

EASTERN HEALTH BOARD

Minutes of Proceedings of Meeting of the Eastern Health Board held in the Boardroom, 1 James's Street, Dublin on Thursday, 7th October, 1971. at 3 p.m.

Present:

Senator Dr. R. Belton	Cllr. A. Mahon
Dr. F. de Burgh Whyte	Dr. A. Meade
Cllr. M. Carroll	Dr. James McCormick
Deputy M. A. Clinton	Deputy Dr. J. O'Connell
Mr. J. Corcoran, M.B.	Dr. J. St. L. O'Dea
Dr. J. Cullen	Dr. B. O'Donnell
Cllr. James Dowling	Mr. Dermot O'Flynn
Mr. D. Gallivan, B.D.S.	Mr. Thos. Riordan
Commissioner J. Garvin	Cllr. John Sweeney
Cllr. Patrick Hickey, P.C.	Cllr. John Temple
Miss Eileen Horgan	Mr. Hugh P. Corrigan,
Dr. P. C. Jennings	M.P.S.I.

Apologies for absence:

Deputy Patrick Belton, Deputy P. J. Burke, Deputy F. Cluskey, Miss Kay Kinsella. Dr. B. O'Herlihy, Deputy Richie Ryan and Deputy G. Timmins.

Dr. James McCormick, Chairman, presided.

Officers in attendance:

Mr. E. O Caoimh,	Mr. J. Clarke
<i>Chief Executive Officer</i>	Mr. F. J. McCullough
Dr. M. Crowe.	Mr. C. D. McElree
<i>Chief Medical Officer</i>	Mr. P. J. Swords
Professor Ivor Browne,	Mr. E. McManus
<i>Programme Manager.</i>	Mr. A. O'Brien
<i>Special Hospital Care</i>	Miss K. Dolan
Mr. R. N. Lamb,	Mr. J. A. Duggan
<i>Functional Officer</i>	Mr. P. Sheehan
Mr. J. F. Reynolds,	
<i>Finance Office'</i>	

105/71 VOTES OF CONDOLENCE

On a proposal by the Chairman, votes of condolence were passed with:

—Mr. J. J. Nolan, Deputy Chief Executive Officer, and with the family of the late George Nolan, a Section Officer in the Board's Welfare Department;

—the family of the late Mr. C. Boland, former Resident Medical Superintendent and Surgeon, St. Kevin's Hospital.

106/71 NEW MEMBER

The Chairman introduced Mr. Hugh Corrigan, M.P.S.I., who had been appointed to the Board in place of the late Mr. Kennedy.

107/71 CONFIRMATION OF MINUTES

The minutes of the monthly meeting of the Board held on 2nd September, 1971, having been circulated, were confirmed—on a proposal by Dr. Belton, seconded by Dr. O'Connell.

Arising from the minutes (minute 98/71), it was proposed by Dr. O'Connell and seconded by Dr. Jennings:—

"That where medical card holders are admitted to hospital for treatment of specific medical or surgical conditions, they be not required to make contributions towards the cost of their stay".

The Chief Executive Officer explained that the practice of requiring contributions from pensions, etc., was in accordance with regulations made under the Health Acts, but that there was a difficulty in determining where medical attention, as such, ends and institutional assistance starts.

The motion was put to the meeting and declared carried. Commissioner Garvin dissenting.

108/71 PROCEEDINGS OF COMMITTEES

Reports of proceedings of the following Visiting Committees, having been circulated, were confirmed:

- (a) "Report of Meeting of No. 2 Visiting Committee held at Cherry Orchard Hospital on 23rd September, 1971.

Members present:

Senator Dr. R. Belton, Chairman; Miss K. Kinsella; Dr. J. St. L. ODea.

Apologies for inability to attend were received from Mr. R. Ryan. T.D.. and Dr. A. Meade.

Officers in attendance:

Dr. F. C. O'Herlihy, Medical Superintendent; Miss M. Daly, Acting Matron; Mr. J. V. Crumlish, Engineering Officer; Mr. F. O'Reilly, Chief Clerk; Mr. L. Hogan, Senior Executive Officer.

BUSINESS*Bed Availability and Occupancy:*

The Medical Superintendent advised the Committee that the Hospital treated infectious diseases cases from the Board's functional area and in addition provided accommodation for a similar category of patients from some other areas. The Hospital was designated as a regional centre for the treatment of cases of poliomyelitis. The Hospital had a maximum bed complement of 282 but, due mainly to staffing difficulties it had been found necessary to close down some ward units. The Medical Superintendent informed the Committee that one such unit (Ward 3) had been re-opened on 20th September and that a total of 230 beds and cots were now available for patients. The Committee was advised that 166 patients were in the Hospital on the date of the visit. It was noted that the average daily bed occupancy for the year ended 31st March, 1971 was 164 and for the period April/September, 174. An average of approximately 8 patients per day were admitted to the Hospital. The Medical Superintendent said that between 60% and 70% of the patients were children. The Medical Superintendent indicated that all requests for the admission of patients were closely scrutinised to ensure that only cases requiring hospital care were admitted. He indicated, however, that in the absence of more developed domiciliary services hospital accommodation had on occasions to be provided for cases which, in his opinion, could be successfully nursed in their homes.

Staff:

The Acting Matron stated that the approved nursing staff complement for the Hospital was as follows:—

Senior and Administrative Personnel.	7
Ward Sisters.	12
Trained Nurses.	57
Students.	76
Total	152

At the date of the visit 105 nursing personnel were on duty, including 30 students and 24 State Enrolled Nurses. The Acting Matron indicated that State Enrolled Nurses were giving very satisfactory service at the Hospital. The Committee recommended that the Health Board should vigorously pursue the proposals submitted to the Department of Health for the recognition of this grade of nurse.

Acting Matron stated that the problem of recruiting nurses for the Hospital had eased in recent months and that consequently there was a reasonable prospect that staff would be available to enable Ward Unit 1 to be re-opened for patients in the near future.

Special Works Programme 1971/72:

The Committee was informed that provision for the following special works etc., had been made *in* the 'maintenance' estimate for the current year.

Painting works (in progress).	£4,500
Re-roofing (awaiting tenders).	£2,000
Replacement Kitchen Equipment (awaiting tenders)	£1,000
Laundry Equipment (completed).	£1,000
Floor Covering. Wards, (in progress).	£2,000
Replacement Tractor (completed).	£1,750
Gardening Equipment (tenders received <i>and</i> examined).	£700
Milk Can Steriizer (under consideration).	£500

Inspections:

The Committee inspected the new Smallpox Unit which had been constructed on the 'Cubith' system at an estimated total cost of £82,000. The Committee was advised that the British Ministry of Health had afforded considerable assistance, including the use of their computers on this project. The Committee noted that for security reasons portion of the new Unit was being used to accommodate nursing personnel.

The Committee also inspected Ward Unit 3, which had been re-opened some days previously, and noted the facilities available.

Disposal of Land:

The Committee was informed that the former Health Authority had agreed to dispose of approximately 41 acres of the surplus land attached to the Hospital to the Corporation for housing and other public purposes. The Committee noted that the Minister for Health had not yet sanctioned this proposal and that the matter had been referred to Dublin Corporation for further consideration. It was noted that the Health Board had experienced considerable difficulties in its efforts to get the surplus lands taken for grazing or similar purposes. The Committee was of opinion that, notwithstanding the proposed disposal, there was adequate land available for any developments which might be decided upon for the Hospital.

