

EASTERN HEALTH BOARD

*Minutes of Proceedings of Meeting of Eastern Health Board
held in the Boardroom, St. Brendan's Hospital, Grangegorman,
on 8th March, 1973 at 6 p.m.*

Present:

Deputy Patrick Belton	Dr. P. C. Jennings
Senator Dr. R. Belton	Miss Kay Kinsella
Mr. Michael E. Birmingham	Miss Mary Lacey
Cllr. M. Carroll	Dr. James McCormick
Deputy M. A. Clinton	Cllr. A. Mahon
Mr. J. Corcoran, M.B.	Dr. J. R. Mahon
Mr. Hugh Corrigan, M.P.S.I.	Dr. A. Meade
Cllr. Michael Cunningham	Mr. Dermot O'Flynn
Cllr. James Dowling	Mr. Martin Ruane
Dr. J. Stephen Doyle	Cllr. John Sweeney
Commissioner J. Garvin	Cllr. John Temple
Mr. Kevin Harrington, B.D.S.	Deputy G. Timmins
Cllr. Patrick Hickey	Deputy Eugene Timmons

Apologies for Absence:

Dr. J. Cullen, Deputy H. P. Dockrell and Dr. John Walker.

Deputy M. A. Clinton, Chairman, presided.

Officers in Attendance:

Mr. E. O Caoimh <i>Chief Executive Officer</i>	Mr. F. J. Elliott, <i>Planning & Evaluation Officer</i>
Mr. J. J. Nolan. <i>Deputy Chief Executive Officer</i>	Mr. R. N. Lamb, <i>Personnel Officer</i>
Prof. Ivor Browne, <i>Programme Manager. Special Hospital Care</i>	Dr. C. Warde, <i>C.M.O. Wicklow</i>
Mr. F. J. O'Donohue, <i>Programme Manager, Community Care</i>	Mr. F. J. McCullough
Prof. B. O'Donnell, <i>Chief Medical Officer</i>	Mr. P. J. Swords
Mr. J. F. Reynolds, <i>Finance Officer</i>	Mr. H. Dunne
	Mr. J. Doyle
	Mr. B. Garvey
	Mr. A. O'Brien
	Mr. J. A. Duggan
	Mr. K. Quinn
	Miss K. Dolan

20/73 CONFIRMATION OF MINUTES

The Minutes of Proceedings of the Monthly Meeting held on the 1st February, 1973 at 6 p.m. having been circulated were confirmed on a proposal by Dr. Jennings, seconded by Mr. D. O'Flynn, subject to the following amendment.

Page 54: Line 29: Delete from "After a Debate . . ." down to "five persons" and transfer it to page 59 to follow Item 7. (Min. 14/73).

21/73 CONGRATULATIONS TO MEMBER

Congratulations were extended to Dr. J. McCormick on his appointment to the Chair of Social Medicine at Dublin University.

The Members joined the Chairman in wishing Dr. Morgan Crowe every happiness on his retirement from the post of Chief Medical Officer.

22/73 PROCEEDINGS OF COMMITTEE

Reports of proceedings of the following committees having been adopted as follows:—

- (a) "*Report of Meeting of No. 2 Visiting Committee at Cherry Orchard Hospital on Thursday, 1st February, 1973 at 8.00 p.m.*"

Present:

Mr. H. Corrigan, Miss K. Kinsella, Dr. J. Mahon, Mr. M. Ruane.

Mr. H. Corrigan presided.

Apology for inability to attend was received from Deputy P. J. Burke.

Officers in Attendance:

Dr. F. C. O'Herlihy, Medical Superintendent; Dr. E. O'Connor, Assistant Medical Superintendent; Miss T. C. Taaffe, Matron; Mr. J. V. Crumlish, Engineering Officer; Mr. C. Killeen, Chief Clerk; Mr. A. O'Brien, Senior Executive Officer.

Also in Attendance:

Mr. P. V. Moloney, Architect.

BUSINESS:***Smallpox Unit:***

Mr. Moloney dealt briefly with the historical aspect of the Unit and said that a disinfection unit had been included in the original plans. However, the opportunity to use the British Ministry-approved CUBITH system for hospital construction together with the advent of the International Hospital Congress to Dublin at that time, caused the Department of Health to decide that the Isolation Unit should proceed immediately; the provision of the disinfection unit was omitted. Mr. Moloney said that following his consultations with Matron since the Committee's last meeting, he had prepared plans for a disinfection unit (which were shown to the Members) which did not differ materially from the original plans produced. He estimated that the provision of this Unit would cost £16,000. Replying to Members' questions Dr. O'Connor and Matron described in detail the arrangements which would be put into effect for the reception of a suspected Smallpox case. They emphasised that without the disinfection facility, the Smallpox Unit was unworkable. Following further discussion the Committee decided to recommend to the Board that the disinfection unit be provided.

Dining Rooms:

Mr. Moloney said that he had inspected the kitchen/dining rooms area and Matron had shown him the location she had in mind for a single staff restaurant immediately adjoining the kitchen servery. He was fully in agreement with Matron's proposal which, he said conformed with the modern thinking of one hospital restaurant to cater for all staff; the proposal also presented a solution to the problem of staff rest rooms, toilets and locker accommodation. In reply to Dr. Mahon's request that separate provision be made for resident medical staff. Mr. Moloney said that this could be done by retaining the porters dining room. The Committee decided to inspect the area.

Bed Availability, Admissions and Occupancy:

Dr. O'Connor reported that, of the Hospital's 11 wards, 9 were occupied, one accommodated trainee nurses from St. James's Hospital and the remaining one was ready for occupation but for staff shortages. 185 beds out of the total of 230 were occupied on the day of the visit. In the calendar year 1972, admissions totalled 3,302 and refusals 201. The number of admissions was the highest since 1965; the in-

crease had not been anticipated, having regard to the Choice of Doctor Scheme, but it still continued. Gastro-enteritis was the major source and 259 cases were treated during the year. Members learned with regret of the death of Patricia Kelly who had been a polio patient in the hospital for 15 years and with whom they had spoken on their last visit.

Staff:

Matron reported that there were 120 nurses on the staff on the day of the visit and 25 vacancies. The Committee noted that there had been no developments regarding the recognition of the grade of State Enrolled Nurse.

Disposal of Land & Security:

The Committee was informed that an offer of £300 for the tillage letting of the hospital lands, including the area to be disposed of to Dublin Corporation, was being accepted. The tillage letting should contribute to the security of the hospital in that the ploughed fields should inhibit trespass.

INSPECTIONS

The Committee inspected the main kitchen and staff dining room% cloakrooms and toilets. They agreed in principle with the proposal to provide a staff restaurant.

The Committee thanked the Matron for her hospitality and the staff for their assistance during the meeting.

Next Meeting:

The next meeting will be held at the Central Mental Hospital, Dundrum on Thursday, 1st March, 1973 at 3.00 p.m.

The meeting concluded at 4.45 p.m."

(b) *"Report of Meeting of the No. 3 Visiting Committee held at St. Ita's Hospital, on Thursday, 21st December, 1972 at 2.30 p.m.*

Present:

Councillor J. Dowling, Councillor A. Mahon, Mr. J. Corcoran.

Officers in Attendance:

Dr. J. T. Bergin, Medical Superintendent; Dr. M. McGuinness. Clinical Director; Mr. E. Butler, S.E.O.; T. McNamee, S.O.,

B. Hannon, Head Male Nurse; Miss M. F. McEntee, Matron; and Mr. T. Leonard, Technical Superintendent.

BUSINESS

Temporary Buildings:

Mr. Leonard stated that the work on the Dayroom floor in Ward 11 Female had been completed, as also had the refurbishment of the bathroom and toilet areas in Ward 9 Male.

Plans are in hand to renovate the bathroom and toilet accommodation in Wards 8A and 8B Male and the Architect has been instructed to have the work put in hands. Provision of a new entrance and also another fire exit is also proposed. First aid hose reels were installed in these buildings about eighteen months ago. Some internal painting was done in Ward 8 Male in the current year it will be due for complete external painting in 1974/75.

