

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, 16 September 1977.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman  
Mr. J. McGuire, Vice-Chairman  
Mr. J. C. Barrett  
Miss A. Boland  
Dr. H. V. Connolly  
Dr. P. Donnelly  
Mr. J. Foster  
Mr. T. F. Hassett  
Mr. J. M. Hillery  
Miss K. Keane  
Mr. T. Kennedy  
Mr. W. A. Lynch  
Senator M. D. Lyons  
Dr. M. Henry McEntagart  
Mr. W. MacEvilly  
Mr. M. Neary  
Mr. E. S. Ó Caoimh  
Mr. J. O'Neill

Apologies for inability to attend were received from: Dr. McGrath, Dr. Cooney, Dr. O'Brien-Moran, Dr. de Courcy-Wheeler, Mr. T.C.J. O'Connell, Dr. Raftery, Mr. J. A. Mehigan and Mr. Pelly.

MINUTES OF MEETING HELD ON 29 APRIL 1977

There being no amendments, the minutes of the meeting held on 29 April 1977 were approved and signed.

MATTERS ARISING FROM THE MINUTES

- (1) Antibiotic Residues in Food (pages 2 - 4)

The following reply from the Department was noted:

"I am directed by the Minister for Health to refer to your letter of 9 June 1977 and to say that he has noted the concern expressed by the National Health Council about the health problems created by the presence of antibiotic residues in food.

The National Consumer Advisory Council could not, having regard to its membership and its terms of reference, be

considered to be a body to whom this matter could suitably be sent for attention. I am to explain that the Council was set up essentially to serve as a watchdog in the area of the consumers' economic interest.

In any event the Minister for Health is aware that draft regulations are in the course of preparation in the Department of Agriculture to extend and tighten the existing controls in relation to the use of antibiotics in animal husbandry."

(2) Code of Standard of Advertising Practice (page 5)

The Chairman reported that a copy of the Code of Standards of Advertising Practice adopted by the pharmaceutical industry in Ireland had been forwarded from the Department as promised by Mr. Flanagan during the previous meeting.

It was agreed that a copy would be furnished to Mr. Hassett who would bring any matters requiring attention to the notice of the Council.

CORRESPONDENCE

(1) Association for the Welfare of Children in Hospital (Ireland)

The following letter from the Association was noted:

"This Association has been in touch with the Medico-Social Research Board for some time with a view to carrying out research on all hospitals with children's beds in the Republic of Ireland in respect of visiting, accommodation for parents, play and school facilities. I am sure that your members will be interested to hear that this research is currently being carried out for the Association by the Medico-Social Research Board. It is hoped to have the study completed by the Autumn and we will be in touch with you again to let you know the findings."

(2) Irish Association of Social Workers

The following letter from the Association was noted:

"A number of our members have been approached by members of the National Health Council and have been asked for information about social work practice.

This Association represents approximately 400 practising social workers and would be very pleased to assist with any recognised research on this subject. We are somewhat concerned about the informal nature of the enquiries made and the apparent lack of a planned approach.

The courtesy of a formal approach to us will be appreciated with an indication of the nature of the project and the methods used."

Miss Boland said that it had been a disadvantage not having a social worker on the sub-committee. It meant that members of the committee had to make some enquiries from social workers. Members of the Irish Association of Social Workers had expressed displeasure at not being asked to participate in the work of the sub-committee. She would like clarification as to whether or not a person from an outside body could be co-opted to a sub-committee.

The Secretary explained that, while there was no specific provision prohibiting non-members from participating in sub-committee meetings, it was a statutory requirement that all proceedings of the Council should be confidential.

Mr. MacEvilly expressed grave misgivings about allowing outside persons to participate in Council proceedings. It would not have been appropriate to allow a representative of the Association to sit in on the proceedings of the sub-committee. The role of the Council was to advise the Minister on matters of which they themselves had experience. It should not be seeking advice elsewhere in order to advise the Minister. The Minister could go direct himself to those sources. The experience should be a warning to the Council as to what it should attempt to undertake.

