

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 19 November 1976.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Miss A. Boland
Dr. J. G. Cooney
Dr. H. V. Connolly
Dr. M. J. Dyar
Mr. T. F. Hassett
Mr. J. M. Hillery
Miss K. Keane
Mr. P. Kennedy
Mr. W. A. Lynch
Dr. M. Henry McEntagart
Mr. W. MacEvilly
Dr. D. McGrath
Mr. M. Neary
Dr. E. S. M. O'Brien-Moran
Mr. E. S. Ó Caoimh
Mr. T. C. J. O'Connell
Mr. L. P. Pelly
Dr. H. Raftery
Mr. L. Shalloe
Mr. J. P. Shanley

Apologies for inability to attend were received from: Dr. Devlin, Dr. Donnelly, Dr. de Courcy-Wheeler, Mr. O'Neill, Dr. Farrelly, Mr. Mehigan, Mr. Savage and Professor O. Conor Ward.

MINUTES OF MEETING OF 22 OCTOBER 1976

Dr. M. Henry McEntagart said that the first paragraph, fifth sentence, page 11 of the minutes, needed to be amended as the Bill introduced by Senator Mary Robinson had preceded the Government's attempt to introduce legislation to control the sale of contraceptives. It was agreed that the minutes should be amended to read as follows:

"The Bill introduced in the Senate by Senator Mary Robinson was still awaiting a second reading two years after its introduction. The Government had moved in the meantime to introduce legislation to control the sale of contraceptives but this had failed."

Mr. O'Connell pointed out that he had left the meeting before Dr. Henry McEntagart's resolution was discussed. It was agreed that the minutes be amended to record this fact.

There being no further amendments, the minutes of the meeting were approved and signed.

MATTERS ARISING FROM THE MINUTES

No matters were raised arising from the minutes.

CORRESPONDENCE

There was no correspondence.

REGIONAL HOSPITAL BOARDS - REPORT OF SUB-COMMITTEE

The Chairman reminded the members that the matter had been discussed at some length at the previous meeting. It had been brought forward to the present meeting because members wished to have more time to study the report of the Sub-Committee.

On a point of information, Mr. O Caoimh said that the discussion document on the hospital services in the Dublin area which had been sent to the Eastern Health Board by the Minister for Health had been discussed by the Board at its last meeting. A Working Party had been set up to study it and to report back to the Board at its next meeting.

Mr. Hassett remarked that the Sub-Committee proposals in favour of establishing a national body to co-ordinate hospital services had been criticised at the Council's last meeting because of the probable cost of implementing them. He wondered if it were the view of members that a co-ordinating body should not be set up.

The Chairman said there were a number of options open to them regarding the R.H.Bs. The Sub-Committee had come to the conclusion that the Boards should be abolished and that a national body should be set up to deal with matters not catered for by Comhairle na nOspidéal. It was now up to the Council to decide whether they should endorse the recommendation that the R.H.Bs should be discontinued in their present form. If that was the view taken, it would then be necessary to decide whether they should be replaced by some other body or abolished altogether and their functions assigned to other existing agencies.

Mr. McGuire felt that a proposal to set up another costly body would not meet with much enthusiasm in the present state of the economy. He personally would prefer to see any spare money put back into the services.

The Chairman thought that the setting up of the proposed new body might be worthwhile if a saving could be achieved in the hospital area which accounted for 70% of the total health budget.

Mr. McEvilly recalled that during his time as a Council member there had been constant criticism of the number of health agencies in existence and of the cost of running them. The present proposal would mean setting up yet another agency on a national basis and no doubt it would prove very costly. If established there would then be a situation where the Minister and his Department would deal with national policy while the Comhairle dealt with hospital appointments and this new body would deal with hospital services in general. He was totally opposed to such

a move and not solely for reasons of economy. In his view the R.H.Bs should be abolished and not replaced. They should never have been established. He agreed that some arrangement would be necessary to cater for the voluntary hospitals, particularly in the Dublin area. A way out might be to give the voluntary hospitals direct representation on health boards, with reciprocal representation from the health boards on the voluntary hospital boards. A voluntary hospital board was being established in Cork which would have direct representation from the Southern Health Board.

