase in salary would have been less expensive. There was also the enormous cost of providing free drugs. The whole range of services would need to be examined in great detail if the present colossal waste of money were to be diminished.

Dr. Donnelly said that it would be well to keep the question of increased out-patient attendances in proportion. An increase in out-patient figures should not be regarded as a sign of over-use of the services, especially in view of the increased number of consultant posts which no doubt were created to cope with real needs.

Mr. McGuire said it was curious to note that the discussion had centered around a cutback at hospital level with no mention of any cutback at administrative level. Surely this was confusing priorities. Priority should be given to maintaining the best possible service for the patients regardless of cost and any cutback should be made in the administrative area.

Mr. Hassett said that, in his experience, most hospitals tended to involve both their medical and administrative staffs in the formulation of their budgets. Obviously expansion programmes would have to be ignored if the budget could not stretch to them.

Dr. Farrelly disagreed with Mr. Hassett and said that this practice was not universal. He personally had never been involved in the formulation of his hospital's budget.

The Chairman emphasised that hospital budgetting was a job for a professional. By all means involve both the medical and administrative staff of the hospital so that they would have a greater awareness of costs, etc., but it was imperative to have somebody capable of costing every facet of hospital expenditure if economies were to be effected.

Mr. McGuire said that transport costs were a most significant factor at the present time. There was the anomalous situation of the Western Health Board area laying on transport facilities for patients while CIE was cutting back on its services. Perhaps the health boards could do a deal with CIE to transport patients on a voucher basis. This might help to cut down on costs while at the same time doing CIE a service. In his opinion McKinsey was the greatest disaster ever to hit this country. It would have been much more practical to have the advice of the medical profession and those people closely involved with the practicalities of our services when setting up the health boards instead of employing people who were so far removed from the realities of the situation in the Irish context.

Dr. Raftery considered that the Minister should be asked to clear up the doubt that existed through conflicting statements in the press about budgetting for the health services. Perhaps the health boards had the facts but both the public and the medical profession were confused on this issue. The proposal to give individual hospitals the benefits of any savings effected within their annual budgets was the single most desirable feature that would give everybody the incentive to work towards economy.

Mr. Hassett said he would go along with the latter viewpoint provided the hospital had not over-budgetted in the first instance.

The Chairman said that savings would have to be effected right across the board. The services would have to be costed right through from the time the patient first visited his GP to his discharge from hospital.

Dr. Dyar maintained that too many patients were cluttering up OPD clinics unnecessarily and wasting the consultants' time which could be better utilised in attending to those who were seriously ill.

Dr. Farrelly said that the priorities listed at paragraph 4.1 on page 52 of the Waterford Report were very valid and suggested that the Minister should be asked to move on them as soon as possible.

Mr. McGuire considered that the priority listed at paragraph 4.1 (g) ("priority should be given to alleviating the unequal distribution of hospital facilities throughout the country") should be placed much higher on the list in terms of urgency.

This was agreed.

Mr. King said he could only assume from the general tenor of the discussion that the Council was placing a vote of no confidence in the health boards. The revamping of the old health authorities into the present health boards was carried out under the detailed specifications laid down in the McKinsey Report. If the general criteria needed to be re-examined at this stage no doubt this could easily be arranged. He himself had every confidence in the health boards and he would like the Members to be aware of the very good work that was continuously being done by health board representatives. There were probably some small defects in the management of affairs but each board was well equipped to deal with its individual problems.

Dr. Dyar said that as far as he knew every health board would suffer a cutback in resources this year. It was logical to assume that the brunt of any cutback in the Western Health Board area would have to be borne by the bigger hospitals in the area. He would be disappointed with the management skills of the board if they could not still run an efficient service even in less affluent circumstances.

Mr. Hassett said he did not agree that the tone of the discussion indicated a vote of no confidence in the health boards. It was good for every organisation to be shaken up occasionally and forced to take a hard look at itself.