Central Heating System:

He also informed the meeting that work on the renewal of the Central Heating system was making good progress. The section in hand at the moment is the replacement of the high temperature hot water pipes in the distribution system in the underground ducts. It is hoped that most of this will be done by the summer when the central heating will be 'off', and renewal of piping and radiators in the hospital proper is proposed. It is intended, if possible, to complete about one half of the ward installations during the coming summer.

Admission Unit—Reconstruction:

Dr. McGuinness indicated to the meeting the proposals for a division of the Admission Unit. The Female Admission will be changed into a male and female admission unit with improved access and observation facilities. Dayrooms and visiting facilities will also be improved.

The Male Admission will be altered to provide intensive assessment facilities for long stay patients, male and female. Both sections will have common use of the kitchen and dining facilities for the time being.

Patient Statistics:

Patient numbers at present were 1,400, the meeting was informed by Dr. Berqin. With this number overcrowding is still very common. He would see a figure of 1,200 patient population inclusive of the temporary buildings as not un-

reasonable. When temporary buildings go he would visualise a patient population of 900 as acceptable. Of the patients in St. Ita's the Geriatrics were actually Psychiatric patients who had reached the age where non-psychiatric patients would be described under the Geriatric classification. Such patients here were still primarily psychiatric.

Of the total number of patients not more than five per cent could be considered fit for discharge and these only into a sheltered environment.

Medical Staff Posts:

In reply to a question about the staff recruitment position the meeting was told that steps were being taken to fill the senior medical posts, but appointments had not yet been made. It was pointed out in this connection that a medical officer appointed in middle age would spend a large portion of his potential length of service before acquiring superannuation qualifications. The members indicated that the senior staff position should be followed up at the next meeting.

Inspections:

The members visited the underground ducts of which there are approximately 1.25 miles, beneath the hospital, and were pleased to see that the work was progressing favourably.

They subsequently visited the laundry where five thousand items are processed every day.

The members thanked the staff for the facilities afforded them and for the excellent meal provided.

The meeting finished at 5 p.m."

(c) *"Meeting of the No. 3 Visiting Committee held at St. Gabriel's Day Centre, Clontarf, Dublin, on 18th January, 1973.*

Attendance:

Councillor M. Cunningham (Chairman). Councillor A. Mahon, Councillor J. Dowling, Councillor Bermingham, Mr Dermot O'Flynn. Dr. B. McCaffrey. Clinical Director Dr. D. McDonnell. St. Gabriel's Day Centre; Mr. M. Murrhly, Community Nurse. St. Gabriel's Day Centre; Mr. M Cummins. Section Officer.

The following were the main points raised for discussion and recommendation:

(a) *Hostel, Raheny:*

Mr. Cummins, Section Officer, in reply to a query regarding the latest position regarding the above, stated that supplies were now on order and the hostel might possibly be operative by the end of next week.

The Visiting Committee expressed interest in inspecting this new hostel and agreed that during the course of their next visit to St. Gabriel's they would view the hostel.

In relation to staffing of the hostel, it was explained that there would be support staff there by day; at night, it was hoped that patients resident there would be able to cope, with the aid of a telephone service and the co-operation of local G.P.'s. Patients selected for the hostel would be people without homes, mostly. Councillor Cunningham said that every patient kept out of hospital and in the community was of great benefit to society at large. It was explained to the members of the Visiting Committee that this was a completely new type of venture and all agreed it was important not to antagonise the community in which they would live, nor indeed, the patients themselves. Therefore, the business of allotting all of the places in the hostel would be a slow and careful process. Initially, only 6 or 7 patients might be accommodated.

Dr. McCaffrey told the members that Dr. Wh'rtty of St. rta's Hospital, Portrane, would co-operate with his team in direction of the hostel.

(b) *Staff Needs—Team C:*

Dr. McCaffrey outlined the real and urgent need for a staff complement with emphasis on Psychiatric Social Workers and fully trained Occupational Therapists. Dr. McCaffrey said that there was at present only one fully trained Psychiatric Social Worker for 65,000 people in his catchment area. Having committed ourselves to supporting and helping these people, we now found ourselves unable to do so. he said. Mr. Murrhny stated that in relation to the total of 270 patients discharged from St. Gabriel's since its inception to the present date, these people had no adequate follow-up service from the psychiatric social workers, due to the fact that we did not have jhem to do it.

Mr. O'Flynn enquired If there was any way whereby some

of the delays pertaining to the employment of social workers by the Board could be minimised, so that understaffing in this department could be rectified without undue delay. The members agreed to informally have discussions with Mr. Lamb, Personnel Department, with a view to above. All members expressed satisfaction that, in the foreseeable future, the ban on the permanent employment of married women Social Workers would be lifted by the Board, and the Department, in the light of Ireland's entry into the E.E.C.

(c) *Research—St. Gabriel's Day Centre:*

Dr. McDonnell expressed reasonable satisfaction at the way the Centre was running, and with the staff complement there at present. They had adequate numbers of doctors and nurses, of a very high calibre, but as mentioned before there were not enough social workers to pursue the follow-up end of the service.

Dr. McDonnell outlined some of the aspects of research work he is currently engaged on, in conjunction with Mr. Bernard Moran of the Business Administration Section, University College, Dublin. This had to do with Day Centre care for psychiatric patients vis-a-vis hospital care. Essentially, the study was an analysis of what Day Centres were all about and what they hoped to achieve. The results of this study—in the form of a questionnaire—would eventually be published and available to the members for study.

(d) *Referral System:*

The Visiting Committee commented favourably on the number of referrals to St. Gabriel's Day Centre from local G.P.'s in the catchment area, and also from the female admission unit for patients in the catchment area. St. Vincent's Hospital, Fairview.

(e) The Committee thanked the Rev. J. Newth, P.P., the clergy of the parish and the committee of St. Gabriel's for their co-operation and support. It was agreed that the next meeting will be held on Thursday, 12th April, 1973, at 3 o'clock at St. Gabriel's".

(d) *"Report of Meeting of No. 4 Visiting Committee held at Legion of Mary Hostels, North Brunswick Street on Thursday, 1st February, 1973 at 3.00 p.m.*

Present:

Dr. P. C. Jennings. Deputy E. Timmons. Dr R. Carroll.
Mr K. A. Harrington, Dr J. S. Doyle

Dr. Jennings presided.

Apology for inability to attend was received from Dr. John Walker.

Officers in Attendance:

Mr. P. J. Swords, Senior Administrative Officer.

Also in Attendance:

Mr. P. V. Moloney, Architect; Mr. J. Davenport, Architect's Office; Mr. B. Reilly, Consulting Engineer; Mr. R. Hussey, Quantity Surveyor.

Legion of Mary Representatives Present:

Miss U. Craig, Mr. H. O'Flanagan, Mr. T. Doyle. Mr. B. Crowley. Mr. P. Tynan. Mr. C. Quinn, Miss C. Craig.

Mr. F. Duff was unavoidably absent.

BUSINESS

Since this was the first meeting of the Committee at this venue, Mr. Swords outlined, for the information of the members, the Board's involvement in the Hostels. He stated that the buildings formed part of the former North Dublin Union. The Morning Star Buildings had been occupied by the Legion since 1927 and the Regina Coeli Hostels were occupied since 1930. Nearly all of the buildings at the Regina Coeli had to be demolished due to age and dilapidation and these had been replaced over the past four years by purpose-built units for mothers, children and single women. The remaining buildings on the site were in the course of repair. In the case of the Morning Star Hostel, the Department of Health approved of expenditure of approximately £20,000 to replace the dangerous roof and to undertake a minimum programme of updating of kitchen, toilet facilities, etc. These schemes were now nearing completion at a cost of approximately £250,000 on new buildings and £36,000 on the supplementary schemes of repairs to the older buildings at both Hostels. The Board was also responsible for the heating and lighting of the Hostels and the carrying out of repairs and assistance was also given to the Legion by way of bedding supplies. Mr. Swords indicated that the Legion, out of their own resources, were making a contribution of £10,000 to the Board in respect of the supplementary scheme of repairs to the two Hostels. They also carried out a considerable amount of work such as interior decoration and general repairs to the Hostel.

