



Executive Summary

This report outlines how the North Eastern Health Board is implementing the national Plan for Women's Health in the region in 1999 through a multi-disciplinary, inter-agency committee comprising statutory and voluntary membership.

In implementing the Plan for Women's Health, the group were also guided by the recommendations contained in the Report of the Expert Advisory Group on Women's Health Issues which was drawn up following wide-ranging consultation with women in the region.

The Implementation Group examined service developments already in place as well as initiatives about to be undertaken in the North Eastern Health Board against the recommendations contained in the above key documents. Priority areas for action were identified and incorporated into the 1999 Service Plan. Priority areas for action in the Year 2000 and beyond are also discussed. In drawing up the priority areas for action, the Committee was mindful of the need to build on structures and services already in place in the region particularly those, which are shown to be evidence based and cost effective.

I would like to thank the Committee for their hard work and I hope that this unique partnership arrangement will be a prototype for further action to bring about continued improvement in the health and well being of women in the region..

The North Eastern Health Board is committed to maximising the health gain and social gain of women in the region and will continue to support such partnership arrangements into the millennium and beyond.

*Dr Rosaleen Corcoran
Director of Public Health and Planning.*

AN ACTION PLAN FOR WOMEN'S HEALTH

IN THE NORTH EASTERN HEALTH BOARD



Policy Issues

The National Health Strategy identifies women's health issues as needing a particular focus. The strategy also identifies some of the major elements underlying Government Policy on women's health. Its objective includes:

- to ensure that women's health needs are identified and planned for in a comprehensive way;
- to ensure that women receive the health and welfare services that they need, at the right time and in a way that respects their dignity and individuality. They must have ease of access to and continuity of care;
- to promote greater consultation about their health and welfare needs. This must be done at national, regional and local levels;
- to promote within the health services, participation by women both in the more senior positions and at representative level.

Women's health needs are not always met by the health services. The World Health Organization (WHO) Regional Committee for Europe went some way towards addressing this issue when they updated the 38 targets for Health for All and included, for the first time, a target in relation to the health of women: *By the year 2000 there should be sustained and continuing improvement in the health of all women.*

In 1993 the Second Commission on the Status of Women recommended that the Department of Health should publish a policy document on women's health and engage in extensive consultation with women prior to preparing a plan for women's health. This process of consultation took place nationally over eighteen months and women were consulted about their health needs and their priorities for improvements in the health services.

Consultation in the North Eastern Health Board

The North Eastern Health Board was to the forefront in carrying out their own process of consultation through an Expert Advisory Group on



Women's Health Issues which was established by the Chief Executive Officer, Donal O Shea.

This Expert Advisory Group dealt specifically with women's health issues in the region and looked at the health services from women's point of view. Seminars were held throughout the region and interested groups and organisations attended and also made submissions to the advisory group on the issues that they perceived as affecting women's health.

Recommendations were drawn up following this consultation and are contained in the report of the Expert Advisory Group on Women's Health Issues.

The findings of the Expert Advisory Group also informed the development of the Plan for Women's Health. This occurred through the close working relationship that existed between the Expert Advisory Group and the National Women's Health Council of Ireland which provided the Council with valuable insights into the needs of women on a regional basis.



Implementing Policy

The priority for the North Eastern Health Board was to ensure that the recommendations contained in the Report of the Expert Advisory Group, and the Plan for Women's Health were implemented in the Board's area. A multi-disciplinary, inter-sectoral implementation group was established by the Chief Executive Officer. The membership of the group is outlined in Appendix 1. The group was given the following terms of reference.

1. To examine the recommendations contained both in the Plan for Women's Health and the Report of the Expert Advisory Group on Women's Health Issues in the North Eastern Health Board;
2. To examine the service developments and initiatives already in place or about to be undertaken in the North Eastern Health Board against the recommendations contained in the two key documents;
3. To identify the priority areas for action, by the North Eastern Health Board, in 1999 within the resource allocation, as well as identifying priority areas for action for the year 2000 and beyond.

Priority areas for implementation in 1999 were identified at a series of meetings. These have since been incorporated into the Board's Service Plan for 1999. Other priority areas for action are discussed at the end of this report and will be further developed in the coming year.

The layout of this report is consistent with the Plan for Women's Health to facilitate readers who are familiar with this document. Each section incorporates the relevant action points outlined in the Plan for Women's Health document and the recommendations from the Report of the Expert Advisory Group on Women's Health Issues. These are then followed by the response of the North Eastern Health Board to the action points and recommendations suggested.

Whilst all of the Implementation Group have had an input into this report, the contribution of Ms Emer Smyth, Dr Fenton Howell, Ms Cornelia Stuart and Deirdre O' Reilly was especially helpful.



Health Services for Women

The Plan for Women's Health has four main objectives for the health services in relation to women.

These are:

- to maximise the health gain and social gain of Irish women;
- to create a woman-friendly health service;
- to increase consultation and representation of women in the health services;
- to enhance the contribution of the health services to promoting health needs in the developing world.

While the Plan for Women's Health provides a framework for the improvement of women's health and health services for women for the coming years, the Report of the Expert Advisory Group provides us with important insights into priority areas for action in this region.

The success of both national and regional plans will be measured by the extent to which there is an improvement in the health of women by comparison with our EU partners and the extent to which there is increased representation of and consultation with women in the health services. Women's experience of the health service and the extent to which they consider it to be more woman friendly than currently, will also be evaluated on an on-going basis.



Information for Health

A Plan for Women's Health: *Action*

The Department of Health and Children will work with Health Boards and women's organisations to pilot innovative approaches to informing women about health services and to disseminate good practice. Actions in this area will take cognisance of the outcome of the Consumer Health Information Research Project currently underway. Surveys will be undertaken to examine the extent to which women are better informed about health services as a result of these initiatives.

Report of the Expert Advisory Group on Women's Health Issues

The Expert Advisory Group recognise that the principles upon which today's services are to be based demands that people should be in a position to avail of these services on an informed basis so that women can take control of the issues surrounding their health.

Recommendations

- More comprehensive information needs to be made available and widely distributed with regard to all aspects of health including Screening, Drug Refunds, Menopause, Cancer, Counseling Services and so on. Health information should be available through hospitals, G.P. Clinics, Health Board Offices. In addition to these health-related places, information should also be available in public places such as shopping centers, community centers and schools.
- The Patients Charter should be developed for all users in the health services in line with the National Health Strategy.
- The consumer view should be sought at regular intervals as part of an on-going process of quality assurance.
- The Health Board services should facilitate voluntary groups and organisations holding health information/promotion evenings throughout the region.
- With regard to communication difficulties experienced between patients and the health services, it is recommended that an advocate for patients should be available.
- There should be colour coded chart systems to alert Doctors and Nurses to patient's special needs.



Response of the North Eastern Health Board

In their Service Plan for 1999, the North Eastern Health Board is committed to providing information to promote health and to inform women about their health.

- information booklets on women' health will be produced;
- the North Eastern Health Board will work in partnership with voluntary bodies to provide information to women' groups;
- collaboration with General Practitioners will ensure that information is developed which is appropriate, relevant and timely and the dissemination of this information will be carried out across the services;
- An Information Officer is being recruited to ensure materials are distributed to all agencies.

In addition:

- as part of the Board's customer friendly approach, a programme to improve telephone systems which commenced in 1998 will be extended to further locations throughout the Board in 1999. Free Phone information lines on services available and welfare entitlements have already been launched. (1 800 200 459)
- the application of The Freedom of Information Act which has applied to Health Boards since 1998, will be facilitated through a tracking system to help to process inquiries from members of the public for information under the terms of the Act. Systems will be introduced to deal with customer complaints, correspondence tracking and representations from public representatives; (Summary of the main provisions of F.O.I. Act 1997, Appendix 2)
- the internet website (<http://www.nehb.ie>) which contains information about the Board and its services will be developed further in 1999 and will include relevant information on women's health. Information Software Systems are being developed throughout the Board and the Community Welfare Department already has this installed in all its offices in the region.



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- a programme to improve our customer services, through the promotion of information, advice on procedures for handling comments and complaints is underway;
 - a “Health Shop” will be launched shortly on a pilot basis to provide information on services available as well as advice on health related issues.

In the 1999 Service Plan, the North Eastern Health Board also commits itself to:

- the introduction of a uniform region-wide complaints procedure to replace existing local complaints procedures. This allows for the effective monitoring of customer complaints that will be used to improve the services. The views of women will be central to re-shaping the services to meet their needs;
- an on-going programme of user consultation in specific services and programmes will be expanded in 1999;
- a customer care unit under the direction of members of the Management Team will be established to improve the effectiveness of our customer care and support programmes;
- service users will be assisted in making representation about matters that affect them and they will have access to arrangements to help them express their concerns. The Board will pilot two advocacy schemes, one in the Acute General Hospitals and one in the Mental Health Services. Models will be fully researched and proposals put forward.
- the Board through region-wide and local services will produce a range of public information. The production of materials will be co-ordinated and an effective distribution mechanism established.



Choosing Healthier Lifestyles

A health promotion strategy for Ireland was produced in 1995. The strategy acknowledges that “the key determinants of health are often outside the health care section”. Therefore, it placed emphasis on the Ottawa Charter (1986) which comprised of the following:

- Building healthy public policy;
- Creating supportive environments;
- Strengthening community action;
- Developing personal skills;
- Re-orientating health services.

These principles were further strengthened in the Jakarta Declaration (1998) by a call for the:

- Promotion of social responsibility for health;
- Increase investments for health development;
- Consolidate and expand partnerships for health;
- Increase community capacity and empower the individual;
- Secure an infrastructure for health promotion.

In particular, it calls for “equity focussed health impact assessments” and “investments for health should reflect the needs of particular groups such as women, children and marginalised populations”.

A Plan for Women’s Health: *Action*

The Department of Health and the Health Board will work with women’s organisations and other agencies at national, regional and local levels to develop and enhance consultation and co-operation for health promotion.