Mr. McGuire felt there was need for the health boards to generate patient co-operation in the efficient use of services. In the past the tendency had been to give the public the impression that services were available for the asking and cost was not a consideration. This must now be changed. The public must be made aware that there is a limit to what the community can afford to pay and that it was necessary to use these resources in the best possible way.

Dr. Donnelly suggested that the only way to come to terms with such a complex problem as the hospital services was to make a detailed study of the activities of one hospital. Analyses could be done on a variety of areas such as general efficiency; the varying costs of different methods of transportation; the comparative efficacy of running a battery of tests on patients, some of which might be unnecessary, in readiness for the consultant's examination vis-a-vis waiting until the consultant had seen the patient and ordered specific tests, and the effect, if any, on length of patient stay under both systems. Good information of this type should, in the long term, help to reduce costs.

The Chairman was of the opinion that patients should not be admitted to hospital, except in emergencies, until all necessary tests had been carried out. Most of these tests could be done at the OPD clinic. He agreed with Dr. Donnelly's suggestion about carrying out a study on one hospital and then applying the findings across the board.

Dr. Donnelly did not envisage using the results of such a project in a dictatorial sense but as a source of real information.

The Chairman suggested that perhaps consultants could hold clinics at different venues throughout their areas.

Dr. Donnelly felt that this would not necessarily work out any cheaper. Under the present arrangement the consultant could be using his skill while patients were being transported to him while under the suggested arrangement the doctor would be wasting valuable time driving around from place to place.

Dr. Farrelly said that, if such a system were initiated, in all probability these centres would have neither the equipment nor the facilities the consultant needed.

Dr. Donnelly said he had no figures to back up his argument but considered that most hospitals would benefit greatly from the appointment of a Casualty Surgeon of consultant status. Such an appointment would probably save the hospital a lot of money in the long run.

FIRST REPORT OF COMHAIRLE NA hOSPIDÉAL

It was decided to postpone discussion of this Report until the next meeting of the Council.

DATE OF NEXT MEETING

The next meeting of the Council was arranged for Friday, 26 March 1976.

The meeting then ended.

26/3/76

Signed
John Annan

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place in the Conference Room O'Connell Bridge House at 2.15 p.m. on Friday 26th March, 1976.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mrs. J. Barlow
Mr. J.C. Barrett
Dr. J.G. Cooney
Dr. H.V. Connolly
Dr. M.J. Dyar
Dr. P.A. Farrelly
Mr. J. Foster
Mr. T.F. Hassett
Mr. J.M. Hillery
Mr. T. Kennedy
Mr. W. Mac Evilly
Mr. J.A. Mehigan
Mr. M. Neary
Dr. E.S.M. O'Brien-Moran
Mr. E.S. Ó Caoimh
Mr. J. O'Neill
Mr. L.P. Pelly
Dr. J.P. Shanley
Mr. P.J. Teehan
Dr. S.M. Thornton

Apologies for inability to attend were received from: Dr. P. Donnelly, Dr. D. McGrath, Dr. H. Raftery, Mr. G.B. Savage, Professor O. Conor Ward.

MINUTES OF MEETING OF 20 FEBRUARY 1976

There being no amendments the minutes of the meeting held on 20 February 1976 were approved and signed.

MATTERS ARISING FROM THE MINUTES

(i) Mrs. Kingsmill-Moore

A letter from Judge Kingsmill-Moore, thanking the Council for their message of condolence on the death of his wife, was read out by the Chairman.

(ii) Regional Hospital Board

The Chairman read the following letter from the Department in reply to the Council's request for information to assist it in discussing the effectiveness of the Regional Hospital Boards:

"4 Márta 1976

Secretary
National Health Council
Room 26
Custom House
Dublin 1

A Chara

I am directed by the Minister for Health to refer to your letter of 17 December 1975, regarding the regional hospital boards, and to apologise for the delay in replying.