Morning Star Hostel:

Mr. T. Doyle and other Legion Members gave an account of the running of this Hostel which at the moment catered for 115 men. Tea, bed and breakfast were provided at a nominal charge per night where the men were in a position to pay. It was explained that the men generally were very poor and were in need of rehabilitation which the Legion endeavoured to do. The Hostel was run entirely on a voluntary basis with a small permanent resident staff assisted by Legion Brothers who volunteered on a rota of two hours each per week. The Hostel had a maximum capacity of about 150. A small Industrial Therapy Unit was operated and was found to be of considerable help in rehabilitating some of the men. Mr. Doyle stated that the Legion did not refuse admission to men seeking shelter but some of the men on their own elected to stay out. The Morning Star Hostel closed at 8 p.m. but there were arrangements for the admission of late-comers. Mr. Swords indicated that accommodation was now provided in the Morning Star Hostel for about 20 men formerly housed in the Night Shelter at Ushers Island. Mr. Doyle stated that the arrangements were working satisfactorily and the cost to the Board in a year would be approximately £500. Mr. Swords stated that the direct costs in labour and other expenses in providing this accommodation at Ushers Island had been approximately £5,000/£6,000 per year.

Regina Coeli Hostel:

Miss C. Craig outlined a similar position in regard to the Hostels for women and children. She stated that these were also run on a voluntary basis with a small number of permanent staff in residence and a number of volunteers who attended for a fixed number of hours per week. Where it was possible to collect, a charge of 20p was made for tea, bed and breakfast, with a nominal charge of 3p per dinner. The single women were free to stay in all day but a number of them found employment in the city. There were at present 80 older women in residence and 20 women in the family units with approximately 30 children. The children attended local schools including two at present attending one of the Vocational Schools. In all, the women's Hostel were catering for approximately 130 persons at the moment. The Hostels closed at 11 p.m. and opened at 7 a.m. Miss Craig said many of the younger women were in employment and the children were looked after by a number of the women who did not go out to work. This arrangement had proved satisfactory over the years.

A general discussion followed in which the Board Members and the Legion of Mary representatives took part. It was indicated that in both Hostels there were a number of former patients from the Psychiatric Hospitals and the members recommended that the question of holding regular clinics at the Hostels be looked into by the Programme Manager, Special Hospital Care. The members were conscious that some of the persons in the Hostels could require medical attention, particularly at night time. They asked that this matter also be looked into by the Programme Manager. It was also stated by the Legion representatives that over the years about 4,000 children had been catered for in the Hostels and it was a source of satisfaction to the Legion that all these children had been successfully placed in the outside world.

INSPECTIONS

Regina Coeli Hostel:

The new accommodation for families and single women was inspected by the members. During the course of the inspections the Architect outlined the considerations which had gone into the planning of these units which were purpose-built to meet the requirements of the service being provided by the Legion. The accommodation also included a large dining room and fully equipped kitchen.

Mr. Moloney indicated that, at the tender stage, it had been decided to provide heating and hot water supplies from the main boilerhouse at St. Brendan's Hospital nearby. This arrangement was working satisfactorily.

Mr. Moloney indicated that the carrying out of this contract called for close co-operation between the consultant team, the Legion and the contractor. It involved the large scale demolition of dangerous buildings. During the course of the work some alternative accommodation on a temporary basis was provided in prefabricated buildings which had to be removed as the occasion demanded. He was pleased to advise the members that he had received every co-operation from the Legion during the course of the contract. Accommodation in some of the older buildings was also inspected.

Morning Star Hostel:

This building was also inspected and the members noted the work in progress. Mr. Moloney stated that the funds made available by the Department of Health for the scheme of repairs did not provide for the replacement of the open fires in the sleeping accommodation. The members recommended

that a further submission be made to the Department of Health for a supplementary grant towards the cost of providing improved heating facilities in the sleeping accommodation and also to provide for the provision of some additional cooking facilities. It was also explained that the recreation facilities were at present accommodated in huts which were at the end of their useful life. The members also recommended that this accommodation be replaced.

Fire Precautions:

The Hostels were inspected by the Board's Fire Officer and in this connection the members recommended that the open fires already referred to be replaced as a matter of urgency.

Casuals Department:

Mr. Swords stated that during the course of the construction of the new Hostels, discussions had taken place with the Legion authorities on the possibility of the Legion providing accommodation for women and children who were accommodated in Griffith Barracks. He stated that the Legion authorities had expressed their willingness to cater for these people provided that there was only a limited number requiring accommodation. In view of the increasing numbers being accommodated in Griffith Barracks during the past 12/18 months it had not been possible to pursue this matter further. The members recommended that this matter be re-examined.

The Chairman and other members of the Committee formally thanked the Legion representatives for the wonderful work which they were doing and conveyed the Board's appreciation for their efforts in this regard. The members also complimented the Architect, the Consultant staff and the Contractor for the very fine buildings and general development of the site which they had noted.

Next Meeting:

The next meeting was fixed for St. Loman's Hospital on Thursday, 5th April, 1973, at 3 p.m.

The meeting finished at 5.30 p.m."

- (e) The following extract from the No. 2 Visiting Committee report concerning adoption was adopted on a proposal by Mr. H. Corrigan, seconded by Miss Kay Kinsella.

**ST. PATRICK'S HOME VISITING COMMITTEE-
CHANGE IN ADOPTION PROCEDURE**

2. (d)

In the report of the above Committee's inspection of St. Patrick's Home on 2nd November, 1972, it recommended that existing legislation on adoption be amended as follows:—

- (1) Reducing the present statutory period of placement before adoption from six months to three months.
- (2) Accepting a mother's general consent to adoption given after three months after the birth rather than requiring her final consent to a specific placement not earlier than 6 months after birth.

The members had agreed to defer consideration of these proposals pending further information and at the request of the chairman of the Visiting Committee the matter is now put before the Board for a decision.

**23/73 DEPUTATION FROM WICKLOW LOCAL
HEALTH COMMITTEE
GROUP PRACTICE GREYSTONES**

The following deputation—Mr. M. Flannery, County Manager, Miss O'Neill, Councillor Hynes, Councillor Miley—was received and each member of the deputation made a case for deferring the Pilot Project on Group Practice at Greystones until the facilities in other areas such as Arklow and Wicklow were brought up to a higher standard. Questions were put to the Deputation by Councillor Hickey and Dr. Meade. The Deputation withdrew having thanked the Board for receiving them and a general discussion then took place on the points raised to which Councillor Hickey, Dr. Meade, Councillor Temple, Senator Belton, Dr. Doyle, Dr. McCormick, Mr. Corcoran, Dr. Jennings, Dr. Warde, Mr. O'Flynn, Councillor Cunningham and Councillor Mahon contributed. It was agreed that the Chief Executive Officer and Professor Browne should re-explain to the Wicklow Health Committee the Board's reasons for not deferring the Greystones project.

24/73 G.M.S. GUIDELINES

The following Report No. 12/1973 from the Chief Executive Officer was submitted:—

"In Reports Nos. 39/1972 and 63/1972 the Board was informed of the guideline standards for determination of full

eligibility under Section 45 of the Health Act, 1970. These guidelines have been in operation since 18th May, 1972.

The total number of persons covered by medical cards on 1st April, 1972 was 140,599. The corresponding total at 1st February, 1973 was 174,498. The figures for each of the three areas are as follows:—

AREA	At 1st April. 1972		At 1st February. 1973	
	Total Persons Covered	% of Population	Total Persons Covered	% of Population
DUBUN	106,280	12.5	136,201	16.03
WICKLOW	16,061	24.4	18,282	27.60
KILDARE	18,258	25.5	20,015	27.98
TOTAL	140,599	14.2	174,498	17.6

I have reviewed the standards and have decided that the income limit for a married couple should be increased from £16 to £17 and that the allowance for each child should be increased from £1 to 1-50.

T set out Hereunder the revised guideline standards which will operate from 1st March, 1973. For comparison purposes the existing guidelines are also shown.

