

MID-WESTERN
HEALTH BOARD

26 May 2003

To: Chairman & Each Member of the
Mid-Western Health Board

Report No: 26/03
Item No 7 on Agenda

For Meeting of the Board to be held on Friday 13th June 2003

Comhairle na nOspidéal Report of the Committee to Review Neurology & Neurophysiology Services

Dear Member,

The Board adopted a Report on Neurology Services in December 1999, which was subsequently forwarded to the Department of Health & Children. The Department informed this Board that a national review of the service was in progress and that no financial clearance for additional consultant appointments would be given until the report was issued.

At it's meeting in February 2001, Comhairle na nOspidéal established a committee with the following terms of reference:

"To examine the existing arrangements for the provision of consultant level neurology and neurophysiology services nationally and following consultation with the interests concerned, to make recommendations to Comhairle na nOspidéal on the future organisation and development of neurology and neurophysiology services.

The review will focus on updating the 1991 Comhairle Report taking into account recent advances in and increasing demand for neurological and neuropsychological services."

The Committee carried out its review under the following headings:

- Scope of Neurology & Neurophysiology
- Previous Comhairle na nOspidéal Report on Neurology Services (1991)
- Existing Neurology & Neurophysiology Services
- Considerations for Future Developments

This Board made a detailed submission to the Committee detailing current staffing, facilities, workload and the additional consultant staffing required. Submissions were also received from a range of professional bodies, patient advisory groups and individual consultants. Consideration was also given to documents outlining standards of care with neurological conditions published by the Neurological Alliance of Ireland.

The Committee also considered a number of national and international documents on various aspects of neurology and neurophysiology and related medical disciplines.

I attach herewith, the Committee's Recommendations which considers that there is a need to complement existing services by the development of consultant staffed Neurology Units at the Mid-Western Regional Hospital (2 posts) which will provide sessions for out-patient clinics and in-patient consultations in other hospitals in their respective health board and be linked to the Neuroscience Centre in Cork University Hospital. This is in line with the report adopted by the Board in 1999.

These recommendations are made in the context of the existing medical staffing system, hospital network and health board configuration. The Committee is also aware that the Report of the National Taskforce on Medical Staffing is due to be published and may have an additional impact on hospital medical staffing requirements.

I estimate that the cost of providing this service will be in the region of between €1.5m and €2m. This will be included in the submission for the Service Plan 2004.

Signed:

JOHN O'BRIEN
ASSISTANT CHIEF EXECUTIVE OFFICER



RECOMMENDATIONS

6.1 INTRODUCTION

6.1.1 In accordance with the considerations described earlier in this report, the committee recommends that neurology services should be developed around groups of neurologists based at or linked to major neuroscience centres. In formulating recommendations, the committee has taken into account the following,

- geographical and demographic considerations;
- the recommendations of the Irish Consultant Neurologists Association representing consultant neurologists and consultant clinical neurophysiologists;
- submissions from a range of bodies representing various medical and surgical specialties and patient groups;
- equity of access to specialist neurology services;
- the proposals of various health boards and hospital authorities;
- the range of views expressed by consultant neurologists to the committee;
- health strategy statements regarding regional self-sufficiency;
- the existing network of hospitals;
- the current deployment of neurologists;
- the number and location of neuroscience / neurosurgical centres;
- the limited implementation of the 1991 recommendations.

6.1.2 Based on these considerations, the committee is of the view that a compelling case has been made for a significant enhancement of neurology and neurophysiology services and that a substantial expansion in related consultant staffing is warranted.

6.1.3 This report sets out a strategy for the planning and implementation of additional consultant staffing and services. The committee proposes to provide a wider geographical distribution of neurology and clinical neurophysiology services, consistent with good medical practice and appropriate standards of care and the continued development and expansion of existing services. Notwithstanding the competing priorities at national, regional and individual hospital levels, the committee suggests the early implementation of its recommendations in order to address the unmet needs of patients with neurological problems identified by the ICNA, health boards, hospitals and the Neurological Alliance. The committee acknowledges that the achievement of these targets depends on a number of other important factors such as the availability of financial resources, provision of associated infrastructural requirements and the recruitment of skilled personnel.