The Department of Health in co-operation with voluntary organisations such as the Irish Heart Foundation will work at national level to achieve the targets in the health strategy for smoking reduction, increased awareness of good nutrition and increased exercise with the overall aim of reducing premature mortality from cardiovascular disease. Health boards, in implementing their women's health plans, will pay particular attention to working with women to inform them of the benefits of a healthy lifestyle and of reducing the risks to their health posed by smoking, poor diet and lack of exercise. Both the Department of Health and health boards will add momentum to their role as catalysts for the creation of environments which support women in choosing healthy lifestyles.

Report of the Expert Advisory Group on Women's Health Issues

While lifestyle plays an important role in the promotion and maintenance of good health and in the prevention of ill health in women, lifestyle factors were rarely raised by women during the consultative process as key areas for concern. The Health Board does not as yet have detailed information on the prevalence of lifestyle factors within the Health Board's area, however, this will be addressed in 1999.

The recommendations of the consultative group are set out under six headings as outlined below.

1. WOMEN AND TOBACCO

Recommendations

- The Health Board should play a leading role nationally in supporting the Department of Health's National Strategy in trying to reduce the number of smokers to less than 20% by the year 2000.
- Particular attention should be paid to the problem of girls and young women smoking and smoking at primary as well as secondary level schools.
- There should be pilot schemes to help women stop smoking and remain smoke free.



2. WOMEN AND ALCOHOL

Recommendations

- There should be a speedy completion of the National Strategy for Alcohol by the Department of Health.
- Women should be actively informed of the safe levels of alcohol for women and that these are significantly less than the amounts consumed by men.
- The issue of women and alcohol should be addressed in health promotion in classes and schools.
- Addiction counselors should be made available to women and that availability should reflect, understand and support the caring role that many women with alcohol problems have to balance for themselves.
- All Health Board professionals should be aware of the early signs of alcohol abuse in women and know how to respond in a constructive manner.

3. WOMEN AND NUTRITION

Recommendations

- To facilitate better nutrition, community-based programmes for women in lower socio-economic groups should be developed throughout the region. These topics would include budgeting, purchasing, presentation, variety and choice.
- There should be active promotion of the concept of a balanced diet and provision of information on making a healthy choice as outlined in the 'Good Food Pyramid'.
- There is a need to urgently develop dietetic services in the region. Additional nutritionists/dieticians should be employed to ensure a comprehensive service to women of all ages, particularly the pregnant, the older woman and those with specific medical conditions.
- The Health Board should lead by example and, through its own catering departments, and hospitals, provide healthy food choices.



4. WOMEN AND EXERCISE

Recommendations

- The message that everyone needs to engage in moderate physical activity for at least 20 minutes, three times a week should be promoted.
- Facilities and/or opportunities should be provided for Health Board staff to engage in physical activity.

5. WOMEN AND SEXUAL BEHAVIOUR

Recommendations

- In conjunction with the Department of Education and Science, primary and secondary school students should be advised on the importance of responsible attitudes to sex.
- With the assistance of community welfare officers, public health nurses, maternity units and social work services, appropriate responses to the needs of teenagers who find themselves pregnant should be developed.
- The development of a comprehensive family planning service should recognise the need for that service to be user-friendly to sexually active teenagers.
- Treatment for sexually transmissible diseases should be provided within the region.

6. WOMEN AND ILLICIT DRUG USE

Recommendations

- A more integrated approach to illicit drug use needs to be established between the staff and services of the Health Board and community/voluntary groups working in this area.
- Access to counselling and ongoing day treatment and rehabilitation services should be provided locally and these should incorporate the need for childcare services to facilitate attendance.
- Information on services should be provided to G.Ps., accident and emergency staff and all health professionals in this area. The General Practice Unit should educate G.Ps. on the need to be more alert when prescribing medication which could be addictive.
- Training for G.Ps. and nurse counsellors should be provided to help wean people off legally prescribed potentially addictive substances and to replace these treatments with a more holistic approach to the problem.
- Consideration should be urgently given to the proper methodology of treating people with drug misuse problems in the North East region.



Response of the North Eastern Health Board

The North Eastern Health Board is responding to the global recommendation of the Expert Advisory Group on Women's Health Issues that the *Health Boards own Department of Public Health should, as a matter of priority establish baseline levels in each area of lifestyle to ensure that appropriate responses could be developed.* The North Eastern Health Board is working with the Centre for Health Promotion Studies, National University of Ireland, Galway, in analysing the Survey of Lifestyle Attitudes and Nutrition (SLAN) in order to provide baseline information on lifestyles in the North Eastern Health Board.

In the 1999 Service Plan, the North Eastern Health Board is committed to encouraging individuals and organisations, both statutory and voluntary to become involved in practical health promotion activities.

Many of the issues relating to women's health are common to both men and women and initiatives taken by the Board will be beneficial to both. Smoking continues to be one of the leading causes of morbidity and mortality in the European Community. Traditionally, greater proportions of men than women smoke. The percentage of men who smoke (32%) in Ireland has long been higher than the percentage of women who smoke (31%). However, significantly greater rates of smoking cessation and different patterns of smoking initiation among men have narrowed the gap between sexes, with the result that in the younger age groups (18-34yrs) the rate of smoking in women is significantly higher. This undoubtedly means that in future years more females will smoke than males. Significant initiatives will be undertaken in 1999 by the North Eastern Health Board to reduce the level of smoking in the region.

The Board will use its legislative powers to enforce anti-smoking legislation in respect of the sale of cigarettes to young people. The Board will further address the issue of passive smoking and particularly emphasise the Board's policy on smoking to employees, patients and visitors to the Boards service.

In order to ensure a co-ordinated approach across the region, a new post will be created at regional level with responsibility for co-ordinating the various aspects of the Board's response to the problem of smoking and to implement further developments as outlined in the 1999 Service Plan.



Actions will fall into three main headings:

- **discourage people from starting to smoke, especially young people;**
 - **helping people to stop smoking;**
 - **protecting non-smokers from the effects of passive smoke.**
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- Managers will be required to lead initiatives locally. Nursing, medical and therapeutic staff would be encouraged to take action where possible.
 - Health Promotion in the Work Place focussing on smoking, alcohol and drug abuse will be developed. A specific health promotion programme will target people at work through co-operation with employers and staff associations. This health promotion project will work with local authorities and other statutory bodies, representatives of business and commerce as well as health board staff and the proposed occupational health services.
 - The National Strategy for Alcohol by the Department of Health has been published and adopted as policy by the North Eastern Health Board and the recommendations are being implemented. Nursing, medical and therapeutic staff will be encouraged to take action where possible.
 - The 1999 Service Plan of the North Eastern Health Board commits the Board to continuing to work with young people to promote a choice in healthy lifestyles through close co-operation with the various youth services, schools and sporting bodies.
 - The Board will continue its sponsorship of sport and its advertising of health promotion initiatives through the sporting media. This will maintain a positive view of both health promotion and sport.
 - A major initiative in healthy eating will begin in 1999 with the appointment of a Nutritionist who will work with community groups and local services to further develop nutrition programmes.
 - In each hospital, a group will establish a co-ordinator to set up and develop health promotion programmes.



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- Further *Drug Questions and Local Answers* courses are committed to in 1999 in the Service Plan. Drug awareness courses will be run in schools, facilitated by tutors trained from the Community Leadership courses. Peer education will be central to the health promotion programmes. The Health promoting programmes will contribute to raising awareness. The drugs counselling service and outreach services will be further developed in 1999.
 - As 1999 is the International Year of Older People, a range of activities will focus on health promotion work with older people including smoke cessation, nutrition and physical activity. The Report of the Expert Advisory Group stresses the need for clear and effective information on positive health measures and on illnesses affecting older people. The need for education and training was also stressed, particularly in relation to retirement, positive ageing, later lifestyles, bereavement and death. The needs of women in the older age group will be a particular focus of the health promotion programme in the years ahead.

Combating Disease

Both the Plan for Women's Health and the Expert Advisory Group on Women's Health Issues recognised the impact that cancer has on premature mortality for women, particularly breast cancer. Whilst there were many recommendations on specific cancer issues covered in both reports, the key issues emerging from both reports are outlined below

A Plan for Women's Health: *Action*

The Minister for Health has identified improvements in cancer services as a priority for health service development. A strategy for the development of cancer services was published in 1996 (*Cancer Services in Ireland: A National Strategy*) which was followed by a major action plan in 1997. This action plan detailed how the national cancer strategy would be implemented.



Report of the Expert Advisory Group on Women's Health Issues

The problem of breast cancer was discussed by a number of groups throughout the consultative process. It was the single most common issue raised. Women outlined their fears of developing breast cancer and dying from the disease. They wanted a comprehensive screening service made available for all women to reduce the risk. Concern was also expressed about the need to have local cancer treatment services available as well as psychological and practical support for women who develop the disease.

Recommendations

A number of recommendations are contained in the report of the Expert Advisory Group relating to cancer services, particularly breast cancer and cervical cancer screening services. The advisory group felt it was important that the organisation of the screening programme needed to be effective to achieve the best results.

The Expert Advisory Group recommended that the promotion of screening had to be done in a way that does not create false expectations among women and that the approach to screening services needs to be holistic and screening must be accompanied by prompt access to surgical expertise, counselling support and information. A team approach within each hospital group linking with community services i.e. General Practitioners and home hospice care was felt to be the best approach.

Finally the group felt that women should have local access to chemotherapy treatment services for cancer.

Response of the North Eastern Health Board

The North Eastern Health Board has recently published its plan for the development of cancer services in the Board's area in response to the National Cancer Strategy.

Extensive consultations and discussions were undertaken with all specialities and professionals currently delivering cancer services in the region as well as professionals and cancer specialists throughout the country. The aim is to provide a regional strategy aimed at reaching self-sufficiency in the management of all common cancers within the region.



The cancer plan is committed to quality and places emphasis on:

Health Promotion.

Health promotion initiatives will support the cancer strategy with emphasis on multi-sector co-ordination.

Screening and early detection.

The first phase of the National Breast Screening Programme will commence shortly in the North Eastern Health Board.

The pilot phase of the National Cervical Screening Programme is due to commence shortly in the Mid-Western Health Board and will be extended to other Health Boards in the coming years.