General:

The Committee noted with satisfaction that the Hospital had one turf burning boiler and one oil fired boiler, either of which could meet the normal requirements of the Hospital.

The Committee was advised that the Hospital had been awarded National and Regional Awards in the Bord Failte garden competition and the Engineering Officer and his staff were complimented on the exceptional quality of grounds layout and maintenance.

The Committee noted that a lay Housekeeper with responsibility for staff residences and dining rooms had been appointed and would be taking up duty shortly. The Committee expressed approval for the proposal which would relieve nursing personnel of non-nursing duties.

The members thanked the Medical Superintendent and other staff for their assistance and hospitality during the meeting.

Next Meetings:

The October Meeting of the Committee was fixed for 11.30 a.m. on 7th October, 1971, at St. Brendan's Hospital.

The November Meeting was fixed tentatively for 12.00 noon on 4th November, 1971, at St. Columille's Hospital.

The Meeting ended at 4.50 p.m."

Following discussion, to which Dr. Belton and Dr. O'Dea contributed, it was agreed that (i) the Department of Health be pressed to allow the disposal of 41 acres to Dublin Corporation, (ii) a report be submitted on the admission of non-fever cases and on the question of the continued need for Vergemount Fever Hospital.

(b) *"Report of Meeting of No. 3 Visiting Committee held at Griffith Barracks on 15th September. 1971.*

Members Present:

Councillor P. Hickey, Chairman; Mr. J. Corcoran, M.B.; Councillor M. Cunningham; Councillor J. Dowling; Councillor A. Mahon; Dr. J. O'Connell, T.D.

An apology for inability to attend was received from Mr. Dermot O'Flynn.

Officers in Attendance:

Mr. E. Sheehan, Assistant Section Officer; Mr. L. Hogan, Senior Executive Officer; Mr. J. Magee, Clerk of Works.

BUSINESS:

The Committee was advised that on the night of the 14th September, 1971, 55 persons were accommodated in the Casuals Department. There were 19 families with 31 children and 5 'sole' women. Particulars were submitted to the Committee of the families being accommodated with the relevant date of admission. The Committee noted that the vast majority of cases were of recent admission date and they noted with satisfaction the efforts which were being continuously made to get suitable alternative accommodation for such persons. The Committee was

advised that the Housing Authorities were helpful in this matter.

The Committee was also advised that the average daily occupancy at the Casuals Department for the months of July and August was 62 and 58 persons respectively.

The procedures for the admission of persons to the Casuals Department were outlined and the Committee was informed that the Boards' staff at the Department had discretion to use their judgement in the case of urgent admissions.

The Committee was informed that the Education Authorities kept themselves advised of the position at the Casuals Department and took appropriate steps to ensure that children of school-going age who were in the Barracks for any length of time were placed in a local National School.

INSPECTIONS

Inspections were made of the kitchen, diningroom, dormitories, wash-room and drying room. The Committee was accompanied by Mrs. Eltigot, Porteress, during these inspections. The Committee noted that all sections of the Barracks used by the Health Board had received a thorough internal cleaning and that a re-decoration programme was now in progress.

Members spoke to several of the families who were being accommodated at the Department. The Committee made the following recommendations:—

- (1) That outdoor playing facilities, swings, slides, etc., should be provided for the children and that application should be made to the Department of Defence for the grass plot adjacent to the ball alley as a site for these facilities.
- (2) That a television set should be provided in the dining-room.

Members requested that some consideration should be given to the provision of lock-up space in the dormitories for personal belongings.

During the course of the inspections the Committee witnessed an altercation in which two young mothers were involved. The Committee indicated that this incident should be recorded in the Report as it highlighted the tension under which people in deprived circumstances were living

and also illustrated the difficulties encountered by the staff catering for them.

Deputy Dr. O'Connell informed the other Committee Members that he had a pre-arranged appointment in the Corporation Housing Department and that he would take there with him one of the women involved in the disturbance with a view to having housing accommodation made available for her and her four children on an emergency basis.

The Committee thanked the staff for their assistance during the visit.

The Meeting at the Casuals Department terminated at 4.30 p.m. and the Committee, with the exception of Deputy O'Connell who had another appointment, proceeded to the Psychiatric Day Centre at St. Gabriel's, Clontarf".

- (c) *"Report of Meeting of No. 3 Visiting Committee held at St. Gabriel's Day Centre, Clontarf, on 15th September, 1971.*
- (1) We were received by Dr. B. McCaffrey, Clinical Director; Dr. D. McDonnell, Registrar; Mr. Mortimer Murrhly and Miss McArdle, Occupational Therapist.
 - (2) The premises, which are used as a day centre for psychiatric patients, are open from 9 a.m. to 5 p.m. Monday to Friday. The number of patients who attend daily is 38 at present. They take part in physical training, art classes and games. Cookery lessons are given and instruction in beauty culture. Mr. Murrhly explained that emphasis was on resocialisation. Every effort is made to get patients to mix with other people and to help in the daily running of the clinic. Unfortunately, as we did not arrive until nearly 5 p.m. the daily activities were finishing and tidying up was in progress.
 - (3) Every Wednesday a number of patients go by minibus to various places of interest. On the day of our visit they had gone to Drogheda.
 - (4) The Committee feel that there is need for a hostel to accommodate discharged psychiatric patients from the catchment area. Dr. McCaffrey stated that efforts were being made to secure suitable premises.
 - (5) Apology for non-attendance was received from Mr Dermot O'Flynn.

- (6) We wish to express our thanks to the members of the staff who conducted us on our inspection".

109/71 OUTLINE STATEMENT OF POLICY

The following statement from the Chairman, having been circulated, was submitted:—

"INTRODUCTION

Since its formation there has been a growing feeling that the Board has lacked a sense of direction or overall purpose. It has tended to lurch from decision to decision without regard to its ultimate destination. The objectives of the Board and the policies which should be adopted to achieve them have yet to be defined. This short document, which was written before McKinsey Volume III was available, is an attempt to remedy this unsatisfactory situation. It should be read in conjunction with McKinsey Volume III and aims to provide broad guidelines which the Board might like to adopt. The report of the management consultants spells out in detail methods which could be used to achieve our objectives and does not conflict with these guidelines.

OBJECTIVES

In its simplest form the objective of the Board is better health services, the best that available resources can provide.

Currently the nation is spending over £77 million on health and the corresponding figure for the Eastern Health Board is over £21 million.

An analysis of this expenditure is as follows:—

Service	Expenditure (whole country)	!	Expenditure (Eastern Health Board)	
Total Expenditure	£77.2m.	100	£21.0m.	100%
Acute Hospital Care			£7.1m.	34%
Geriatric and Long-stay Hospital Care	£41.7m	54	£3.9m.	19%
Mental Hospital Care	£13.9m	18	£4.0m.	19%
Non-Hospital Services	£21.5m.	28	£6.0m.	28%
Cost of Drugs included in non-hospital ser- vices	£3.0m	13.9	£ .9m.	14.3

Because we are faced with an inflationary situation and can have little hope of a dramatic increase in the gross national product we cannot expect to be provided with appreciably greater financial resources than are available at the present time. Our principal efforts must therefore be directed to improving our health services by making better use of resources.