The Chairman supported the view expressed by Mr. MacEvilly. Outside bodies giving evidence to the Council should do so in writing and should not be involved otherwise.

Miss Boland concurred with the views of the previous speakers. This had in fact been the approach adopted by the sub-committee.

#### SUB-COMMITTEE ON REVIEW OF HEALTH SERVICES

Mr. Lynch congratulated the members of the sub-committee on the excellent report they had prepared. He would, however, be taking issue with some of the views of the sub-committee. It struck him as odd that a report on the review of the health services should make no reference to the Public Health Nurse or to the very important role played by her in the Community Care Service. This service was a vital one, particularly to the people he represented. A survey undertaken in 1972 showed there were only 822 Public Health Nurses whereas the number required was 1,152. It was essential that the numbers should be increased substantially and he would like this matter to be covered in the report.

Miss Keane supported Mr. Lynch's comment. She had been very surprised at the omission from the report.

It was agreed that this matter would be discussed further when dealing with specific services. Council then proceeded to examine the report seriatim.

Paragraph 8(c)

"To ensure that persons who become mentally or physically ill or who otherwise require health care are identified and provided with the services they require without financial hardship".

Mr. Foster suggested that the words "without charge at the point of use" should be substituted for the words "without financial hardship". The Council should not build in constraints. These would be dictated by other considerations and the Council should aim at a higher objective. As a trade unionist he would be opposed in principle to the recommendation as it stood.

Mr. Lynch supported Mr. Foster. The interests he represented required that he should seek full eligibility for all. The Irish Congress of Trade Unions had passed a resolution in support of that concept. It was not the business of the Council to worry about the provision of the necessary resources to pay for the health services. Others were entitled to their view, but he could not dilute the mandate of the ICTU.

Mr. McGuire and Dr. Henry McEntagart pointed out that it was necessary to take account of the adequacy of the existing services before recommending that eligibility should be extended. In the present circumstances it was realistic to retain the phrase "without financial hardship".

Mr. Foster said that there was a Government commitment to free services. This had not been rescinded. The recommendation as it stood represented an outmoded viewpoint.

The recent NESC Report supported the view that there was a trend towards a free service. He was not challenging anyone's motives and he realised that the community had to pay. However, the free-for-all service could be achieved through a reallocation of resources.

Mr. MacEvilly reminded members that they were present as individuals. The concept of "free-for-all" had not always been the blessing expected. The Choice of Doctor Scheme had not realised the high hopes placed on it at its inception.

Senator Lyons pointed out that the sub-committee had examined the situation as it was at present and had made recommendations accordingly. It was essential that the ability of the country to provide services should be taken into account when making recommendations. There must also be the infrastructure and organisation capable of providing the services and this was not the position at present. However, he felt there should be room in the report to incorporate the views expressed by Mr. Foster and Mr. Lynch.

Mr. Hillery pointed out that the cost of the services are borne by 60% of the population at the present time. If there were to be major changes in the present arrangements, other bodies would be asked to give their views to the Minister.

Dr. Donnelly stated that the Medical Union did not oppose the 1973 proposal on doctrinaire grounds but on the practical issues that the service could not be provided. It was not altogether a question of

money. They did not have the hospital facilities or the personnel to support that kind of service. There was, for instance, an old people's home in the West which could not be opened and, again in the West, an Intensive Care Unit could not be put into operation.

After further discussion, it was agreed that views diverging from the objective stated in paragraph 8(c) could be incorporated separately at the end of the report.

Mr. Foster said that the policy which he and Mr. Lynch had put forward could be encapsulated in one or two paragraphs which could be added at the end of the report.

#### Paragraph 8(d)

"To ensure that the system of health care adopted is suitable to the requirements of the community and to exercise care in introducing developments from other countries to ensure that they are appropriate to this country's special needs".