Development of cancer services within Primary Health Care settings.

Primary Medical Health Care team involvement extends from the beginning to the end of the patient's illness and the General Practitioner will be central to a role in health promotion and cancer prevention.

Protocol development.

Guidelines and protocols will be developed for the appropriate management of cancer patients.

Partnership.

Partnership will be encouraged with statutory and voluntary agencies.

Support and counselling services

Support and counselling services will be available to all health care professionals involved in caring for patients with cancer.

Palliative Care Teams

Palliative Care Teams incorporating General Practitioners will be further developed.

Communication strategy

Good communication between primary and secondary care services will be central to an effective service.

The 1999 Service Plan lays out a series of developments which will enable the continued development of cancer services in the region and the implementation of the Board's Cancer Plan.



Reproductive Health

The importance and need for women to maintain good reproductive health cannot be overstated. Some of the factors that impact on reproductive health: maternity services, breastfeeding, family planning, the menopause and bladder and bowel dysfunction are discussed below.

Maternity Services

A Plan for Women's Health: *Action*

The Minister for Health and Children accepts in principle the recommendations of the Working Group on the Maternity and Infant Care Scheme and is committed to adapting this scheme to the needs of women in the 1990's and to their expectations as expressed in the consultative process.

In relation to other suggested improvements in the maternity services, the Health Boards are requested to provide a more comprehensive approach to supporting mothers and newborn children during the antenatal, natal and post-natal periods.

Report of the Expert Advisory Group on Women's Health Issues

Throughout the consultation process, a high level of satisfaction was expressed regarding care received.

Concern was also expressed that single mothers would be treated differently and not facilitated in all hospitals.

The most negative comments were about the attitude of healthcare staff who are perceived as patronising to women. Women stressed the need to make informed choices on method of delivery.

Other issues raised included:

- The need to encourage mothers to attend early at parentcraft classes;
- women's own needs surrounding pregnancy and aftercare;



- parenting;
- coping with news of a handicapped child;
- problems surrounding the pregnancy and birth e.g. postnatal depression;
- health services to provide more education on the care of young babies.

Recommendations

A more flexible approach to ante-natal and post-natal care should be provided by the health services and should include hospital and local community outreach to the client groups who most need it.

A partnership approach between women and the health services should be established for the delivery of maternity services. This should be outlined in a written operational plan for each unit and should include all the quality dimensions identified, i.e. information, privacy, choices, informed consent, rights regarding partners, attitude of staff, specific services available and flexible admission/discharge policy.

Recommendations were also made for specific service improvements. These include the provision of a more comprehensive epidural service, home supports for mothers who choose to leave hospital early e.g. resource centre helpline, mother and baby groups and so on.

It was also suggested that a consumer feedback panel should be established for maternity services in the North East to ensure on-going quality improvements.

Response of the North Eastern Health Board

The North Eastern Health Board Service Plan 1999 states– “In line with the Board’s Strategy, developments in maternity services will be examined from a national and international perspective in order to improve the choice of obstetric services available to women. A report will be made to the Board during 1999.”

The Board will undertake a programme of staff development where all members of staff including clinicians, nursing and general management will be encouraged to develop their skills in terms of their own personal development and the needs of the service.

Re-organisation of antenatal care for mothers will take place in 1999 with the introduction of day services at both Drogheda and Dundalk.



The outpatient appointment system in the antenatal clinics will be re-organised in order to reduce waiting time for mothers.

Obstetric and gynaecology outreach clinics will be established in Dunshaughlin and Navan in 1999.

The regional neo-natal unit at Drogheda will be further developed in 1999.

The Incu-Babies Support Group at Drogheda for parents whose babies have spent time in the neo-natal intensive care unit, will be expanded in 1999. This will provide a forum for parents to discuss problems with staff and other parents. It will also provide feedback to the unit and this will enable staff to evaluate the improved practices at the unit.

In order to enhance the aftercare provided to babies discharged from the neonatal unit, a nurse from that unit will attend neonatal outpatient clinics.

Procedures and protocols will be developed to facilitate high quality patient care in obstetrics, gynaecology at the Cavan/Monaghan Hospital Group.

As well as developing maternity services, specific improvements in the gynaecology services will also place.

Waiting lists for gynaecology will be targeted under the waiting list allocation.

The provision of day gynaecological services will commence at the Navan site in 1999.

The organisation of elective gynaecology theatre lists will be reviewed in order to improve the throughput and the scheduling of the theatre.



Breastfeeding

A Plan for Women's Health: *Action*

The Department of Health is committed to the implementation of the National Breastfeeding Policy for Ireland. It will work closely with women's organisations and other statutory agencies at national level to create a more supportive environment for breastfeeding.

Report of the Expert Advisory Group on Women's Health Issues

In recognition of the fact that the decision, whether or not to breastfeed, is made well in advance of the birth of a child, the Expert Advisory Group following their process of consultation made the following recommendations.

Recommendations

- A co-ordinated approach between hospital and community services to promote breastfeeding at the earliest opportunity in a woman's pregnancy;
- Information leaflets and posters on breastfeeding should be widely available at G.P.'s surgeries and health centres;
- There should be full implementation and evaluation of the breastfeeding policies in the Health Board's maternity units. This should include providing the necessary privacy and facilities to encourage and support mothers to breastfeed;
- Practical support, and in particular, time and encouragement are required when mothers go home, to help them to continue breastfeeding. The Public Health Nurse plays an invaluable role in this;
- Care Assistants might also be considered in the first two weeks after discharge to continue the overall help and support of new mothers;
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- A more positive social societal attitude to breastfeeding to be encouraged; Breast-feeding friendly stickers to be made available for restaurants and public places which when displayed will identify support for breastfeeding mothers.



Response of the North Eastern Health Board

Following research carried out by the Board, to establish baseline breastfeeding practices of women in the region, a policy document on breastfeeding was drawn up to assist hospital and community services meet the needs of women who wished to breastfeed.

A Breastfeeding Policy Implementation Group, comprising of staff from Maternity Units, Community Care Departments, Health Promotion, Public Health, Personnel Unit, Primary Care Unit and representatives from the voluntary support groups has been established. This group will oversee the implementation and monitoring of the policy. Key aspects of the policy are outlined below:

- Breast-feeding will be actively promoted at an early stage in pregnancy so as to encourage as many mothers as possible to choose it as the best feeding option. Support to breastfeeding mothers on their discharge from hospital has been identified as vital so as to encourage the continuation of feeding in the community.
- Initiatives are being undertaken to ensure that women are being advised at an early stage of their pregnancy, of the advantages of breast-feeding.
- Information will be made available to support those mothers who choose to opt for breastfeeding. This will address the needs of the expectant mother and the feeding mother.
- That inter-service consultation and co-operation occurs to ensure that a uniform and co-ordinated response is available to mothers. This will involve the drawing up of procedure between practice nurses, midwives and public health nurses.
- All maternity units in the region will be encouraged and supported in their efforts to implement the Ten Steps of the Baby Friendly Hospital Initiative.
- That breastfeeding support groups are set up throughout the region.
- The identification of suitable support mothers (experienced breastfeeders) in each area will be undertaken. Appropriate training will be given to these mothers.



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- Evaluation of breast-feeding policies need to take place at regular intervals, to review their effectiveness in increasing breast-feeding rates (both initiation and continuation rates).



Family Planning

A Plan for Women's Health: *Action*

The Department of Health will review the implementation of the Guidelines on Family Planning issued in 1995 to ensure that services are being provided as recommended. Health Boards in their plans for women's health will outline the steps which they are taking to develop family planning services which promote women's overall health and wellbeing. These steps will include information on fertility, sexuality and the way in which the needs of particular categories of women will be met.

Report of the Expert Advisory Group on Women's Health Issues

The primary issue raised by women during the consultation on family planning services related to the lack of information on what services are available and who can provide them. During the consultation process women outlined the difficulties they had experienced in gaining access to a full range of family planning services in specific geographic areas.

Recommendations

- General information on family planning services should be provided by the Health Boards and widely distributed in public places.
- A list should be produced of the names of doctors who provide family planning services including emergency contraception and the details of the services they provide.
- They should be circulated to G.P.s, Health Centres and Hospitals. While doctors are currently prevented from advertising, the Health Board should consider, with their consent, regularly publishing names, times and range of services in the local press. This information should also be made available to colleges and public offices.
- Where a G.P. or group practice does not provide all services, there should be a system of self-referral and inter-referral among doctors.
- Individual G.P.s in hospitals should post notices in their waiting areas outlining the range and costs of family planning services available.
- It should be ensured, in as far as is practicable, that women have access to a female G.P. or trained Practice Nurse to discuss family planning options. Where it is not possible to provide for this, the Health Board should seek to provide the service directly at a health center or in liaison with other service providers, such as family planning services and well woman centers.
- The concept of special clinics and specific surgery times to facilitate women who wish to access advice and counseling services on women's health issues should be promoted.



The General Practitioner is the ideal person to provide this either as a substitute or as an extension of the present practice service or in combination with colleagues in an area. This is a significant consumer request from women and the Health Board's management must explore alternatives if G.P's are not in a position to respond. In establishing these services due consideration must be given to the need to have flexible times that suit women.

- Cost is still a barrier to accessing some family planning options, particularly inter-uterine devices which might be the preferred choice or best option for some women. This barrier needs to be addressed nationally. Payment for such services might be considered as specialist items under the G.M.S.
- Access to sterilisation services should be on the basis of women and her partner's right to choose and should not have to be dependent on the personal moral/ethical values of G.P.s or Consultants. Family planning guidelines should clearly state this and should be standard for the region as a whole. In areas where sterilisation is unavailable, for reasons of ethos, the Health Board must provide and advertise an alternative service, which is as near as possible to that location.
- Prior to discharge from any maternity unit, objective advice should be given on all legal methods of contraception. Written details of the services available in her area should be given to each woman. The Health Promotion Unit should, in liaison with schools, seek to develop a comprehensive education package for young people. This should cover the psychological and reproductive development, personal responsibility and sexual behaviour for both sexes, knowledge on contraception, how to access services and where they are located.
- Consideration should be given to incorporating screening for sexually transmitted diseases as part of the cervical smear test, particularly in young age groups who are sexually active.
- In the context of planning one's family especially where there has been a child already born with a disability, which may be genetically linked, there is a need to have ready access to genetic counseling services of a unidirectional nature. This is currently deficient and definite arrangements regarding this should be secured by the Health Board's Management.

