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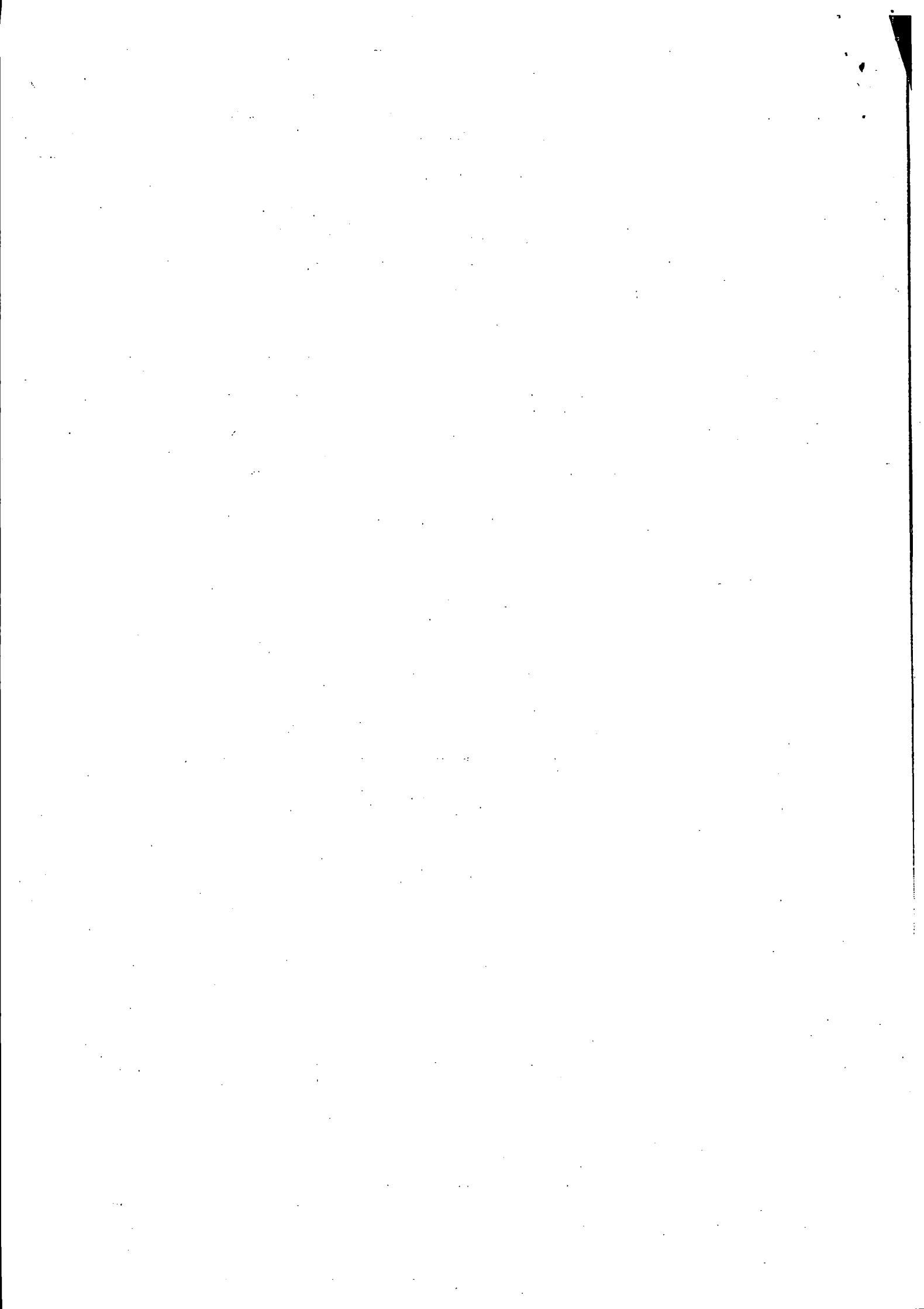
COMHAIRLE NA N-OSPIDEAL

Review of Surgical Services

in the

Western Health Board area.

June, 1986.