CATEGORY:	WEEKLY INCOME	
	Existing Guidelines	Revised Guidelines
Single person living with relatives	£11 00	£11-00
Single person living alone —	£13 00	£13 00
Man and Wife — — — —	£16 00	£17 00
Man, Wife and One Child	£17 00	£18 50
Man, Wife and Two Children —	£18 00	£20 00
Man, Wife and Three Children —	£19 00	£21 50
Man, Wife and Four Children —	£20 00	£23 00
Man, Wife and Five Children —	£21 00	£24-50
Man, Wife and Six Children	£22 00	£26 00
Plus for each additional child	£1 00	£1 50

Allowances:

From the gross income, outgoings, in excess of £2 per week on rent, rates, ground rent and mortgage repayments will be deducted.

Persons in receipt of the following pensions and allowances will, without further assessment of means, be regarded as having full eligibility.

Old Age (care) allowance.
 Old Age (non-contributory) pension.
 Widows (non-contributory) pension.
 Orphans (non-contributory) pension.
 Deserted wife's allowance.
 Blind pension.

It will be appreciated that, whatever guidelines are fixed, there will always be persons whose circumstances will place them outside the eligible category but who, because of special circumstances, would be placed under some strain if they had to pay for general practitioner services. Applications from such persons will be dealt with individually on merit. Eligibility for many services, other than general practitioner services, is independent of a person being the holder of a medical card".

After a discussion to which Councillor Temple, Councillor Carroll, Councillor Hickey, Dr. Jennings and Deputy E. Timmons contributed, it was agreed to ask the Chief Executive Officer to re-examine the guidelines set out in the report and report back.

**25/73 CHOICE OF DOCTOR SCHEME
 COMMITTEE'S INVESTIGATION OF CLAIMS FOR
 PAYMENTS**

The following Report No. 13/1973 from the Chief Executive Officer was submitted and on a proposal by Dr. Jennings, seconded by Mr. O'Flynn the report was noted.

"Notification has been received from the General Medical Services (Payments) Board that payment claims from five doctors in the Dublin area have been investigated by a Committee established under the Health Services Regulations 1972. The Regulations provide that membership of a Committee shall consist of

- (a) A Chairman selected by the Minister in agreement with the Irish Medical Association and the Medical Union.
- (b) Two persons selected by the Minister from a panel of persons nominated by the Irish Medical Association and the Medical Union.

(c) Two persons selected by the Minister at his discretion.

The Committee decided that

- (1) in the case of two doctors their panels of patients be reduced considerably;
- (2) in the cases of two doctors, late surgery consultations should be deemed to be day visits and the appropriate amounts deducted.
- (3) in one case the doctor's panel be reduced considerably and that a deduction be made in relation to domiciliary visits, for which a late fee was claimed.

Each of the five doctors have been informed by the Payments Board that he has a right of appeal against the decisions of the Investigating Committee to a Committee established under Article 8 of the Health Services Regulations, 1972".

26/73

**JOINT HOSPITAL BOARDS
REPORTS OF RAPPORTEURS**

The following Report No. 14/1973 from Mr. F. Elliott, rapporteur, James Connolly Memorial Hospital was submitted:

"The James Connolly Memorial Hospital was established on the 16th March, 1971 by an Order of the Minister of Health made under the Health (Corporate Bodies) Order, 1961 with the approval of the Eastern Health Board. The main functions of the new Board, which thereupon took over from the Health Board the administration of the Hospital, are set out in the Establishment Order as follows:

- (1) to conduct, maintain, manage and develop at James Connolly Memorial Hospital, County Dublin, such hospital services as may, from time to time, be approved by the Minister.
- (2) to provide such facilities, including beds, as may be agreed with the Eastern Health Board for the treatment of tuberculosis and its sequelae or in default of agreement, as may be determined by the Minister, and
- (3) to provide such other services and facilities as may, from time to time, be approved or directed by the Minister, after consultation with the Board.

The Order provides that, of the 15 members, 6 shall be representatives of the Eastern Health Board and that the office of Chairman shall be held by one of the Health Board members. At the first meeting, held on the 25th March, 1971. Deputy Councillor M. Clinton was elected as Chairman; on completion of the term of one year. Deputy Clinton was re-elected for a further year.

The membership of the Board is as follows:

Eastern Health Board:

Mr. M. Clinton. Mr. P. Hickey. Mr. H. Dockrell, Mr. M. Carroll. Mr J H. McCarthy. F.R.C.S

St. Laurence's Hospital:

Professor W A. L. MacGowan, Mr. T. Stafford, Dr. H. Counihan.

Jervis Street Hospital:

Mr. C. Brennan. Professor W. O'Dwyer. Dr. J. Woodcock.

Mater Misericordiae Hospital:

Professor E. O'Malley, Dr. B. Alton. Mr. J. O'Hanlon.

At the conclusion of its first year of office the Hospital Board submitted a report to the Minister for Health as required by the Establishment Order. A copy of that report is appended.

During the current year the development of General Hospital services has progressed favourably within the limitations imposed by the layout of the hospital which was constructed as a Regional Sanatorium. Of the 509 beds, 84 are situated within the main building and the remainder are grouped in pavilion units at some distance from the theatre, intensive care and radiological facilities. The modernisation of the theatre suites and the re-organisation and re-equipment of the radiological department were completed early in the year and an out-patient department, formed by conversion of a portion of the main building, was brought into operation. In recent weeks, a four bed intensive care unit has been opened. These developments, together with the recruitment of laboratory technologists, have resulted in a significant increase in General Hospital activity.

The following are the details of the out-patient clinics now being provided:

Surgical	Mr. G. Lynch	Monday
Medical	Dr. T. Ryan	Tuesday
Geriatric	Dr. G. J. Noel	Tuesday
Gynaecological	Prof. E. de Valera	Wednesday
Surgical	Mr. S. Heffernan	Wednesday
Medical	Dr. P. Keelan	Wednesday
E.N.T.	Mr. M. O'Connor	Alternate Wednesdays
Medical	Dr. J. Devlin	Thursday
E.N.T.	Mr. M. O'Connor	Alternate Thursdays
Psychiatric	Prof. T. Lynch	Friday
Surgical	Mr. B. Lane	Friday
Ophthalmology	Dr. Douglas	Alternate Fridays

During the year Dr. G. J. Noel was appointed as Consultant Geriatrician. By arrangement with the Health Board and the authorities of the Mater. Jervis Street and St. Laurence's Hospitals, this appointment involves active participation in the development of geriatric services on the North side of the City and the outlying areas adjoining—including Community services for the elderly and infirm. A second appointment in the person of Dr. Denis Keating and on the same basis was made recently in view of the volume of work to be done and both doctors are collaborating with the Programme Managers and the teaching Hospitals mentioned in the framing of a comprehensive service. For its part, the James Connolly Memorial Hospital Board has agreed to the allocation of 126 beds for the purpose of an active Geriatric Unit. The approval of the Minister for Health has been obtained in principle to the commencement of limited adaptations to four forty-bedded pavilion units for this purpose and it is expected that the work can be started within the next few months.

It has been agreed to make up to six beds, together with theatre facilities available for the purpose of the Health Board's dental service to provide for persons who require dental surgery on an in-patient basis.

The approval of the Minister for Health has been sought to the establishment of an acute psychiatric unit for approximately 50 patients to be based on 2 thirty-bedded pavilion units. This unit would be headed by Professor T. Lynch Clinical Director, Eastern Health Board, and would form an integral part of his catchment area facilities. Professor Lynch has an honorary appointment as Consultant Psychiatrist to the Hospital.

As indicated in the first annual report, further consideration has been given to the question of treatment of tuberculosis within the hospital. Prior to the establishment of the new

Board some 300 beds were allotted to investigation and treatment but not all of them were occupied. It has been found possible to reduce that number to 150 of which about 40 have, in practice, been reserved for non-tubercular chest cases. The Hospital Board has been advised that a further substantial reduction in the number of beds assigned for treatment of tuberculosis should be possible having regard to current trends in the management of this disease, including domiciliary therapy, and it appears to them that the concentration of in-patient treatment for this condition in one centre rather than its continuation in two main centres, as at present, is worthy of eady consideration.