Response of the North Eastern Health Board

Following the publication of the Report of the Expert Advisory Group, a Family Planning and Women's Health Committee was formed by the Primary Care Unit. This committee organised a family planning training workshop for General Practitioners and Practice nurses in the area covering the theoretical and practical aspects of family planning

Since then, the Primary Care Unit has continued to improve the level and range of Family Planning Services. Sixty-eight general practitioners throughout the region have been contracted to provide a comprehensive



family planning service. The service is available to medical cardholders free of charge. This service includes the following:

- Information and advice on all natural methods of family planning,
- Information and advice on all barrier methods of contraception,
- Information and advice and prescribing, where necessary, of an oral contraceptive pill,
- Information and advice on IUCD's,
- Information and advice on vasectomies and tubal ligations,
- Information and advice on administering of depot injections.

Clients may avail of services as a named patient of the doctor of their choice or access the services from another doctor of their choice in the area. This flexibility is an important aspect of consumer choice and satisfaction as many female clients stated preference for access to a female General Practitioner for family planning services.

Two General Practitioners have been contracted to provide vasectomy services to medical cardholders.

The Primary Care Unit in association with the Irish College of General Practitioners have organised a further Family Planning Course, which forms part of the Post Graduate Education Programme for doctors in Family Planning.

Tubal Ligation operative procedures are provided following detailed consultation with the client regarding the procedure itself and any appropriate available alternatives. This procedure is available within all of the acute hospitals within the Board.

A database was developed to inform the public as to which services are provided by whom. Dissemination of the information takes place on various levels and leaflets are being developed in consultation with the Health Promotion Unit.

It has been agreed that all practices providing family planning will indicate the services being provided on a practice leaflet. For larger practices, specific times for family planning and Well Woman Clinics are encouraged.



Menopause

A Plan for Women's Health: *Action*

Health Boards will, in the context of their women's health plans, review the provision of services related to the menopause. They will seek to ensure that this aspect of women's health is dealt with by sensitive and informed professionals whether through the general practitioners service, through women's clinics in association with gynaecology services or by contract with other areas.

Report of the Expert Advisory Group on Women's Health Issues

A number of groups who attended the seminars and consultative process in the North Eastern Health Board spoke to the advisory group about the changes that the menopause brings to women's life. The vast majority of menopausal women want to be cared for in the community by their General Practitioners.

The menopause signifies the end of a woman's fertile period and also refers to the extended period (20 years or more) in which a woman's body adjusts to a lower hormonal climate. The average age at menopause is 50-52 years, thus women can expect to live at least one third of their lives after the menopause.

The effect of the menopause on women's health varies. It is estimated that 75% of menopausal women experience some problems or discomfort, but only 10-20% seek medical help. The over-riding concern of women, in the North East, was to be cared for and advised by medical and nursing personnel who had time, knowledge, understanding, sympathy and a special interest in dealing with the menopause. A female doctor or practice nurse was the preferred option. It was also felt that the consultation should look at such aspects as health and quality of life rather than focussing on illness and problems.

Recommendations

- Health Care professionals have a vital role to play in informing women of the normal and abnormal factors associated with the menopause and where they can go for help and advice if necessary. Comprehensive services and information on the menopause should be developed and made widely available by the Health Board services



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- G.P.s should provide information on all aspects of the menopause including the option of hormone replacement therapy.
 - G.P.s should be encouraged to set up special clinics in their practices to provide information on the symptoms of menopause and the use of hormone replacement therapy. This should fall within the broader remit of dealing with women's health issues. Ideally these clinics should provide choice of access to a female G.P. and/or practice nurse.
 - In facilitating the provision by G.P.s of special clinics, due regard should be taken to health orientated as well as an illness orientated approach to women's health.
 - Multi-disciplinary support services should be available from the Health Board services to G.P.s who provide special services to women ie Physiotherapy, Psychology Services.
 - Special services dealing with women's health issues should be advertised and freely promoted by the Health Board services.
 - Where G.P.s are unwilling to prescribe hormone replacement therapy, the information should be provided on where this service may be obtained. (Preferably through a network of other G.P.s in each locality)
 - As with other women's health issues, if the G.P. service cannot provide or be seen to provide a comprehensive and acceptable service in this field, the Board's management must ensure that the service is provided. This could be done either through women's health clinics in association with gynaecology services or by contract with other agencies. If necessary, the Health Board should provide clinics within the broader remit of dealing with women's health issues.

Response of the North Eastern Health Board

The 1999 Service Plan is committed to supporting dissemination of appropriate information from the promotion of positive lifestyle change to the provision of specific information on the menopause. The role of the General Practitioner in supporting and treating women who are menopausal as well as providing information on all aspects of the menopause will be supported. In addition, the Board will seek to develop a Consultant led service for women's' health issues surrounding the menopause.

The prevention and management of Osteoporosis will be a priority for the Board in the coming years. This is in line with the recommendations contained in the "Report on Osteoporosis in the European Community" which are detailed in Appendix 3. Provision of information on the menopause including the promotion of positive lifestyle choices will continue to be a focus for the Health Board in the years ahead.



Bladder and Bowel Dysfunction in Women

The higher prevalence of urinary incontinence in women is due to a combination of anatomical and physiological reasons arising from complications of childbirth and muscle atrophy associated with the menopause.

A Plan for Women's Health: *Action*

Health Boards will provide a comprehensive service to deal with urinary and faecal incontinence among women. This service will be based on a team approach involving gynaecologists, urologists, physiotherapists and nurses.

Report of the Expert Advisory Group on Women's Health Issues

Recommendations

- Consultant Specialist Urology Services need to be developed within the North East which would work in close liaison with gynaecology services.
- A Physiotherapist with a special interest in women's health should be appointed in each of the Health Boards Acute Hospital Groups. A special interest in women's health should be developed within the ambit of physiotherapy services in the Health Board.
- Specialist physiotherapy equipment for the assessment and treatment of incontinence is required for each hospital group.
- A team approach should be developed involving gynaecologists, urologists, physiotherapists and nurse continence advisors.
- Outreach services should be provided by the team to G.P. clinics dealing with bladder and bowel dysfunction in women's health context.
- A thorough screening programme of mothers should be carried out at the antenatal stage and followed up with comprehensive post-natal education regarding incontinence.
- Women who need help with incontinence problems should be encouraged to seek help. There is a need to have information more freely available through G.P. surgeries, health centers and hospitals to educate and inform women about the problems of incontinence.



Response of the North Eastern Health Board

The North Eastern Health Board is and will continue to implement the recommendations contained in the Report of the Expert Advisory Group in 1999. Physiotherapy departments are identifying potential women who may have problems and treatment is on going with specialist physiotherapy equipment.

The 1999 Service Plan is committed to promoting urinary continence for women through co-ordination and multi-disciplinary prevention and intervention programmes in 1999.

Violence against women

A Plan for Women's Health: *Action*

The Department of Health will play a full role in relation to the co-ordination of Government policy by the Office of the Tanaiste and encourage a co-ordinated response within the health and personal social services to women who are victims of violence;

Ensure the implementation of section 6 of the Domestic Violence Act, 1996 which gives health boards new powers to intervene to protect women against violent spouses;

Work closely with health boards, voluntary hospitals and the Irish College of General Practitioners to develop protocols in relation to the recognition of violence against women and good practice in relation to referral of such women;

Work closely with the training and education bodies in the health and personal social services to increase the awareness of professionals of violence against women.

The health boards, as part of their women's health plans will: -

- Develop support services for women and children who are victims of violence;
- Provide counseling and specialist investigation and treatment services for victims of rape and sexual abuse.



Report of the Expert Advisory Group on Women's Health Issues

Recommendations

The Department of Health should consider providing a national policy on the health services' response to the issue of family violence.

The Health Board Management should establish a small working group to advise on an integrated approach to the problem of family violence, in particular violence against women.

The health services need to take account of the mental and physical health of women, in all situations where domestic violence is suspected. This could be given special attention in the accident & emergency department of hospitals with the back up of medical social work intervention.

G.P's and staff in accident and emergency departments should be trained to become more aware and less passive about women who present with injuries. When suspicion is aroused formal protocols for interviewing, examining and supporting such women should be developed.

An intersectional and inter service approach is needed to deal effectively with the problem. This requires liaison between hospitals and general practitioners, between the health services and the Gardai, and between the health service and the voluntary sector providing services.

Counseling services and help lines should be more readily accessible to all women experiencing violence throughout the region. Consideration should be given to having a phone number/line twenty-four hours a day and assessing its value as well as the size of the problem.

Refuges will always have a role to play for immediate safety needs. There is a need to establish a refuge in the Cavan/Monaghan area and the Management of the Health Board should seek a voluntary partnership to develop this.

Women and staff in refuges should have ready access to professional counseling and support, when required. This requires flexibility in the provision of social worker, psychologist and community welfare officer services. Names of appropriate personnel should be rostered for contact on an ongoing basis.

Children accommodated in refuges should be cared for by their parents, with the assistance of a child care worker where appropriate.

With the enactment of the family violence legislation, the resource implications for health services in dealing with women and their children at home need to be carefully worked out and addressed. This will require strategic planning.

Women who present for help need good information on services of a supportive nature. They also need practical assistance. The Health Board Services should work with other agencies to produce and distribute such information to ensure that help can be readily accessed. This is of greater significance for women who remain in the violent situation.

In addressing the cycle of violence, counselling is needed for the perpetrator so that the violent behaviour can be addressed. This requires access to other services such as counselling for alcohol addiction and the like. Marriage and family counseling are necessary to encourage the recovery of the whole family unit.



Response of the North Eastern Health Board

The Report of the Task Force on Violence Against Women published in 1997, incorporated practically all of the recommendations outlined above. The North Eastern Health Board is committed to seeing that these recommendations are implemented throughout the region.

