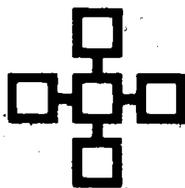


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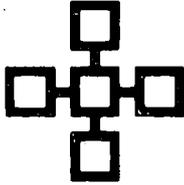
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Comhairle na n-Ospidéal

Neurology Services

July 1991



Comhairle na n-Ospidéal

**Report of the Committee on
NEUROLOGY SERVICES**

July 1991

Comhairle na n-Ospidéal

Report of the Committee on NEUROLOGY SERVICES

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COMHAIRLE NA N-OSPIDÉAL

Report of the Committee on NEUROLOGY SERVICES

[Adopted by Comhairle na n-Ospidéal
at its meeting on 17th July, 1991]

SECTION 1 – Introduction

1.1. The Comhairle's "Report of the Committee on Neuro-surgical Services in Dublin" identified the need for an early separate study of neurology services and recommended, inter alia, that the Comhairle should initiate a review of neurology services in Ireland. Arising out of its consideration of that Report, the Comhairle decided to establish a Committee on Neurology Services with the following terms of reference:-

"To examine the existing arrangements for the provision of neurology services in the country as a whole and, following consultation with the interests concerned, to make recommendations to the Comhairle on the future organisation and development of neurology in the context of the neuro-sciences group of specialties especially neurosurgery. The committee should have due regard to the necessity for an effective and efficient service within the over-all financial constraints which are likely to continue to apply to the health services in general. In view of the urgent situation in South Dublin, the committee is requested to prepare an interim report as a matter of urgency concentrating on those aspects of its terms of reference which would enable the Comhairle to reach an early decision on the application for a replacement post of neurologist based in that area".

1.2. The following members of the Comhairle were appointed to serve on the committee:-

Dr. D. Ormonde (Chairman)
Dr. B. Alton
Dr. J. Buttimer
Professor D. Coakley
Dr. K. Egan
Professor M. Fitzgerald
Sr. L. Roche
Mr. G.P. Martin (Chief Officer)

Mr. T. Martin, Administrator was Secretary to the committee.

It is with great regret that we must record the death of Dr. B. Alton prior to the finalisation of this Report.

1.3. The initial meeting of the committee took place on 19th October 1989. At the outset, a number of major issues in relation to neurology services were identified, in particular, serious undermanning at consultant level exacerbated by recent retirements in South Dublin; the relationship between neurology and other neurosciences especially neurosurgery; and the implications for neurology resulting from the centralisation of neurosurgical services in Dublin at Beaumont Hospital. While the main focus of the committee's work was in relation to adult neurology, the committee also dealt with paediatric neurology and neurophysiology.

1.4. In pursuance of its task, the committee engaged in a wide-ranging information-gathering and consultation programme. Each health board and public voluntary hospital was invited to make a submission regarding the arrangements which currently exist for patients with neurology problems and also their views concerning improvements for the future. The committee requested those hospital authorities which have a consultant neurologist to provide comprehensive information on neurology workload, staff and facilities and on the organisation of their neurology services. Virtually all of the agencies concerned made written submissions to the committee and included the detailed information sought where applicable. The Irish Neurological

Association was also requested to make a written submission to the committee which it did. A separate written submission was also received from Dr. H. Staunton, Consultant Neurologist, Beaumont Hospital.

1.5. Simultaneous with the compilation of information, the committee embarked upon a consultation process which included visits to a number of centres around the country. At an early stage in the process, a discussion was held with representatives of the Irish Neurological Association.

1.6. The committee visited Cork and had separate discussions with the Southern Health Board, the Mercy Hospital and the South Infirmary/Victoria Hospital. A visit was made to Galway where discussions were held with representatives of the Western Health Board.

1.7. In addition to the above visits, the committee held joint discussions with representatives of St. Vincent's Hospital; St. James's Hospital and the Meath/Adelaide National Children's Hospital (M.A.N.C.H.) Group. Separate discussions took place with representatives of Beaumont Hospital, the Mater Hospital, Our Lady's Hospital for Sick Children, Crumlin and the Children's Hospital, Temple Street. In the course of the above consultation process, all the neurologists then practicing in, and some of those recently retired from, the public hospital sector had the opportunity to express their views on the future development of the specialty to the committee.