The Hospital Board has been concerned from the beginning to identify the institution with the community. The hospital is situated in an area in which large scale housing development is taking place and further major development is planned. At a recent meeting with representatives of the Blanchardstown and District Community Council it was stated on behalf of the Board that it was desired to form links with the community which would ensure the most effective utilisation of the Hospital facilities and would assist the Board in planning its future development. Following that meeting, having heard the views of the Community Council, the Board again informed the Department of Health that the planning of a Maternity Department should in its view, be authorised without further delay in view of the enormous housing development which is taking place to the North and West of the City".

After a discussion to which Deputy Clinton, Councillor Hickey, Dr. McCormick, Dr. Meade, and Dr. Doyle contributed it was unanimously resolved as follows on a proposal by Dr. Doyle, seconded by Mr. Corcoran:

That Report No. 14/1973 be adopted and that an immediate effort is made to establish a full midwifery department to be opened and based on James Connolly Memorial Hospital and that this Unit be associated with the early closure of the Tuberculosis Unit".

The following Report No. 14A/1973 from Mr. J. J. Nolan, rapporteur, St. James's Hospital was submitted:

"The St. James's Hospital Board was established on 1st July 1971 by Statutory Instrument No. 187 of 1971. The statement, hereunder, issued by the Minister for Health on 11th June 1971 summarises the background:

"Following publication of the Report of the Consultative Council on the General Hospital Services (the Fitzgerald

Report) in June, 1968, the Minister for Health requested the former Dublin Health Authority and the voluntary hospitals concerned in Dublin, to consider, with representatives of their staffs, how the recommendations made in regard to the re-organisation of the general hospital system in Dublin might be brought about. Separate discussions have been proceeding between the interests concerned in north and south Dublin.

Four hospital centres were recommended for development in the Fitzgerald Report and two of these were the James Connolly Memorial Hospital, Blanchardstown and St. Kevin's Hospital. On 16th March last, the Minister made an Order under the Health (Corporate Bodies) Act, 1961 setting up a body, comprising representatives of the interests in north Dublin, to manage and develop James Connolly Memorial Hospital. The Minister has now made a further Order in relation to St. Kevin's Hospital. The new body to manage and develop this Hospital, will have 20 members—10 nominated by the Eastern Health Board and 10 by the Central Council of the Federated Dublin Voluntary Hospitals (representing the Meath, Adelaide, National Children's, Dr. Steevens, Royal City of Dublin, Mercers and Sir Patrick Dun's Hospitals). Through the joint participation in the new body of representatives of both parties concerned, it is intended to develop medical and surgical services and teaching facilities on the site, including services now provided in a number of the constituent hospitals of the Federation. The body will undertake the planning and construction of new hospital facilities for in-patient and out-patient care with full supporting facilities (including medical teaching facilities) on a scale represented by accommodation for not less than 350 new in-patient beds.

As a reflection of the change being brought about in the functions and management of the Hospital, it is being re-named 'St. James's Hospital'. The association of the name of St. James with the surrounding area of the Hospital goes back to early Norman times.

The new St. James's Hospital Board will lease the hospital premises from the Eastern Health Board. The lease will be effective from 1st July, 1971 and the new Board will not assume responsibility for the running of the Hospital until that date. The Eastern Health Board will continue to be responsible for the hospital up to the change over at the end of the month. The Minister has appointed the following nominated persons to be the first members of St. James's Hospital Board:

- (a) *persons nominated by the Eastern Health Board:*
 Mr. M. Clinton, T.D., Mr. H. Dockrell, T.D., Senator Dr. R. Belton, Mr. P. Hickey, T.C., Mr. M. Carroll, T.C., Dr. J. O'Connell, T.D., Mr. A. Mahon, T.C., Mr. P. J. Burke, T.D., Professor Ivor Browne, Mr. J. J. Nolan.
- (b) *persons nominated by the Central Council of the Federated Dublin Voluntary Hospitals:*
 Mr. R. E. M. Clarke, Mr. J. R. Dick, Judge T. C. Kingsmill Moore, Dr. A. H. Masser, Dr. D. I. D. Howie, Professor W. J. E. Jessop, Professor P. B. B. Gatenby, Professor W. G. Fegan, Dr. G. F. Gearty, Mr. S. T. McCollum.

The Chairman will be elected at the first meeting of the Board and the chairmanship will rotate, in alternate years, between the two nominating bodies".

The functions of the Board under the Order are as follows:

- (1) to conduct, maintain, manage and develop at the hospital heretofore known as St. Kevin's Hospital, Dublin, such hospital services as may, from time to time, be approved by the Minister.
- (2) to provide such facilities for the teaching of medical, nursing and para-medical students and for the conduct of medical research as may from time to time be determined by the Minister after consultation with the Board
- (3) to provide such other services and facilities, as may, from time to time, be approved by the Minister, after consultation with the Board.

At its Inaugural Meeting in July 1972, the Board elected Mr. P. J. Burke, T.D., as its first Chairman and Mr. R. E. Clarke as Vice-Chairman. As required under Article 22 of the Establishment Order the Board has made a report for the Minister of its activities during the first year. A copy of the report is attached herewith. The Chairman for the current year is Dr. Howie of Trinity College and the Vice-Chairman is Mr. H. P. Dockrell of the Eastern Health Board.

A Board meeting is held each month. There is also an Executive Committee which meets on average every 2 weeks, a Planning and Development Committee and a joint Medical Committee. Ad hoc sub-committees are appointed for specific tasks. As is usual in a report of this nature a statement of attendances is set out hereunder:

St. James's Hospital Board
Attendance at Meetings from 2/7/71 to 26/2/73

	<i>Board Meetings</i>	<i>Executive Committee</i>	<i>Planning Committee</i>
<u>R. Belton</u>	5	Non-member	Non-member
<u>I. Browne</u>	13	Non-member	7
<u>P. Burke</u>	17	24	2
<u>S. Carroll</u>	17	Non-member	Non-member
<u>M. Clinton</u>	20	Non-member	3
<u>H. P. Dockrell</u>	15	20	4
<u>P. Hickey</u>	21	Non-member	Non-member
<u>A. Mahon</u>	20	13	Non-member
<u>J. J. Nolan</u>	20	36	7
<u>J. O'Connell</u>	3	8	Non-member

Administration

In order to facilitate the establishment of the St. James's group in 1971 the Eastern Health Board agreed to second Mr. F. Elliott to act as Secretary/Manager to St. James's Hospital for an initial period. On his return to the Eastern Health Board he was replaced by another member of the Eastern Health Board staff, Mr. L. Hogan who has since been appointed in a permanent capacity as Hospital Administrator of St. James's. Mr. Lawlor from Jervis Street Hospital was appointed as Accountant in 1972 after advertisement, interviews etc. The general accounting, engineering and support clerical services are suit supplied by the Eastern Health Board. No definite steps have yet been taken to arrange service contracts with the St. James's Hospital for such senior medical and surgical staff, presently in the service of the Eastern Health Board, who wish to be seconded to St. James's. An exception is Dr. O'Dea, who has been appointed as Medical Administrator for the Hospital. Mr. P. Moloney, Architect to the Board has been appointed also as Architect for the first stages of the new St. James's Hospital and as service Architect for the existing hospital. Miss Anne Young, Nursing Administrator and Dr. Cremin who was in charge of a geriatric section have retired. Miss McCarthy has been appointed as Matron following selection by an Interview Board.

Teaching:

An agreement was reached with Trinity College for the provision of facilities for their Medical School at St. James's and accommodation for the School is at present being erected on the site. Accommodation for the Planning Department and for the administrative staff of the Federation have also

been provided on the site while approval has been given for the establishment of a Central Laboratory service there as well. Plans have also been drawn up for the provision of a new Central X-Ray Department and post-operative facilities as well as a new Child Guidance Clinic. The provision of a new poly-clinic/out-patient block is at present under active consideration.