Mr. MacEvilly said that the sub-committee had felt it necessary to emphasise that the systems and developments adopted should be suitable to the needs of the Irish situation and not be implemented simply because they were in operation in other countries.

Mr. Foster pointed out that as members of the EEC we would not necessarily be wholly independent in this respect.

The Chairman felt that, if EEC legislation compelled us to adopt certain policies in regard to health services which we could not afford, then it would be reasonable to expect the EEC to provide the necessary financial support.

#### Paragraph 12

"The prevention of ill health must be the business of everyone in the community, but particularly of those who are in a special position of influence, such as members of the medical and allied professions and educators. They must be given adequate health education training to equip them for that role. Commentators have in particular expressed concern at the lack of emphasis placed on the prevention of disease in the training of young doctors and dentists. They argue that if adequate training were provided in this area, the altered attitude of these professions would lead to the development of a more positive health system based on the prevention of ill health. The conditions of service for professional staffs engaged in preventive services should be sufficient to attract candidates of the proper calibre. Vigorous efforts should be made to attract dedicated staff of a high calibre into this field."

Mr. Lynch proposed that specific reference should be made to the inadequacy of the staffing in the public health nursing service.

If they were to talk about having a healthy population and services aimed at the prevention of disease, then they should start with the services for babies and young mothers. This area of the health service was understaffed and priority could not be given to the aim proposed until public health nurses were available in sufficient numbers.

Mr. Foster supported Mr. Lynch's proposals.

Mr. MacEvilly said that, while he agreed with the statements made about the essential role and need for more public health nurses, it would be incorrect to single them out specifically as there were other workers in the health area who were equally important. It would not be realistic to mention each discipline individually.

Mr. McGuire suggested that the views of Mr. Lynch and Mr. Foster might be met by inserting the word "nursing" in the first sentence of paragraph 12. This was seconded by Mr. Hassett and it was agreed that the first sentence of paragraph 12 should now read "The prevention of ill health should be the business of everyone in the community, but particularly of those who are in a special position of influence, such as members of the medical, nursing and allied professions and educators".

#### Paragraph 13

"The establishment of the Health Education Bureau is a very welcome development. It must be given every encouragement and facility to expand its activities. It is hoped that health boards and others will make greater use of its services and allocate funds for that purpose. Care must however be exercised in promoting health education to ensure that it takes a balanced view and avoids the adverse repercussions which may follow where it is inexpertly presented."

Dr. Connolly explained that what the sub-committee were recommending was greater co-operation in health education projects between the Bureau and the health boards.

Mr. MacEvilly and Mr. Ó Caoimh stated that this was already taking place. Health boards were already assisting the implementation of Bureau projects at local level.

#### Paragraph 15

"The sub-committee took the view that the adequacy of individual services must be assessed on the basis of the quality, ~~and~~ extent <sup>and</sup> of availability of the services in question, taking account of such constraints as are imposed by finance and the availability of other resources."

Mr. Foster and Mr. Lynch suggested that the phrase "taking account of such constraints as are imposed by finance and the availability of other resources" should be deleted. It was not the Council's function

to refer to constraints. It was the Government's job to solve the financial aspect of the health services. People were looking for improvements.

However, other members of the Council felt strongly that it was necessary to retain a reference to economic and other constraints since these were crucial to the provision of services. It was argued that, in the recent past, health boards and others had been expected to maintain a level of services despite the financial restraints imposed upon them. It was not realistic to assess the adequacy of individual services without taking into account all the relevant factors.

After further discussion it was agreed that the phrase should be replaced by the following: "in the context of the economic and social developments".

Paragraph 16(1)

"The quality of doctors entering this service (GMS) is satisfactory but this situation needs to be maintained so that all new entrants in the service should have sufficient postgraduate experience with particular reference to paediatrics, psychiatry, obstetrics and preventive medicine".