1.8. On completion of the consultations within the country, the committee visited and engaged in detailed discussions with consultant and management representatives of the Radcliffe Infirmary, Oxford, the Wessex Neurology Centre, Southampton and the Royal Victoria Hospital, Belfast.

1.9. A number of international reports on neurology and neurophysiology and on the organisation of these services were studied by the committee, as well as data relating to the actual and recommended number of neurologists in various countries.

A Report on Neurological Services in South Dublin, prepared by Dr. J. Kirker in 1987, was also studied.

1.10. The programme of consultation and information compilation together with the study of the international literature had a significant influence on the committee's thinking. The volume of documentation considered by the committee was extensive – about 50 documents in toto – and, for reasons of size, they could not be appended to this Report.

1.11. The committee wishes to record its sincere appreciation to the many people and agencies in Ireland, Northern Ireland and England who assisted in its task by providing information/views either in writing or through discussion. A special word of thanks must be extended to those who facilitated and participated in the discussions during the visits to the neurology centres in Belfast, Oxford and Southampton. The information and advice imparted during the visits have been particularly helpful in reaching the conclusions set out in this Report.

SECTION 2 – Description of Existing Services – Neurology; Paediatric Neurology; Neurophysiology.

2.1. Consultant neurology services in this country are located in three cities i.e. Dublin, Cork and Galway. There are seven adult and two paediatric neurologists currently in post. Until their retirements in recent years, there had been four other consultants providing neurology inputs to Dublin hospitals amounting, between them, to the equivalent of two to three wholetime consultants.

DUBLIN

2.2. In North Dublin, there are two neurologists based in Beaumont Hospital, one of whom has a minor commitment to the Mater Hospital. There are thirty neurology beds in Beaumont and two neurology beds in the Mater.

2.3. In South Dublin, there is currently only one consultant neurologist in post whose services are shared between St. Vincent's Hospital and the M.A.N.C.H. Group of hospitals. There are 14 neurology beds in St. Vincent's Hospital and 17 in the Adelaide Hospital. In its Report on neurosurgical services, the Comhairle committee recommended that, in implementing the recommendations in that Report, the Department of Health should enter into negotiations with Beaumont Hospital, St. Vincent's Hospital and the consultant neurologist concerned on the question of the restructuring of his post, as a direct consequence of the transfer of neurosurgery from St. Vincent's Hospital to Beaumont Hospital. In making that recommendation, the Comhairle committee stressed that, whatever agreement might be reached in respect of that appointment, should be without prejudice to the policy to be adopted in the structuring of posts of consultant neurologist in the future. The negotiations on the restructuring of the post in question have not yet been completed.

2.4. Until the retirement of the incumbent in 1989, there had been a second identical post shared between the same two

hospitals in South Dublin. In accordance with its terms of reference (see paragraph 1.1), the committee prepared an interim report which enabled the Comhairle to reach a decision on consultant staffing needs in neurology for South Dublin. Following a series of discussions between the neurology committee and the three major hospital authorities involved (i.e. St. Vincent's Hospital, St. James's Hospital and the M.A.N.C.H. Group) agreement was reached on proposals for an establishment of four interlinked posts of consultant neurologist for South Dublin. Each post would have a major commitment to one hospital and a minor commitment to a second hospital and also each post would be linked to the major neurosciences centre at Beaumont Hospital. The Comhairle, in June 1990, endorsed the interlinked package of four neurology posts. Because of the extreme urgency of the situation in South Dublin, the Comhairle also decided that each post within the package should be approved as funded applications were submitted. The one application submitted to date has been approved by the Comhairle as a joint appointment, on a wholetime basis, of a Consultant Neurologist by the M.A.N.C.H. Group (7 sessions per week); St. James's Hospital (2 sessions per week) and Beaumont Hospital (2 sessions per week including access to an appropriate pool of neurology beds for investigative purposes related to South Dublin patients). The question of size of the latter pool of beds was to be addressed by the neurology committee in this Report. The approved post is currently in the process of being filled.