The School of Nursing has considerably expanded its activities and intake of students. A combined scheme of training has commenced with Our Lady's Hospital, Crumlin. This is a new experimental course leading to a dual qualification in four years. Exchange secondment for specialised experience has also been arranged with Dr. Steeven's Hospital, St. Patrick's Hospital and St. Ita's Hospital.

The School of Physiotherapy which formerly had its headquarters at Hume Street is now based on the St. James's site and the building of the new school block has now been completed and is in operation. Mr. Stockton, M.B.E., is the new Principal of the School.

Buildings:

The special unit for sick and premature infants attached to the Maternity Hospital which had been commenced by the Dublin Health Authority has now been completed. Also finished and in use is the new Mortuary and P/M building as well as the reconstructed boilerhouse which were commissioned by the Dublin Health Authority. The Hospital Board has confirmed that the use of Hospital 3 for patient occupation should cease as soon as possible, but closure of the building is unlikely for a considerable time to come. The lease transferring the major portion of the former St. Kevin's complex to St. James's Board has not yet been completed.

While the need of new office accommodation for the Eastern Health Board is now very acute the St. James's Hospital staff also have inadequate office space.

Comments.

The new St. James's Board has now been in operation for nearly 2 years and a reasonable integration period for such a new body has now elapsed. It is desirable therefore, at this stage to examine the position of the Eastern Health Board vis-a-vis the St. James's Hospital Board—what relationship, if any should exist between the Boards other than formal representation of 50% of the Hospital Board with a right to chairmanship in alternative years? How deeply should the

Eastern Health Board be concerned with the activities etc., of the St. James's Board? It could be accepted that the 10 Federation and Trinity representatives on the Hospital Board in considering proposals and/or problems would primarily (and naturally) have regard to their parent interests. They would tend to have a more clearly defined group policy approach to issues, proposals and problems. This is understandable as no doubt the Central Council of the Federation would in general discuss and pre-determine policy and objectives insofar as they are involved in St. James's.

No similar arrangement exists in respect of the Eastern Health Board representatives which tends to result in a less co-ordinated approach in relation to issues. This is not difficult to understand when it is appreciated that until 1971 the Dublin Health Authority had full control of St. Kevin's Hospital and in practice exercised that control through the officers of the Authority and Visiting Committees—there was no hospital board as such in the hospital. The position now is completely different and at most the Eastern Health Board may be said to have at present an indirect influence through its representatives on the Board of the Hospital, the controlling staff of which are no longer answerable to the Eastern Health Board. This change in control is not necessarily an undesirable development so long as the Board realise and accept that fact. Such a realisation would include acceptance of the need to have more of their senior officers representing them on the Hospital Board to ensure that the Hospitals policies etc., at *working level* were as far as possible in accord with the general outlook of the Board. At the moment questions and problems arising from the interaction of respective policies and decisions at Board, Executive Committee and Management levels, in St. James's and in the Eastern Health Board are in the main referred to me. To an extent this arrangement has advantages but the situation would be much more balanced and broadly based if the Programme Manager, Community Care, the City M.O. and a practising G.P. who is also a member of the Eastern Health Board were, at the next change of membership, included in the ten representatives from the Board. A somewhat similar position though on a smaller scale obtains in the relations between the Eastern Health Board and the Board of James Connolly, St. Vincent's, Mater etc. In the case of the Voluntary Hospitals, it would be desirable where it does not already apply that each Board should have at least one experienced member or officer from the Eastern Health Board who would act as a two-way channel of information as well as promoting the health programmes of the Eastern Health Board insofar as they involved the hospitals.

The Eastern Health Board still controls directly the major psychiatric institutions and services as well as homes for the aged and infectious diseases hospitals. The Community Care Services are almost entirely provided directly by the Eastern Health Board if we include the agency based service of the general practitioners. The major general hospitals however, are not under the direct control of the Eastern Health Board. On this basis, the Board, can, within such Ministerial guidelines as apply, control the operation of the psychiatric, geriatric and infectious diseases institutions and to a lesser extent the relevant domiciliary services. A similar pattern will apply in the case of the Community Care Services. The general hospitals including the major maternity and paediatric units will remain administratively independent of the Board. This in effect means that the general hospitals will continue to set their own standards of efficiency and care within the framework of Ministerial, Dublin Regional Hospital Board and University requirements.

In relation to the responsibility of the Eastern Health Board for provision of hospital services in the region, it would be as well to consider the relative positions of the three main general hospital groupings viz. St. James's Federation Unit, St. Vincent's, Elm Park, and Mater/St. Laurence's/Jervis Street. On a location basis the St. James's/Federation Units are most readily available to patients in the South City area within the canal line and in the densely populated housing estates to the West and South-West. St. Vincent's is most accessible to the Southern City environs and suburbs. Dun Laoire etc. The Mater group are most conveniently placed to serve the North City and suburbs. The rapid development of the estates at Blanchardstown, Tallaght and North East Dublin will present new hospital service problems although the development of James Connolly Memorial Hospital will help solve the needs at Blanchardstown. Apart from general hospital facilities, accommodation for maternity, paediatric and geriatric cases will also be required. It would be logical therefore, at this stage to examine the feasibility of associating with the three major groupings above such hospitals and homes as are within the respective normal activity zone of each group, so as to ensure a reasonably comprehensive bed service in each of the areas e.g., St. Columcille's, Vergemount. St. Michael's, Monkstown, etc., could be regarded as having a place in the activity zone of St. Vincent's. A similar identification could be made in respect of the other two groups. Such a development would be in general accord with my previous reports of 25th February, 1972 and 23rd March,

1972 and should in due course facilitate development of the Community Care Programme insofar as hospital facilities are required".

After a discussion to which Councillor Hickey, Dr. Mahon, Deputy Clinton, Mr. O'Flynn and Dr. Jennings contributed the following motion proposed by Mr. O'Flynn, seconded by Dr. Jennings was unanimously adopted:

"That the report on St. James's be adopted and that a Working Party be set up to examine proposals in relation to the membership of St. James's and to the development of co-ordinated bed service facilities linked with the three main hospital groups".

27/73 HEALTH CENTRES/GROUP PRACTICE

The following Report No. 19/1973 from the Programme Manager, Community Care, was submitted:

'The Board has 124 premises in use for the provision of General Practitioner Services. Prior to 1947 such premises were known as dispensaries and included a surgery for the dispensary doctor, rooms for the nurse and assistance officer and a waiting room. The Health Act, 1947 authorised the provision of larger buildings to accommodate the full range of local health services:—The Dispensary Service, Child Health, Nursing, Ante-natal, Psychiatric and Social Work/Welfare services. These buildings are called health centres and 38 of them have been provided since 1947. Sixteen can be classified as major health centres.

In the developing areas new health centres will be required and some of the older buildings need to be replaced or re-constructed to bring them to modern standards and provide extra accommodation required by expanding community care services, particularly Child Health, Nursing, Social Work and Welfare. Most of the existing health centres are in continuous use. They are available to former District Medical Officers in the morning and to other services in the afternoon, and generally it is not possible to extend the time available to either sets of services.

Heretofore, the Board's responsibility to provide accommodation for these services was clear. The Choice-of-Doctor scheme has led to changes in this responsibility. The Board has in effect contracted out to General Practitioners the provision of the service and of the necessary premises, and under the scheme the general rule is that the doctor would see his

patients, public and private, at the same centres of practice. Former District Medical Officers were given the concession of continuing to use the health centres or dispensaries (of the 110 former District Medical Officers who participated in the new scheme 105 use dispensaries or health centres). The other 265 participating doctors attend to patients at their private surgeries. Owing to the need for space for other services, it would not be possible generally to allocate extra space or time to former District Medical Officers to enable them to see all of their patients at these centres and so adhere to the spirit of the scheme. In view of this, the Board should encourage former District Medical Officers to acquire, improve or enlarge private surgeries, so that they could see all their patients at these premises. Grants are available for this purpose. This development would release accommodation urgently required for the other services.

