

The National Health Council
An Chomhairle Shláinte Náisiúnta

**REPORT
FOR YEAR ENDED
31 MARCH 1976**

The National Health Council

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Report for year ended 31 March 1976

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National Health Council

Report for year ended

31 March 1976

The National Health Council have pleasure in presenting this, the twenty-first Annual Report of the Council, to the Minister for Health.

J. O'HANRAHAN,
Chairman.

C. CONWAY,
Secretary.

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Functions of the Council

The Council was established under the Health Acts to advise the Minister for Health on Regulations made under the Health and Mental Treatment Acts, on such general matters affecting or incidental to the health of the people as may 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 think fit.

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Membership of the Council

Membership of the Council is reconstituted by the Minister for Health every two years. The following members were appointed until 31 March 1976. The number of meetings attended by each member during the year ended 31 March 1976 is shown in brackets after the member's name. The Council held eight meetings during that year.

Mr J. O'Hanrahan, County Surgeon, Roscommon (Chairman)	(8)
Mr J. McGuire, Editor, Western People (Vice-Chairman)	(8)
Mrs Johanna Barlow, RGN, RM	(5)
Mr J. C. Barrett, Chairman, Mid-Western Health Board	(7)
Dr J G Cooney, Consultant Psychiatrist	(6)
Dr H. V. Connolly, Chief Medical Officer, Longford	(7)
Dr Phelim Donnelly, Consultant Physician, Galway	(4)
Dr M. J. Dyar, Medical Practitioner, Loughrea	(7)
Dr P. A. Farrelly, County Physician, Lisdarn, Cavan	(7)
Mr John Foster, President, Workers' Union of Ireland	(3)
Mr T. F. Hassett, Pharmaceutical Chemist, Wexford	(5)
Mr J. M. Hillery, Pharmaceutical Chemist, Sixmilebridge	(8)
Mr T. Kennedy, PC, CIE Official	(8)
Mr T. King, Chairman, Western Health Board	(7)
Mrs B. D. Kingsmill-Moore, member of a Voluntary Hospital Board	(2)
Mr W. A. Lynch, General Secretary, Civil and Public Services Staff Association	(3)
Miss M. McCabe, RGN, RM	(2)
Mr W. MacEvilly, Chief Executive Officer, Southern Health Board	(4)
Dr D. McGrath, Psychiatrist	(3)

Dr A. Meade, General Practitioner	(1)
Mr J. A. Mehigan, Consultant Surgeon	(3)
Mr M. Neary, RPN, St Mary's Hospital, Castlebar	(8)
Dr E. S. M. O'Brien-Moran, Senior Dental Surgeon, South-Eastern Health Board	(8)
Mr E. S. Ó Caoimh, Chief Executive Officer, Eastern Health Board	(3)
Mr T. C. J. O'Connell, Consultant Surgeon	(2)
Professor D. K. O'Donovan, Senior Professor of Medicine, UCD	(—)
Mr J. O'Neill, Consultant Surgeon	(4)
Mr L. P. Pelly, Ophthalmic Optician and Pharmaceutical Chemist	(7)
Dr H. Raftery, Consultant Anaesthetist	(7)
Mr G. B. Savage, General Manager, Voluntary Health Insurance Board	(1)
Dr J. P. Shanley, Surgeon	(4)
Mr. P. J. Teehan, Auctioneer and Valuer	(8)
Dr S. M. Thornton, Dental Surgeon	(4)
Professor O. Conor Ward, Professor of Paediatrics, UCD	(4)

Appreciation

It is with deep regret that the Council records the death of Mrs Kingsmill-Moore, a highly esteemed and much valued member of the Council.

During her years as a member of the Council, Mrs Kingsmill-Moore contributed most knowledgeably to the many debates and discussions which have marked this period of great significance in the development of the health services in this country.