Because hospital care is so expensive and forms such a large part of total health expenditure it is our duty to see that such care is—

1. of high quality;
2. efficiently provided;
3. necessary.

1. Ensuring the quality of hospital care

This can only be achieved in conjunction with Comhairle na n-Oispideal and the Regional Hospital Board. It will involve not only appointments but Training Programmes; it will include research and will involve nursing and all other ancillary staff. A high quality service (as was pointed out in the Fitzgerald Report) can only be provided by centralising expensive and highly specialised skills and equipment.

2. Ensuring that hospital care is efficiently provided

This covers the whole complex field of hospital administration and the board will need the help and advice of the Regional Hospital Board. In its simplest form it should ensure that the length of patient stay is determined by clinical necessity alone. It should be unnecessary to point out that in a 300 bed hospital with a mean length of stay of 10 days and a 95% bed occupancy, reducing the mean length of stay by two days is equivalent to providing an additional 57 beds, without capital cost or increasing the majority of running costs.

3. Ensuring that hospital care is necessary

The relative neglect of community services in the past has resulted in the abuse of hospital services; hospitals are increasingly being used to solve problems which are primarily social rather than medical. It has been shown that the development of community services can reduce the

need for mental hospital beds, geriatric beds and can allow the development of early discharge schemes for maternity and surgical cases. If the board were to pursue these aims vigorously it could well produce substantial financial saving and allow a reappraisal of our need for hospital beds.

Community Services

Such a policy can only be pursued in conjunction with a policy which aims to improve immeasurably the community services. This will include identifying the needs of the elderly, the underprivileged and those at special risk. It will include prophylactic measures designed to detect at a remediable stage those liable to both physical, mental and emotional disturbance.

The tasks of improving community services will be made much easier by the disappearance of the dispensary system but will require an imaginative approach from the Board to experimental schemes. This is a field where there is an urgent need to experiment and to evaluate the results of such experiments.

The Board cannot afford to make decisions on a basis of hunch, guess-work, emotion or cherished belief. The untrustworthiness of anything except facts has been illustrated by the exercise the board undertook in the case of St. Colman's, Rathdrum, to discover, inter alia, why patients were not visited. Contrary to our expectations geographical isolation was unimportant.

The development of a data finding team and machinery is an urgent priority.

TO SUMMARISE: the Board should have as its guiding policies a determination:

1. To make all decisions on a firm basis of fact resisting the temptation to make decisions on the basis of emotion or belief.
2. To improve the health services by defining the needs of our citizens, encouraging experimental schemes and ensuring that their results are properly evaluated.
3. To look critically at hospital services, their quality, efficiency and function.
4. To resist, unless the need for them is absolutely established, the creation of new hospital facilities.

It will be clear that these guidelines assume that the Board has a realistic measure of control over the hospitals in its area, insofar as the allocation of resources and the determination of the needs of the community are the function of the Board. Without such control the Board will be unable to fulfil its function of providing the best medical care possible".

Following discussion, the statement was unanimously adopted. The Chief Executive Officer stated that items 1 to 4 in the Summary would be guidelines for the management team in preparing programmes for consideration by the Board. Consideration was being given to setting up a fact-finding exercise in one of the Board's hospitals. The Board would in due course be informed of the details.

110/71 MCKINSEY REPORT. VOLUME III —
 PLANNING IN THE HEALTH BOARDS

The following Report No. 51/1971 from the Chief Executive Officer was submitted:—

" 1. This Report is primarily for the guidance of the management team. The various chapters detail the techniques to be employed *in* the making of plans and the form in which plans are to be presented for consideration by the Board. In this respect the Report will be of value to Board members in whom is vested, subject to ministerial guidelines, overall control and responsibility for the improvement of the health services. In the consultants' covering letter to An Tanaiste special emphasis is laid on the importance of planning for which the Board's prior agreement on objectives and priorities is essential. Of particular relevance is the observation that "in facing the perpetual dilemma of unlimited demands on limited resources and in confronting the current escalation of prices and wages the Programme Managers must clearly appreciate that a more effective service depends largely on greater efficiency". (Chapter4 -1).

2. *The Management Team of the Board*

With the recent appointment of Dr. Ivor Browne as Programme Manager Special Hospital Care and Mr. F Elliott as the third Functional Officer, the team is now

complete with the exception of the Programme Manager for Community Care. A statutory request for the filling of this post was sent some months ago to the Department of Health for transmission to the Local Appointments Commission. The Board of St. James' Hospital has asked me to continue the secondment of Mr. Elliott until the 31st December next and I have agreed to do so. It now becomes necessary to consider the provision of adequate administrative support for Programme Managers. The Department has recently indicated that for the initial support of the Programme Manager Special Hospital Care sanction would be forthcoming for an office carrying a salary of £3,500 - £4,050. For the overall requirements of the Board I consider that a minimum of three such appointments will be needed and, subject to the concurrence of the Board, I propose to seek ministerial sanction accordingly".

A lengthy discussion ensued on the Chief Executive Officer's request for the creation of a minimum of three new posts for the administrative support of Programme Managers. Having outlined the administrative staff structure of the former Dublin Health Authority the Chief Executive Officer stated that he had proposed some months ago to the Department of Health that the chief administrative officer to support Programme Managers should be at the level of the Principal Officer in the Dublin Corporation. It had recently been indicated to him that the Department did not consider that such a proposal could be justified but the Department would agree that the salary level for such a post to support the Programme Manager, Special Hospital Care should be higher than that for the Senior Administrative Officer of the former Dublin Health Authority. Ministerial sanction could accordingly be anticipated for a salary scale of £3,500 - £4,050 which, at the maximum, would be about £400 higher than that for Senior Administrative Officer. The Local Government and Public Services Union initially were not prepared to accept the Department's proposal and had so instructed its members. Following negotiations with the Union, agreement was reached that the Union would withdraw its objection to the Department's proposal provided the Chief Executive Officer would co-operate with the Union in an early referral of the matter to arbitration. The Chief Executive Officer stated he had agreed to do so and on this basis he now requested the consent of the Board to the creation of a minimum of three posts carrying a salary of £3,500 - £4,050.

It was proposed by Councillor Hickey and seconded by Dr. Belton:—

'That the three appointments of Assistants to the Programme Managers be made subject to the proviso that these appointments carry the rank of Principal Officer".

On being put to the meeting, the motion was declared carried on the following voting:—

FOR (15):

Senator Or. R. Belton, Dr. F. de Burgh Whyte, Councillor M. Carroll, Deputy M. A. Clinton, Dr. J. Cullen, Councillor **James Dowling, Commissioner J.** Garvin, Councillor Patrick Hickey, Miss Eileen Morgan. Councillor A. Mahon, Dr. James McCormick, Deputy Dr. J. O'Connell, Mr. Thos. Riordan, Councillor John Sweeney, Councillor John Temple.

AGAINST (8):

Mr. J. Corcoran, Mr. Hugh Corrigan, Mr. D. Gallivan, Dr. P. C. Jennings, Dr. A. Meade, Dr. J. St. L. O'Dea, Dr. B. O'Donnell, Mr. Dermot O'Flynn.