CORK

2.5. There are three consultant neurologists in Cork; two based in Cork Regional Hospital and one based in the Mercy Hospital. There are currently 26 neurology beds in Cork Regional Hospital and the neurologists also have access to the five-day ward facilities. The neurologists based at Cork Regional Hospital hold out-patient clinics, on a twice monthly basis, in both Limerick and Tralee. There are no designated neurology beds in the Mercy Hospital – however, the neurologist based at that Hospital has access, as required, to the general pool of medical beds in conjunction with the other physicians at the Hospital. He also has access to three neurology beds in Cork Regional Hospital for patients requiring special investigations. He provides

a consultation service on request to the South Infirmary/Victoria Hospital. An integrated neurology service in Cork involving the three neurologists in a 1 in 3 rota had been envisaged when the third post was created at the North Infirmary in 1984. However, this did not work in practice except for a very short period. The North Infirmary post transferred to the Mercy Hospital on the closure of the former in 1987. Currently, two separate neurology services exist in Cork city. As Cork Regional Hospital is the main intake point for accident/emergency ambulance cases, very few acute neurology patients go to the Mercy Hospital. The committee noted the differences in practice patterns between the neurologists in Cork Regional Hospital, where stroke patients are dealt with directly by the neurologists vis-a-vis the practice elsewhere which involves stroke patients being seen in consultation with other physicians who are primarily responsible for them.

GALWAY

2.6. There is one consultant neurologist based in University College Hospital, Galway. There are currently six beds devoted to neurology – additional beds in the medical wards are available for emergency admissions.

Paediatric Neurology

2.7. Paediatric neurology functions as a separate specialty based in the Dublin childrens' hospitals but with links to the major neurosciences centre at Beaumont Hospital. There are two paediatric neurologists – one based in Our Lady's Hospital for Sick Children, Crumlin and one based in the Children's Hospital Temple Street with commitments to the Rotunda Hospital. Both have minor commitments to Beaumont Hospital. Currently, these are the only posts in paediatric neurology in the country.

Neurophysiology

2.8. There is one post of neurophysiologist in Ireland which is a joint appointment between Beaumont and the Mater Hospitals. A significant amount of neurophysiology work is done by neurologists in the absence of neurophysiologists.

SECTION 3 – Considerations for Future Development

3.1. Before making recommendations for the future development of neurology services in Ireland, the committee believes that the considerations which should underlie the organisation of the services should be clarified. These are:-

- The interests of patients are of paramount importance and should always come first. The committee's remit is to recommend the best possible service at reasonable cost. At the same time, it is necessary to develop minimum standards of care and provision of services.
- There should be an equitable spread of neurological services throughout the country and patients with neurological problems should have reasonable access to consultant neurologists. The professional ambience of neurologists must also be taken into account e.g. the proposed system must avoid professional isolation of neurologists and provide opportunities for research and teaching.
- Neurology is, to a large extent, a consultant provided service as distinct from a consultant-led service. A high proportion of neurology work is undertaken directly by consultant neurologists rather than delegated to non-consultant hospital doctors (N.C.H.D.'s). A high proportion of neurology services are provided on an out-patient basis and there is a growing international trend towards day care replacing some care traditionally provided on an in-patient basis. An expansion in the number of consultant neurologists would, therefore, be less expensive in downstream costs generated than would be the case in many other specialties.

3.2. In reaching its conclusions, the committee has been helped by the Report of the Royal College of Physicians on "Neurological Facilities in the United Kingdom" (November 1986); "A Policy Statement on the Number and Distribution of Consultants in Adult Neurology" by the Association of British Neurologists (1990) and views expressed during the consultation process described in Section 1.

Consultant Manpower

3.3. The main issue which led to the establishment of the committee and which subsequently dominated the committee's consultations with hospital authorities and consultant neurologists in Ireland, was the current serious undermanning at consultant level in the specialty which, as already indicated in paragraph 1.3., has been exacerbated by a number of recent retirements in South Dublin.

3.4. There are considerable variations in the neurologist/population ratio between the USA, Canada and various European countries on the one hand and the UK/Ireland on the other. However, because of different types of medical practice and hierarchal systems, the validity of comparisons across a wide international front is suspect.