From the Chairman

The Council held eight meetings during the year ended 31 March 1976. In this period a variety of matters relating to the country's health services were discussed as were regulations referred to the Council by the Minister for Health. The most important subject matter discussed was perhaps the increasing cost of the health services and whether the services were cost efficient or cost effective. It was generally agreed that, while the services on the whole had improved, the patient (consumer) did not appear to the Council to benefit to the extent one would expect from the vast increase in expenditure on the services. In the Council's view there appears to be a danger of an undue proportion of resources being devoted to the structure of administration at the expense of patient care. This is one of the many matters which need to be examined.

The Council has from time to time expressed its dissatisfaction with the terms of reference under which it operates. For numerous valid reasons these require updating in order to give the Council, with its great variety of talent, scope to use its expertise in a more practical and effective manner in the general interest of the health services.

The following specific matters considered by the Council during the year are dealt with in detail in the report.

Waterford Seminar

It was considered that the Waterford Seminar of May 1975, initiated by the Minister for Health to review the working of the existing health services by medical, administrative and other interested consumer and specialist groups, was a valuable and worthwhile exercise.

The Minister and his Parliamentary Secretary attended the various meetings of the Seminar and acknowledged the benefit received from personal contact with those who administered, executed and were in close contact with the workings of the health services. The Council was represented by three of its members who contributed to discussions and the formulation of priorities. Subsequently the Council held special meetings at which the Seminar priorities were reviewed and enlarged upon.

The Council felt that many of the priorities mentioned in the Seminar report were worthy of attention and hoped to see action taken at an early date on these priorities. The Council congratulated the Minister and his staff for the initiation of what the Council considered a valuable and necessary advance in dialogue on important and varied aspects of the existing health services and their future progress.

Public Dental Services

This service received very careful consideration. It was felt that in the first instance the amendment of the Dentists Act 1928 was long overdue. A report submitted to the Minister by the Council indicated the numerous deficiencies in the existing service and the possible remedies for their improvement.

Ophthalmic Services

The Council instanced deficiencies in this service, particularly the screening of school children in the area of refraction. Deficiencies in hospital and other services needing correction were highlighted.

Pharmaceutical Services

The alarming increase in the cost of providing drugs for eligible persons under the Choice of Doctor Scheme caused the Council grave concern. They felt that if the increasing drug cost continued at the present rate it could cause a serious financial breakdown in the overall health services. The Council

suggested the setting up of a National Drugs Formulary and the exercise of more vigorous control of the use and abuse of drugs.

Paraquat which had caused many deaths in this country received special consideration. The members made specific recommendations on the availability and marketing of this most dangerous poison.

Community Services

The Council felt that most serious consideration should be given to the (i) community services (the least expensive) and (ii) services dealing with the prevention of illness in order to develop them sufficiently to reduce the workload on the hospital and institutional services which are the most expensive component of the medical service. The Council pointed out to the Minister various reforms by which the community services and preventive services could and should be improved.

Community Hospitals

The Council suggested that pilot schemes should be set up at two centres in order to acquire experience in the management, operation, value and general suitability of the "community hospital" principle, before its general application to the entire country.

General Hospital Services

The Council was keenly aware of the alarming cost of the general hospital services. Doubts were expressed on the cost efficiency of this service. It was felt that with the existing financial difficulties a deterioration of patient care would be the ultimate outcome if cost efficiency studies, with a view to reducing costs, were not urgently introduced. The Council indicated many areas in which economies might be introduced. The merits of the existing costing systems as applied to hospitals were queried. Members were of the opinion that advanced

financial information, planned budgeting and budgetary control were points worthy of consideration in relating patient care to the drive for national economic efficiency in the health services in general.

Misuse of Drugs Bill

This measure was given considerable attention by the Council, who had the assistance of a member of the staff of the Department of Health (Mr Flanagan) during their deliberations. Points raised by the Council were among matters under consideration by a Special Committee of the Dáil.

Nutritional Counselling

In modern medicine diet plays a very important role in preservation of health. On this point the Council recommended to the Minister that nutritional advice should receive more general publicity.