111/71 PILOT PROJECT IN COMMUNITY CARE

The following Report No. 52/1971 from the Chief Executive Officer, together with the memorandum referred to therein, having been circulated, were submitted:—

'The concept of a Community Care Physician and his role in the development of the Health Services is sketched out in Volume I of the McKinsey Report. Briefly stated it envisages locally based, integrated health teams, led by **a Community Physician who**, from close contact with local needs, **would** be in a position to secure that health and welfare services would be "forged into a powerful force at the local level".

In county areas, where traditionally the County Medical Officer has had the responsibility for the Public Health Service, it would appear feasible to extend the Medical Officer's role to make it coincide with the concept of a Community Physician proposed in the Consultants' Report. It is not at all clear that the concept would be feasible in the metropolitan area and, even if feasible, would result in better standards of service. Another unknown factor is the effect that the Choice of Doctor Scheme will have on Public Health Medical Services.

In the area of the former Dublin Health Authority the Public Health Medical Services were organised centrally under the overall supervision of the Chief Medical Officer. The services were delivered on a functional basis with a Senior Medical Officer in charge of the several services, viz:—

- (a) Mother and Child;
- (b) Immunisation;
- (c) Tuberculosis;
- (d) Port Health.

Under these arrangements, a reasonably satisfactory service has evolved and before considering their replacement or modification, which the introduction of Community Care teams would involve, it will be necessary to establish that a better and equally economic service would be the outcome of such a decision.

The concept of a Community Care Physician is new and as yet untried. It poses a number of questions for which answers are not readily available. Much more information is needed before a decision can be made on its suitability for such a highly urbanised area as that administered by the former Dublin Health Authority.

In view of these considerations, I arranged that Mr. J. Clarke, Senior Administrative Officer in the Medical Services Department, should examine the feasibility of mounting an experimental pilot scheme in an urbanised area. His findings, based on a thorough and realistic analysis of the relevant issues, are contained in the memorandum circulated herewith. I propose, subject to endorsement by the Board, to set up an experimental pilot scheme as outlined in Mr. Clarke's memorandum".

The Chairman informed the meeting that he had received representations on behalf of the medical staff to the effect that consideration of this item be deferred for one month in order to enable the proposals to be studied. The request was supported by members who wished to consider the memorandum more fully.

On a proposal by Dr. Meade, seconded by Dr. Belton, it was agreed that consideration of the Report and Memorandum be postponed.

112/71 **COMPUTER DEVELOPMENT**

The following Report No. 53/1971 from the Chief Executive Officer was noted:—

"At the August meeting of the Board, following a short discussion on the value of the computer to the service, it was agreed that a report outlining computer development to date would be submitted.

In October, 1968 the former Dublin Health Authority decided to instal an I.C.L. 1901A Computer as the existing punch-card data processing equipment and accounting machines, which were due for renewal, were working to full capacity and could not be profitably extended to cope with the financial and statistical data to satisfy the needs of the Authority.

The computer configuration consists of the following:—

<i>Equipment</i>	<i>Function</i>
5 Punch and 4 Verifying Machines	Transfers data from input documents to 80 column punch cards.
1 Card Reader	Transfers data from punch cards to magnetic tapes.
4 Magnetic Tape Decks	On which reels of tape are mounted for reading from/writing to tapes. The tapes hold all master file information and historic data.
1 1901A Central Processor	Stores programme being used and processes data. Writes to tapes or prints.
1 Line Printer	Accepts information fed through the Central Processor for printing purposes only.
1 Console Typewriter	Used by the operator to type instructions which activate the computer.

The following staff is employed:—

<i>Staff</i>	<i>Responsibilities</i>
1 Data Processing Officer	Overall policy within the Computer Department. Supervision and co-ordination of the work of Systems Analysts, Programmers and Operating Staff. Approving systems, advising on suggested applications and general development.
3 Systems Analysts	Investigate existing procedures for approved projects and design computer systems in consultation with the department concerned. Prepare a detailed specification which will be used for reference and subsequent programming.
1 Senior Programmer	Responsible for programme maintenance. Direct supervision and co-ordination of the work of all Programmers.
4 Programmers	Write programmes in accord with the specifications as detailed by a Systems Analyst.
1 Operations Officer	Supervision and control of all operations including Computer Operators, data preparation and control section. Decide priority for jobs outside the normal fixed computer routines and responsible directly for control of documents received and distribution of processed information to the various sections. Responsible for the everyday operating efficiency of the installation for the formulation and overall enforcement of work schedules.
1 Control Clerk	Assist Operations Officer in preparation and control of input to and output from computer.

<i>Staff</i>	<i>Responsibilities</i>
1 Senior Computer Operator/Librarian	Supervise and co-ordinate the work of the Computer Operators. Recording and control of the tape library.
3 Computer Operators	Responsible for the actual running of each job on the computer.
1 Punch Room Supervisor	Direct supervision of the Punching and Verifying Staff. Distributing and controlling the work load.
9 Punch Card Operators	Punching and verifying of data from supplied documents on to "punch cards".
1 Clerk-Typist	General typing and secretariat duties, typing reports, etc.

The decision to replace the I.C.T. 550 Tabulation and 903 Calculation Data Processing equipment with 3 computer system was made following consideration of 3 reports submitted by I.C.L. in January, 1968 on a feasibility study carried out in 1967.

In the I.C.L. Report it was envisaged that the computer would be delivered in April, 1969 and that work would be transferred to the computer during the period from April 1969 to January, 1971. As the computer was not delivered until October, 1969, this time scale was adjusted to October 1969 - January, 1972, allowing the same period of time.

The following table shows details of the phased take-over of work by the computer.

<i>Application</i>	<i>Estimated Operational Date</i>	<i>Actual Operation Date</i>
Salaries and Pensions	Oct. '69 - Mar. '70	Feb. 1970
Wages and Pensions	do	June 1970
Central Pharmacy Stock	do	Oct. 1969
Expenditure/Receipts Analysis	do	Oct. 1969
Old Age Pensions	do.	Oct. 1969
Bank Reconciliation	do	Oct. 1969
School Medical Records	do	Oct. 1969
St. James' Hospital Records	do	
Mental Health Statistics	do	March 1970
Tuberculosis Statistics	do	
Welfare Payments	March '70 - Jan. '72	Aug. 1970
I.S.A. General Hospital Ac- counts	do.	Aug. 1971
General Medical Services Reo-ster	do.	
Creditors Payments	do.	April 1971
General and Engineers Stores	do.	
Maternity and Speciclisi Ser- vices Accounts .	do.	
Free Milk Scheme	do.	
Cheap Fuel and Footwear Schemes	do.	
Child Health Scheme*	do.	

•Preliminary Report of Systems Analyst on proposal to introduce computer-based appointment systems for developmental Child Health examinations and for Immunisation Clinics at present under consideration.

While certain applications listed in the I.C.L. Report of Jr. niicry "t&So have not yet become operations!, work not cri-rvna'y envisaged ris > been taken on the computer, viz:

Decimalisation Project

The change over to decimal currency in February, 1971 necessitated the decimalisation of Salaries, Wages, Old Age Pension, Expenditure and Receipts, Central Pharmacy and Welfare Payments Programs. This work entailed a total of 59 Programs requiring 20 man weeks of programming effort and ten man weeks of system effort, which inevitably slowed down the development of new applications.