3.5. The Royal College of Physicians acknowledges that it is not easy to be certain that any set ratio is ideal in all circumstances but it recommends a figure of four to six neurologists per million people. It adds that a decision about numbers can only be made in the light of local circumstances. The Association of British Neurologists recommends a ratio of 1 neurologist per 200,000 people. While there has been an increase in the number of neurologists in the U.K. over the past 15-20 years, the recommended levels have not yet been achieved. According to the 1989 Department of Health statistics, there were 189 consultant neurologists (166 wholetime equivalents) in England and Wales – a ratio of 1 consultant neurologist per 267,000 population which equates to one wholetime equivalent neurologist per 303,000 population. In calculating wholetime equivalents in the U.K., only N.H.S. service sessions are taken into account. The current ratio of consultant neurologists to population in both Northern Ireland and Scotland is about 1/300,000 – there are five consultant neurologists in Northern Ireland and sixteen in Scotland.

3.6. The Irish Neurological Association has recommended to the committee that the appropriate ratio for Ireland would be 1/200,000. All of the advice given to the committee indicated

that this would be a reasonable norm which should be adopted as the target for this country. This would involve increasing, over a period of time as circumstances permit, the current establishment of consultant posts from eight to seventeen. The committee is convinced that the neurology services in this country are seriously undermanned at consultant level and that there is an urgent need to increase the number of consultants. The manpower norm of 1/200,000 recommended by the Irish Neurological Association, which is in line with the recommendations of the Royal College of Physicians and the Association of British Neurologists, is recommended by the committee as a reasonable guideline for this country.

LOCATION

3.7. The committee examined the two different models of neurological provision in the U.K; the "centre based" approach, where neurologists have most of their sessions at a regional neuroscience/neurosurgical centre and the "district based" approach, where neurologists have most or all of their sessions in a district general hospital. In the United Kingdom, the district general hospital is normally a major general hospital providing a wide range of specialties, usually for populations of the order of 250,000. Based on the advice given to it in Ireland, its visits to various centres in Northern Ireland and England and from studying the international literature, the committee has come to the conclusion that, ideally, all neurologists should be organised in groups based at and/or formally linked to major neuroscience/neurosurgical centres. For neurologists whose major commitments must be outside such a centre, such formal links will make them a part of the major centre and will facilitate interaction with their colleagues in neurology, neurosurgery, neuroradiology, neuropathology and neurophysiology as well as allowing ready access to specialised investigative facilities. The committee is of the view that neurology services, organised on the above basis, will provide the best possible service for patients; will facilitate greater opportunities for high quality research and teaching; and will minimise professional isolation. Neurology posts based at or linked to a neuroscience/neurosurgical centre are also more likely to attract higher calibre candidates. Where this is not feasible for distance reasons, arrangements will need

to be put in place to facilitate neurologists not attached to a neuroscience/neurosurgical centre, to derive support and professional back-up in so far as it is possible from the most appropriate centre. Regular attendance at case conferences in the centre should be facilitated. Additionally, technological advances in telephonic image transfer in radiology and pathology should help to reduce professional isolation.

Minimum Viability

3.8. As a matter of policy, the Comhairle does not favour the concept of single-handed consultant appointments. The views of the Irish Neurological Association concur with this concept in relation to neurologists. Based on these considerations, the committee does not recommend the appointment of single-handed consultant neurologists in any circumstances except, perhaps, as an initial step in the development of a minimum two consultant unit.

Physician with a special interest in neurology

3.9. The committee endorses the view of the Royal College of Physicians that the appointment of general physicians with a part-time special interest in neurology would be a retrograde step. Such appointments have not been proposed by any organisation or individual involved in the consultation process. The service should be based on consultants who practice exclusively in neurology.

Out-Patient/Peripheral Clinics

3.10. The committee recommends that, in the future development of neurology services, there should be a greater emphasis on out-patient clinics both in the hospitals where neurologists will be based and in the other major hospital(s) in the catchment area served by the neurology centre. The Irish Neurological Association was firmly of the view that neurologists should be clustered in

groups in Dublin, Cork and Galway and should radiate outwards from these to provide out-patient clinics/ward consultation in the major hospitals in each catchment area. The thrust of the Royal College of Physicians document is in a similar vein.

Beds

3.11. As a general rule, the Comhairle does not make specific recommendations in relation to the precise number of beds in any specialty. However, the question of the appropriate number of neurology beds emerged as a major issue in respect of the Dublin situation and the committee has been asked to make recommendations on the matter. Because of this, specific recommendations are made in paragraph 4.6 in relation to the Dublin situation. However, it is important to set the context in which these recommendations have been formulated.