On the proposal of Dr. Donnelly, it was agreed that the first sentence should read "The quality of doctors entering this service is satisfactory, and this situation needs to be maintained with greater emphasis during undergraduate medical education on community care.

Paragraph 16(5)(a)

"The provision of the service could be improved by the provision of better practice premises".

It was agreed that this should be amended to read: "The quality of the service should be improved by the provision by the doctor of better practice premises".

Paragraph 16(6)

"The arrangements for recruiting doctors into the Scheme (GMS) must ensure that assistants to participating doctors do not have an unfair advantage over other candidates for appointments."

Mr. O'Neill suggested that the word "unfair" be omitted.

Mr. MacEvilly said it was a cause of grave concern that fair competition for posts of assistants was being eroded under the present selection system. Under the present system it was virtually certain that the temporary holder of an assistant post would secure the permanent appointment. This arose from the fact that the principal doctor sits on the selection committee for the permanent appointment and will

favour the assistant he had already selected in a temporary capacity. This puts the selection committee in a very difficult situation. Under the present system, a temporary assistant was inevitably the successful applicant for the permanent post. He was aware that the present system was there because it was negotiated between the medical organisations and the Minister. What was being said in the sub-committee's report was adequate to show the uneasiness felt at the present situation, which in his opinion amounted to an abuse. He felt so strongly about this that he might feel compelled to write a minority report if the members of the Council did not support the comment in the sub-committee's report.

Dr. Donnelly considered that appointments to permanent positions should be filled through the Local Appointments Commission. Selection by an area committee was unsatisfactory and could lead to nepotism.

Mr. MacEvilly said that to leave it to the Local Appointments Commission would only put a gloss on the present position. It would still not be a competition if the principal doctor was a member of the selection committee. Quite apart from this, the LAC process took too long and everyone had past experience of permanent posts remaining vacant for an inordinate length of time. It is not a practical solution to process these appointments through the LAC.

Dr. Henry McEntagart said that the Council should express its disquiet at this very real problem.

Mr. O'Neill pointed out that it was not correct, as had been suggested, that the existing system was an abuse of the selection process. It was in accordance with the agreement made between the doctors and the Department and was in the interests of patients. Doctors must be allowed to participate in the selection of the assistants with whom they were expected to work.

The Chairman proposed an amendment "that recruiting doctors into the service be made through the machinery of the Local Appointments Commissioners as under the previous dispensary scheme".

Mr. MacEvilly expressed strong disagreement with this.

Dr. Donnelly supported the Chairman's suggestion. What was being proposed would apply both to posts of Principal Doctor and Assistants.

Senator Lyons and Mr. MacEvilly pointed out that the sub-committee was only dealing with appointments of Assistant Doctors.

On the proposal of Mr. Neary, it was agreed that the discussion should be continued at the next meeting of the Council.

#### REPORT OF SUB-COMMITTEE ON SOCIAL WORK

It was agreed that consideration of this report should be deferred to a future meeting of the Council.



ANY OTHER BUSINESS

1. Disabled Persons (Maintenance Allowances) (Amendment) (No. 2) Regulations 1977
2. Infectious Diseases (Maintenance) (No. 2) Regulations 1977

The Chairman explained that the purpose of the draft Regulations was explained in the Department's letter of 14 September 1977 which had been circulated to members. Increased rates of allowances would come into effect from 1 October 1977. It would be noted that the list of infectious diseases for which maintenance allowances are payable is under active review.

Dr. Henry McEntagart pointed out that the maximum allowance payable for domestic help was totally unrealistic at the present time.

Mr. MacEvilly explained that supplementary allowances are payable in cases where the allowance under the scheme would be considered inadequate.

On the proposal of Mr. Foster and Mr. McGuire, the draft Regulations were approved unanimously.

DATE OF NEXT MEETING

The next meeting of the Council was arranged for Friday, 14 October 1977 at 2.15 p.m.

The meeting then ended.

*Signed*  
*J. J. Hanahan, 28/10/77*