Finally, the Council desires to put on record their thanks to their Secretary, Mr C. Conway, and his staff and to the other officials of the Department of Health who were available to attend on the Council at all times.

Waterford Seminar on Review of Health Services

At the Minister's invitation, the Council was represented by three of its members at the seminar which was held in Waterford from 15 to 17 May 1975. Other members of the Council were also present as representatives of other invited interests concerned with health care.

The objective of the seminar was to obtain a preliminary overall view of the state of the health services, to direct attention to the major problems which beset them and to identify the key issues requiring further investigation and attention. The occasion brought together persons associated with the various aspects of health and related services and gave them an opportunity to discuss the existing state of the services and to put forward considered views and recommendations concerning their future improvement and development.

The Council congratulated the Minister on his decision to hold the seminar and on its successful outcome. Members expressed the hope that the wealth of constructive comment and suggestion recorded in the report of the proceedings would be studied in detail by the Department of Health, the Health Boards and others who have responsibilities in the various areas covered and that appropriate action would be taken where possible.

From among the many matters of general application to the health services which were raised at the seminar the Council felt it appropriate to single out the need for adequate financial and other information. Such information is essential if the development of the services is to be planned in the most efficient way possible having regard to the needs of the community and the available resources.

Community Services

For a long time the Council had felt that there was a need for a positive reassessment of the community services and of their role relative to the hospital services. The Council was therefore pleased to note that the participants at the Waterford Seminar endorsed the view that greater emphasis needed to be placed on community care as opposed to institutional care. However, some members felt it remained to be seen how such a development would reduce health expenditure, particularly in the hospital area.

The Council in general endorsed the recommendations made at the Waterford Seminar in relation to community welfare and medical services. In particular, members felt that—

1. An improvement in community care was essential if any reduction was to be made in institutional costs.
2. A suitable infrastructure needed to be set up for community care and this should be initiated by the early appointment of Directors of Community Care.
3. Many more public health nurses were required and present numbers should be increased at the earliest possible opportunity.
4. The community services needed to be operated and staffed on a professional basis.
5. The image of welfare homes needed improvement and could be achieved by an appropriate change in title which would remove the "poor house" connotation often associated with the word "home" in the welfare area.

6. The availability of properly trained home helps was essential for the improvement of services for the aged. It was noted that their counterparts in other countries were trained in such matters as special diets for the elderly and also assisted young families where mothers were pre-occupied with the birth and care of a new baby.
7. There should be an efficient system in each area which would alert the community services to the needs of the aged and other vulnerable groups. It was felt that neighbours of old people had a duty to see that they were not in want or neglected and that a useful service of this type could be played by postmen, milkmen and the many other people whose occupation puts them in a position to keep an eye on such people. Members were very concerned at the reported instances of old people dying in want when assistance was so readily available.
8. The establishment of local boards of management, composed of local interests, would ensure that local needs were being catered for.

Members expressed concern at the increasing unwillingness on the part of some families to accept old people back into the home on the completion of hospital treatment. It was realised that there were many factors contributing to that situation and that the families were not always fully to blame. It was considered essential that any shortcomings at community health services level which might be contributing to that situation should be identified and corrected rather than try to solve the problem by providing additional institutional accommodation.

As a practical measure in improving community care the Council asked the Minister for Health to initiate a pilot scheme in two areas viz Athlone and Ballina where community hospitals were proposed. It was felt that this would push forward the concept of community hospitals linked to community care and

should provide useful information for the development of similar arrangements in other areas.

The following is the text of the resolution adopted by the Council and forwarded to the Minister for Health:

"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 budgeting for 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."

General Hospital Services

In the difficult financial situation facing the health services the Council felt that it was more than ever necessary to ensure that these services were operated in an efficient and effective manner with the emphasis being on the provision of the best possible patient care within the limits of available resources.