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In a letter to the Comhairle dated 23rd January, 1986, the Department of Health, in the light of pending consultant vacancies in general surgery in the Western Health Board area, suggested that "it would be appropriate at this stage, to carry out a full examination of the requirements in surgery at Galway and this examination might usefully be extended to the Western Health Board area as a whole". The Comhairle agreed to undertake a review of surgical services and, for this purpose, appointed a sub-committee whose membership comprised seven members of the Comhairle (including four surgeons, one physician, one anaesthetist and one administrator) and the Chief Officer.

On the 17th and 18th April, 1986, the sub-committee visited each of the five hospitals in the area with a surgical department namely (i) Galway Regional Hospital (ii) Merlin Park Regional Hospital, (iii) Portiuncula Hospital, Ballinasloe, (iv) Castlebar General Hospital and (v) Roscommon General Hospital. Based on the statistical data supplied in advance of the visit, extensive and detailed discussions, involving consultant, administrative and other members of staff, took place in each of the five locations covering all aspects of the surgical situation within the hospitals concerned and within the Western Health Board area as a whole. In addition, detailed lists of the surgical operations performed in each hospital were furnished subsequent to the visit and were studied very carefully by the sub-committee.

At its meeting on the 18th June, 1986, the Comhairle discussed the sub-committee report in detail and decided

unanimously to endorse it. The review of surgical services and the recommendations stemming therefrom are now presented for consideration.

Report of Sub-Committee

1. Galway Regional Hospital, Newcastle

and

Merlin Park Regional Hospital

1.1 Galway Regional Hospital and Merlin Park Regional Hospital, both of which are owned and managed by the Western Health Board, together constitute the major general teaching hospitals associated with the medical school of University College Galway. Between them, they comprise 876 acute medical and surgical beds covering a spectrum of specialised activity. Galway Regional Hospital is the larger of the two and the main centre of acute activity. It has 136 general surgical beds staffed by three wholetime General Surgeons, one of whom is the Professor of Surgery for University College, Galway. The surgical specialties at Merlin Park Regional Hospital, which is four miles away, are thoracic, vascular, urology and orthopaedics (both trauma and elective). There are 134 orthopaedic beds and 58 other surgical beds and these are staffed at consultant level by four Orthopaedic Surgeons, one Urologist and one Thoracic Surgeon with an interest in vascular surgery. While to an extent they are regarded as, together, forming a regional unit and while there is a reasonable degree of liaison and co-ordination between the two (e.g. they utilise one accident and emergency department at Galway Regional Hospital), they tend, in practice, to function as two separate institutions with their own independent staffing and facilities. This applies to anaesthesia and radiology as well as to surgery and medicine.

1.2 The necessity to review the surgical services of the two institutions at this particular point in

time arises from the retirement of the Thoracic Surgeon (Mr. D. Kneafsey) and one of the General Surgeons (Mr. C. Galvin). Another of the General Surgeons (Mr. B. Murphy) is also due to retire within the next five years. Because of changes, in modern times, in the training arrangements for surgery, it is not possible to contemplate a straight replacement appointment of Thoracic Surgeon with a special interest in vascular surgery and some changes in current arrangements inevitably arise from this aspect alone.

The Role of Galway as a Regional Centre

1.3 While the ambit of this exercise is related to surgical services, it is not possible to review surgery without regard to the broader issue of Galway as a regional centre for a variety of specialist services, both medical, surgical and others. The population of the Western Health Board area (1981 census) is 341,000 comprising Galway (172,000), Mayo (114,000) and Roscommon (55,000). A population of this size is sufficiently large to support one regional centre providing a fairly (but, perhaps, not fully) comprehensive range of specialist units. However, its viability as a regional centre will, obviously, depend on its ability to attract the major portion of referrals from within its defined regional catchment area and, in this respect, its relationships with the peripheral general hospitals are of crucial significance. It must offer and be seen to offer, specialist services including regular attendance by a range of specialists who will conduct out-patient clinics and provide a consultative service to the generalists based at the peripheral general hospitals. It must also be willing, and able, to accept appropriate referrals from the periphery.