3.12. As a result of the increasing trend towards day care, five-day beds and programmed investigation, the importance of a rigid number of beds per consultant is receding. This trend was evident to the committee during its visits to neurology centres in Northern Ireland and England. The Irish Neurological Association have stated that "assessment of the number of neurology beds required is difficult because of variations in clinical practice. In addition, demographic factors peculiar to Ireland, such as poor public transport, inadequate roads and absence of overnight accommodation on a hotel basis in the main hospitals, militate against significant reductions in bed demands by pre-admission investigation". The Association has suggested that a figure of 40 beds per million population is probably satisfactory. The consensus view of neurologists in Ireland, Northern Ireland and England who discussed the issue with the committee was that, in practice, about 10 beds (a proportion of which would be five-day/one-day beds) would be required by an individual neurologist to function optimally. The committee believes that existing referral patterns to hospitals will alter as the number of neurologists increases and the over-all distribution of consultant manpower improves. It would, therefore, be unwise to designate beds in individual hospitals on the basis of tradition in the context of implementing a national plan for the future development of the specialty.

Paediatric Neurology

3.13. The committee believes that the same general principles which it has outlined in paragraph 3.1 in relation to neurology should also apply to paediatric neurology. The British Paediatric Neurology Association has recommended a ratio of one paediatric neurologist per million people in the U.K. The paediatric neurologists in Ireland concur with this recommended ratio in respect of Ireland. There are 13 paediatric neurologists in England and Wales – the ratio is about 1 per 4 million population. In Northern Ireland (pop. 1.5 million) there is one paediatric neurologist. Taking into account Ireland's population of 3.5 million; the existing network of children's hospitals; the current number and location of paediatric neurology posts; and the higher proportion of children in Ireland than the U.K; the committee recommends a complement of four posts of paediatric neurologist for this country. It is hoped that the proposed increase on the current establishment can be achieved in the short-term.

Clinical Neurophysiology

3.14. The committee has given careful consideration to various reports on clinical neurophysiology services, in particular the "Report on Clinical Neurophysiology Services" published by the Association of British Clinical Neurophysiologists (A.B.C.N.) in 1989 which has been endorsed by the Royal College of Physicians. The report advocates the principle that clinical neurophysiology in neuroscience centres should be provided by consultants trained in the specialty. The report points out that there is, as yet, no agreed policy between neurologists and neurophysiologists about how these services should be delivered in areas remote from such centres. The A.B.C.N. has made recommendations in respect of the rare instances where a dual neurology/neurophysiology post might be considered. The A.B.C.N. report recommends a staffing level of 1.5 consultant clinical neurophysiologists per million population. In 1989, there were 53 clinical neurophysiologists in practice in England and Wales, not all of whom were wholetime – this amounts to about 1 per million. In Northern Ireland (pop. 1.5 million) there is one clinical neurophysiologist. In Scotland (pop. 5.1 million) there

are 4 clinical neurophysiologists. The committee accepts that a ratio of 1.5 clinical neurophysiologists per million population is a reasonable short-term target for Ireland. The committee recommends that, in the longer term, a complement of five posts of consultant clinical neurophysiologist would be required for this country.

Neurological Rehabilitation

3.15. The committee is aware that there are a significant number of neurologically disabled patients of all ages in need of long-term rehabilitation. The expansion in the number of neurologists proposed in this Report, should facilitate greater attention being paid to the needs of these patients. The committee is aware of two different models of care of neurologically disabled patients – (i) where neurologists have the major role and (ii) where there is interaction between rehabilitation physicians and neurologists in the provision of care. The committee is in agreement with the views expressed to it that neurologically disabled patients of all ages in need of long-term rehabilitation (including the young chronic sick) should be located in appropriate facilities outside the environment of an acute general hospital. However, the committee has not considered the issue in depth as it considers that the broader issue of rehabilitation services in general, is a multi-dimensional subject which requires a separate study.