6.2 STRUCTURE OF SERVICES

6.2.1 NEUROSCIENCE CENTRES

The committee recommends that the two neuroscience centres (i.e. Beaumont Hospital and Cork University Hospital) and also the existing neurological unit at University College Hospital, Galway, should continue to be the focal points for the organisation and development of neurology and neurophysiology services in Ireland.* The detailed recommendations in relation to service delivery and consultant staffing are set out in later paragraphs.

* For the purpose of this exercise, the committee comprehends a neuroscience centre to include the following disciplines: neurosurgery, neurology, paediatric neurology, neurorehabilitation, neuropathology, neurophysiology, neuroradiology, neuro-ophthalmology, neuro-otology, neuropsychology.

The committee noted that a separate Comhairle committee has been established at the request of the Minister for Health and Children to review the current distribution of neurosurgical units in Ireland.

6.2.2 NEUROLOGY UNITS

6.2.2.1 Waterford & Limerick

The committee considers that there is a need to complement existing neurology services by the development of consultant staffed neurology units at the regional hospitals in Waterford and Limerick, which will provide sessions for out-patient clinics and inpatient consultations in other hospitals in their respective health board areas and be linked to the neuroscience centre in Cork University Hospital.

6.2.2.2 Sligo

Given its distance from the nearest neurology centres in Galway and Dublin and the population of the health board, the committee recommends the establishment of a neurology unit in Sligo Regional Hospital to serve the North Western Health Board area. Regular sessions for outpatient clinics and inpatient consultations should be provided in Letterkenny General Hospital. In the absence of a specialised neuroscience centre with the full range of disciplines in Galway, the committee recommends that the consultant neurologists in Galway and Sligo have formal links with the neuroscience centre in Beaumont Hospital.

6.2.2.3 Dublin

The existing neurology units in the Mater, St. Vincent's, St. James's and Tallaght hospitals should continue to develop. Each consultant neurologist should have a formal attachment to the neuroscience centre in Beaumont Hospital.

6.2.2.4 Midlands and North East

The committee recommends that Beaumont Hospital should provide neurology services to the Midland and the North Eastern Health Boards, including regular formal sessions for outpatient clinics and inpatient consultations and be staffed accordingly. The situation should be kept under review.

6.2.3 PAEDIATRIC NEUROLOGY

In addition to the existing paediatric neurology services in Dublin, the committee recommends that services in Cork should be developed by way of an additional paediatric neurology post.

6.2.4 CLINICAL NEUROPHYSIOLOGY

The committee recommends that clinical neurophysiology services, in particular laboratory infrastructure and consultant posts should be based at the two existing neuroscience centres of Beaumont Hospital, Dublin and Cork University Hospital and be established in University College Hospital, Galway. In the absence of a specialised neuroscience centre with the full range of disciplines in Galway, the committee recommends that the consultant neurophysiologists based in Galway should have formal links with the neuroscience centre in Beaumont Hospital. The other major teaching hospitals in Dublin should each share a consultant post with the neuroscience centre, with the majority sessional commitment of each post at Beaumont Hospital.

6.3 CONSULTANT STAFFING

In the following paragraphs, the committee recommends how it envisages posts of consultant neurologist, paediatric neurologist and clinical neurophysiologist being configured and structured. The recommendations set out hereunder regarding consultant staffing are based on both the requirements of the immediate catchment area and the relationship with, and the level of service to be provided to, other regions. The appropriate service agreements should be entered into by the relevant hospital authorities as recommended in paragraph 5.5.4.

6.3.1 NEUROLOGY

6.3.1.1 Based on advice received, the committee believes that a ratio of one consultant neurologist per 100,000 population would be appropriate in Ireland and should be adopted as the target for this country to be implemented on a phased basis. The implementation of this target would mean that the existing number of consultant neurologist posts would be almost trebled, from 14 to 39. This is an ambitious target which will take some time to achieve. A more realistic short to medium term target of doubling the number of consultant neurologists is proposed. In the implementation of this report, the committee envisages that its priority recommendations will take precedence over its longer term proposals. Table 12 sets out, in summary form, the committee's priority recommendations and longer term proposals for the development of consultant neurology services in Ireland. Recommendations are set out in detail in the paragraphs which follow.