1.4 As a result of the discussions with the consultant surgical staff at Ballinasloe, Castlebar and

Roscommon, the sub-committee believes that Galway has not yet properly established and developed its role as a regional centre enjoying the full support of the general hospitals within the Western Health Board area. There is a significant flow of surgical referrals in an easterly direction towards Dublin which should be a serious cause of concern to the Galway hospitals and to the Western Health Board. While there may be a variety of reasons why the situation should be so, the bulk of them are related to the absence, or under-development, or inability to cope, of the current regional services at Galway. Each of the three peripheral hospitals expressed a willingness to refer patients to Galway for specialist services and they accepted that Galway was a more convenient and accessible centre than Dublin. However, they argued that Galway has shortcomings as a regional centre and in such circumstances, they had no hesitation in referring patients to Dublin where they experienced little difficulty in gaining access. The sub-committee was given the distinct impression that the peripheral hospitals considered that the onus rested on the Galway hospitals and the Western Health Board to offer services to them which compared favourably with specialist services available elsewhere. The extent of the out-patients and consultative service offered by Galway to the three hospitals varies but is noticeably poor in respect of Portiuncula Hospital, Ballinasloe. This probably relates to the fact that the hospitals at Castlebar and Roscommon are, like the two hospitals in Galway, owned and managed by the Western Health Board whereas the hospital at Ballinasloe is a voluntary institution. In the interests of services to patients, it is important that the closest possible links be forged between the health board hospitals and Portiuncula Hospital.

- 1.5 A further important factor in relation to the role of Galway as a regional centre is that when account

is taken of the populations served by Castlebar, Portiuncula and Roscommon hospitals, its immediate catchment population (for general surgery, general medicine etc.) is relatively smaller than most other major general hospitals in Cork and Dublin. It follows, therefore, that the volume of specialised work arising from the immediate population is less than other major hospitals who serve immediate catchments of the order of about 200-250,000 population. This factor serves to stress the importance of referrals from the peripheral general hospitals in maintaining the viability of Galway as a regional centre. In this context, there is an onus on the Western Health Board to ensure that if a regional specialty is available in Galway the catchment populations of the peripheral hospitals can have access to the service on the same basis as the catchment population of the Galway hospitals.

- 1.6 Finally, there is the important teaching function of the Galway hospital(s) which requires the provision of a comprehensive range of specialist and sub-specialist services to enhance its role as the teaching institution(s) associated with the medical school at University College Galway.
- 1.7 It will be evident from the foregoing, that there are serious problems within the Galway situation in the fulfilment of its role as a regional centre. It will also be evident that these problems must be identified and rectified as a matter of urgency by the Western Health Board, if regional services are to continue and be developed. Having carefully studied all the available data and having considered the views expressed locally, the sub-committee is convinced that the main reason why Galway has not yet developed as a true regional centre is that it does not provide a comprehensive range of specialist services on a single campus. In the sub-committee's view, local acceptance of the principle of a regional centre on a single site backed up by a full range of support services (e.g.

anaesthesia, pathology, radiology) is essential to the long-term survival of Galway as a major teaching cum regional specialist centre. Further, it is essential that the process of rationalisation, necessary to implement this principle, be initiated in the immediate future by the Western Health Board commencing with surgical services though not confined to such services as there will be immediate implications for a range of other services such as anaesthesia, radiology etc. The extent and the pace at which the principle of centralisation on a single site can be implemented will, of course, depend on economic and a variety of other considerations. However, both in the short-term and in the long-term, this policy is the only one which makes sense from a medical and economic viewpoint. Its full implementation may, of course, involve significant capital investment in the long-term but the revenue consequences should not present great difficulties as many support services and facilities will not have to be duplicated on two separate sites. There are also, of course, capital implications in retaining existing services on the two sites. For example, current plans provide for the building of new orthopaedic theatres at Merlin Park and the cost of these is considerable.