Members expressed the hope that the financial restrictions imposed would not impair the services but rather lead to a better and more efficient use of resources. There was however some concern at the possibility that a too sudden brake on finance might adversely affect the standard of patient care over the short run. It was felt that it would be preferable to apply restraints gradually in order to give sufficient time for adjustment.

To facilitate the process of managing within budget limitations, it was considered most desirable that key personnel engaged in the use of services should also have a role and involvement in the budgeting process. Members felt that senior medical and nursing personnel in hospitals should know the financial limitation in which their hospital had to operate and should in particular know the amounts allocated to their own departments and have an awareness of the financial implications of their own actions and decisions. Care however needed to be exercised to ensure that thrift was not penalised by future budget reduction and therefore discouraged.

Members also felt that the financial accounting system needed to be sufficiently sophisticated and nationally comparable to disclose precise details of the costs involved in each hospital. It was hoped that such accounting systems would be developed as soon as possible, and would be based on costing centres in each hospital.

The Council felt that the medical profession needed to take a greater role in the techniques of hospital administration. To stimulate such an interest in this country, it would seem necessary to set up a career structure in this field within the Irish hospital service.

Members of the Council expressed concern at an undue tendency on the part of some junior medical personnel to use expensive diagnostic resources excessively in an attempt to anticipate the requirements of senior doctors. Savings and greater efficiency in service might be achieved if more senior personnel with supervisory functions were employed in key areas, such as casualty and diagnostic departments.

Concern was expressed at the lack of medical social workers in Irish hospitals. The matter was brought to the Minister's attention with a request that the situation should be examined.

The Council agreed in general with the conclusions reached at the Waterford review seminar. In particular it was felt that priority should be given to eliminating the unequal distribution of hospital facilities throughout the country. The Council is concerned at the accelerating cost of transportation for patients with its consequent effect on cost factors and patient visiting patterns. Decisions taken with regard to the siting and location of hospitals should now be reviewed in that light.

Public Dental Services Report

As announced in the Council's previous report, a special sub-committee was set up to draft a report on the public dental service and to make recommendations for its improvement. The sub-committee's report which was prepared early in 1975 was subsequently adopted by the Council and submitted to the Minister for Health.

The Council's report confirmed, as was already generally known, that the existing service was most unsatisfactory and inadequate to deal with the demand from eligible persons. It was noted that only one-third of the 600,000 eligible children estimated to need attention were examined each year under the scheme. Adults receiving treatment under the scheme number about 50,000 a year out of an estimated 570,000 eligible adults not catered for by other schemes.

The position with regard to children is of particular concern, as a well organised and effective service for children prepared the way for a considerable improvement in the dental health of the adult population with a consequent improvement in their general health.

The report pinpointed the following major short-fall areas:

1. The treatment gap in the post-primary school—16 year age group.
2. The inadequate service for the provision of orthodontic treatment.
3. The lack of general anaesthetic facilities for dentists, particularly in rural areas.

In particular the report pointed out that in order to implement the recommendations contained in the report or to make any worthwhile improvement in the existing services it would be necessary to introduce new legislation amending the Dentists Act of 1928.

The following were the recommendations made to the Minister by the Council:

- (1) A free comprehensive service should be available to all children up to the age of 16 years.
- (2) A free comprehensive service should be available to all expectant and nursing mothers.
- (3) In the economic use of available dental personnel some division of responsibility for dental services such as a combination of public and private dental services deserved careful consideration.
- (4) As an interim measure and in order to catch up on the backlog, all priority groups should have the option, where public dental facilities were not available, of having routine treatment provided by a private practitioner, in his own surgery, subject to prearranged procedures.
- (5) All adult medical card holders should be treated under an arrangement similar to the Social Welfare scheme to enable the public dental service to meet its statutory responsibilities to the child population by concentrating on that area of the population.
- (6) In order to evaluate and assess the implementation of a service on the lines recommended at (3), (4) and (5) above, a pilot study should be carried out in one urban and one rural area.
- (7) Adequate facilities should be provided for those engaged in the supply of dental public health services. Clinical accommodation generally should meet all modern requirements and equipment and supplies should be conducive to the provision of good quality dental services. Standardisation of equipment and facilities should be considered and the use of mobile units extended.
- (8) Dental health education programmes should be intensified and aimed at both parents and children, using the public media.