In the developing areas such as Tallaght, extensive new health centres are required, and the question arises whether accommodation should be provided for the General Practitioner Service. If such accommodation were to be included it would entail provision of a separate suite for the exclusive wholtime use of the General Practitioners. This suite, together with the accommodation for the other services would result in much larger and more costly premises than would otherwise be required. I would not favour the provision of accommodation for individual doctors.

Group practices, however, have considerable benefits for patients and doctors, and if a Group require accommodation it should be provided in a separate premises. The Board should assist by providing premises on a rental basis or by giving a realistic grant or loan to the Group to provide their own premises. The concept of Group practices was the subject of a report to the Board in May, 1972. (Report No. 41/72).

A Consultative Council is at present considering all aspects of the future development of general practice and pending publication of and a decision to accept the report, I recommend that the Board proceed with the provision of new centres to meet the requirements of the services for which it is directly responsible.

A detailed report on the new projects will be submitted to the next meeting".

On a proposal by Councillor Carroll, seconded by Mr. O'Flynn the report was noted.

28/73 FINANCING OF THE HEALTH SERVICES

The following Report No. 17/1973 from the Chief Executive Officer was submitted:

"General:

In my report No. 7/1973 of 26th January, 1973 to the Board regarding the financing of the Eastern Health Board and of the two joint Board hospitals, St. James's Hospital and James Connolly Memorial Hospital, I indicated that the Minister said he would arrange a meeting between his officials, the Managers of the Rating Authorities and Health Board Personnel at which the matter would be examined in greater detail.

The meeting took place in the City Hall on 8th February, at which the Department officials stated that the Minister's view was that the Joint Board's Hospitals should be financed by the Health Board, the expenditure to be met by Health Grants and contributions from rating authorities. The alternative was that the Board should pay for eligible patients from its area at voluntary hospitals capitation rates. In the opinion of the Department officials this alternative method would not be any more favourable to the rating authorities, particularly when it was realised that increases in rates would be alleviated by means of Supplementary Grants. The officials were not able, however, to indicate what Supplementary Grant would be available in respect of the year 1973/74.

Following the meeting with the Department officials a meeting took place between representatives of the rating authorities concerned, i.e., Dublin Corporation, Dublin County Council, Dun Laoghaire Corporation, Kildare County Council and Wicklow County Council at which the following resolution was unanimously adopted:

'That this meeting wishes to be assured by the Minister for Health that the excess Health expenditure of the Eastern Health Board for 1972/73 be met in full by State grant and that it is the view of the Rating Authorities represented here today that the grants payable by the Minister for Health for the year 1973/74 will enable the Health rate to be stabilised at the rate for 1972/73.

That the meeting also requests the Minister to notify the Rating Authorities and the Eastern Health Board immediately, of the amount of grant which he proposes to pay for the financial year 1973/74".

The terms of this resolution were conveyed to the Secretary, Department of Health by the Dublin City Manager on 8th February, 1973. A reply has not yet been received from the Department.

In the current year, the Board has had to incur substantial bank overdraft, on occasions exceeding the authorised limit of £2 5m. due to the fact that expenditure is running at a higher level than income from Health Grants and contributions from rating authorities. The causes of this situation are as follows:

1. The Minister reduced the Board's Estimate of Expenses for 1972/73 by £1-8m. although he later conceded that the estimate as revised must be regarded as open-ended in respect of major elements of expenditure.
2. The rating authorities reduced the Board's demands on them to the extent of £589,400.

The attention of the Department of Health has been drawn to this situation on several occasions during the past few months, the last time being on 12th February 1973 when it was pointed out that expenditure for the current year was likely to be in the region of £29m., while income from grants and contributions was £25 3m.. resulting in a deficit of £3-7m. In addition there was a deficit of £800,000 at the close of the financial year 1971/72, making a total deficit of £4-5m.

The Department have not yet indicated how this deficit is to be liquidated.

Accommodation for Overdraft:

The sanction to the Board's overdraft borrowing expires at 31st March, 1973, and it is now necessary to make arrangements in regard to the following months.

Until the Department of Health notifies what Health Grants will be available it is not possible to state what the level of income will be in the coming financial year. In the circumstances I recommend that the Board consent to the temporary borrowing of up to £3 million as required by way of overdraft accommodation during the months of April and May next".

On a proposal by Councillor Hickey, seconded by Mr. Corrigan it was unanimously resolved:

"That the Eastern Health Board hereby consents to the temporary borrowing by way of overdraft accommodation from the Allied Irish Banks as requested in Report No 17/1973".

29/73 CREATION OF ADDITIONAL OFFICES

The following Report No. 18/1973 from the Chief Executive Officer was submitted:

" 1. *Additional Offices:*

(a) *Medical Director, Programme for Training for Long Stay Patients:*

The Programme Manager, Special Hospital Care, in his June, 1972 report drew attention to the need to adopt a more concentrated approach to the problem of re-training the long-stay population in the Mental hospitals to help them and to find ways to restore as many as possible to a state of at least partial independence in the community. He has now submitted a comprehensive report on the subject in which, inter alia he recommends the appointment of a Medical Director for assignment to this project. I am satisfied that there is need for this appointment and I propose, with the consent of the Board, to seek the sanction of the Minister for Health to the creation of this additional office to which I propose to apply a salary of £4,115 x £167 - £4,783 x £169 - £4,952 per annum.

(b) *Staffing—An Lar, Bray:*

Approval in principle was given at the June, 1972 meeting to the Programme Manager, Special Hospital Care proposal to establish a day centre at Bray and it is hoped to open this centre in the near future. It will be staffed in the main by transfer of staff from Newcastle Hospital but the following additional personnel will be required—1 Clerk Typist, 1 Minibus Driver, 1 Psychiatric Social Worker and 1 Temporary office of Assistant Chief Nursing Officer. I propose with the consent of the Board to seek the sanction of the Minister for Health to the creation of these additional offices.

The cost in a full year will be £6,000 approximately.

(c) *Technical Services Officer:*

At its meeting in January, 1971 the Board adopted the Management organisation recommended in Vol. 1 of the McKinsey Report in which provision was made for a Maintenance Officer with responsibility for the upkeep of the Board's property and for the maintenance of plant and equipment in the Institutions administered by the Board. The Minister for Health has recently declared qualifications for the post under the title of Technical Services Officer and I now propose to

send a statutory request to the local Appointments Commission for the filling of the post at the same salary level as that for the Functional Officer grade which currently is £4.136 to £4.786.

2. Revision of Salary Scales and Conditions:

**(a) Salary Scales. General Trained Nurses—
St. James's Hospital and James Connolly Memorial
Hospital:**

Further to report No. 8/1973 in connection with the payment of a 10% increase to general trained nurses I wish to report that the cost of applying this increase to nursing personnel at St. James's Hospital and James Connolly Memorial Hospital for the period from 1st January, 1972 to 31st March, 1973 is £79,000 and for the year ending 31st March, 1974 is £69,000. No provision was made in the current estimates.

**(b) Labour Court Recommendation 2771
Week-end/Public Holiday and Night Duty Payments.
Psychiatric Nurses:**

Further to Report No. 8/1973 the sanction of the Minister for Health has been received to apply the terms of the above recommendation for the period from 1st July, 1972 on the basis that 'normal rate' of pay is interpreted as 1/365 of the officers annual salary. On the basis of this approval the cost of applying this award for the period from July, 1972 to 31st March 1973 is £95,000 and in the year ending 31st March, 1974 is £200,000 for which no provision has been made in the estimates".