The report of the Task Force on Violence Against Women published in 1997, recommended the establishment of a Regional Planning Committee in each health board area, with responsibility for assessing existing services and needs in the region, developing strategies for meeting these needs and developing implementation plans for service delivery. Promotion of preventative strategies in relation to domestic violence has also been identified as a key role.

A Regional Planning Committee was set up in the North Eastern Health Board following the establishment of the National Steering Group. Each Regional Planning Committee consists of a wide range of groups drawn from public, community and voluntary groups including women who have experienced violent relationships.

The regional committee has established a number of sub-groups which will address:

- Education and training issues
- Development of policy and good practice guidelines
- Information and awareness raising
- Collation of data and statistics in relation to domestic violence
- Establishing a service user sub-group to provide an ongoing consultative process to the regional committee.

Each sub-group has established priorities to be achieved in 1999 as well as long-term plans for the future. These include development of a data base for the region on domestic violence, developing a statement of policy for each agency in relation to domestic violence, producing a training package which can be used to train staff throughout the region as well as addressing the issues of access to information. It is also planned that one local area network will be established on a pilot basis with the aim of developing a community based approach to service provision involving interagency co-ordination of services and information sharing.



The issue of violence against women is also being addressed in the Board's Child Care and Family Support Programme. Other planned developments include the establishment of a community based service in Monaghan to address the needs of women who have experienced domestic violence.

Central to all these initiatives will be the provision of a comprehensive, cohesive, multi-agency and multi-disciplinary response to issue of domestic violence.



Promoting Mental Health

A Plan for Women's Health: *Action*

The health services will be more pro-active in relation to promoting mental health among women. The following action will be taken with a view to developing the capacity of the health services to promote mental health over the lifetime of this Plan:

The Department of Health will commission research on the factors, which undermine women's mental health;

New mental health legislation will be passed as soon as possible which will give health boards an explicit statutory remit to promote mental health. The legislation will also bring procedures for the treatment of mentally disordered patients into conformity with the requirements of the European Convention on Human Rights;

The Department of Health, in implementing the Health Promotion Strategy, will work closely with the National Women's council to promote and protect the mental health of women;

The Health Board, in the implementation of their plans for women's health, will promote greater access to counseling, information, support for self-help groups and liaison between primary health and the mental health services.

Report of the Expert Advisory Group on Women's Health Issues

During the consultative process the advisory group heard that the incidence of depression among women was as a consequence of social and environmental factors related to the lesser financial and social status of women.

Further causes of depression were a feeling of isolation and inadequacy in the urban environments.



Recommendations

- There should be a change in terminology away from mental illness to mental health and away from traditional labels of classifying diseases to those which describe the effects of illness in a more accurate and acceptable manner.
- Information should be provided on the widest range of specific illnesses possible. This should be user friendly and promote understanding, knowledge and access to available service.
- Health information on depression, eating disorders and the like should be on display in hospitals, G.P. surgeries, clinics and in as many public outlets as possible.
- G.P.s should be trained to recognise mental illness particularly in those who do not complain to G.P.s. There should be more counselling and support and less reliance on pharmaceuticals at primary care level where appropriate.
- The provision of consultant psychiatric outreach services should be extended to G.P. surgeries and should be increased to improve access, destigmatise services and provide a combined care approach.
- Specialised knowledge, training and staff are required to provide for the range of counselling needs identified. G.P.s should have direct access to these services. Information on these should be promoted by and through the G.P. and health care outlets.
- Information on effective complimentary approaches to treatment of mental health problems should be considered within a range of service options to promote health in its widest context.
- The balance of resources in mental health should continue to shift towards the community. Sector teams should be considered and brought to full strength and based in the community. There is a need for psychiatric rehabilitation teams and other specialist services such as mental health care of the elderly.
- There appears to be a need to make the care plan for their inpatient treatment and subsequent community care follow up more explicit for patients.
- Community services, particularly those of the Community Psychiatric Nurse and Home Help need to be further developed to support patients after discharge and to reduce/prevent admissions.
- Given the significant voluntary effort involved in mental health services, there is a need to recognise and develop a more co-ordinated and integrated approach to comprehensive service provision. This should also identify gaps and outstanding deficits in achieving regional equity and comprehensiveness.
- Voluntary organisations should seek to identify and agree with the Health Board's Management, the financial support required to enhance voluntary initiatives.
- As with many health care needs, access to local service provision is a priority for those with mental health problems. This is particularly true for outreach specialist services, counselling, day care and for self-help initiatives. The advisory group believes that local multi-purpose health centres should be provided throughout the region. In other words for most local villages/communities there should be a meeting room with access to toilets and access to tea/coffee making facilities. This facility should be used by the community and voluntary groups on a flexible night/weekend basis.
- The Child Psychiatric Team is a welcome development within the services of the Health Board in view of the recent highlighting of child abuse cases, there is a major need for counselling services for parents and children. In the broader context, there is a need to provide education programmes such as parenting to deal with neurosis maturation and adolescent problems which are a



continuous source of concern for parents.

- As part of their curriculum, schools should have topics to promote personality development, self-care, self-esteem etc. Schools should also have greater access to and liaison with professionals. Counselling should be available to parents of problematic children;
- Educational radio programmes on topics such as stress, bereavement etc. have proved to be most popular and useful to people. This should be expanded.

Response of the North Eastern Health Board

The 1999 Service Plan is committed to further develop an integrated service approach for patients with emphasis on day-care services. Community based approaches will be further developed. Training of professionals to recognise mental illness at an early stage will continue. The role of the General Practitioner in the Suicide Awareness Programme will be extended from Monaghan to the rest of the region.

The mental health services working with psychiatrists, other professionals and mental health groups will continue to test models of service delivery in keeping with the findings of the consultative process.

The network of alcohol and drug addiction services will be evaluated in 1999 to ensure effective and integrated service delivery.

Central to these initiatives will be the promotion of positive health.



Women with Special Needs

Whilst many health problems are common to women, certain groups of women experience particular challenges which undermine their health. Some of the groups identified for special attention are outlined below. Other groups, such as Women in Prostitution, Lesbians, Women with Aids and Women who encounter the Prison Services also require a response. The Implementation Group will target these areas for attention throughout 1999/2000.

1. *Young Women*
2. *Women as Parents*
3. *Women with Disabilities*
4. *Women with Hepatitis C*
5. *Women as Carers*
6. *Older Women*
7. *Traveller Women*
8. *Homelessness*



Young Women

A Plan for Women's Health: *Action*

The Department of Health and Children will continue to work with the Department of Education to ensure the development of programmes to promote the personal and social development of young women. Health Boards, as part of their plans for women's health will develop programmes to reduce the rate of unplanned pregnancy among teenage girls, recognising the particular pressure that such women face. In developing the maternity services they will also provide greater support to young single mothers and their children. Funding will be made available for innovative projects, which foster inter-agency co-operation and develop good practice.

Report of the Expert Advisory Group on Women's Health Issues

The Report of the Expert Advisory Group noted the lack of information regarding entitlements to childcare facilities and support from health care staff. Also, the lack of financial support to meet additional costs such as travel costs when children are hospitalised. The lack of education and advice on contraception and other women's health issues was noted.

Response of the North Eastern Health Board

The Board will work with other statutory and voluntary agencies in order to ensure the development of programmes to promote the personal and social development of young women.

The Board is committed to continuing and expanding the Community Parenting Support Programme and toddler schemes.

The Board is working closely with teachers in the schools to provide information for people on contraception and other health promotion issues i.e. smoking, drinking and exercise.



The Youth Initiative in Partnership Project offers confidential support, advice and information to vulnerable young people in the Dundalk area

The Board's focus on information needs will ensure that a more transparent and easily understood system will be in place to ensure that young women can gain access to information regarding their entitlements to services.

Women as Parents

A Plan for Women's Health: *Action*

The Community Mothers Scheme will be extended to all health boards. Projects similar to the Homestart Programme will be introduced in each health board area. The issue of parenting programmes for older children is being considered by the Commission on the Family, which has been established by the Minister for Social Welfare. The Minister for Health will take cognisance of the recommendations of the Commission on the matter.

Report of the Expert Advisory Group on Women's Health Issues

Recommendations

- A more transparent and easily understood system of obtaining benefits is necessary.
- There is a need for improved communications between Health Board staff and lone parents in a manner that is more sensitive to their needs. This should be addressed through regular in service training and feedback from users of the service.
- Outreach paediatric services should be provided in areas where there are no acute services.
- Improved transport arrangements are required for parents of young children who are hospitalised.
- There is a need to improve education and advice, including peer education programmes for young people on contraception and other health promotion issues, i.e. smoking, drinking and exercise.
- Parenting and childcare information should be delivered in an acceptable manner. The community mother programme and mother and toddler schemes have been beneficial and should be extended throughout the region.



Response of the North Eastern Health Board

The North Eastern Health Board has successfully implemented the Community Parenting Support Programme in Dundalk, with support funding from the Van Leer Foundation. The programme builds community capacity to support one another and builds core parenting skills by engaging local people to deliver the programme.

The current Community Parenting Support Programme should be used as the foundation to extend the initiative throughout the region.

The project should be seen as an evolving process. Although the project does have clear aims and objectives there needs to be space to respond to local needs, e.g. parent and toddler groups.

The project must be managed in partnership with local community groups and agencies. This will be critical to the project development and will allow the project to access additional funding.

Women with Disabilities

A Plan for Women's Health: *Action*

The Department of Health is committed to the expansion of services for people with disabilities. This includes women with physical disability, sensory impairment and learning disability. Health Boards in their women's health plans will review the extent to which their services are accessible to women with disabilities in consultation with such women. They will also review the need for disability awareness training for their staff. Health Boards will use their role as funders of voluntary organisations and other service providers to ensure that all projects they fund become open and welcoming to women with disabilities and deal with them fairly and equally.



Report of the Expert Advisory Group on Women's Health Issues

During the consultation process with the advisory group, the issues that were specific to women with disabilities included:

- lack of physical access to services including dental, ophthalmology and G.P. services.
- lack of advice and counselling on special needs regarding relationships, sexuality, contraception and other women's health issues;
- lack of respite and day care facilities;
- insufficient support and training for carers including financial support;
- inadequate levels of physiotherapy, occupational and speech therapy;
- lack of genetic counselling.