SECTION 4 – Recommendations for Future Development

4.1. In accordance with the considerations set out in Section 3 of this Report, the committee recommends that neurology services be developed around groups of neurologists based at/or linked to major neuroscience/neurosurgical centres, where this is feasible. In formulating recommendations, the committee has, in addition to geographical and demographic considerations, taken into account the existing network of large tertiary teaching hospitals, the five medical schools in the country, the current deployment of neurologists, the number and location of neuroscience/neurosurgical centres, the recommendations of the Irish Neurological Association and the aspirations of various hospital authorities. As there are only two neuroscience/neurosurgical centres in the country, (i.e. Beaumont Hospital and Cork Regional Hospital) the committee recommends that these two hospitals should be the focal points for the organisation and development of the neurology services. However, the committee also recommends that neurologists be based at University College Hospital, Galway and that they should be linked to the Beaumont unit. Facilities should be made available at the two designated neuroscience/neurosurgical centres, to allow neurologists, based elsewhere, to practise their sub-specialist interests (including, where appropriate, special out-patient clinics); to have access to special investigative facilities; and to have access to an appropriate pool of neurology beds for investigative purposes.

4.2. As stated in paragraph 3.6, the committee regards an establishment of 17 adult neurologists as a reasonable target to be aimed at for this country. In the following paragraphs, the committee recommends how an initial complement of thirteen posts should be structured to meet urgent priority requirements in the near future. This is an increase of six on the number currently in post – however, this increase incorporates the recent retirements, amounting to 2-3 wholetime equivalents, mentioned in paragraph 2.1. The committee hopes that, even

in the context of the current difficult financial climate, it will be possible to achieve this short-term target, given the seriousness of the existing undermanning at consultant level; the nature of neurology services mentioned in paragraph 3.1; and the fact that the recommendations are aimed at strengthening the three existing neurology centres rather than increasing the number of centres.

DUBLIN

4.3. The catchment area to be served by the Dublin neurology services includes the administrative areas of the Eastern, the Midland, the North-Eastern Health Boards and about half of the South-Eastern Health Board and part of the North-Western Health Board – a total population of about two million. Beaumont Hospital should be designated as the major neurosciences centre for this region. In the short-term, there should be seven consultant neurologists serving the region. This will mean an increase of four on the number of neurologists currently in post in the Dublin area – this increase incorporates the retirements over the past few years amounting to 2-3 whole-time equivalents (referred to in paragraphs 2.1 and 4.2). Two of the three neurologists in post in Dublin are already based in Beaumont Hospital – one of these has a minor commitment (2 sessions per week) to the Mater Hospital. A third neurologist appointment, which is required in North Dublin as a matter of urgency, should be based at the main neurosciences centre at Beaumont Hospital (6 sessions per week) with a significant commitment (5 sessions per week) to the Mater Hospital. It is envisaged that as soon as resources permit, there would be a fourth appointment in North Dublin which would be structured on the lines of 4 sessions per week to the Mater Hospital, 5 sessions per week to Beaumont Hospital and 2 sessions per week to James Connolly Memorial Hospital for out-patient clinics and ward consultation. It is intended that the complement of initially three and later four neurologists in North Dublin would function as a team providing cover for each other and facilitating the development of sub-specialty interests by individual members of the team.

4.4. As stated earlier, there is currently only one post of neurologist filled in South Dublin. The committee reaffirms the

inter-linked package of four consultant neurologist posts based in the three major South Dublin hospitals i.e. St. Vincent's, St. James's and the M.A.N.C.H. Group. However, some flexibility in the sessional arrangements already agreed might be beneficial. Each post will have a major commitment (7 sessions per week) to one hospital with a minor commitment (2 sessions per week) to a second South Dublin hospital. Each will also have a minor commitment (2 sessions per week) to the Beaumont centre including access to an appropriate pool of neurology beds for investigative purposes related to South Dublin patients. The commitment to the Beaumont centre is intended to facilitate the practice of sub-specialty interests. All the neurologists should participate fully in the normal medical organisational structures of the neurosciences centre at Beaumont Hospital including case conferences, department meetings etc.