Members of your Council will be aware that views on the regional hospital boards have been expressed from time to time, notably at the seminar held in Waterford in May 1975. Specific reference has been made to the boards at paragraph 3.6 of the report of the proceedings of the seminar and at paragraph 5.2, incorporating a clearcut recommendation to the Minister to dissolve the boards. The Minister has also replied to some Press queries regarding the boards.

When renewing appointments to the boards for a one-year period to 30 September, 1976 the Minister indicated that he was reviewing the future of the boards. This review is still under consideration.

The following information regarding the boards may be of assistance to your Council:-

(a) Number of meetings held since 1 January 1974

Dublin Regional Hospital Board	4
Cork Regional Hospital Board	3
Galway Regional Hospital Board	13

(b) Total costs (mainly travelling etc. expenses) since 1972

Dublin Regional Hospital Board	-	£2,600
Cork Regional Hospital Board	-	£1,220
Galway Regional Hospital Board	-	£5,100

Mise le meas

D. Ó Croinin"

The Chairman explained that the information was requested from the Department to enable the Council to determine whether or not the regional hospital boards should be continued. Many democratic bodies throughout the country had expressed the opinion that these boards served no useful purpose and should be dissolved. This view was also expressed in the Report of the Waterford Seminar (Part III paragraphs 3.6 and 5.2). The matter was still under consideration in the Department. The Council had a duty to advise the Minister on whether the boards should be continued as at present and if not whether they should be retained with altered functions or else disbanded. The expenditure involved had not been very significant up to now. It would be noted that the boards differed greatly in the number of meetings held.

Mr. Barrett said that the Cork Regional Hospital Board of which he was a member had recommended its own disbandment. It had not met for two years. He considered these Boards were in general superfluous and unnecessary.

Dr. Farrelly understood that the boards were intended to fulfil a definite role and that one of these functions would be the making of contracts with hospital consultants. They had not developed as intended because the health boards had taken over their functions completely with, in his opinion, distinct disadvantages to the health services. He would prefer a system, as in England, where hospital and community services were managed separately. When it came to the question of getting a share of specialist services, the smaller health boards were at a disadvantage as compared with the other health boards. The regional hospital boards seemed a way of overcoming that situation. It would perhaps be difficult to breath new life into them at this stage. He felt there was need for some co-ordinating body to deal with hospital services in bigger regions than health board regions.

Mr. Barrett pointed out that the Dublin and Cork Regional Hospital Boards were anxious to disband while the Galway Board wanted to continue in existence.

Dr. Dyar said that the Galway Regional Hospital Board seemed to be satisfied that they did in fact fill a useful role.

The Chairman remarked that the Galway Regional Hospital Board appeared to have had more meetings than either of the other two. These boards were really advisory bodies without any executive function and sub-committees from within the health board structure would have sufficed to perform that function. Alternatively health boards could have called in technical personnel to advise them as and when required. Either course would probably be less expensive.

Mr. McGuire said the Waterford Seminar Report had stated that the regional hospital boards overlapped, to an extent, the functions of both Comhairle na nOspidéal and the health boards. As all three groups were linked it was logical that any review of one should include a review of the other two. He pointed out that the regional hospital boards were able to present the local viewpoint on health matters and this was a feature which should be preserved.

Mr. Hassett said that in order to discuss the role of the regional hospital boards thoroughly some insight into the work done by them so far would be needed.

Mr. Mac Evilly said that from the beginning he had been opposed to the establishment of the regional hospital boards because they had no clear function and would be superfluous once the health boards were in operation. The health boards have wide functions and having another body between them and the Minister was pointless. The role of the health boards and the regional hospital boards were in clear conflict. Certain similar functions had been given to both bodies and the regional hospital boards were not as competent to do the job. In his opinion the Cork Regional Hospital Board had been a failure from the start and it was interesting to hear a member of that board confirm that view. The Southern Health Board had unanimously recommended that it be dissolved. The regional hospital boards were intended to have a role in harmonising the health boards and voluntary hospitals but had not done this. As was suggested in the Waterford Report, a possible solution would be to extend the function of the health boards giving the voluntary hospitals direct representation on them in return for health board representation on the management of the voluntary hospitals. The present organisational structure, consisting of the Minister, the Department of Health, Comhairle na nOspidéal, the Regional Health Boards, the Health Boards and the various committees was too elaborate for our health services. We should be cutting back rather than adding to it. The Comhairle served a very useful purpose and he agreed whole-heartedly with the decision to set it up.