Dental Survey

In May, 1970, 6,500 dental records were processed for special survey, the results of which will be presented at an International Congress to be held in Dublin in 1972.

Bureau Activity

1. Medico-Social Research Board

- (a) National Mental Health Statistics. This work entailed the processing of a back-log of six years' records of admissions and discharges for all psychiatric hospitals in the country.
- (b) National Psychiatric In-patient Reporting System— a comprehensive record linkage system which replaces the National Mental Health Statistics application.
- (c) Post-Mortem Analysis. This was a once-only survey of 2,300 records involving four hours' computer time.

2. Federated Dublin Voluntary Hospitals

The salary payrolls for Baggot Street and Sir Patrick Dun's Hospitals are currently being run on the Board's computer. Similar work for the Meath and the National Children's Hospitals will be transferred to the computer by the end of the year, and the remainder of the hospitals during the following months.

3. St. Vincent's Hospital, Elm Park

The salary payroll for St. Vincent's Hospital and Private Nursing Home has been operational since April, 1971.

In addition to the above bureau work, facilities were afforded to Baric Computing Services, a subsidiary of I.C.L., allowing them to use the computer after hours at a rate of £20 per hour.

The planning of the application development to date was affected by a number of factors which had a considerable influence both on the way existing applications processed on the 550/903 Data Processing equipment would be transferred to the computer and how the systems and programming development of new applications would be handled. The more important of these factors were:—

(a) *Physical Constraints*

The four accounting machines in the Salaries and Wages Section were old and needed urgent replacement. It was decided to site the computer configuration in the building which housed the existing 550/903 installation. These factors necessitated a speedy changeover of the existing applications to the computer installation.

(b) *Staff Development*

Members of the staff had to be trained in systems analysis, programming and computer operation. In order to consolidate the initial staff training in these areas it was considered desirable that the existing systems should not be made over-sophisticated in the initial stages. The newly-trained staff were thus enabled to put into practical use the theoretical principles learned by them in the various training courses provided by I.C.L.

These considerations influenced the decision to take over the existing systems, with the exception of the Salaries and Wages system which had necessarily to be re-systemised, to the computer without any re-systemising being carried out. The disadvantage of this approach is that practically all the systems will have to be re-structured in order to make the best use of the computer facilities. Nevertheless, the decision taken was the correct one in the circumstances, as was subsequently endorsed by the efficient manner in which the change-over was accomplished, despite the most difficult working conditions for the computer staff. Although there was a certain amount of discontent among the computer staff during this period because, due to inevitable delays, regrading of staff progressed slowly, the energy, enthusiasm and expertise of the entire staff of the Computer Department were most commendable. The staffs of other sections supplying data to

the Computer Department also enthusiastically responded to the extra demands made on them in this period of rather bewildering change.

In the I.C.L. Report of January, 1968, it was envisaged that after approximately two years the computer would have a 74% usage. At this stage it is practically 100% loaded. Recently an additional computer operator was employed and a shift system of operating the computer is in use. This position has been reached ahead of the projected schedule.

The main contributing factors to this having been attained are as follows:—

1. Additional Systems Work

Although all the applications originally proposed have not been computerised, additional work, outlined above, is being processed.

2. Systems Expansion

The majority of the systems developed to date, especially where re-systemising has taken place, have been expanded far more than initially envisaged. This is quite a normal occurrence which comes about by user sections realising the use to be obtained from computer-stored information and requesting additional output from the system

3. Increase in Record Volumes

Work volumes have increased substantially over the past number of years, as the following table shows.

<i>System</i>	<i>Jan. 1968 No. of Records</i>	<i>April 1971 No. of Records</i>	<i>Percentage Increase</i>
Salaries and Pensions	3.030	3.838	26%
Wages and Pensions	2.300	5.017	118%
Central Pharmacy:			
Stock	5.000	5.600	12%
Issues	6.500	17.500	180%
Bank Reconciliation	31.800	64.000	113%

Cost of Computer Installation

In considering the cost to the Board of operating the present computer system, the following factors have to be taken into account:—

- (1) Rental costs of computer and ancillary equipment.
- (2) Cost of equipment purchased.
- (3) Cost of structural alterations.
- (4) Staff costs.
- (5) Rental formerly paid for 550/903 installation and depreciation costs of accounting machines.
- (6) Cost of staff engaged on 550/903 installation and accounting machines.
- (7) Income received for Bureau Services to other bodies.
- (8) Income received from Baric Computing Services for use of computer.

Staff Costs

The following table shows the staff employed in Computer Section, staff employed in former 550/903 Data Processing Section and on accounting machines, and the net extra cost.

<i>Grade</i>	<i>Staff Em- ployed on installation and Accounting Machines</i>	<i>Staff Employed in Computer Department</i>	<i>Additional Staff</i>	<i>Additional Cost</i>
Data Processing Officer (S.E.O.)	—	1	1	£ 2.700
Systems Analyst (S.O.)	—	3	3	7.300
Senior Programmer (A S O)	—	1	1	1.800
Programmer (CO.)	—	4	4	5.700
Operations Officer (A.S.O)	—	1		
Control Clerk (CO.)	1	1		
Senior Operaior/Librarian Operator	— 3	1 3	1	1.300
Punch Room Supervisor	—	1	1	1.100
Clerk-Typist	4	1	-3	-3.300
Punch Card Operators	5	9	4	2.800
		Cost		19,400

In the first half-year after the computer was installed, i.e. to 31/3/1970, the following additional staff only were employed:—

	£
1 Data Processing Officer— 6 months	1,300
2 Systems Analysts— 6 months	2,300
1 Senior Programmer 6 months900
2 Programmers 3 months800
Net additional cost:	5,300

The following tables show the additional cost to the Board of installing and operating the computer during the half-year to 31st March, 1970 and the year to 31st March, 1971.

A. Cost of Structural Alterations and Purchase of Equipment.

Half Year to 31st March, 1970

	£	£
Structural Alterations		15,450
Equipment—1 Alternator	1,825	
1 Transformer300	
1 Delever227	
1 Vacuum Cleaner43	
2 Fireproof Cabinets277	
Magnetic Tapes _____	909	
		3,581
Total Capital Costs Half Year to 31/3/70		£19,031

Year to 31/3/1971

Structural Alterations		2,946
Equipment—1 Bowie Guillotine900	
Tape Racks255	
Magnetic Tapes	1,315	
		2,470
Total Capital Costs Year to 31/3/71		£5,416

B. Running Costs**(i) Half Year to 31st March. 1970**

	£	£	£
Additional Staff Costs			5,300
Rentals:			
Computer.	6,499		
Punch Machines.	514		

7,013

Less:

Rental of 550/903 Installation	2,577		
Depreciation of Accounting Machines.750		

3,327

Additional Cost of Installation

3,686

Total Additional Running Ex-
penses Half Year to 31/3/70

8,986

(ii) Year to 31st March. 1971

Additional Staff Costs.			19,400
Rentals:			
Computer.	17,209		
Punch Machines.	1,256		

18,465

Less:

Rental of 550/903 Installation	5,154		
Depreciation of Accounting Machines.	1,500		

6,654

Additional Cost of Installation

11,811

Total Additional Running Ex-
penses Year to 31/3/71.