After a discussion the following resolution proposed by Dr. McCormick and seconded by Or. Meade was unanimously adopted:

"That the Eastern Health Board consents to the proposals contained in Report No. 18/1973 and authorise excess expenditure of £174,000 in the current financial year in excess of that provided in the Estimate of Expenses for that year and expenditure of £275,000 in the financial year ending 31st March, 1974 in excess of that provided in the Estimate of Expenses for 1973/74 under the following headings:

		102	8/3/1973
<i>Service</i>	<i>Purpose</i>	1972/73	1973/74
HEALTH:		£	£
Hospitals and Homes:			
	Psychiatric Hospitals	95,000	206,000
	Joint Board Hospitals	79,000	69,000
		£174,000	£275,000"

30/73 DISPOSAL OF SITE AT ST. BRENDAN'S HOSPITAL

The following Report No. 11/1973 from the Chief Executive Officer was submitted:

"By Order MH. 1115/66 the Chief Executive Officer recommended that the Electricity Supply Board's General Conditions relating to making an increased supply of electricity available to St. Brendan's Hospital be accepted, in addition to the following conditions:

- (1) The provision free of cost to the E.S.B. on an agreed site of a suitable sub-station building to the Electricity Supply Board's specification.
- (2) The disposal to Electricity Supply Board of the site by way of lease for a minimum term of 100 years subject to payment of an annual rent of 1/-d. in advance on demand.
- (3) All electricity supply for the Hospital to be taken in a switch room adjoining the sub-station.
- (4) The Electricity Supply Board to be allowed adequate access facilities to the sub-station at all times.
- (5) Written permission to be given to Electricity Supply Board to take possession of the sub-station building on its completion to the Electricity Supply Board's satisfaction for the purpose of installing, operating, and maintaining the electrical equipment pending completion of the legal formalities of site transfer.

I recommend that the Eastern Health Board consent to the disposal of the site and building to the Electricity Supply Board in accordance with the terms of lease and conditions set out above.

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 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".

On a proposal by Dr. Doyle, seconded by Mr. O'Flynn it was unanimously resolved as follows:

'That the Eastern Health Board consent to the disposal of the site and building at St. Brendan's Hospital in accordance with the terms of Report No. 11/1973".

31/73

PROGRESS REPORT

The following Report No. 15/1973 from the Chief Executive Officer was submitted and noted on a proposal by Councillor Hickey, seconded by Mr. Corrigan.

"St. Colman's Hospital, Rathdrum:

Work is proceeding satisfactorily on this project and as previously reported it is expected that accommodation for the patients should be ready in the late autumn. The Architect is preparing proposals for the provision of additional accommodation for nursing staff and Occupational/Industrial Therapy Unit, for the rehabilitation of St. Kevin's (former T.B. Unit) and for the demolition of old buildings at a cost of approximately £70,000. These proposals will be forwarded to the Department of Health shortly.

Welfare Home, Bray:

This project is also proceeding satisfactorily, and should be completed in time—September, 1973.

District Hospital, Baltinglass:

The Department of Health has advised the Board that work may commence on the provision of the new 30-bed geriatric wing and Physiotherapy Unit at this Hospital.

St. Vincent's Hospital. Amy:

The Department's sanction is awaited to the Board's proposals for the acceptance of a tender for the new Convent, Nurses' Home and Mortuary. The Architect has been instructed to submit proposals for the completion of Stage 2 of this project.

County Hospital, Naas:

An order has been placed with the Contractor for the two new lifts and the Board expects to be in a position to commence work on the provision of the lift shafts and ancillary services shortly. The Architect has been instructed to prepare proposals for the improvement of staff accommodation in the X-Ray Department.

Welfare Homes at Clonskeagh and Ballymun:

The Architect's plans are at an advanced stage and will shortly be submitted for the Minister's approval.

Computer Enhancement:

At the January meeting the Board were informed that a Computer-based system combining the Choice of Doctor Scheme records and the General Medical Services Register drawn up by the Central Data Processing Section of the Public Service Department in collaboration with the Board's Officers was under examination. The system meets the specified requirements of the Board and will be introduced on 1st April, 1973.

The General Medical Services Register now covers some 65,000 card holders and a total of 136,000 persons; it is in the form of a card index and individual files and it has, therefore, not been possible to associate the information it contains with the relevant section of the computerised data file of persons availing themselves of the Choice of Doctor Scheme. A single data bank will now be formed from which a wide range of statistical and social information will be readily available for management purposes. Amongst the operational advantages which the new system will provide is the production of the medical cards by Computer, automatic medical card review

data, up to date lists of medical card holders by doctor, by area, by age, by social condition etc.

In accordance with the Board's decision to avail of the C.O.P.S. Computer for a period of one year a further application to the Board's work is now under discussion. Basically, the proposal being considered is the creation of a unified data bank in respect of the allowances payable under various provisions of the Health Acts, the Blind Persons Act and the Public Assistance Act, and a method of distribution by Paying Order instead of in cash at different centres and, not infrequently, under unfavourable conditions".

32/73 RECOMMENDATIONS FROM LOCAL HEALTH COMMITTEES

The following Report No. 16/1973 from the Chief Executive Officer was submitted:

'Kildare Local Health Committee:

"Recommend that negotiations should commence between the Eastern Health Board and Kildare County Council to arrange for a settlement on the basis of St. Mary's Hospital, Naas continuing to be occupied as offices by the County Council".

Wicklow Local Health Committee:

"Recommend that the Eastern Health Board request the Minister for Health to restore the facility which obtained prior to the coming into operation of the Health Act, 1970, whereby temporary authorisation under the G.M.S. lasting for a month could be issued by local authority members".

On a proposal by Mr. D. O'Flynn, seconded by Miss M. Lacey it was unanimously resolved as follows:

"That the resolution from Kildare Local Health Committee be adopted and the recommendation from the Wicklow Local Health Committee be deferred".

33/73 NOTICES OF MOTION

(a) The following motion in the name of Deputy Clinton was unanimously adopted:

"Amend Article 2 of Standing Orders by the insertion after the words 'public holiday' of the following: 'or a day which in the opinion of the Chairman is unsuitable'".

- (b) The following motion in the name of Mr. K. Harrington was unanimously adopted:

"That this Health Board request the Government to proceed immediately with the construction, as planned, of the new Dental Hospital in Cork".

- (c) The following motion in the name of Mr. H. Corrigan was. at his request, deferred:

"Having regard to (a) the stated aims of successive Ministers for Health that it is not National Policy to provide free medical services to every citizen irrespective of income, (b) the definition of full eligibility contained in the Health Act, 1970 (Sec. 45), and (c) the Provisions of the Constitution which recognise, *in alia*, the Family as the Natural Primary and fundamental Unit Group of Society, the members of the Eastern Health Board urge the Chief Executive Officer to reconsider his Policy of making full services available to Students over 16 years of age without first establishing whether or not the Parents of such Students require medical cards for their children".

- (d) The following motion in the name of Dr. J. McCormick was agreed on a proposal by Dr. McCormick, seconded by Councillor P. Hickey:

"That the Eastern Health Board request the Minister for Health to amend the Health Act, 1970 to empower health boards to provide free drugs and free in-patient hospital care for children with inherited and congenital disabilities and long-term incurable illnesses".

34/73

CORRESPONDENCE

- (a) The following letter dated 7th February, 1973 -from the North-Eastern Health Board was submitted:

"At their meeting on 15th January, 1973 the Board considered and adopted the undermentioned motions:

'That Paraquat (Gramoxone) should not be sold in its present form but that some form of smell should be put in it and that it should not be admitted to this country in its present form.

Copies of this resolution to be forwarded to the Minister for Health and each Health Board".

While agreeing with the content of the Resolution contained in the letter the Board felt it was essential that something positive should be done and decided to refer the matter to the co-ordinating Committee on Drug Abuse.

(b) The following letter dated 29th January, 1973 from the Midland Health Board was submitted and noted:

"At their meeting on the 18th January, 1973, the Board considered and adopted the undermentioned motion, and asked that it be circulated to the other health boards:

"That this Health Board condemns the practice whereby Medical Officers must state in certificates to State Departments and local authorities, the nature of illness of their patients where certificates are so required, and that in order to preserve the confidential nature of illnesses and confidence between doctor and patient, we ask that this requirement be discontinued, and further call on the Minister for Health to interest himself in this matter of special urgency which is to be deplored. Copies to be sent to all other health boards".

(c) Letter from Deputy Richie Ryan tendering his resignation because of his other commitments, was accepted with regret.

The meeting terminated at 9.15 p.m.

CORRECT:

EOGHAN O CAOIMH.

Chief Executive Officer.

Chairman.