Mr. McGuire said the Comhairle was not a democratic organisation. It was extremely powerful and could literally dictate the extent and nature of services to be provided in any region. No organisation should be allowed to function outside the control of the Minister for Health who should have the final say. He would be reluctant to do away with any agencies like the regional hospital boards which would provide a forum for local opinion unless the defects in the system as a whole were eliminated as well. As things were, the Minister could not over-rule any decision of the Comhairle. This state of affairs could have a severe effect on areas like the West of Ireland.

Dr. Dyar agreed with Mr. Mac Evilly's views on the Comhairle. In his opinion it did a difficult and highly technical task very well. The enthusiasm in the West for the regional hospital boards stemmed from a desire to be self sufficient in the various specialties, many of which were in fact duplicated. People then got annoyed when the Comhairle would not sanction extra consultant posts.

Mr. McGuire said his point was that no one body like the Comhairle should be allowed to operate in an autocratic fashion. There should be some form of appeal to the representatives of the taxpayers who in this case was the Minister for Health. While expenditure on the health services would have to be curtailed, as the country could not afford the present expensive structure, abolishing the regional hospital boards would contribute nothing to this objective.

The Chairman pointed out that technical advisers to the health boards were not democratically elected but specially selected. The regional hospital boards could have done a lot of useful work, in collaboration with the health boards to co-ordinate the functions of the voluntary and State hospitals but had not done so. It was questionable whether a change in their terms of reference would improve matters.

Mr. Ó Caoimh said that the Dublin Voluntary Hospitals had established a friendly liaison with the health board of their own accord. This was a welcome development.

Dr. Farrelly attributed the ineffectiveness of the regional hospital boards to lack of finance. While the bigger health boards were able to develop adequate services for their needs the smaller areas did not have sufficient resources of their own to do so. The regional hospital boards could ensure that the latter got a fair share of the resources in the area. Party and parochial politics had undue influence at health board level. The regional hospital boards should be able to take a more dispassionate view of things and help to take politics out of the hospital service.

Mr. Mehigan thought that the regional hospital boards had been still-born. If they were dissolved an enlargement of the health board areas with a consequent reduction in the number of boards would need to be considered.

Mr. McGuire stressed that any review of the regional hospital boards should include an examination of other administrative areas of the services.

Dr. Dyar contended that health boards would have been more effective if they had been given the measure of autonomy initially intended for them. In that event he felt there would have been no need for regional hospital boards.

The Chairman pointed out that the increased amount of money now involved in the health budget required a highly qualified management team. A proper costing system, which would enable the health boards to establish priorities and be more selective in their spending was only now evolving.

Dr. O'Brien-Moran said that even if the health boards succeeded in planning within a fixed budget they still had to get the Department's sanction to spend any money. There was no point in giving the health boards certain powers and then not allowing them to use them.

Dr. Shanley said there was little doubt but that the regional hospital boards' functions over-lapped those of the health boards and the Comhairle.

Mr. McGuire thought it was a mistake to have such important bodies as the regional hospital boards left entirely in the hands of the medical profession. In the case of the health boards, Mr. Mac Evilly was a very liberal C.E.O. but most of the others were very autocratic and had insulated themselves from the public. He was in favour of retaining the regional hospital boards. He felt that a restructuring of the entire health services should be considered. Public funds should not be used to support the highly elaborate structure that was now evolving in the health area.