(9) A preventive programme should be established incorporating fluoridation in unfluoridated areas. An oral hygiene programme should be carried out by dental hygienists or other auxiliaries under the supervision of the Senior Dental Surgeons. Immediate legislation should be initiated to train and register dental hygienists.

(10) The sub-committee welcomed the decision to build a new dental hospital in Cork and recommended that it be sited at the new Regional Hospital complex.

The Dublin Dental Hospital was completely inadequate in its present form and did not meet the requirements of a teaching institution. A completely new single building was needed for Dublin which would house all the dental needs and be part of a general medical teaching hospital complex. It was recommended that it be sited on the campus of one of our major teaching hospitals.

It was pointed out that although there was a Department of Preventive Dentistry in Dublin Dental Hospital, there was no specific course for preventive dentistry.

The new dental teaching hospitals should be capable of expansion. They should be responsible for all dental teaching both under-graduate and post-graduate. They should also be responsible for the training and qualifications of dental hygienists and other para-dental personnel and the qualifications awarded to them should be recognised by the State.

The hospitals should, as far as possible, be convenient to the public transport.

(11) Post-Graduate Training: While occasional continuing education courses were held, there was no formal post-graduate training system in the State. At present the training of our future consultants and teachers was dependent on the goodwill of a few foreign dental schools. This, as already pointed out (at (10) above), should be the duty of the proposed new dental teaching hospitals.

- (12) Dental Manpower: A ratio of 1 : 1500 for the persons mentioned at (1) above should be aimed at immediately. The present public dental service dentist-population ratio was approximately 1 : 6300. It was apparent from this figure that many of those entitled could never receive dental treatment. Therefore, eligibility for treatment and availability of treatment should not be confused. Further expansion of eligibility for free dental services should not be considered until the present need had been met. The feasibility of requiring all newly qualified dentists to give at least one year's paid service, under supervision (preferably in the Republic), prior to registration as presently exists for medical graduates here, was discussed.
- (13) Dental Consultancies: In Ireland dental consultancies were not yet recognised. The establishment in Ireland of dental consultancies on an equal footing with medicine both in training requirements and status was recommended. A dental consultant should be on the staff of each regional and each teaching hospital and should have bed facilities.
- (14) The sub-committee was concerned at the lack of orthodontic services and facilities for oral surgery. The basic as well as the special needs of the public will necessitate the location of specialist staff and facilities at strategic centres.
- (15) It was a matter of urgency that adequate dental anaesthetic facilities be made available in each health board area. At the present time such facilities were non-existent in many areas.
- (16) The sub-committee recommended that Senior Dental Surgeons should have direct access to programme planning. Adequate provision should be made in financial estimates, budgets or appropriations for the allocation of special funds for the dental service, not only for the initial

capital cost of establishing a service but also for the annual expenditure on running costs and for development, expansion, improvement or special developments. A Senior Dental Surgeon should be both counsellor and adviser to the staff under his control.