Table 12 Committee's recommendations re consultant neurologist posts

BASE HOSPITAL	CURRENT CONSULTANT ESTABLISHMENT	PRIORITY RECOMMENDATIONS	INTERIM TOTAL	LONG TERM TOTAL
DUBLIN CENTRE (including MHB and NEHB)				
BEAUMONT	3	4	7	8
MATER	2	-	2	3
ST. JAMES'S	1	1	2	3
TALLAGHT	1	1	2	3
ST. VINCENT'S	2	-	2	3
TOTAL (pop. c.2.2 million)	9	6	15	20
CORK CENTRE				
CUH	2	2	5	6
MERCY	1	-	-	-
LIMERICK	-	2	2	3
WATERFORD	-	2	2	4
TOTAL (pop. c.1.1 million)	3	6	9	13
GALWAY CENTRE				
UCH, GALWAY	2	1	3	4
SLIGO	-	2	2	2
TOTAL (pop. c.600,000)	2	3	5	6
TOTAL (Pop 3,917,336)	14	15	29	39

6.3.1.2 DUBLIN CENTRE

Beaumont Hospital

Beaumont Hospital is the major neuroscience centre in Ireland. The consultant staffing includes 6 neurosurgeons, 3 neurologists, 1 neurophysiologist, 2 neuro-radiologists, 2 neuropathologists and a sessional commitment from a consultant in rehabilitation medicine with an interest in neurorehabilitation based at the National Rehabilitation Hospital. In addition to its local catchment area, Beaumont Hospital should provide a neurology service to the Midland Health Board and to the North Eastern Health Board and also provide a national service for rare and complex disorders and be staffed accordingly. The committee recommends the appointment of 4 additional

consultant neurologists to be based at Beaumont Hospital, to provide a complement of 7 posts in total. Consequently, one post should have a commitment of three sessions per week to Our Lady of Lourdes Hospital, Drogheda, for out-patient clinics and inpatient consultations. It is envisaged that another post will have a commitment of three sessions per week to provide a weekly outpatient clinic and ward consultation at Cavan. One post should have a formal commitment of four sessions per week to the Midland Health Board for the provision of weekly outpatient clinics and in-patient consultations at the Midland Regional Hospital, Tullamore. If services and consultant staffing develop as recommended above, the committee would envisage an eighth post based at Beaumont Hospital in due course.

A neuroscience centre of excellence based in Beaumont Hospital providing a supraregional and some national services can be realised provided certain safeguards are formally structured into the system. The consultants based in other hospitals must have guaranteed access to the neuroscience centre. A formal two session commitment to Beaumont Hospital is recommended for each consultant neurologist post based elsewhere. Secondly, formal joint consultant appointments between Beaumont and the relevant health authorities in relation to Tullamore, Drogheda and Cavan must be established and services delivered in accordance with formal arrangements between the relevant authorities. Thirdly, the committee recommends the formal establishment by Beaumont Hospital of a neuroscience users committee which would serve as a forum for examining the delivery of neurology, neurophysiology and neurosurgery services from the perspective of those hospitals and health boards which depend on neuroscience services from Beaumont Hospital. Management and consultants from the relevant agencies should be represented on the proposed users committee

This committee is aware that a similar proposal in the 1991 report was not implemented. The committee strongly recommends that Beaumont prioritise the establishment of such a users committee. If the significantly enhanced role, responsibilities and consultant staff at Beaumont Hospital envisaged in this report is not implemented or does not lead to the substantially improved level of neurology and neurophysiology services for the designated catchment population within the next five years then the envisaged role should be reviewed.

In view of the importance it attaches to the organisation and development of the neurology service to be delivered by Beaumont Hospital, the committee recommends that one of the consultant neurologists act as Director of the neurology service. It is envisaged that the appointee would play a lead role in conjunction with management and clinical colleagues in achieving the organisational change and service developments envisaged. A fixed term model of appointment which could be renewed or rotated among the consultant neurologists is suggested.

North Eastern Health Board Area

The committee recommends that residents in the NEHB area would have access to neurology services available at Beaumont Hospital and that two of the consultant neurologists based at Beaumont Hospital should have joint appointments involving formal commitments (3 sessions each) to the North Eastern Health Board for the provision of out-patient clinics and inpatient consultations at Our Lady of Lourdes Hospital, Drogheda and Cavan General Hospital respectively.

Midland Health Board Area

The committee recommends that residents in the MHB area would have access to neurology services available at Beaumont Hospital and that a consultant neurologist based at Beaumont Hospital should have a joint appointment involving a formal commitment of four sessions per week to the Midland Health Board for the provision of out-patient clinics and in-patient consultations at the Midland Regional Hospital, Tullamore.