Mr. Hassett enquired whether regional hospital board meetings were open to the press. He felt that local health committees and regional hospital boards were the proper places to air views.

The Chairman said that as far as he knew regional hospital board meetings were not public. He thought that perhaps the reports might be discussed at health board meetings.

Dr. Connolly and Mr. Hassett said they had never seen a report from the regional hospital boards to the respective health boards.

Mr. Kennedy said he was interested to note the recommendations made at page 67 of the Comhairle's Report. In 1966, the White Paper on the health services had been discussed by the Council. Subsequently discussion took place on the Fitzgerald Report which recommended the closing of certain hospitals and the setting up of regional hospitals and Regional Hospital Boards. In his (Mid-Western) area, it had been proposed that two hospitals in Limerick and others throughout the region should be closed and that a regional hospital should be established in their place. Fortunately this had not happened. Things were bad in the Limerick area at the present time but would have been much worse if the plan then envisaged had been put into operation. It was strange to see the Comhairle now putting forward proposals that had already been made in 1966. He failed to see the necessity for a body such as the Comhairle in circumstances like these.

The Chairman said the establishment of the Comhairle enabled hospital needs to be assessed in a more objective way without being unduly influenced by local interests. It was reassuring to note that the Comhairle had come up with the same recommendations albeit a little later and at more expense. He personally felt that the regional hospital boards should either be abolished or reconstituted to fulfil a more useful purpose. If the former occurred then the health boards should be strengthened in such a way as to deal effectively with hospital matters.

Mr. Mehigan expressed concern at the prospect of eight health boards operating in the hospital area if the regional hospital boards were disbanded. Too many bodies would be involved for the proper co-ordination of the services.

Mr. Mac Evilly said that the package suggested in the Waterford Report, which recommended the abolition of the regional hospital boards and the extension of the health boards' functions was a reasonable approach to the problem. He agreed that eight health boards were probably too many for the needs of this country.

Mr. Hillery thought that the Department would see to it that no over-lapping between health boards and regional hospital boards would occur at the present time. He felt that the abolition of the regional hospital boards would create a co-ordinating problem at local level and he wondered if a new body would have to be established for this purpose. It would be ridiculous to expect every hospital in the country to be self-sufficient. It would be most important to ensure that patients from each health board area got equal treatment and a fair share of hospital services. The idea of the regional hospital boards had its origin in the proposals in the Fitzgerald Report to have three Regional Hospitals sited on university campuses which would cater for all major specialties within their area. Centralisation of major specialties would come in time whether we liked it or not and one body would be needed to co-ordinate country-wide hospital services in a democratic way.

Mr. Neary thought the Council should consider very carefully the information available before making any specific recommendations regarding the future of the regional hospital boards. The Comhairle had from time to time been subjected to unfounded criticism because the critics did not have access to the information which was at the Comhairle's disposal. People were at odds as to whether the various health bodies served any useful purpose. It was interesting to hear that agreement had been reached between the various health interests in the Dublin area but this was not so throughout the country. The general consensus of opinion within the Council appeared to be that there was duplication of services and a conflict of interests in some areas. These differences should be properly investigated with the maximum degree of democracy. It might be more diplomatic for the Council not to make a definite recommendation on this question and to leave any decision on it to the Minister for Health.

Dr. O'Brien-Moran suggested that the Council might recommend the suspension of the regional hospital boards, pending a review of their function. The boards could be reconstituted at a future date if necessary.

Mr. McGuire said the major conflict in the area of the health services was whether the approach to medicine should be patient orientated or specialist orientated. His personal view was that it should be patient orientated. As had been remarked by a previous speaker the Comhairle were now making recommendations that had been discussed by the Council years ago. A general review of all aspects of the health services was clearly indicated.