This called for considerable tact and understanding, clinical competence and a well-developed sense of leadership. The Senior Dental Surgeons should meet regularly to advise on the progress of the service and to suggest improvements. They could perform a planning and evaluation role in the following areas:

- (1) establishment of priorities
- (2) setting up of targets and objectives
- (3) consultation and co-ordination
- (4) drafting of the plan
- (5) periodic evaluation and readjustment of the plan

and in particular in the collection of information based on a study of the following factors:

- (a) the prevalence of dental and oral diseases and the amount of unmet dental needs. Simple types of surveys might be used for this assessment, keeping in mind that the costs and time of collecting information should be kept as low as possible.
- (b) the dental manpower resources and the current trends
- (c) the facilities available in terms of dental schools and other buildings and equipment
- (d) the attitudes, knowledge and practices of the community in regard to dental health
- (e) the community's awareness of its special dental health needs
- (f) the organisations, agencies and key people, such as community leaders, and the possible role each might play in any local programmes

- (g) the financial resources available for the programme and those still to be exploited
- (h) the past experience in dental health programmes
- (i) the existing general and dental health plans and activities
- (j) the general situation of the community, the public administration, demographic and socio-economic data—current and projected.

In its reply to the Council the Department of Health stated that the Council's suggestion had been considered by the study group on child health services appointed by the Minister for Health in 1985. This study group had recommended that annual vision testing of school children should be undertaken by the public health nurse. Subsequently, the necessary provision was made in the training course for entrants to the public health nursing service and ophthalmic screening of national school children was now being undertaken in a number of areas, while public health nurses attached to the Chief Medical Officers' headquarters were undertaking the work elsewhere. The Department added that it was not possible at the present stage of development to have annual ophthalmic screening of all school children carried out by the public health nurse.

In regard to hospital treatment facilities for ophthalmic conditions, the Department informed the Council that a survey was being undertaken in the major ophthalmic units with a view to obtaining information relating to the admission and discharge of patients and their duration of treatment. This survey would measure the length of time persons were on waiting lists before admission and would be of value in deciding how

Ophthalmic Services

The Council was concerned to note that there continued to be long waiting lists for ophthalmic services. It was recalled that in the area of refractions the Council had submitted a recommendation to the Minister for Health in 1963 advocating a cheap, efficient and comprehensive plan for screening school children. It was agreed to find out from the Department what progress had been made in implementing these recommendations and to seek such further information from the Department as would enable the Council to examine the ophthalmic services in detail.

In its reply to the Council the Department of Health stated that the Council's suggestion had been considered by the study group on child health services appointed by the Minister for Health in 1965. This study group had recommended that annual vision testing of school children should be undertaken by the public health nurse. Subsequently, the necessary provision was made in the training course for entrants to the public health nursing service and ophthalmic screening of national school children was now being undertaken in a number of areas, while public health nurses attached to the Chief Medical Officers' headquarters were undertaking the work elsewhere. The Department added that it was not possible at the present stage of development to have annual ophthalmic screening of all school children carried out by the public health nurse.

In regard to hospital treatment facilities for ophthalmic conditions, the Department informed the Council that a survey was being undertaken in the major ophthalmic units with a view to obtaining information relating to the admission and discharge of patients and their duration of treatment. This survey would measure the length of time persons were on waiting lists before admission and would be of value in deciding how

such waiting time might be reduced. It would also take account of the duration of treatment for particular conditions and of the factors which influence the length of stay. The Department stated that the final results should be available by 1976 and would be made available to the Council, if so desired.

In view of this latter development, the Council decided to defer further consideration of the situation until the results of the survey became available.

Pharmaceutical Services and National Formulary

The Council was concerned at the very high expenditure involved in the provision of drugs and medicines under the Health Acts. In one health board area the expenditure amounted to £12 per patient per year under the Choice-of-Doctor scheme. It was felt that some mechanism was necessary to restrain demand and to ensure that abuses were eliminated.

It was noted that the present position was attributable to a number of factors including over attendance by some patients on their doctors, patient demand for expensive medication and the prescribing habits of some doctors.

The Council felt that the establishment of a national drugs formulary would help the situation, if the prescribing of medicines under the health schemes were in general confined to items included in the formulary. However, great care would need to be taken in setting up a formulary of this type to ensure that doctors had a sufficiently wide range of efficacious drugs available to them. The Council's views on the matter were conveyed to the Minister for Health for his consideration.