Mater Hospital

The committee notes the appointment of two consultant neurologists based at the Mater Hospital each with minor sessional commitments to Beaumont Hospital. The second post was approved by Comhairle na nOspidéal during the lifetime of and following advice from this committee. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

St. Vincent's Hospital

The committee notes the appointment of two consultant neurologists based at St. Vincent's Hospital each with minor sessional commitments to Beaumont Hospital. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

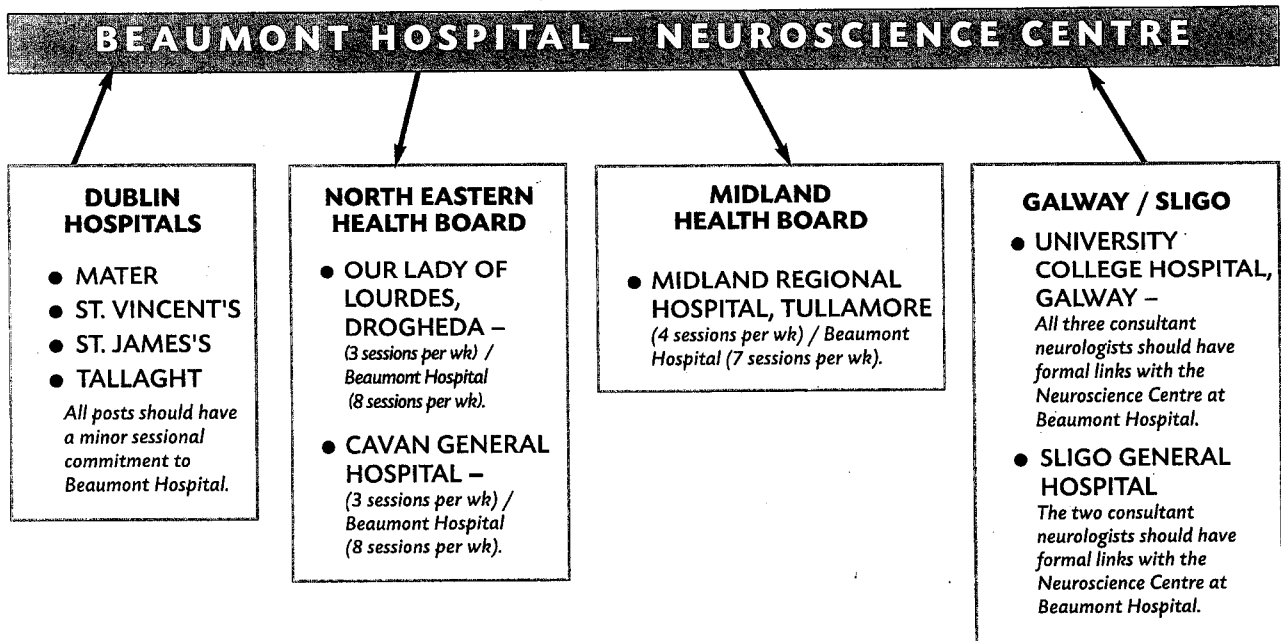
St. James's Hospital

The committee recommends the appointment of a second consultant neurologist to be based at St. James's Hospital, with a minor sessional commitment to Beaumont Hospital. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

Tallaght Hospital

The committee recommends the appointment of a second consultant neurologist to be based at Tallaght Hospital to serve the combined Tallaght / Naas catchment area, with a minor sessional commitment to Beaumont Hospital. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

The following diagram demonstrates the proposed linkages to the neuroscience centre in Beaumont Hospital.



6.3.1.3 CORK CENTRE

Southern Health Board Area

The committee recommends the appointment of 2 additional consultant neurologists to be based at Cork University Hospital, to serve the Southern Health Board population providing a total complement of 5 posts. It is envisaged that one of the new posts will have a commitment of three sessions per week to the South Infirmary – Victoria Hospital and one will have a commitment of three sessions per week to Tralee General Hospital for regular out-patient clinics and in-patient consultations. When the post based at the Mercy Hospital becomes vacant, it should be replaced by a post based at the neuroscience centre at CUH with formal sessional commitments to the Mercy Hospital. The ICNA are opposed to single handed consultant neurologist appointments and recommended additional posts for Cork University Hospital. The committee envisages a complement of six consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