- 1.8 Because of its location, its capacity for further site expansion, the capital/revenue investment already made and its current central role in the provision of acute hospital services, the sub-committee has no hesitation in recommending the Galway Regional Hospital at Newcastle as the most appropriate single site for the regional centre to serve the needs of the Western Health Board area as a whole. It is, of course, recognised by the sub-committee that there may be serious implications in the foregoing recommendations for Merlin Park Hospital both as a teaching institution and as a regional centre for certain services. However, the sub-committee

is convinced that concerns relating to the future role of Merlin Park must be secondary to the prime importance of ensuring the viability and development of a more streamlined, effective and efficient regional service to meet the needs of the people of the West of Ireland.

Rationalisation in the Short-Term

1.9 Bearing in mind the long-term objective of a regional centre on a single site at Newcastle, the sub-committee has identified a number of short-term steps which can and should be taken in the direction of rationalising and strengthening existing specialties through the relocation of activity from Merlin Park on to the Galway Regional Hospital site. The sub-committee believes that these steps are essential to bring about immediate improvements in the organisation and efficiency of the specialist surgical services concerned. The sub-committee is also satisfied that its recommendations are financially feasible. In fact, it would appear that centralisation of surgical services (with the exception of elective orthopaedics) could be accommodated on the Newcastle site with minimal capital investment and, in all probability, with a substantial saving in revenue costs.

1.10 The specific recommendations of the sub-committee are as follows:-

(a) General Surgery:- It is recommended that the post of Thoracic Surgeon at Merlin Park Hospital, vacated by Mr. Kneafsey, should be replaced by a new post of General Surgeon with a special interest in peripheral vascular surgery based at the Galway Regional Hospital. In this respect, it must be pointed out that there has been a considerable decline in the demand for thoracic surgery in recent years due to developments in respiratory medicine and

the residual demands which remain can be coped with by general surgeons. It is further recommended that, on his retirement, Mr. C. Galvin should be replaced by a General Surgeon again based at Galway Regional Hospital. This will result in a complement of four General Surgeons at the Galway Regional Hospital, one of whom will be the Professor of Surgery and another of whom will have a special interest in vascular surgery. It is recommended that at least one member of the four-man team should develop a special interest in paediatric surgery. The sub-committee is satisfied that the workload in general surgery fully justifies the level of staffing recommended.

(b) Urology:- There are currently serious defects in the organisation of urological services in Galway stemming from the single-handed post based at Merlin Park Hospital which is physically separated from the mainstream of general surgical activity at Galway Regional Hospital. The serious impairment of the development of urology which this organisation of services represents can, perhaps, be well illustrated by the fact that, currently, a greater volume of urology is undertaken by the General Surgeons at Galway Regional Hospital than by the sole specialist Urologist at Merlin Park Hospital. In addition, the peripheral general hospitals are referring a significant volume of urology to Dublin hospitals. If urology is to develop as a regional service in Galway, urgent action must be taken to rectify this situation. The sub-committee is satisfied that the workload in urology is sufficient to justify the appointment of a second Urologist. However, such an appointment can be recommended only if the urology department at Merlin Park Hospital is transferred to the Galway Regional Hospital so as to consolidate services in an integrated two-consultant unit situated in conjunction with the mainstream of general surgical activity located on that site. The transfer of urological activity

from Merlin Park to the Galway Regional site should be a strict condition of approval by the Comhairle of a second post of Urologist. It is also essential that the relocated unit should provide a full urological service for the entire Western Health Board area.

(c) Orthopaedic Surgery:- As already mentioned at par. 1.1 above, both acute/trauma and elective orthopaedics are located on the Merlin Park campus. The fact that there is no acute/trauma or elective orthopaedics undertaken at Galway Regional Hospital is a serious defect and entirely inappropriate to a major general teaching hospital. In fact, Galway Regional Hospital is the only general hospital of its scale in the country which does not provide an on-site service for acute orthopaedic patients. There is a single accident and emergency department located at Galway Regional Hospital which results in trauma patients with musculo-skeletal injuries being brought initially to the A/E department at Galway Regional Hospital and subsequently, after initial assessment, being transferred for treatment to Merlin Park Hospital which is four miles away. This situation is clearly unsatisfactory and must be remedied as soon as possible. In accordance with the principle of a single-site development (see par. 1.7), the sub-committee recommends that, ultimately, all orthopaedic services (both acute/trauma and elective) should be located at Galway Regional Hospital. However, it is accepted that the transfer of elective orthopaedics from Merlin Park to Newcastle will involve new buildings and capital investment which may not be feasible in the short-term. However, the subcommittee is firmly of the view that, as a matter of urgency, resources to deal with acute/trauma must be provided on-site at Galway Regional Hospital under the Orthopaedic Surgeons currently based at Merlin Park Hospital. Initially, all acute/trauma admissions