4.5. The committee believes that the proposed initial grouping of seven consultant neurologists, all attached to Beaumont, presents a unique opportunity for the development of a global team approach in Dublin to the provision of neurology services for the wide catchment area to be served with opportunities for sub-specialisation, research and teaching being fully exploited. Each neurologist will have ready access to specialised expertise in a range of disciplines and specialised investigative facilities. In addition, should the need arise to facilitate any or all of these off-site neurologists to practice a sub-specialty interest at the Beaumont centre in a more substantive fashion, posts may be restructured to include an additional session(s) at Beaumont, subject to the agreement of all the parties concerned. The committee envisages that high calibre candidates will be attracted to such posts and that the overall result will be an improved service for patients.

4.6. As indicated in paragraph 4.3, the catchment area to be served by the Dublin neurology services is very extensive geographically and it embraces a population of about two million. Close to half of that population lives outside County Dublin, and some live over 80 miles from Dublin. The committee believes that the provision of a network of peripheral out-patient clinics would be desirable. It, therefore, recommends that arrangements

should be worked out between the group of neurologists in Dublin, to provide out-patient clinics at James Connolly Memorial Hospital, Blanchardstown, in Tullamore, Cavan and in Drogheda.

Beds

4.7. The role of the Comhairle in relation to bed numbers has been mentioned at paragraph 3.11. Having taken into account the international trend towards day-care and the general advice received during the consultation process, it is the committee's view that there should be a total complement of approximately 35 beds in Beaumont Hospital designated for a combination of adult and paediatric neurology. This complement would include day beds. This pool of beds should be used flexibly by all of the neurologists based at and linked to Beaumont Hospital, in accordance with demand. In general, the committee expects that the usage of beds by individual consultants would be proportionate to their sessional commitment. The committee's view in relation to the neurology bed complement in Beaumont is on the basis that there will not be a serious bed blockage problem arising from the presence of neurologically disabled patients in need of long-term rehabilitation. The committee has indicated in paragraph 3.15, that such patients should be located in appropriate facilities outside the environment of an acute general hospital and that the issue of rehabilitation services requires a separate study.

4.8. It is the committee's view that, in addition to the beds at Beaumont Hospital, about ten beds (including day beds) would be required at each of the other four large Dublin hospitals with on-site neurology.

CORK

4.9. In view of the existing configuration of hospitals in Cork; only one main intake point for A/E ambulance cases; the current deployment of neurologists; and the availability of neurology facilities in more than one location, the committee recommends that the resources and facilities of the three hospitals i.e. Cork

Regional Hospital, the Mercy Hospital and the South Infirmary/Victoria Hospitals be pooled so that all the neurologists based in Cork will function as a team, with equal access to whatever facilities are available. The neuroscience/neurosurgical unit at Cork Regional Hospital should continue to be developed as the major centre for the Munster area. It is recommended that the Southern Health Board, the Mercy Hospital and the South Infirmary/Victoria Hospitals should establish a formal joint department of neurology spanning the three hospitals. The joint department would be staffed by a team of four consultant neurologists serving the combined catchment areas of the Southern and Mid-Western Health Boards and about half of the South-Eastern Health Board area – embracing about 1 million population. As an immediate step, it is recommended that the three hospital authorities, subject to the agreement of the incumbents, should seek formal Comhairle approval to the restructuring of the three existing posts of consultant neurologist, as identical joint wholtime appointments spanning the three hospitals. This should facilitate the early participation of all three in a 1 in 3 rota for acute neurological emergencies.

4.10. In the opinion of the committee, the above recommendations should lead to better co-ordination of services in Cork City and the extension of peripheral out-patient clinics to Waterford Regional Hospital in addition to those already provided in Limerick and Tralee. As soon as finances permit, a fourth identical joint appointment should be sought.

GALWAY

4.11. Although there is not a neuroscience/neurosurgical centre in Galway, the committee feels that a neurology service based in University College Hospital Galway is justified. The normal catchment population for regional services emanating from University College Hospital, Galway is about half a million people, dispersed over a wide geographical area. University College Hospital, Galway is a major general teaching hospital associated with the medical school at University College, Galway. There is already one consultant neurologist based at the hospital. The committee recommends that a group of, initially, two consultant neurologists be based in University College Hospital, Galway.