Dr. O'Brien-Moran agreed with Mr. McEvilly that the R.H.Bs, as presently constituted, should be abolished. However he supported the Sub-Committee's proposal as he felt that a national body was needed to co-ordinate and rationalise hospital services.

Mr. McGuire felt that the time had come to take a long hard look at the health board structure as a whole to see if it was serving its purpose. He believed that the system was unsuitable to the Irish setting and the Minister should be asked to examine it as a matter of urgency.

In reply to Miss Boland, the Chairman said that the Minister had recently announced his intention to carry out a review of the health administration structure. It had not yet commenced.

Dr. O'Brien-Moran said that while hospital services might be reasonably satisfactory in the Dublin and Cork areas, this was not the case throughout the country. There was great need for rationalization.

Dr. Dyar argued that while hospital services accounted for a considerable proportion of the health budget, this situation was created by problems originating outside the hospital area, such as alcoholism, broken homes, battered wives and other social circumstances which culminated in demands being made in the hospital area.

The Chairman felt that the health services as a whole would need to be examined. The cost of the general practitioner service was very high and mounting annually. It might ultimately exceed the cost of hospital services.

Mr. Hassett said that the tenor of the debate would indicate that very few were in favour of retaining the R.H.Bs. It was fair to say that the members were not happy with the Sub-Committee's solution. He suggested that an enlarged Sub-Committee might be set up to look into the functions of the R.H.Bs to see if they could be successfully performed by existing bodies. At the same time, it could also study the document on the Dublin Hospital services which was at present being examined by the Eastern Health Board.

The Chairman felt that the Sub-Committee had already examined the functions of the R.H.Bs very thoroughly and had decided that very few of them could not be carried out directly by health boards or by sub-committees set up by them. Mr. McEvilly's suggestion of reciprocal representation as between health boards and voluntary hospital boards was a good one. He wondered how this would be arranged and the extent to which health board representatives would have a say in the affairs of the hospitals.

He also wondered if the arrangement would meet the requirements of the public auditors who would have to be satisfied with the way in which public monies were being spent. He thought that the present system of allocating lump sums made it more difficult to ensure that monies were being used to the maximum effect.

Mr. McEvilly felt that there should be no question of either group having the right to interfere in the detailed domestic management of services. What was envisaged for the Cork area was a 19 member board which would include four representatives from the Southern Health Board. This would ensure that the health board representatives did not predominate while giving them sufficient numbers to lend weight in discussions on such items as future development, capital allocations, services and their location etc. He did not think it would lead to inefficiency in the handling of the lump-sums allocated.

Mr. O'Connell considered that the controls being exercised by the hospitals and the Department of Health would ensure that monies were properly spent. In his own hospital, the Finance Officer reported to the Management Committee each month and the annual accounts were submitted not alone to the hospital officers but also to the Department of Health. He presumed that similar arrangements applied in other hospitals. The Eastern Health Board representative played a very active role on the Board of his hospital.

Mr. McEvilly explained that his proposal did not envisage the health board representatives becoming involved in the domestic management of voluntary hospitals. The representatives would simply look at the development of services, their location and amount to be spent on them. There should be an overall programme to cover the entire hospital services for an area and the health board representatives would be concerned with hospital developments within the framework of that plan. He felt that in relation to the provision of specialist services, Comhairle na nOspidéal should not become involved until approached by the hospital authorities.

Miss Boland considered that as voluntary hospitals were largely financed from public money they should be as accountable as were the health board hospitals.

Mr. O'Connell said that to his knowledge public monies received by voluntary hospitals were strictly controlled and audited by the Department of Health.

Dr. Henry McEntagart supported Mr. O'Connell. Money was not wildly thrown about in voluntary hospitals. Everything had to be accounted for.