should be to Galway Regional Hospital followed, where appropriate, by subsequent transfer to Merlin Park Hospital after the initial phase of treatment in Galway Regional Hospital. In addition, "walk-in" fracture clinics should be provided at Galway Regional Hospital on a scale commensurate with demand. It will, of course, be necessary to provide, from within the existing bed complement, an appropriate level of beds for this purpose - details will have to be carefully worked out locally. The sub-committee believes that it should be possible, within the surgical facilities currently available at the Galway Regional Hospital and without entailing significant additional expenditure, to provide a reasonable on-site service for acute/trauma orthopaedics.

(d) Accident and Emergency Consultant:- During the discussion in Galway Regional Hospital, the local representatives stressed the urgent need, from their viewpoint, to create a new post of Consultant in Accident and Emergency Services. The concept of an A/E Consultant is relatively new to the Irish hospital scene and, to date, only a small number of appointments have been made to major hospitals in the Dublin area. These hospitals together with their 1985 casualty attendances are as follows: Mater Hospital - 62,000 attendances; Jervis St. Hospital - 54,000 attendances, Children's Hospital, Temple St. - 74,000 attendances; and St. Vincent's Hospital - 56,000 attendances. The Galway casualty attendances, at 40,000 per annum, would be somewhat less than the Dublin experience. Obviously, this matter will have to be studied carefully by the Comhairle in the context of a formal application being submitted by the Western Health Board for its approval to the creation of such a post. While a consultant appointment in the field of accident and emergency services would obviously impinge upon the surgical services under examination by the sub-committee, it is considered that, as the appointee need not necessarily have a surgical

background and as he/she would not practice outside the A/E department, it would not be appropriate to formulate a recommendation on this matter as part of a review confined to surgical services

(e) Other Surgical Specialties:- Apart from the specialties considered above, E.N.T. and Ophthalmic surgical departments are long established at Galway Regional Hospital and function on a regional basis. In relation to further surgical specialist development at Galway Regional Hospital, it has been put to the sub-committee that neurosurgery and plastic/maxillo-facial surgery constitute the two new areas for priority development in the future. In the opinion of the sub-committee, decisions on the provision of these two surgical specialties at Galway can only be reached in the context of policy on their development at national level. At some stage in the future, it would be desirable for the Comhairle to consider the question of policy at the national level on the organisation of neurosurgery and plastic/maxillo-facial surgery. Perhaps the occasion for initiating such an exercise might be when the immediate steps towards rationalisation in Galway proposed in this document have been implemented and the proposed new consultant appointees have had time to settle in.

(f) Non-Surgical Specialties:- While the remit of the sub-committee is specifically related to surgery, it must be stressed that the rationalisation proposals put forward will also have profound implications for the organisation of the specialties most closely related to surgery e.g. anaesthesia and radiology. It is also highly desirable that a similar review of the other specialties, particularly the medical specialties, should be carried out to achieve parallel rationalisation aimed towards the common long-term objective of a single site comprehensive regional centre for

the West of Ireland.

(g) Summary:- As a result of the implementation of the above proposals, all surgery (with the exception, in the short-term, of elective orthopaedics) would be concentrated on the site of the Galway Regional Hospital. The consultant staffing would consist of four General Surgeons (one with a special interest in vascular surgery and one with a special interest in paediatric surgery) and two Urologists. The four Orthopaedic Surgeons would undertake acute/trauma work at Galway Regional Hospital and elective orthopaedics at Merlin Park Hospital.