Further consultation has identified additional priority areas, e.g. lack of information in accessible formats, inadequate levels of disability awareness and training, as well as support for carers.

Recommendations

- Entitlements and health information should be more widely available to persons with disabilities and their carers.
- All Health Board owned or funded facilities should be physically accessible;
- The Health Board should ensure that all transport vehicles are accessible;
- Provision of counselling services should be improved targeting physical, psychological and social needs including relationships and sexuality;
- Day activity/resource centres should be provided as near to people's own communities as possible. Such centres could deal with a wide range of client groups.
- A register of care workers should be established from which people with disability or their carers could make flexible arrangements for care/respite.



- A flexible community based respite service should be provided. The demand for this service should be reviewed annually to plan appropriately for the needs throughout the region.
- Training and practical support for carers (usually women) should be regular and on going.
- Physiotherapy, occupational therapy and speech therapy should be more widely available.

Response of the North Eastern Health Board

The Board recognises the need to ensure that all services consider the specific needs of people with disabilities.

The 1999 Service Plan has committed the Board to further development of residential respite and day services for people with a learning disability.

Services will also be developed for people with physical and sensory disability including ten additional residential and respite places at St. Christopher's Centre, Cavan.

Specific needs of women will be included in the access audit being conducted in 1999.

Partnership with the voluntary services will be promoted further.

A resource centre for people with physical and sensory disabilities will be developed in Dunboyne to meet the needs identified through consultation with potential service users.

The existing community teams will be enhanced with the appointment of additional therapists, a resource worker for the deaf and a rehabilitation specialist for people with visual impairment.

Four regional working groups have been established to review current practice and develop criteria and protocols in relation to the following aspects of service:

- home support;
- technical aids and appliances;
- planning pathways of care;
- early intervention services.



A five year development plan to address the needs of people with physical and sensory disability will be produced in 1999,

The development of the database for people with physical and sensory disability will be further advanced.

A health promotion strategy for people with disabilities will be developed. Central to this will be the provision of information including women specific information in relation to their health needs.

To coincide with National Disability Awareness Week, 1999, the booklet "Include me In" was launched. This is a disability awareness guide for General Practitioners and their staff. It was produced in co-operation with the voluntary organisations and service users. All General Practitioners in the region are being invited to apply for the International Symbol of Access Award.

The annual conference for people with physical and sensory disability will be held in Autumn 1999.

A programme of training for staff in learning disability services on developing personal outcomes for individuals will commence in 1999.

Procedures and practice guidelines for staff on relationships and sexuality for adults with learning disability will be published in 1999.

Women with Hepatitis C

A Plan for Women's Health: *Action*

The health care requirements and other needs of those who have been diagnosed as positive for hepatitis C Virus/Anti-bodies will be monitored and reassessed on an on-going basis to ensure that the necessary support services are provided to meet their needs. The Consultative Council on Hepatitis C will play a major role in this process.



Report of the Expert Advisory Group on Women's Health Issues

Recommendations

- the programmes of care provided by the Minister, Department of Health and Blood Transfusion Board for affected women will continue to be supported
- Liaison with the Blood Transfusion Service Board and Positive Action, the voluntary support group for affected women, should be an integral part of the responsibility of the senior management person designated to co-ordinate services for women.

Response of the North Eastern Health Board

The Health (Amendment) Act 1996 makes provision for persons who contracted Hepatitis C through receipt of blood or blood products in Ireland to receive certain health services free of charge. For confidentiality, there is one liaison officer in the North Eastern Health Board to deal with persons eligible for services under the Health (Amendment) Act in order to provide information, assistance and to assess their eligibility for services. In 1999 the liaison officer will continue to act as an advocate for the clients in accessing health services, ensuring priority appointments and flexibility in the delivery of the services where appropriate, and to ensure that service managers are informed of developments.



Women as Carers

A Plan for Women's Health: *Action*

The Minister will continue to give priority to the development of services for disabled and dependent people including respite and home support services for carers. Health Boards will consult with carers about the services they need, foster self-help groups for carers and fund voluntary organisations supporting carers.

Report of the Expert Advisory Group on Women's Health Issues

The role of women as carers was especially highlighted through the consultative process, particularly in the area of carers of the elderly, handicapped and dysfunctional families in the community and the problems facing them.

Recommendations

- There should be a review of respite care available and the demand for services to ascertain if this demand can be met.
- More extensive training courses and a support network for carers should be made available.
- With regard to the carer allowance, consideration should be given to making this directly available to the recipient of care in order that they may employ their own carer.
- A booklet for carers should be formulated covering the various services available to them from the Health Board.

Response of the North Eastern Health Board

The 1999 Service Plan commits the Board to the development of a high quality service, focussed on achieving the best outcome for women as carers, within the resource allocation.

The 1999 Service Plan is committed to providing additional support to extended family networks to enable them to continue to provide care for their family members. There will be further investment in the development of home help and home care assistant services. The number of older people availing of this service will be increased considerably in 1999 as well as the number of hours. Additional training and support will be provided to home helps.



Voluntary organisations will be supported.

Day care facilities will be provided, which will be leased to the Alzheimer's Society to provide new day care facilities.

The commissioning of the new Elderly, Mentally Infirm Unit in Trim will be completed.

A district care team will be established on a pilot basis to maximise the rehabilitation potential of elderly patients by providing multi-disciplinary intervention in a domicillary setting with the full co-operation of all the services.

A strategy for the care of elderly persons will be completed and brought to the Board for consideration in 1999.

Summer camps for children with physical and sensory disability are being expanded.

Additional weekend respite services are being developed for people with learning disability in County Meath.

There will be an enhancement of the home support services, including the development of a breakaway service.

OLDER WOMEN

A Plan for Women's Health: *Action*

The Minister is committed to promoting healthy ageing and to ensuring that the targets of the health strategy in relation to dependent elderly people, the majority of whom are women, are achieved. A Social Services Inspectorate will be established in the Department of Health which will develop an expertise in promoting high standards of care for the dependent elderly. Health Boards will review the standards of care of dependent elderly patients in voluntary and private nursing homes and in their own hospitals and homes, in line with their statutory responsibility and in the context of their plans for women's health.



Report of the Expert Advisory Group on Women's Health Issues

A number of groups and organisations raised various issues, throughout the consultative process concerning older women. Problems identified by these older women included:

- Loneliness and isolation;
- Incontinence, chronic illness, rheumatoid and osteoarthritis and chronic leg ulcers;
- Communications difficulties between older people and doctors, whereby older people feel they do not have the right to ask questions, that the doctor is too busy or that he speaks "over the patients head";
- In hospitals, further issues are the lack of clear explanations regarding their medical condition, information regarding layout of wards to which they are being admitted, lack of privacy when discussing their personal details, lack of specific facilities for older people and gender mixing on hospital wards which is very distressing;
- Lack of education and information targeted at and accessible to elderly people to ensure healthier lifestyles and prevent illness;
- The need to review services available to older people who are not entitled to a medical card;
- Lack of awareness of older people of health board services available to them.

Recommendations

- Information should be available to older women on positive health measures and on illnesses affecting them.
- Health Board services for older women should be printed in leaflet form and made easily accessible in such locations as churches, shops, post offices etc.
- The Health Board's management should facilitate the extension and development of social clubs, day centres and day hospitals for older women in their own local communities.



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- A review of home help and home care services should be undertaken especially with regard to pay and more flexible support.
 - Hospital and health services for older women to be made as user friendly as possible with clear explanations and sensitivity to their dignity and special needs. Gender mixing should be avoided or at the very minimum, patients should be given the choice of services elsewhere if the situation is likely to occur and cannot be avoided.
 - Education and training should be made available on such topics as: Retirement, Menopause, Positive Ageing, Later Lifestyles, Bereavement and Death.

Response of the North Eastern Health Board

The North Eastern Health Board is committed to implementing the recommendations outlined above. Service developments and initiatives already undertaken include:

- Support of active age retirement groups and social clubs as outlined in the Board's Service Plan;
- The evaluation of a helpline (being piloted in Summerhill, Co. Meath);
- The support of voluntary organisations throughout the region;
- The provision of appropriate information and information leaflets on services available.

The Board is particularly committed to supporting care in the community through:

- The development of day hospitals and day care services, including three Alzheimer day service units, in partnership with the voluntary organisations.
- Support groups for carers of dementia sufferers have been set up and supported;
- Development of day hospital facilities in Dunshaughlin Health Care Unit.
- Elderly Mentally Infirm Units have been developed in each Community Care Area



The Board is also committed to ensuring that training is provided to support carers for the elderly – training courses have taken place for home support workers in Co. Louth. A review of training has been carried out for home care assistants in Co. Meath.

Regional dementia training programmes have been put in place for carers of dementia sufferers

The Board will ensure that the services are appropriate to the patients needs and an evaluation of day hospitals in the region has been undertaken as well as a review of the home support services.

In order to ensure that patients are facilitated to return to the community as soon as possible, liaison nurses have been appointed in each acute hospital to provide the necessary links with the community.

The special needs of older women are also being addressed and continence promotion programmes are being carried out in individual services. The Board is committed to ensuring that such programmes are co-ordinated and have made this a priority in the 1999 Service Plan.

Geriatricians with support teams have been appointed in each Community Care Area and these will be strengthened and further developed.

Information is being developed which will give clear guidance on services available as well as individual leaflets on the different services that the Board provides.

TRAVELLER WOMEN

A Plan for Women's Health: *Action*

The Department of Health is committed to the implementation of the health provisions of the programme in favour of Travellers recommended in the Report of the Task Force on the Traveller Community. Health Boards will improve travellers access to health services and ensure that these services are delivered in a culturally appropriate way.