Dr. O'Brien-Moran pointed out that the co-ordination of services on a national basis was the nub of the whole problem and should be concentrated on.

Miss Boland felt that if the work of the R.H.Bs was being done by other bodies there was clearly no need for them to continue in existence.

The Chairman said that if, as appeared, there was general agreement that the R.H.Bs should be abolished, it would be necessary for members to consider whether their functions be transferred to existing agencies or whether a national body should be established in place of the three R.H.Bs.

Dr. Raftery agreed that the matter could not be summarily dismissed by a recommendation to abolish R.H.Bs. There must be some suggestion as to the re-allocation of their existing functions. About half of the surgery for the country was performed in Dublin Voluntary Hospitals. While there was need for the co-ordination of services in that area, he had no information as to the needs in the rest of the country. Mr. McEvilly's suggestion might be the solution to the problem of co-ordinating services and ensuring the best use of public monies.

The Chairman was doubtful if the cross linked system of representatives suggested by Mr. McEvilly would suffice and felt that a national body might be necessary. He presumed that the Department of Health would continue to scrutinize all budgets.

Mr. McEvilly said that the setting up of another body would not improve the situation. As regards finance it would have to be remembered that in the last analysis the Department was the holder of the national purse insofar as the health services were concerned.

Mr. O Caoimh said there were also Eastern Health Board representatives on the Boards of St. James's and James Connolly Hospitals. A defect he saw in forming a central body was that the Dublin area would be over-represented.

Mr. Hassett said that if the Council were going to recommend the abolition of the R.H.Bs it would be necessary to suggest a re-allocation of the functions of these boards. The Council could not just say they would be abolished and leave it at that.

The Chairman asked if it was the wish of the members that the Minister should be advised that the R.H.Bs should be abolished.

This was unanimously agreed.

The Chairman went on to say that the Council would now have to consider the nature of the residual arrangements necessary to deal with the functions which had been assigned to the R.H.Bs. He was now inclined to the view that these should be undertaken by the health boards.

Dr. Raftery pointed out that many of the solutions offered in the past on health services programmes, such as in the Fitzgerald Report, and the General Hospital Plan had become political footballs. Many medical problems in the hospital area existed because there was no one to co-ordinate the services. There had to be an authoritative voice to do so.

Miss Boland enquired as to the possibility of the review of the health services promised by the Minister taking place at an early date.

Dr. Henry McEntagart noted that the health services were intended to be reviewed after 5 years. She felt that this review was now overdue.

In reply to an enquiry by Mr. Shalloe, the Chairman felt it unlikely that the Council would be consulted by the Minister on the review.

Mr. O'Connell said it would be wrong to think that the Council could not advise the Minister in this matter. Any member could put forward a motion for discussion on any aspect of the health services and the Council's views could subsequently be forwarded to the Minister. He did not have to act on the Council's advice. In the past quite a few recommendations had been initiated in this way. Some had been adopted by the Minister and some had not.

Mr. Shalloe thought that the Council would be in a good position to offer advice to the Minister, particularly if they knew what he had in mind regarding the proposed review.

The Chairman said that it was the prerogative of any member to put forward topics for discussion. However very few members were availing of this facility and it was the members' own fault if matters were not being discussed.

Mr. Shalloe pointed out that it was one of the Council's grievances that they were not being listened to. He suggested that the Council should now ask the Minister if they could be of any assistance to him in regard to the forthcoming review.

Mr. O'Connell and Dr. Dyar supported this view.

Mr. McGuire suggested that the Minister might be made aware of the criticisms expressed by Council when it had been considering the proposal to set up the health boards. He was very dissatisfied with the way staff had been recruited to these boards. The closed shop attitude had confined appointments in the main to persons already in the service. He felt that employment in health boards should be open to suitably qualified persons outside the service.