Specialist Services at the Periphery

- 1.11 While the implementation of the rationalisation proposals relating to Galway will, undoubtedly, improve the quality and efficiency of the surgical services there, this alone will not be enough to ensure the viability of the regional centre. It is essential that positive steps should be initiated from Galway to strengthen the relationship between it and the three peripheral general hospitals at Castlebar, Roscommon and, especially, Portiuncula Hospital, Ballinasloe. The rationalisation should improve the capability of Galway to attract specialist referrals from the periphery. However, there should be an immediate local examination by the Western Health Board of the nature and extent of specialist surgical out-patient and consultative services currently provided to the peripheral hospitals from Galway with a view to introducing improvements and appropriate expansion of the range of services provided, in consultation with the hospitals concerned. For example, in relation to orthopaedics, there should be at least one fracture clinic per week plus a consultative service provided at each hospital by an Orthopaedic Surgeon from Galway. There is an acute need for this service in the short-

term. There is also considerable scope for improving the provision, on a regular basis, of E.N.T. and Ophthalmic outpatient and consultative services particularly at Portiuncula Hospital, Ballinasloe where the current arrangements leave a lot to be desired (see par. 1.4.).

2. Portiuncula Hospital, Ballinasloe.

- 2.1. Portiuncula Hospital (93 surgical beds) is a busy peripheral general hospital staffed by two General Surgeons, one of whom has an interest in paediatric surgery and the other in vascular surgery. The sub-committee is satisfied that this level of consultant staffing is adequate for the workload involved.
- 2.2. The most urgent requirement in surgery is for the services of an Orthopaedic Surgeon on a sessional basis to advise on trauma cases and to provide fracture clinics. As already indicated at par. 1.11, above, the sub-committee recommends that a designated Orthopaedic Surgeon based in Galway should visit Portiuncula Hospital at least once a week, to conduct a fracture clinic and to provide a consultative service in orthopaedics to the Hospital.
- 2.3. The sub-committee was informed that, while E.N.T. and Ophthalmic clinics are provided in Ballinasloe by Galway - based consultants, the services are limited and provide for little contact with the consultant staff at Portiuncula Hospital. It is understood that appointments for patients to attend these clinics must be made with Galway. This is obviously unsatisfactory from the Portiuncula viewpoint. The sub-committee considers that regular clinics should be held in both specialties at and by arrangement with Portiuncula Hospital and the service should include a consultative service as required by the Hospital.
- 2.4. As already adverted to at par. 1.4, the sub-committee considers that the existing relationships between Portiuncula Hospital and the regional services provided from Galway by the Western Health Board

leave a lot to be desired. To some extent, this is reflected in the fact that, with the exception of orthopaedic patients from the Western Health Board area, virtually all patients requiring specialist surgical services are referred to Dublin rather than to Galway. The sub-committee considers that special steps need to be taken by both parties to improve relationships but a particular onus in this respect rests with the Galway Regional Hospital and the Western Health Board.

3. Castlebar General Hospital.

3.1. Castlebar General Hospital (64 surgical beds) is a busy centre staffed by three General Surgeons, one of whom has an interest in urology and another in gastroenterology. The third Surgeon, whose interests are general, is due to retire in 1987. Again the back-up specialist services provided from Galway leave considerable room for improvement and there is a significant referral of patients to Dublin rather than to Galway. The Castlebar surgical unit is, undoubtedly, highly viable and should continue to be developed in the future. However, with the re-organisation of regional specialist services proposed in Section 1 of this document and the recommendation relating to Roscommon Hospital in Section 4, surgical workload trends may alter within the area and the establishment of three General Surgeons may need to be reviewed. The situation should be examined very closely by the Comhairle in the context of the submission of an application for a replacement General Surgeon on the retirement of Mr. Leahy next year.