Report of the Expert Advisory Group on Women's Health Issues

The advisory group consulted with members of the travelling community and were advised of their concerns. Following detailed discussion with the travellers, preferred options were identified by traveller women which led to a series of recommendations relating to:

- Access to preventive screening and advisory services;
- Information on women's health issues;
- Choice of a female G.P.;
- Improved accommodation with the provision of housing for travellers who wish to settle and serviced sites for those who wish to travel;
- Emphasis on maternal as well as children's health;
- The attitudes of health care staff should be focussed on treating travellers with dignity and ensuring that they receive equitable welfare services for their needs;
- The best uptake of preventive services with emphasis on their own health needs;
- Members of the travelling community should be trained and facilitated to organise their own self-help and education.
- The health care professionals should have a team approach to dealing with the travellers in each area.
- Health and social gain for travellers should be monitored through a database and progress measured over time.

Response of the North Eastern Health Board

There are approximately 390 travelling families in the Board's area with the majority in County Louth and County Meath. The Board's response to the health and social needs of members of the travelling community is based on the recommendations of the Advisory Committee on Services for the Travelling Community, the recommendations of the Women's Health Advisory Group, and research carried out by the Board on the health needs of travellers in the North East.

Following the research carried out by the Board into the health needs of travellers, a multi-sectoral interagency committee was established. This committee is examining the implementation of the recommendations of the various reports.



The model of service delivery is based on a partnership with travellers and traveller's organisations as well as the health board staff and the statutory and voluntary organisations in the region.

The plans for 1999 are as follows:

- An implementation group has been established to bring forward the recommendations of the advisory committee. This group will ensure that there are a number of initiatives to address all of the key areas and that the relevant agencies and groups are involved in this process.
- In each community area, a liaison person will be designated to deal with matters relating to travellers and to liaise with traveller representatives.
- Each service will address the specific needs of travellers in their operational plans and include measures to increase the uptake of their service among the travelling community, concentrating on obstacles to the accessibility and availability of services to the community.
- The training and education of travellers on health care service providers will be expanded in 1999.
- Discussions will take place with the travelling community and other childcare agencies with a view to establishing a foster care project for the travelling community on a pilot basis. If successful, this project will be expanded across the region.
- The travelling community will be involved in the preparation of resource materials for use in health promotion and health education.
- A Primary Health Care Project for Travellers, based on the Pavee point Project in Dublin has been established in Dundalk. The purpose of this project is to involve Travellers as partners with service providers in dealing with Traveller issues.



Homelessness

A Plan for Women's Health: *Action*

The Department of Health and the Health Boards in the implementation of the plan for women's health at national, regional and local levels will ensure that high priority is given to improving the health of women who are socially and economically disadvantaged.

Report of the Expert Advisory Group on Women's Health Issues

The Expert Advisory Group on Women's Health Issues in the North Eastern Health Board met with the Homeless Aid Association. The common issues affecting women include:

- Women with children who have left the family home due to violence/sexual abuse are often from a low income background;
- Young single women coming in contact with the homeless aid association often have a history of sexual abuse/family abuse and are poorly educated/illiterate;
- Young women coming in contact with the service often become parents in their adolescent years.

Recommendations

- The Health Board Management should work closely with local authorities and voluntary agencies who provide housing shelter for the homeless. Grant aid should be available to support care and on-going assistance. Community welfare services should be made readily known and accessible to individuals requiring practical help.
- Homeless individuals need to have access to health care staff and flexible health care services to deal with their specific needs. Consideration should be given to having a designated public health nurse and social worker to work with the homeless/disadvantaged in each community care area.
- Counseling services should be made available to help break the cycle of homelessness, abuse, alcoholism, depression or other underlying problems.
- Health information packages should be developed for women to provide education on all aspects of womanhood/motherhood, hygiene and nutrition. This information should be freely available through doctors, schools and in public places.
- Parenting and home making workshops should be further developed and extended in local areas. Health care personnel should be alert to identifying and referring those who would benefit.



Response of the North Eastern Health Board

While the responsibility for housing rests with the local authority, the North Eastern Health Board will continue to support and work with voluntary agencies and ensure that services are made known and accessible to those acquiring them.

The Board continues to support the Simon Community, a source of refuge for those women who find themselves homeless.

The Board also supports women who are homeless as a result of domestic violence through the Women's Aid Project.

Parenting and home making courses will continue to be a focus for the North Eastern Health Board.

Health information and health promotion packages will continue to be developed in relation to hygiene, nutrition and all aspects of womanhood/motherhood.



Priority Initiatives for Women's Health in the Years Ahead

Quality Approach to Patient Care and Service Provision

A Plan for Women's Health: *Action*

Health Boards will review their staff development and training programmes to include sensitivity training in relation to attitudes to women clients and patients.

Report of the Expert Advisory Group on Women's Health Issues

During the consultation process between women in the North East and the Expert Advisory Group on Women's Health, the issue of quality in the health services was raised by women almost without exception. While there was praise and affirmation of many of the services currently provided, the following direct quotes from women who took part in the consultative process give a clear indication of where changes must occur.

"You go into hospital and it can be a frightening place ... they take your clothes... no-one tells you where the toilets are or what is going to happen"

"Doctors ask you embarrassing questions about personal things and people all around listening.... You have no privacy. If you are old they either shout at you as if you are deaf or talk over your head as if you are not there"

"The nurses are very busy... some of them tell you their name and you remember the friendliness... you do not like bothering them... anyway they cannot tell you anything, they say it has to be the doctor"

"One of the most distressing things that can happen you is to wake up and find a man in the next bed... mixed wards are totally unacceptable."

"I come to the clinic and it is crowded... you are left sitting there... all of us are called at the same time... you have to block out a day when you are called... it is easier not to go back... anyway they spend only a couple of minutes with you... you never see the same doctor twice".

"We do not know what the health board provides but you cannot get your eyes tested or get glasses without waiting for years..."

"When you go to your doctor he is anxious to give you tablets and see you out... he is too busy to listen...there are a lot of people getting tablets when all they want to do is talk."



Recommendations

- All health board personnel support the strategy to ensure a quality approach to patient care and service provision.
- Service managers set in place an audit process to set quality standards for their service. These should be developed over time and reviewed and amended in the light of service development and customer needs.
- A patient charter to be extended to include all users of the health service and should be displayed permanently in all locations.
- Specific action to be taken on all the quality issues raised.

Response of the North Eastern Health Board

The 1999 Service Plan of the North Eastern Health Board states that " a key priority for the Board is the delivery of a high quality, evidence based service, focussed on achieving the best outcomes for women within the available resources. Every effort will be made to ensure that services are friendly and informed by women's views through ongoing consultation. Information will be provided to promote health and inform women about their health." The service plan goes on to state that "further attention will be paid to the quality issues that are central to effective screening programmes for women and that there will be a better choice for women in areas such as the maternity services.

The Women's Health Implementation Group in the North Eastern Health Board will seek a regular update on the implementation of these recommendations throughout the health services.



Additional Priorities in 1999

A further series of initiatives have been made possible in 1999 by the special allocation of £40,000 from the Department of Health & Children for women's health. The Women's Health Implementation Group identified the following priority areas for action in 1999:-

1. Information:

As indicated in this report, the Department of Health & Children are committed to working with the Board to pilot innovative approaches to informing women about health services so that they will be in a position to make informed choices and are facilitated to control the issues surrounding their health. During the consultation process with women in the North Eastern Health Board, information deficits were identified by every group as needing attention. Following on the recommendation of the Women's Health Implementation Group, the North Eastern Health Board will pilot an innovative approach to informing women about health and health services, at regional and local level. Touch Screens will be developed in two areas of the Board, at hospital and community level, which will allow access to relevant website information. This will initially be at a cost of £15,000 and if successful will be expanded to other areas.

2. Consultation and Partnership with Voluntary Groups:

The need to engage in ongoing consultation with women in the statutory and voluntary sectors was identified as a priority by the Women's Health Implementation Group. The group stressed the need to encourage innovations in the voluntary sector and in order to meet this objective the Women's Health Implementation Group will invite submissions from women's groups in the region asking them to identify what they would do with up to £1000. The submissions will be assessed by the Implementation Group and funding will be made available based on the merit of the proposals.



The Promotion of Urinary Continence

Research already carried out by the Board has indicated that there is a need to co-ordinate the Board's response to urinary incontinence which would be cost-effective if benchmarked against international best practice. The 1999 Service Plan has identified the promotion of urinary continence for women as a priority, through co-ordinated and multi-disciplinary prevention and intervention programmes. The Women's Health Implementation Group consider it essential that the Board should pilot the feasibility of establishing a "Continence Promotion Unit" to deal with the problem of urinary and fecal incontinence. Responsibility should be given to a designated person to promote urinary continence and to train nurses and other professionals in this area of expertise. Part of their remit would be to develop and disseminate protocols for such practice. This pilot programme should be evaluated and extended to other areas if successful.

Priority Areas for the Year 2000.

The work of The Women's Health Implementation Group has been important in the region in raising awareness in relation to issues in women's health and in identifying a range of service improvements that need to take place. The Health Board provides services to women of all ages and in all social classes and it is important that the Board continues to focus on areas where development is necessary and is informed by ongoing needs assessment and evidence of effectiveness

Community Support Facilities for Women:

The Women's Health Implementation Group are aware of the effectiveness of schemes that support families through interventions such as the Community Parenting Support Programme in County Louth, which offers structured educational and support programmes to young mothers. The Women's Health Implementation Group will carry out an assessment of all models of intervention which are targeted at women, especially young first time mothers. This will form the basis of a costed submission to the Board to develop and expand the programme throughout the region on a phased basis.



Services for Young Women:

The Women's Health Implementation Group, because of its regional role, can play an important part in examining where developments should take place, such as early intervention programmes, educational and counselling programmes for young women, particularly in school and college years and when leaving home to set up independent lives. Close co-ordination of services needs to take place and this area will be a focus for the group in the coming year.

Women with Special Needs:

A comprehensive assessment of the services necessary to meet the requirements of women with special needs will form part of the ongoing work of the implementation group in close consultation with service providers, voluntary organisations and women themselves. The Implementation Group will have a particular focus on women in socially disadvantaged areas as well as the following groups of women where priorities were identified:

Women with Disabilities

- Women specific information e.g. on reproductive health, continence services, maternity services etc., should be provided in accessible formats for women with disabilities.
- Capacity building programmes for women including personal development, communication skills, advocacy and negotiating skills should be developed for women with disabilities (preferably mainstreamed).
- Disability awareness programmes need to be further developed.
- Development of peer counselling services.