Paraquat

The Council expressed appreciation of the further measures taken by the Minister for Health to control the availability of paraquat in the interest of the public and the users of this product. It felt that the Poisons Act 1961 (Paraquat) Regulations 1975 together with the previous controls introduced should provide an effective measure, particularly against the highly dangerous and reprehensible practice of decanting quantities into lemonade bottles and various other containers.

Many members regretted the continued marketing of the preparation in large sized containers as it was felt that the use of smaller containers was more likely to ensure that unused quantities would not be left carelessly lying about. Some members, however, agreed with the Minister's view that with the existing controls the marketing of the preparation in smaller containers was not called for having regard to the fact that the product was intended solely for use by professional horticulturists, farmers and foresters.

National Health Council

A. Chera

I am directed by the Minister for Health to acknowledge receipt of your letter of 5 Nofang 1975 and to say that the Council's resolution on the subject has been noted.

As members will be aware, copies of the minutes of all meetings, which are reported in detail, are sent to the Minister shortly after they are available to Council members. Also, where the Council in discussion, its views are referred formally to the Minister by letter and all resolutions are notified to him in the same way. Further contact

Misuse of Drugs Bill

The Council had further discussions with officers of the Department concerning the many matters previously raised by the Council and which are detailed in the Council's previous report.

The Council was pleased to note that the Bill was now under examination by a Special Committee of Dáil Éireann and that amendments to meet points raised by the Council and other interested parties were being considered.

Publication of Reports

In view of delays which occur in the publication of the annual reports of the Council, it was felt that there was need for an arrangement under which the views of the Council could be published in advance of such reports.

The following resolution was accordingly adopted by the Council and submitted to the Minister:

"The Council requests 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."

The following reply was received from the Department of Health:

"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

(Sgd.) S. Trant."

The following reply was received from the Department of Health:

23 Nollaid 1975

Secretary
National Health Council

A Chara

I am directed by the Minister for Health to acknowledge receipt of your letter of 2 Nollaid 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 related formally to the Minister by letter and all resolutions are notified to him in the same way. Further contact

Free Movement of Doctors under EEC Directives

The Council took note of the fact that from 1977 onwards registered medical practitioners holding recognised medical qualifications of a member State of the EEC would have the right to practise in any other EEC country. The Council felt that this matter needed to be considered further with special regard to the lack of statutory controls over the establishment of private hospitals and nursing homes in this country (other than in the case of maternity homes and homes for the incapacitated).

Nutritional Counselling

The Council was of the opinion that there was great need for nutritional counselling in this country. The public in general were not well informed on proper diet and nutrition and did not appreciate its significant effects on general health. It was noted that incorrect diet was one of the major factors contributing to coronary heart disease and other serious illnesses.

The Council recommended to the Minister for Health that the Health Education Bureau should be asked to incorporate nutritional counselling in its health education programme and that at an appropriate time in the future he should consider the question of setting up a bureau of nutritional counselling.

Regulations

Draft Medical Preparations (Licensing of Manufacture) (Amendment) Regulations 1975.

The regulations were approved unanimously by the Council.

The regulations bring the provisions to be satisfied by manufacturers of medical preparations into line with EEC directives in regard to the manufacture and marketing of proprietary medicinal products.

Draft Medical Preparations (Control of Sale) (Amendment) Regulations 1975.

The regulations were approved unanimously by the Council.

The regulations give effect to certain recommendations of the National Drugs Advisory Board and are intended as an interim measure pending the making of more comprehensive regulations covering a wider range of preparations.

Draft Disabled Persons (Maintenance Allowances) (Amendment) Regulations 1975 and 1976.

Draft Infectious Diseases (Maintenance) (Amendment) Regulations 1975 and 1976.

The regulations, which give effect to the increases in welfare allowances provided for in the Government's financial Budgets, were approved unanimously by the Council.

It was again recommended to the Minister that provision should be made in future regulations to enable the allowances to be varied automatically with increases in the cost of living.