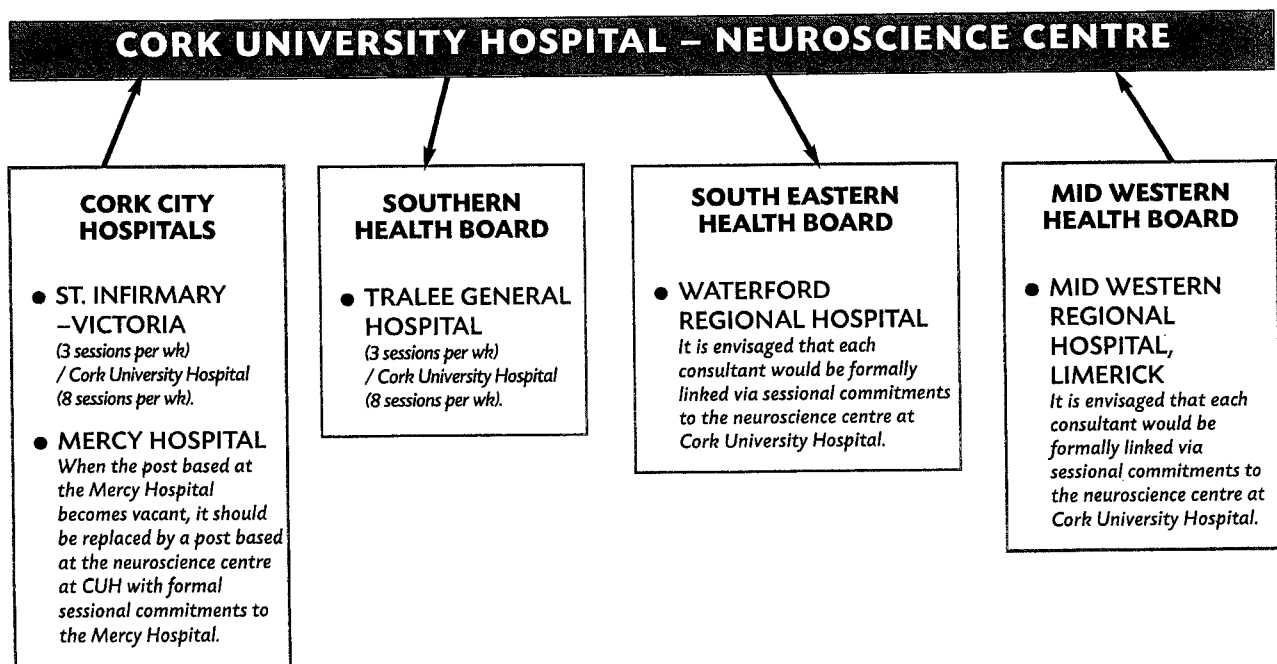
South Eastern Health Board Area

The committee recommends the appointment of two consultant neurologists to be based at Waterford Regional Hospital. It is envisaged that each consultant would be formally linked via sessional commitments to the neuroscience centre at Cork University Hospital. The appointees should also have sessional commitments to provide regular outpatient clinics and in-patient consultations at other hospitals within the region. The committee envisages a complement of four consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

Mid Western Health Board Area

The committee recommends a complement of two consultant neurologist posts to be based at the Mid Western Regional Hospital, Limerick. It is envisaged that each consultant would be formally linked via sessional commitments to the neuroscience centre at Cork University Hospital. The appointee should also have sessional commitments to provide regular out-patients clinics and inpatient consultations at other hospitals in the region. The committee envisages a complement of three consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

The following diagram demonstrates the proposed linkages to the neuroscience centre in Cork University Hospital.



6.3.3.4 GALWAY CENTRE

Western Health Board Area

The committee recommends the appointment of a third consultant neurologist to be based at University College Hospital, Galway. It is envisaged that the complement of three consultant neurologists to serve the Western Health Board area, will have sessions designated for the provision of outpatient clinics and inpatient consultations at other hospitals in the region. The three consultants should have formal links with the neuroscience unit at Beaumont Hospital. The committee envisages a complement of four consultant neurologists sharing responsibility for the provision of neurology services to the people and hospitals in the catchment area in the longer term.