Women as Carers

- There is a need to further develop and expand both home support services and respite services.
- Training for carers needs to be developed.
- Support groups should be facilitated and provided with training or support in their development.
- Provision of relevant, accurate and accessible information is a priority.
- There is a requirement to identify creative and innovative ways of providing support for carers.



Older Women

- Provide support and training for carers
- Develop continence promotion services throughout the region following evaluation of the pilot project
- Expand dementia training programmes
- Develop peer led health promotion initiatives

Counselling Services for Women:

The above services need to be augmented by easily accessible and available counselling services. A non-stigmatising community based counselling service needs to be provided which adult women can access directly. An important aspect of this service would be a counselling service for women who have incurred trauma in their early years, such as child abuse and such a service needs to be accessed by a help line and to be staffed by appropriately qualified trained counselors.

Resource Centres for Women:

The Implementation Group identified the need for resource centres for women throughout the region, but are aware of the need to build on initiatives and services already in place in the community. Such resource centres would facilitate the implementation of the above priority services and offer information and education facilities to women of all ages and across the social divide. The Implementation Group proposes to evaluate the current provision of resource centres in the region, provided by both the statutory and voluntary organisations and will draw up a costed plan for the co-ordination and development of such resource centres throughout the north east.



Comment

This is not an exhaustive list of the issues that need to be tackled in relation to women, but is an indication of the wide ranging matters that are being addressed by the Board. The importance of available and accessible information is a priority as well as ensuring that communication takes place between women and service providers and the Board. In addition to advising on the future development of services, the work of the Implementation Group will focus on advice in relation to the allocation of resources for services for women in the next few years, specifically in relation to promoting women's health.



Appendix 1

Women's Health Implementation Group

North Eastern Health Board Representatives:

Dr. Rosaleen Corcoran, Director of Public Health and Planning; (Chairperson)
Ms. Cornelia Stuart, Hospital Administrator; (Co-ordinator)
Ms. Maureen Caffrey, Co-ordinator of Services for the Elderly;
Ms. Paula Campbell, Regional Officer Smoking Prevention Programme;
Dr. Teresa Carey, Consultant Psychiatrist;
Ms. Ann Coyle, General Manager Community Services and Continuing Care;
Ms. Nuala Doherty, Director of Child Care Services;
Ms. Marie Dooley, Superintendent Public Health Nurse;
Ms. Mary Duff, Director of Nursing;
Dr. Nazih Eldin, Regional Health Promotion Officer;
Ms. Mary Fox, Development Officer, Services to People with Disabilities;
Dr. Siobhan Gormally, Consultant Paediatrician;
Dr. Fenton Howell, Specialist in Public Health Medicine;
Ms. Bernadette Mallon, Dietician;
Dr. Seosamh O'Coigligh, Consultant Obstetrician/Gynaecologist;
Ms Fiona Ward, Acting Senior Clinical Psychologist.

Representatives from Statutory, Voluntary and Other Agencies:

Ms. Bridget Boyle, Irish Wheelchair Association;
Ms. Juliann Crilly, Representative of the National Women's Council;
Sergent Denise Flynn, Monaghan Garda Station;
Ms. Paula Gribben, Community Contact Centre;
Ms. Anne Lane, Representative of the National Women's Council;
Mrs. Mamo McDonald, Consumer Representative;
Dr. Marie Scully, G.P. Abbey House Medical Centre, Navan.



Appendix 2 – SUMMARY OF MAIN PROVISIONS OF F.O.I. ACT 1997

Introduction

The F.O.I. Act 1997 came into effect for Government Departments on 21/04/98 and for Local Authorities and Health Boards on 21/10/98.

The list of bodies to which the Act applies from the above dates will be extended from Oct. 1999 when voluntary hospitals and a number of voluntary agencies will be added.

Main Provisions of the Act

The Act bestows the following rights on an individual:

1. To know what information is held in government records about him or her personally subject to certain exemptions to protect key interests
2. To obtain access to these records
3. To enable persons to have personal information about them corrected if it is incomplete, inaccurate or misleading.
4. To enable persons affected by an act of a public body to obtain reasons for the decision

What is a Record?

- Paper records: books, files, letters, loose papers, diaries, post-it notes, computer printouts
- Electromagnetic: disks, servers, databases
- Audio-visual: films, tapes, videos, CDs photographs, maps, plans, x-rays, microfiche, microfilm.

What Records can be Requested?

- All records created after Act commenced, i.e. 21st April 1998
- All personal records of clients, whenever created
- All records of staff created after 21st April 1995, or earlier if used adversely against staff member
- Earlier records if needed to understand later records which are accessed

Personal Information

Personal information is defined in the Act as information ordinarily known only to the individual or their family or friends and is held by a public body on the understanding that it would be treated as confidential.

- For example Information relating to:
 - educational, medical, psychiatric, or psychological history
 - financial affairs or individual
 - employment & employment history
 - personnel records (evaluation of competence or performance)
 - criminal history
 - religion, age, sexual orientation or marital status
 - social welfare entitlements
 - assessment of liability to pay tax or duty to state, local authority, health board
 - property of the individual
 - Views or opinions of another person about the individual



Forms of Access

- Inspect original record
- Obtain copy of the record

What information/records are exempt from access

The Act provides that certain records or information held by a public body may not be accessible under the Act. These being as follows:

- Meetings of Government
- Deliberations of public bodies
- Functions and negotiations
- Parliamentary and Court matters
- Law enforcement and public safety
- Security, defence, international relations
- Information obtained in confidence
- Commercially sensitive information
- Personal Information
- Research and natural resources
- Financial and economic interests
- Enactment's relating to non-disclosure of records

Requests for Access

The Act provides that requests under the Act shall be made to the Boards Chief Executive Officer or to any other officer who may be delegated this duty by the Chief Executive Officer. In the North Eastern Health Board area this function has been delegated to local management in their respective areas and a detailed list of the decision makers is outlined in the Boards public information leaflet "Your Right to Know".

Rights of Review

If the initial decision is to refuse access to the information, a request for Internal Review may be made to the Boards F.O.I. Internal Reviewer who may confirm, vary or overrule the initial decision.

Appeal to the Information Commissioner

If the requester is dissatisfied with the decision taken at Internal Review, he or she may appeal the decision to the Information Commissioner who may also confirm, vary, or overrule the decision taken on review. The decision of the Commissioner is binding, however, there is a final appeal on a point of law only, to the High Court.

For further information on the Freedom of Information Act 1997 please contact :

Mr. Hugh Reilly,
Regional Freedom of Information Office,
Community Care Offices,
Lisdaran, Cavan.
Tel: (049) 61822



Appendix 3 – Osteoporosis

Introduction

Osteoporosis is an underlying bone condition whereby bones grow increasingly porous and fragile with advancing age, so that fractures can occur during ordinary activities. The bone loss which gives rise to this is greatly accentuated in women in the first few years after the menopause. The loss is double in the first decade after the menopause and women may lose 15-20% of spinal loss with comparable amounts at other sites. Subsequent rates of loss may average 1% each year so that an eighty-year-old woman who has not taken hormone therapy may have lost 40% of her bone. It is now widely recognised that brittle bones, although common, are not a normal part of aging but the result of a metabolic disorder. Changes in lifestyle and new therapies can help mid-life and older women to prevent fractures, halt bone loss and even strengthen bones to some degree.

Report on Osteoporosis in the European Community

Expert Committee Recommendations

Recommendation 1:

The expert committee provides compelling evidence in their report that fractures caused by osteoporosis pose a major and growing threat to the health of elderly populations in Europe.

The European Commission and the governments of the 15 member states, especially policy makers and national politicians, should explicitly adopt osteoporosis prevention as a major health care target and establish awareness campaigns. Prevention of osteoporosis should be a major priority in the ongoing health promotion, education and training of health care professionals.



Recommendation 2:

Although some data are currently available, more information is required about the occurrence of osteoporotic fractures in different countries. This can be used to determine various causes of osteoporosis, assess potential preventive strategies, and to estimate costs involved in preventing and treating osteoporosis.

Establish co-ordinated systems for monitoring fracture rates at both national and European Community levels.

Recommendation 3:

The number of osteoporotic fractures occurring over the next few decades in EU member states will rise dramatically.

Ensure that national systems are co-ordinated throughout the EU to plan effectively for the resulting increase in demands on health care and to institute appropriate resource re-allocation.

Recommendation 4:

Nutrition plays an important role in bone health. Dietary calcium intakes in many people fall below recommended levels and vitamin D deficiency is common, particularly in older people.

Develop, where appropriate, integrate and implement policies to advise the general public and health professionals about calcium and vitamin D nutrition, at all stages of life.

Recommendation 5:

Bone density measurements provide the best approach for diagnosing osteoporosis but the current consensus among experts is that population-based screening cannot be justified and selection of patients for bone densitometry should be based on strong clinical risk factors. Access to and resources for these measurements in the EU member states are inadequate. Reimbursement is absent or partial in many member states.

Make bone density measurements accessible and reimbursable for individuals at high risk.



Recommendation 6:

Effective medicines are available for the prevention and treatment of osteoporosis and others are being developed, but so far an appropriately harmonised treatment strategy (including non-pharmacological and pharmacological interventions) has not been established in the European Community.

Develop and co-ordinate guidelines on criteria for standard treatment strategies. Reimbursement should be available for approved treatments.

Recommendation 7:

The important role of national patient and scientific societies is increasingly recognised. However, ignorance about osteoporosis is still common both amongst health professionals and the public.

Promote national patient and scientific societies by providing financial support and helping them to publicise their cause throughout the European Community.

Recommendation 8:

Further research is urgently required in a number of areas including the effects of exercise, calcium and vitamin D on bone mass, prediction of fracture risk, osteoporosis screening, and causes and treatment of osteoporosis in men.

Fund further research in key areas in order to devise and implement better preventive strategies for osteoporosis.