4. Roscommon County Hospital.

4.1. Roscommon County Hospital (58 surgical beds) is staffed by a single-handed General Surgeon. There is also a single-handed Anaesthetist who is due to retire in 1991. The General Surgeon accepts that his single-handed situation is untenable and points to the impossibility of one person providing the required 24 - hour, 7 - day service all the year round. However, he strongly argues in favour of the appointment of a second General Surgeon. Having carefully examined the detailed workload statistics for this unit and having given careful consideration to the arguments advanced locally in favour of a second appointment, the sub-committee sees no evidence at present, nor any indication of a future potential, for a sufficient volume of surgical activity to justify the appointment of two General Surgeons. Also, great difficulty can be anticipated in replacing the single-handed Anaesthetist on her retiral - the Surgeon, of course, could not function without an anaesthetic service and his position would become totally untenable.

4.2. Having carefully considered all aspects of the situation in relation to surgical services at Roscommon Hospital, the sub-committee has come to the conclusion that the surgical unit there is not viable and that the position of the single-handed General Surgeon will become increasingly untenable as there is no prospect of a second post being justified at any stage in the future. Therefore, on the basis of existing policies and the organisation of hospital services in the area, the sub-committee is of the view that consultant surgical services at in-patient level should be discontinued at Roscommon and that arrangements should be made to accommodate the work currently performed at Roscommon

in other surrounding surgical units at Galway, Ballinasloe, Castlebar, Sligo and Mullingar. The sub-committee considers that the volume of surgical work performed in Roscommon could reasonably be accommodated in these surrounding units. The implications of this recommendation will, obviously, demand the most careful consideration and planning at local level, so that alternative arrangements will be made to ensure that a satisfactory level of surgical services can be continued for this area. This consideration must involve careful study of a number of complex matters including transport problems, questions of accessibility, redeployment of staff etc. The position of the existing consultant staff and other hospital personnel at Roscommon will obviously have to be protected but it is understood that this can be achieved through existing personnel procedures. It must be stressed that the aim should be to devise alternative plans to provide a better standard of patient care and safety than is possible by means of a locally-based, single-handed, consultant-staffed surgical unit, despite the best endeavours of the consultants and other staff of such a unit.

5. Concluding Remarks

5.1. The over-riding objective in formulating the specific recommendations set out in this document is to achieve, through rationalisation of existing surgical services, the strengthening and further development of a regional hospital centre on the campus of the Galway Regional Hospital and a consolidation of the surgical services in the Western Health Board area as a whole. The necessity for such rationalisation arises from serious deficiencies in the existing services and the need to remedy these in order to improve patient care. In approaching its task, the sub-committee has endeavoured to keep in mind the severe economic constraints which are a current feature of the health services. While the recommendations formulated are believed to be financially feasible bearing in mind these economic restraints, it must be stressed that the primary purpose is to improve the quality of the surgical services available to the population of the Western Health Board area. The sub-committee is convinced that the recommended integration of all surgical activity on the Galway Regional Hospital campus will enhance and secure the future viability of the role of the institution as a major teaching and specialist referral centre for the Western Health Board area as a whole. The improvement of relationships between Galway Regional Hospital and the peripheral general hospitals will further consolidate that role and, hopefully, will achieve a significant change in the pattern of referrals away from Dublin and towards Galway. The sub-committee is confident that alternative arrangements can and will be devised to improve surgical services for patients currently served by the non-viable unit at Roscommon Hospital. In putting forward its proposals, the sub-committee is fully aware that there are serious implications

for Merlin Park Hospital and Roscommon Hospital which may extend beyond the surgical services which are the subject of this review. We believe that, in the best interest of patient care, such implications must be accepted and faced up to by all concerned. It is clear to the members of the sub-committee who visited the hospitals and who listened carefully to the many local professional views expressed that the alternative of maintaining the status quo is not acceptable.

- 5.2. Finally, the sub-committee wishes to record its appreciation to Mr. E. Hannan, Chief Executive Officer of the Western Health Board and his administrative staff for making all the necessary arrangements for the visit to Galway, Castlebar and Roscommon and for the hospitality extended to us during the two days. We would especially like to thank all of those who attended the meetings and who greatly assisted in our task by their full participation in the discussions. Similarly, we would like to convey our appreciation to Mr. T. Whyte, Secretary/Manager of Portiuncula Hospital, Ballinasloe and those who attended the meeting at that Hospital.