North Western Health Board Area

The committee recommends the establishment of a neurology unit staffed by two consultant neurologists based in Sligo Regional Hospital to serve the entire North Western Health Board area. Sessional commitments to provide regular outpatient clinics and ward consultations should be assigned to Letterkenny General Hospital. The two consultants should have formal links with the neuroscience unit at Beaumont Hospital. The ICNA are opposed to single handed consultant neurologist appointments.

6.3.2 PAEDIATRIC NEUROLOGY

The recommendations of the 1991 report in respect of paediatric neurology have been exceeded in Dublin and achieved in Cork. The committee recommends the appointment of a second consultant paediatric neurologist in Cork to be based at Cork University Hospital with a sessional commitment to the Mercy Hospital.

6.3.3 CLINICAL NEUROPHYSIOLOGY

6.3.3.1 The committee recommends that clinical neurophysiology services, in particular laboratory infrastructure and consultant posts should be based at the two existing neuroscience centres of Beaumont Hospital, Dublin and Cork University Hospital and be established in University College Hospital, Galway. The other major teaching hospitals in Dublin should each share a consultant post with the neuroscience centre, with the majority sessional commitment of each post at Beaumont Hospital. The recommendations in terms of increased consultant manpower in neurophysiology are summarised in Table 13 and are set out in detail in the paragraphs which follow.

Table 13 Committee's recommendations re consultant neurophysiologist posts

HOSPITAL	CONSULTANT POSTS 2003	RECOMMENDATIONS TOTAL NUMBER OF POSTS (WTE)
DUBLIN CENTRE		
*BEAUMONT NEUROSCIENCE CENTRE		
INC NEHB, MHB and JCM	9 sessions	3½
MATER	4 sessions	½
ST. VINCENT'S HOSPITAL	4 sessions	½
ST. JAMES'S HOSPITAL	2 sessions	½
TALLAGHT HOSPITAL	3 sessions	½
CRUMLIN / TEMPLE ST	-	½
TOTAL DUBLIN	2 posts	6 posts
CORK CENTRE		
**CUH NEUROSCIENCE CENTRE	1 post	2
GALWAY CENTRE		
UCH, GALWAY	-	1
TOTAL (P: 3,917,336)	3 posts	9 posts

* Beaumont Neuroscience Centre to provide services to people and hospitals in Leinster and part of Ulster.

** CUH Neuroscience Centre to provide services to people and hospitals in Munster.

6.3.3.2 DUBLIN CENTRE

The committee recommends a complement of six posts of consultant clinical neurophysiologist to be based at Beaumont Hospital. One post should be based predominantly at Beaumont Hospital with a sessional commitment to James Connolly Memorial Hospital, Blanchardstown. In order to provide a comprehensive neurophysiology service, the committee is of the view that each of the other posts based at Beaumont Hospital would have a significant sessional commitment (a maximum of 5 sessions per week) to another major general teaching hospital in the Dublin area where a neurology unit has been developed (i.e. St. Vincent's Hospital, St. James's Hospital, Tallaght Hospital, the Mater Hospital and Crumlin Hospital / Temple St hospitals.) The committee envisages that the neurophysiology department and the increased complement of consultants based at Beaumont Hospital would provide services for patients predominantly from Leinster and parts of Ulster.

It is suggested that one of the post holders would also act as Director of the neurophysiology service. A fixed term model of appointment which would be renewed or rotated is suggested.

The holder of the post with sessions in the three south Dublin hospitals and Beaumont Hospital has applied to have his post restructured. The committee recommends, subject to the agreement of the incumbent, that it be restructured in line with the recommendations in this report. The committee also recommends that the vacant post shared between Beaumont and the Mater hospitals be restructured in line with this report also.

6.3.3.3 CORK CENTRE

The committee recommends the appointment of a second consultant clinical neurophysiologist to be based at Cork University Hospital. The existing post based at CUH has a commitment of 3 sessions to the Mercy Hospital. It is envisaged that the neurophysiology department and the consultant neurophysiologists based at CUH would provide services for patients predominantly from the Munster area.

6.3.3.4 GALWAY CENTRE

The committee is of the view that a neurophysiology service should be established at University College Hospital, Galway. The committee envisages the initial appointment of one consultant clinical neurophysiologist to be based at University College Hospital, Galway with a sessional link to the neuroscience centre at Beaumont Hospital. It is envisaged that the neurophysiology department and the consultant neurophysiologist would provide services for patients from the Western Health Board and the North Western Health Board areas. A second post is envisaged as the service develops.