31,211

Less Income:

Baric Computing Services	16,305		
Medico-Social Research Board.	1,127		
Federated Dublin Hospitals.	385		

Total Income. 17,817

Net Additional Costs Year to 31st March, 1971

13,394

The above tables show the cost position in regard to the period to 31st March, 1971, for which firm figures are available. It is difficult at this stage to project what income will be earned in the future. Baric Computing Services are no longer using the computer, but income from Bureau Services for such bodies as The Medico-Soda! Research Board and the Federated Dublin Hospitals should increase. In the period to 31st March, 1971, the clerical staff saved were four clerk-typists who formerly operated accounting machines. In this change-over period, with systems not fully integrated, a great deal of staff savings cannot be expected. However as the systems are further developed there will be a considerable saving of staff time. There will probably not be a dramatic fall in the number of staff employed. The staff will be directed to higher-level work. The real saving will be an *unseen* one in that it will not be necessary to recruit staff. With the development of the computer more immediate, comprehensive and valuable information will be available to management without the necessity of employing extra staff.

It should be clear from the above that the change-over to the computer system has been a well worthwhile investment. A considerable amount of progress has been made and the staff have attained a high degree of expertise in computer techniques.

Much, however, remains to be done. In the systems developed to date full integration of information has not yet taken place, the result being that systems running is being duplicated in certain areas, thus increasing the work load on the computer. The existing systems require expansion and integration, and the existing systems will have to be taken on the computer to meet the needs of the Board in the Programme and Functional areas and to afford management the improved benefits from the continued use of computers. The facilities of the computer will be invaluable in forwarding the integration of the Federated Dublin Hospitals and St. James' Hospital systems.

It is important to realise that the 1901A Computer, because of the comparatively small core storage capacity (64,000 characters), does not offer the facility for on-line enquiries or direct access which requires disc storage of information.

Information is not stored within the computer; it is stored on magnetic tapes, and is only available when

the relevant taps is loaded and run on the computer. The computer is fully occupied when any one job is being run. To obtain information in regard to one job (e.g. welfare payments) while another job (e.g. wages) is actually running, would require reserving storage area within the Central Processor for use only when such an enquiry is addressed. If the enquiry has to be made directly to the computer from a user section this core would of necessity be permanently reserved for this purpose. An "on-line" enquiry system would mean that a minimum amount of core store is always reserved for processing enquiries and that the particular master file required is actually connected for use. With our present equipment enquiries can only be made when the computer is not engaged on some other taps and then only if the required programming instructions are available and tested.

It is clear therefore that the size of the present computer configuration inhibits to an extent future expansion and development. This whole problem is at present being examined, and a further report on future development will be issued when conclusions have been reached".

On a proposal by Councillor Hickey, seconded by Mr. O'Fiynn, it was agreed that the Board's thanks be conveyed to the computer staff for their dedicated work in the development of the service.

119/71 CREATION OF ADDITIONAL OFFICES AND AUTHORISATION OF EXCESS EXPENDITURE

The following Report No 54/1871 from the Chief Executive Office was submitted:—

"A. *Additional Offices*

1 *Clerk Typists*

With the transfer of the administration of the Central Mental Hospital to the Board which was effective from 1st September, 1971. I have examined the secretarial services which will be required and am satisfied that the services of two whole-time Clerk-Typists are essential. I propose with the Board's consent to create two additional offices, subject to the sanction of the Minister for Health.

2 *Child Welfare Department*

ination I am satisfied that two extra Assistant Chief Medical Officers are now immediately required and I propose with the consent of the Board to seek the Minister's approval to the employment of two temporary Assistant Chief Medical Officers. The cost in the current financial year will be £2,885 for which no provision has been made in the Estimate.

B. Revision of Salary Scales and Wage Rates

1. Senior Public Health Nurses

Following agreement reached with the Irish Nurses' Organisation, I propose to revise, subject to the sanction of the Minister for Health, the salary scales for Senior Public Health Nurses as follows:

	<i>Scale at 1/6/1969</i>	<i>Proposed Scale at 1/9/1969</i>
Superintendent Public Health Nurse	£1,815 x 48 (5) —£2.045	£1,900 x 60 (5) —£2,200
Asst. Superintendent Public Health Nurses	£1,455 x 50 (5) —£1.655	£1,580 x 48 (5) —£1,820

With the addition of the 12th Round of salary adjustments the scales at 1/1/1971 would be:

Superintendent Public Health Nurse	£2,215 x 69 (5) — £2,560
Asst. Superintendent Public Health Nurses	£1,835 x 56 (5) — £2,115

The cost in the current financial year would be £2,800 for which no provision has been made in the Estimate.

2. Butchers

Agreement has been reached between the Dublin Master Victuallers' Association and employees in the trade on a wage increase of £2.00 per week for Butchers from the week commencing 20th September, 1971, under the National Employer-Labour Agreement. I propose, with the Board's consent and the approval of the Minister for Health, to pay this increase to Butchers in the service in accordance with the usual practice in following wage adjustments in outside employments.

The cost in the year 1971/72 will amount to £300 approximately for which no provision has been made in the Estimate.

3. *Transferred Corporation Staff*

The Labour Court having investigated a dispute between the Dublin Corporation and the Trade Unions representing its employees regarding the date of application of the 1st phase increase of £2 per week under the National Agreement recommended that it should apply from 1st June, 1971. Applications have been received for corresponding increases for former employees of the Corporation who were transferred to the service of the former Dublin Health Authority on its establishment.

The City Manager has approved subject to the consent of the City Commissioner the grant of an increase of £2 per week to the Corporation whole-time adult male workers and an increase of £1 - 75 per week to whole-time adult female employees with effect from 1st June, 1971.

In conformity with existing practice it is proposed to grant the same increases to former transferred Corporation employees other than Boilermen with effect from 1st June, 1971. The cost in the year 1971/72 will be £9,500 approximately for which no provision has been made in the Estimate of Expenses.

C. *Increased Capitation Rates*

1. *Welfare of the Blind*

By Circular dated 5th August, 1971, the Department of Social Welfare notified that the Minister has approved of an increase of £35 in the capitation grant paid under the Scheme for the Welfare of the Blind in respect of each blind person maintained in an approved school, home or hostel. The increase is with effect from 1st April, 1971.

The existing rate of grant is £125 per annum and, at present, the Board maintains 170 blind persons in five institutions under the Scheme. The cost of implementing the approved increase in the current year is £6,000, for which no provision was made in the Estimate.

2. *Mental Handicap*

By Circular dated 31st May, 1971. the Department of Health notified that the Minister has approved the payment of revised capitation rates, with effect from 1st April last, in respect of the following homes for mentally handicapped children:—

	<i>Existing Rate</i>	<i>Revised Rate</i>
Cregg House, Sligo.	£9 per week	£10 per week
St. John's Unit. Peamount	£0-85 per day	£0 95 per day

At present there are 88 cases from the Dublin area and ten from Co. Kildare being maintained by the Board in St. John's Unit, Peamount; one case from Co. Kildare is maintained at Cregg House, Sligo. The expenditure towards cost of their maintenance was £30,000 for year ended 31st March, 1971. The revised rates, for which no provision was made in the Estimate, will result in additional expenditure by the Board in the current year in the amount of £4,000.

The consent of the Board is requested to:—

- (a) the creation of the additional offices as proposed;
- (b) the submission of the proposals where necessary for the sanction of the Minister for Health
- (c) the incurring of over-expenditure in the sum of £26,285 in the current financial year.