Dr. Dyar said the decision to initiate the regional hospital boards, to which the medical profession agreed, came from the Department. The Comhairle was, in his opinion, a very efficient body but then it was impossible to please everybody. If the Council wished to criticise the regional hospital boards they should do so. Leaving the decision entirely to the Minister would no doubt produce a solution to the problem but not necessarily a better one than the Council could suggest.

Mr. Hassett said he agreed with Mr. Neary's viewpoint. The Minister had said he would review the position of the regional hospital boards and make a statement on their future role. For the Council to make recommendations to dissolve the regional hospital boards would be a negative attitude to adopt in the circumstances.

Dr. Farrelly said that the regional hospital boards should be suspended while their functions were reviewed.

Mr. Foster felt that the regional hospital boards should be reviewed. By all accounts they were not serving any useful purpose as at present constituted but this was probably no fault of the boards themselves. They did however represent a democratic element in the structure of the health services and provided an outlet for local opinion. He was against making a recommendation for the outright abolition of the boards and considered their functions should be reviewed in line with present needs.

The Chairman again read out the Department's reply and stressed that present appointments to the boards would terminate on 30th September 1976. The question the Council had to decide upon was whether the regional hospital boards performed any useful function, whether they were allowed to perform those functions and whether the health boards would be in a position to take over these functions if the regional hospital boards were dissolved.

Mr. Hillery said the Council would need to know why the regional hospital boards had failed to achieve their objective before taking any decision on their continued existence and/or dissolution.

Mr. Mac Evilly said that the establishment of the regional hospital boards was provided for by legislation in existence before McKinsey became involved in the organisational structure of the health services. McKinsey had been totally opposed to the boards but had to try to make them work. The regional hospital boards had their origin in the Fitzgerald Report. Later proposals for the reorganisation of the health services introduced the idea of eight health boards, also with an involvement in the hospital area. It would, in his opinion, be impossible to marry the two groupings.

Dr. Farrelly wondered who would advise the health boards on technical matters if the regional hospital boards were disbanded and their functions transferred to the health boards.

The Chairman said that the health boards would have advisers on their staff.

Dr. Farrelly said the smaller health boards did not have these facilities. The establishment of one hospital board geared to hospital development on a country-wide scale would probably be a more satisfactory solution to the problem. All health boards could then seek advice from the one source.

Mr. Hillery reiterated that some useful function must have been envisaged for the regional hospital boards initially. He wondered who would co-ordinate the hospital services if they were abolished.

Mr. Hassett remarked that the regional hospital boards had almost abolished themselves by not meeting.

Mr. Foster asked if the same administrative staff was common to both the Comhairle and the regional hospital boards.

The Chairman said the Comhairle had its own staff and two of the regional hospital boards were staffed from the same source. The Galway regional hospital board was staffed by the Western Health Board.

Dr. O'Brien-Moran pointed out that the members of the three groups which discussed the organisation aspects of the health services at the Waterford Seminar were fairly representative and in a position to assess the usefulness of the regional hospital boards. Their recommendation to dissolve the regional hospital boards was a majority decision.

Mr. Mehigan said that hospital services were likely to remain the most expensive part of the health services but they could prove even more expensive if management of them were fragmented into eight groups. Before recommending the dissolution of the regional hospital boards other methods for co-ordinating the hospital services should be explored.

The Chairman thought that one solution to the problem would be for the Minister to set up a hospitals advisory board.

Dr. Dyar said it was almost impossible to get people of any competence to sit on advisory boards. They got frustrated just giving advice.

Mr. McGuire asked if it would be possible to arrange for someone from the Department to attend the next Council meeting to discuss this matter. They would be in a position to explain the Department's thinking on the subject and possibly give reasons as to why the project had failed.

It was agreed that the Department would be requested to send a representative to the next meeting of the Council to discuss the question of the dissolution and/or reconstitution of the regional hospital boards.