After further discussion it was agreed:

- (i) that, in view of the Minister's stated intention to carry out a review of the health services, he should be asked to inform the Council if there was any aspect of the health services on which he would wish to have Council's advice or which he would like the Council to consider and report on to him. It was further agreed that the Council might review the position in 3 months time.
- (ii) that the Minister should be informed that the Council was of the opinion that the R.H.Bs should be abolished and their present functions assigned to the Department of Health and the health boards as appropriate. It was felt that in areas having voluntary hospitals, policy bodies composed of representatives of these hospitals and of the health boards concerned should be set up. Such policy bodies should not be involved in day-to-day affairs but should concern themselves with policy decisions affecting the provision and development of services.

ANY OTHER BUSINESS

The Chairman said that Dr. O'Brien-Moran had put forward five items for noting with a view to having them listed for discussion at the next meeting of the Council. The first four of the proposals had been seconded by Miss Boland and the fifth by Dr. Connolly.

PROPOSAL NO. 1

That social workers should meet as a group at regular intervals in each Community Care area under the chairmanship of the Senior Social Worker.

The Chairman said that social workers were employed by many different organisations other than the health boards. For this reason he felt it would be very difficult to organise such meetings.

Dr. Cooney enquired if it was the intention to have a full discussion on the role of the social worker.

Dr. O'Brien-Moran said that he had put forward the proposal with a view to co-ordinating the work of social workers. There was not enough communication between the workers employed by the various agencies involved in the social field.

Dr. Cooney agreed that this was so. He felt that the whole function of the social worker should be looked at. Until recently, psychology was the latest vogue. Now it was sociology. Young girls were being asked to tackle the most complex problems in human relations without adequate training and experience. All sorts of unfortunate occurrences had resulted where the social worker had been separated from the health services. It was necessary to define the functions of the social worker and to decide as to whom they should be responsible. An experienced social worker could do an invaluable job as a member of a team if she had clearly defined duties. He would welcome the proposal if it were to be a prelude to an in-depth examination of the whole question.

Dr. Connolly said that in the health board service, the Senior Social Worker was responsible to the Director of Community Care for her own staff and the social workers attached to the Social Service Council. The Director had no control, however, over the psychiatric social workers or workers employed by other agencies. He was concerned that social workers were stimulating demands on existing services. He was doubtful if such workers could be co-ordinated.

Mr. Ó Caoimh said that efforts were being made in the Eastern Health Board area to integrate the psychiatric social workers with the other social workers.

Mr. McEvilly said there was a lot of talk nowadays about social service departments within the health board and other organisations and equally about psychology departments within the psychiatric service. All of

these interests were now straining for independence. He fully agreed with Dr. Cooney that such workers had a very important part to play but only as members of an organised team and under proper guidance. It should be made quite clear that the services must be given as part of a team, be they social workers, psychologists or otherwise.

Dr. O'Brien-Moran maintained that it was also very important for them to meet amongst themselves as a group.

The Chairman instanced a case where three different social workers visited a patient on the same day. He felt that all social workers should come under the authority of the health board.

Dr. Henry McEntagart pointed out that many of the tragedies which had occurred elsewhere were due to a lack of co-ordination amongst the various interests involved.

Mr. Ó Caoimh felt that many inexperienced people were taking on tasks in the social area which were beyond their capacities.

Miss Boland said that a survey undertaken by the ^{U.C.D. Dept. of Sociology.} ~~Association of Social~~ Workers in Dublin had revealed that quite an amount of overlapping occurred in that area.

Dr. McGrath said that social workers from different organisations could not be ordered to meet. It would be a worthwhile exercise to examine the question, however.

It was agreed that the matter would be put on the Agenda for the next meeting of the Council, specifically on the question of the functions of the social workers and the arrangements for co-ordinating their activities.

PROPOSAL NO 2

That a dietician should be appointed to each community care area to work in conjunction with the social worker group referred to in Proposal No. 1 above and also in close liaison with hospitals in the area with particular reference to long-stay and geriatric hospitals.

Dr. O'Brien-Moran felt that there was a great need for dietary advice particularly in the case of long-stay and geriatric hospitals. Old people living alone could also be advised on diet if the dietician visited in conjunction with the social worker.