4.12. The committee is firmly of the view that the neurologists based in Galway must not be professionally isolated from their colleagues in neurology, neurophysiology, neuroradiology, neuropathology, neurosurgery etc. who are based elsewhere in the country. They must have the opportunity to derive support and professional back-up from a major neuroscience/neurosurgical centre. The committee is of the view that these links should be with Beaumont Hospital. Due to distance factors (135 miles), it would not be practical for a neurologist to travel frequently to Beaumont Hospital for case conferences etc. However, with the appointment of a second consultant, regular attendance at case conferences should be possible. Due to advances in telephonic image transfer technology in radiology and pathology, the level of professional isolation can be further reduced. Out-patient neurology clinics should be provided in Sligo, Castlebar and, possibly, Ballinasloe by the Galway based consultants.

Paediatric Neurology

4.13. The committee accepts, as a fact, the current structuring of the two existing posts of paediatric neurologist in Dublin. In addition to these two posts, the committee recommends the appointment of a third paediatric neurologist in Dublin. A new appointment of paediatric neurologist at Cork Regional Hospital to serve the Munster region is also recommended.

4.14. Having taken into account the structure and location of the two posts which are currently filled in Dublin (i.e. one based in Our Lady's Hospital for Sick Children, Crumlin and the other based in The Children's Hospital, Temple Street/Rotunda Hospital with both having a minor commitment to Beaumont Hospital), the committee recommends that the third post of paediatric neurologist be a joint appointment between Our Lady's Hospital, Crumlin, where the major commitment would lie, and with minor commitments to the National Children's Hospital, Harcourt Street and Beaumont Hospital. It has been suggested to the committee that this appointee should have a special interest in mental handicap, in order to complement the particular interests of the two existing appointees in epilepsy and neonatology respectively.

4.15. With regard to children who are referred to Beaumont Hospital for either neurology or neurosurgery, the committee is concerned at the lack of a significant general paediatric presence at consultant level at that hospital. It is considered that rapid progress needs to be made in the discussions on the question of shared appointments in paediatrics between Beaumont and Temple Street Hospitals. It is understood that such discussions have been ongoing for a considerable time.

Clinical Neurophysiology

4.16. While the committee accepts that a long-term target of five clinical neurophysiologists is appropriate, it has identified an immediate need for an initial complement of three posts i.e.

- (i) the existing post of clinical neurophysiologist shared between Beaumont and the Mater Hospitals
- (ii) a new post of clinical neurophysiologist shared between St. Vincent's Hospital (5 sessions) with two sessions each at St. James's; the M.A.N.C.H. Group and Beaumont Hospital. The structuring of this post has already been agreed by all parties concerned.
- (iii) a new post of clinical neurophysiologist based at Cork Regional Hospital.

Apart from the immediate needs above, a post with a part-time or wholetime interest in clinical neurophysiology based in University College Hospital, Galway would also be desirable. Consideration should also be given by the hospital authorities concerned to a post of clinical neurophysiologist shared between the children's hospitals in Dublin and including a minor commitment to Beaumont Hospital.

SECTION 5 – Concluding Remarks.

5.1. In formulating the foregoing specific recommendations for the development of neurology and neurophysiology services, the committee has endeavoured to be pragmatic in recognising the services which are already there and using them as the basis for future development, in accordance with the principles which it has clarified. The committee is convinced that these recommendations are in the best interests of patients who are entitled to see, in the planning of services, attempts to achieve the best service that modern hospital medicine has to offer, judged by international standards.

5.2. The committee feels that implementation of the above recommendations will go a long way towards eliminating the current low level of neurology services which, to a large extent, is due to serious undermanning at consultant level. The committee believes that the increase in the number of consultant posts recommended in this Report should be feasible to fund and implement. Some of the posts proposed are replacements for various inputs to neurology which existed up to recently. The nature of neurology – being a consultant provided service – means that the downstream costs should be lower than in some other specialties. Moreover, it is envisaged that the increasing international trend towards day care in neurology will produce efficiencies and cost savings.

5.3. The recent Comhairle “Report of the Committee on Neurosurgical Services in Dublin” contains a recommendation, in paragraph 6.13, for the establishment of a “Users Committee” which would serve as a forum for examining the delivery of neurosurgical services from the perspective of those health agencies, who depend on the centralised services at Beaumont Hospital. As neurology and neurosurgical services are closely related and as both services will emanate from the same hospital, it is recommended that the terms of reference of the users committee should be extended to include neurology and the other neuroscience services, so that it would become a “Neuroscience Users Committee”.