Psychiatric Service

In Report No. 20/1971, the Board was informed of a proposal to acquire Cluain Mhuire, Newtownpark Avenue, Blackrock from the Congregation of the Sisters of Mercy for use as a community psychiatric centre for the catchment area service to be provided by the Order of St. John of God. The Board approved of the acquisition of the premises either by purchase or leasing.

Negotiations are nearly completed for the purchase of the property at a price of the order of £90,000 to be paid by way of a capital sum of £30,000, the balance to be met by the Board's accepting liability for an outstanding bank overdraft of £60,000.

The Minister for Health has approved the purchase of the property subject to the following conditions:—

- (i) that the Board accepts that, during the next five years, no expenditure will be incurred on alterations or adaptations of the premises:

- (n) that it is clearly understood that the capital sum of £30,000 will not be payable earlier than 1st April, 1972, the balance of the purchase price to be covered by the Board taking over a bank overdraft of £60,000;
- (iii) that the proposed scheme of extensions at St. John of God Hospital, Stillorgan will be reduced *pro tanto*, and
- (iv) that the Board will undertake to discontinue the use of the Cluain Mhuire premises and sell it, if in three years' time, following an assessment of the value which the psychiatric service is then obtaining from its use, the Minister should direct the Board to do so.

The condition at (iii) refers to the Board's proposal to provide additional in-patient accommodation at St. John of God's Hospital, Stillorgan to enable the Order to deal with the extra case-load which it will be required to deal with in providing a service for a catchment area.

The Chief Psychiatrist has confirmed that those conditions are acceptable".

It was proposed by Mr. O'Flynn, seconded by Dr. O'Dea and unanimously resolved:—

"That the Eastern Health Board consents to the proposal contained in Report No. 54/1971 and authorises expenditure of £26,285 in the current financial year in excess of that provided in the Estimate of Expenses for the year 1971-72 under the following headings:—

<i>Service</i>	<i>Purpose</i>	<i>Amount</i>
Maternity and Child Welfare Services		£ 5,685
institutional Services		13,300
MENTAL HEALTH	Mental Health	800
GENERAL PURPOSES	Blind Welfare	6,000
		26,285".

114/71 **LONG-TERM DISABILITIES AND HOSPITAL CHARGES**

The following Circular No. 33/71 of 23rd September, 1971, from Department of Health, having been circulated, was

"The schemes in respect of certain long-term conditions provided for in Sections 52(2), 56(3) and 59(3) of the Health Act, 1970, will come into operation on the 1st October, 1971. Copies of the regulations (Health Services (Amendment) Regulations, 1971) bringing in these services will be sent to you as soon as possible. They will provide as follows:—

(a) *In-patient and out-patient treatment:*

The introduction of Sections 52(2) and 56(3) and the **Regulations made** thereunder enable health boards to make available free in-patient and out-patient treatment for all *children* with the following long-term conditions:—

mental handicap, mental illness, phenylketonuria, cystic fibrosis, spina bifida, hydrocephalus, haemophilia and cerebral palsy.

(b) *Drugs, medicines, etc.*

All *persons*, irrespective of income, who suffer from one of the following conditions, shall be entitled to free drugs, medicines, or medical and surgical appliances for the treatment of their particular conditions:—
mental handicap, mental illness (up to 16 years of age), phenylketonuria, cystic fibrosis, spina bifida, hydrocephalus, haemophilia, cerebral palsy, diabetes mellitus, diabetes insipidus and epilepsy.

It will be noted that diabetes insipidus, as well as diabetes mellitus is included. You will, of course, be aware that a scheme is now in operation whereby persons suffering from diabetes mellitus are provided with their insulin, etc., requirements. The opportunity is now being taken to put the scheme on a proper legal footing. It is the intention, however, that this scheme should operate as heretofore for the time being.

A new system has been designed to enable the scheme to operate in respect of the other conditions. Persons with these conditions will be invited, through press advertisements to contact their local health board to obtain an application form (copy attached). When the first portion of the form is completed by the applicant it is necessary for the patient's doctor to certify from which of the prescribed conditions he suffers. The doctor must also indicate

the current requirements of the patient for the treatment of his particular condition. The completed application form must then be returned to the health board and the patient will subsequently be sent a booklet containing the name, address, patient number, etc. as specified in the first part of the booklet. The patient's doctor can prescribe the patient's requirements in the space(s) allotted in the booklet for this purpose. When the patient takes the booklet to his pharmacist to have the prescription dispensed the pharmacist completes one of the vouchers contained in the booklet. A voucher should be completed by the Chemist each time he dispenses for the patient and it should be forwarded immediately to the health board for payment. Health Boards can make their own arrangements as to frequency of payment to pharmacists but it is recommended that this be done on a monthly basis.

As previously indicated, the diabetes scheme can operate as heretofore for the present. However, when a diabetic card has to be renewed it should be replaced by the booklet used for the other conditions, thus enabling a uniform system for all conditions to be achieved eventually.

Supplies of the booklet and application form are being sent to each health board local office under separate cover. These are intended to suffice for the introduction of the scheme, but it will be necessary for each health board to make arrangements for the future supplies of these. It may be possible to devise an arrangement for their supply from a common source, but this can be discussed with you later.

It would be appreciated if each health board would indicate to the Department in mid-November the number of persons (categorised by condition) availing of the scheme.

(c) *Hospital Charges:*

To coincide with the introduction of the health contributions scheme the charge of 50p per day in a public ward is being abolished for persons with limited eligibility. However, the maximum charge is being increased to £3 per day for persons who are normally in the upper income group but who are provided with in-patient services under section 46 (3) of the Health Act, 1970 on hardship grounds. This is thought to be a more realistic figure and will enable the Chief Executive Officer to provide for varying degrees of hardship".

The Chairman informed the members that, as the provision of drugs, medicines, etc., under Section 59 (3) of the Health Act, 1970 was discretionary, the Board's formal approval was required.

It was proposed by Dr. Belton, seconded by Councillor Carroll and unanimously resolved:—

'That the Eastern Health Board approves of the making of arrangements for the supply without charge of drugs, medicines or medical and surgical appliances to persons suffering from a prescribed disease or disability of a permanent or long-term nature, in accordance with Section 59 (3) of the Health Act, 1970'.

115/71 RUBELLA VACCINATION SCHEME

The following Report No. 55/1971 from the Chief Executive Officer was submitted:—

'The following is an extract from circular letter No. 32/71 dated 24th August, 1971. from the Department of Health:—

"I am directed by the Minister for Health to state that, as previously announced, he has had under consideration the introduction of a vaccination scheme against rubella, having regard to the development of satisfactory rubella virus vaccines.

While rubella is generally a mild disease it can have serious consequences when contracted by a pregnant woman, particularly in the early months of pregnancy. The degree of risk of foetal abnormalities occurring in children born to women who contract the disease at that time is such as to make immunisation against the disease highly desirable. The Minister is, therefore, advised that a national vaccination scheme against the disease should aim at the protection of females before the onset of puberty and he accordingly recommends to health boards the adoption of a scheme of vaccination on the following basis.

It is considered that the scheme should be confined to females between their 12th and 14th birthdays and implemented by way of annual vaccination campaigns undertaken by the public health staff of the health boards.