The Chairman said he would agree with the idea of having dieticians in hospitals but felt it would be very difficult to organise a community service as suggested.

Dr. Henry McEntagart suggested that the matter should be put on the agenda for the next meeting. If possible, any relevant data should be supplied to members in advance of the meeting as to the numbers of social workers employed and their location.

It was agreed that the item would be placed on the agenda for the next meeting.

PROPOSAL NO 3

That a nominal prescription fee should be levied in conjunction with the Choice of Doctor Scheme.

Dr. O'Brien Moran pointed out that while this matter had been discussed before he had brought it up again as he thought the matter merited further attention. In areas away from Dublin and Cork a visit to the doctor was often regarded as a social occasion. A lot of the visits were totally unnecessary and if a prescription fee were introduced it would help to cut down on their number. A prescription fee had been introduced in Britain and had proved very effective. It would help to prevent patients accumulating large quantities of expensive drugs.

Dr. Dyar said that this question had been considered by the Working Party on Prescribing and Dispensing in the General Medical Service. The Working Party did not consider the introduction of such a charge desirable. This view had since been endorsed in general at a discussion on the Report held by the Department with the interests concerned. As far as he knew it had not worked in England. He felt it would do more harm than good.

Mr. McEvilly felt it would be more fruitful to examine the Choice of Doctor Scheme as a whole rather than discuss the introduction of a prescription fee in isolation.

Mr. O'Connell was of the opinion that a discussion on the proposal would not be productive. The levying of a prescription fee was a highly emotive issue.

Dr. O'Brien Moran felt that the matter should nevertheless be discussed by the Council.

Mr. Hillery was of the opinion that the practicalities of introducing a prescription fee would be enormous. It would be very hard to collect.

Dr. Raftery suggested that the collection difficulty might be overcome if purchasers were required to buy a special stamp at a post office before the purchase was made.

The Chairman pointed out that the faults in the present system partly

arose from the too frequent issue of prescriptions for excessive amounts of drugs.

Mr. Hillery said that people expected to have their prescriptions refilled on request. He attended at two dispensaries a week and if the doctor repeated a patient's prescription it was not the pharmacist's place to question the decision even if he knew that the patient still had a supply left over from the previous issue. There could be greater communication between the doctor and the pharmacist in this area. Drug costs were escalating all the time and further increases were expected in the near future. It was a fact of life that patients regularly complained about the cost of drugs. Doctors were very often unaware of the price difference between the various preparations. Considerable economies could be made if the senior pharmacist in each health board area was made responsible for the purchasing of all drugs for hospitals in that area. Some ointments were very expensive and a lot of these could be prepared by hospital pharmacists at a fraction of the cost.

Dr. O'Brien-Moran said that the fifth proposal he would be making would deal with the question of communication between doctors and pharmacists. He felt this should cover the point made by Mr. Hillery.

Mr. O'Connell said that three of the board members in his hospital regularly discussed the drug supply with the hospital pharmacists in an effort to purchase economically. In all cases the cheapest brand was purchased if it was known to be equally effective. The setting up of a national formulary as recommended by Council would help to achieve the points now being discussed.

It was agreed that this item would be put on the agenda for the next meeting.

PROPOSAL NO 4

That a greater use of placebos should be advocated throughout the entire medical service .

This item was not discussed but it was agreed that it would be placed on the agenda for the next meeting.

PROPOSAL NO 5

That there should be meetings at regular intervals between the doctors and pharmacists operating the Choice of Doctor Scheme and the Director, Community Care, in each health board area.

This item was not discussed but it was agreed that it would be placed on the agenda for the next meeting.

Miss Boland suggested that the Council's meeting for the 18 March 1977 should be changed to another date.

It was agreed that the meeting fixed for 18 March 1977 should be deferred until 25 March 1977.

DATE OF NEXT MEETING

As already agreed, the next meeting will take place in the Custom House at 2.15 p.m. on Friday 21 January 1977.

The meeting then ended.

*Agreed J. Hamber Pres &
21. 1. 77.*