(iii) Endorsement of Priorities on Hospital Services recommended at Waterford Seminar

The Chairman read out the following acknowledgement dated 16 March, 1976 from the Department to the Council's request that the priorities relating to general hospital services listed in pages 52 and 53 of the Waterford Seminar Report should be implemented as soon as possible:

"16 Márta 1976

Secretary
National Health Council

A Chara

I am directed by the Minister for Health to acknowledge receipt of your letter of 3 Márta, 1976 regarding your Council's recommendation which was agreed to at its meeting on 20 February, 1976 regarding the implementation of the priorities in relation to General Hospital Services listed in the Report of the Waterford Seminar and to say that it has been noted.

Your Council's further recommendation regarding the giving of a higher priority to priority (g) (in relation to the distribution of hospital facilities) has also been noted.

Mise le meas

J.A. Enright"

The Chairman reminded members that the priorities recommended covered a wide range of very important matters which would need to be implemented as soon as possible. Some had already been attended to. He reiterated the importance of alleviating the unequal distribution of hospital facilities throughout the country (priority (g)). The early introduction of incentives to efficiency in the budgetary process (priority (c)) was also very important. It was unrealistic to expect hospitals to effect savings when their efforts resulted in a cut in their budgets the following year. Priority (d) (the introduction of a new common contract and common selection procedure for consultants) also merited urgent implementation. Nothing has been done so far on this point. At present the Comhairle decided on the number and location of consultant appointments but then it was up to the institution concerned to select the appointee. A common contract and selection procedure for consultant appointments under the aegis of one body would be a much more satisfactory arrangement.

Mr. McGuire said that it was some consolation to the Council to note that the Minister did not disagree with their recommendation on these priorities. If he had disagreed presumably he would have said so.

COMHAIRLE NA N-OSPIDEAL REPORT

It was agreed to postpone discussion of the Report until the next meeting of the Council.

ANNUAL REPORT

The Chairman reported that the sub-committee (himself, Mr. McGuire and Dr. O'Brien-Moran) had met and that a first draft of the Report had been prepared. It was a very involved document and would have to be examined again by the sub-committee.

Dr. O'Brien-Moran said he would like to make a few comments which he hoped the Council would recommend for inclusion in the Annual Report. He considered that every house should have an extra self-contained apartment for grandparents. The present geriatric problem in this country would never be resolved unless something like this was done. He also felt that the Annual Report should include a note to the effect that any savings effected within an individual department of any hospital should accrue to the department concerned.

9.
Mr. McGuire suggested that it would be much better if the sub-committee's agreed draft of the Annual Report were circulated to members before any discussion on it took place. Members could then suggest any amendments they considered appropriate.

Dr. O'Brien-Moran continuing said that a further recommendation he wished to put forward for inclusion in the Annual Report was that ophthalmic services for school children should be given at as early an age as possible.

Dr. Connolly pointed out that these services were usually given at about 5 or 6 years of age when children began to be able to read.

Mr. Mac Evilly said that he in no way wished to detract from the merits of Dr. O'Brien-Moran's suggestions but he felt it would not be proper for the Annual Report to include items that had not been fully discussed by the Council.

The Chairman said that only matters discussed by the Council could be included in the Annual Report.

It was agreed that a draft of the Annual Report as agreed by the Sub-Committee would be circulated to the members of the new Council for its first meeting.

ANY OTHER BUSINESS

Mr. Hillery said there were upward of 6,000 illeostomy sufferers in this country and the cost of supplying them with appliances was of the order of approximately £1 million a year. The price of these appliances varied greatly with little or no difference in their quality. Some manufacturing firms were cashing in in a big way as they were dictating the type of appliances to be used and naturally they were pushing the more expensive ones. He felt the Department was in a position to indicate to manufacturers the size and price of these appliances, certainly in so far as medical card holders were concerned.

The Chairman said that, so far as he knew, the Department did not have advisers to deal with questions like this. A general hospital advisory body of the type referred to earlier in the discussion would be more appropriate to deal with this type of thing.

The meeting then ended.

J. J. Hanahan
18/6/76

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