Because of the age groups involved (girls aged twelve and thirteen years) it is expected that vaccinations would

ordinarily be arranged through the schools, (national, vocational and secondary schools) but, as with other immunisation schemes, vaccine may be made available to medical practitioners, free of charge, subject to the usual conditions regarding returns of vaccinations carried out by them being furnished to the health boards".

There are approximately 17,000 girls in the age group referred to in the Board's area.

It is proposed to commence the scheme in October, 1971. The Board's approval is requested to—

- (1) the recruitment for a period of six months in the first instance of the additional staff necessary, i.e., one full-time Medical Officer, one Medical Officer on a sessional basis, two nurses and two receptionists;
- (2) the estimated excess expenditure in the current financial year of £15,500—£4,000 for the additional staff and £11,500 for the vaccine, syringes and stationery".

It was proposed by Councillor Hickey, seconded by Dr. O'Dea and unanimously resolved:—

'That the Eastern Health Board consents to the proposals contained in Report No. 55/1971 and authorises expenditure of £15,500 in the current financial year in excess of that provided in the Estimate of Expenses for the year 1971/72 under the following heading:—

<i>Service</i>	<i>Purpose</i>	<i>Amount</i>
HEALTH	Tuberculosis and Other Infectious Diseases	£15,500".

116/71 DISPOSAL OF LAND

- (a) *Land attached to the Health Centre, Curlew Road, Drimnagh*

The following Report No. 56/1971 from the Chief Executive Officer was submitted:—

"In Report No. 17/1971 presented at meeting held on 3rd June, 1971, the Board was informed of the proposal to lease to the Steering Committee of Mourne Road Parish the balance of the vacant land. 2 roods, 35 perches attached to Curlew Road Health Centre. Mention was made in the report of the request of the Drimnagh Credit Union for

portion of the land for the purpose of providing offices. I pointed out that allowing for outdoor games facilities and car parking, there was not sufficient space on the site for two buildings and I considered that the centre for Retired People and girls' club must take precedence over the Credit Union offices.

The Board deferred the proposal pending further consideration of the Credit Union's request. Discussions have been held and they have resulted in agreement between the Steering Committee of Mourne Road Parish and the Credit Union that the latter will forego their request for a separate building and will rent rooms from the Committee when the centre is built.

In these circumstances I propose that, subject to the consent of Dublin Corporation and of the Minister for Health the area of 2 roods, 35 perches be leased to the Steering Committee of Mourne Road Parish on the terms set out in Report No. 17/1971, copy of which is attached".

It was proposed by Councillor Hickey. seconded by Mr. O'Flynn, and unanimously resolved:—

"That the Eastern Health Board consents to the disposal of land attached to the Health Centre at Curlew Road, Drimnagh in accordance with the terms of Report No. 17/1S71 and Report No. 56/1971".

(b) *Site at Newcastle Psychiatric Hospital*

The following Report No. 50/1971 from the Chief Executive Officer, having been circulated, was submitted:—

"In March, 1971.. Wicklow County Council requested the approval of the Minister for Health to the appropriation of a ploughed field measuring about 4 acres at Newcastle Hospital adjoining the Newtownmountkennedy/Newcastle Road and to the North/East of the hospital buildings for housing purposes. It would appear that it would not be necessary to retain this field for the purpose of the hospital as very few patients in the hospital nowadays work on the land.

The price suggested by Wicklow County Council was £500 per acre. The Department of Health in a letter dated 8th June, 1971, stated that the Commissioner of Valuation was of the opinion that this price was too low. and in view of current price for building land in the area a price of £800

per acre would be fair and reasonable. Wicklow County Council have now stated that they fully accept the valuation of £800 per acre suggested by the Commissioner of Valuation.

It is proposed to sell the land to Wicklow County Council at the price of £800 per acre

This report is submitted in conformity with Section 83 of the Local Government Act. 1946.

Section 83 provides that at the first meeting of the Eastern Health Board held after the expiration of ten clear days from the date of circulation of this report, the Board may resolve that the disposal of this property as proposed shall not be carried out, or that it shall be carried out in accordance with the terms specified in the resolution.

If the Board resolves that the disposal shall not be carried out, it shall not be carried out.

On the other hand, if the Board does not pass a resolution as to the manner in which the disposal shall be carried out, the disposal may, with the consent of the Minister for Health, be carried out in the manner set out above".

It was proposed by Councillor Hickey, seconded by Mr. O'Flynn and unanimously resolved:—

'That the Eastern Health Board consents to the disposal of land at Newcastle Psychiatric Hospital in accordance with the terms of Report No. 50/1971".

117/71 PROGRESS REPORT

The following Report No. 57/1971 from the Chief Executive Officer was noted:—

"Health Act. 1970 — Choice of Family Doctor:

In Report No. 42/1971 the Board was informed that the Choice of Doctor Scheme will start in the Board's area on the 1st April, 1971, that application forms had been sent to the permanent and quasi-permanent district medical officers employed by the Board, and that notices were being published in the Press and Medical Journals inviting applications for participation in the scheme.

The closing date for receipt of applications was Monday. 20th September. 1971. The response to the invitation of applications is as follows:

	<i>Application forms issued</i>	<i>Completed forms returned</i>
Dublin	435	353
Kildare	63	44
Wicklow	77	52
Total:	575	449

The list of doctors eligible for participation in the scheme is being prepared and will be sent to each medical card holder during October with a form on which he will indicate his choice of doctor.

As soon as the completed forms are returned by the card holders, each doctor concerned will be requested to confirm that he will accept and provide the general practitioner service for the persons who have chosen him.

Central Mental Hospital. Dundrum:

The first meeting of the Working Party, including representatives from the Departments of Health and Justice, has been arranged for Monday, 4th October, 1971".

118/71

NOTICES OF MOTION

- (a) The following motion was proposed by Councillors Dowling, Cunningham, Mahon, Hickey, Carroll, Temple, Clinton, Burke, Senator Dr. Belton, Dr. O'Herlihy and Miss Horgan:—

'That Article 2 of Standing Orders, fixing the time of monthly meetings of the Board, be amended by the substitution of '5 p.m.' for '3 p.m.' and '8 p.m.' for '6 p.m.' "

As the necessary number of members were not present, the motion was again deferred.

- (b) The following motion was proposed by Councillor Clinton and seconded by Councillor Hickey:—

'That the Minister for Health be asked as a matter of urgency to decide how James Connolly Memorial Hospital and St. James' Hospital will be financed in future".

Following a short discussion, it was agreed to defer passing a resolution pending an approach to the Boards of the two Hospitals for their support.

119/71 CORRESPONDENCE

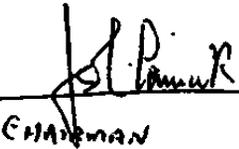
The meeting was informed that a letter had been received from the City Manager thanking the Board for their expression of appreciation of the assistance given by members of Civil Defence in dealing with the recent refugee accommodation problem.

The meeting concluded at 5.50 p.m.

CORRECT:

EOGHAN O CAOIMH.

Chief Executive Officer.



Handwritten signature of Eoghan O Caoimh, written in black ink over a horizontal line. The signature is stylized and appears to read 'E. O. Caoimh'. Below the line, the word 'CHAIRMAN' is written in capital letters.