

EASTERN HEALTH BOARD

Minutes of Proceedings of Monthly Meeting of the Eastern Health Board held in the Boardroom, St. Brendan's Hospital, Grangegorman, on Thursday 3rd August, 1978 at 6 p.m.

Present:

Cllr. Mrs. J. Barlow	Dr. D. G. Kelly
Dr. J. D. Behan	Cllr. D. Kinsella
Cllr. D. Browne	Deputy Mrs. E. Lemass
Cllr. M. Carroll	Deputy T. Leonard
Cllr. J. Connolly	Prof. J. McCormick
Cllr. O. Cooney	Dr. P. McCarthy
Mr. H. Corrigan	Dr. A. Meade
Cllr. H. P. Dockrell	Deputy C. Murphy
Cllr. E. Doyle	Dr. B. Powell
Ald. A. Fitzgerald	Dr. B. Sheehan
Cllr. Mrs. A. Glenn	Cllr. J. Sweeney
Cllr. A. Groome	Dr. J. Walker
Mr. K. Harrington	Cllr. E. Stagg
Ms. N. Kearney	

Apologies Sr. Columba, Mr.

Matthews and Dr. M. Walsh

In the Chair Alderman

Alexis Fitzgerald

Officers in Attendance

Mr. E. O Caoimh	Mr. F. J. McCullough
Mr. J. J. Nolan	Mr. J. Clarke
Mr. F. Donohue	Mr. P. J. Swords
Mr. T. Keyes	Mr. J. Doyle
Prof. I. Browne	Mr. C. Mansfield
Prof. B. O'Donnell	Mr. A. O'Brien
Mr. F. J. Elliott	Mr. M. Cummins
Mr. J. F. Reynolds	Mr. P. A. Duggan
Mr. R. N. Lamb	Miss E. Larkin
	Miss B. Kelly

At this point the Chairman noted that 3 report on the availability of accommodation at Usher's island for ex-patients of the Central Mental Hospital was to have been submitted at the August meeting but was not before the Board. He emphasised that where a report was called for, it should be ready for the Board at the appropriate meeting.

(b) Annual Meeting.

The minutes of the Annual Meeting of the Eastern Health Board held on 6th July, 1978, having been circulated were confirmed on a proposal by Cllr. Carroll seconded by Cllr. Mrs. Barlow.

85/78 MATTERS RAISED BY CHAIRMAN

The Chairman introduced the Better Health Pack and Kitchen Wall Chart issued by the Health Education Bureau which had been circulated at the meeting. He indicated that further copies were freely available from the Bureau which would also welcome comment on the package.

Professor McCormick recommended that the Board should not endorse this publication as he had reservations about its contents. He wished to have the matter placed on the Agenda for the next meeting for discussion when he had more time to study it. Dr. Behan asked that the opinion of the Board's Dietician be asked and he reported to the Board at the same meeting.

86/78 PROCEEDINGS OF VISITING COMMITTEES

The reports of the following Visiting Committees having been circulated were dealt with as follows:—

(a) No. 1 Visiting Committee held at District Hospital, Wicktaw on 22/6/78.

Deputy Murphy, whose name was omitted, asked that he be included in those present at the meeting.

Cllr. Doyle stated that although not included in the minutes it has been said at the meeting that the Board would match the £1,500 collected locally for comforts of patients.

On a proposal by Cllr. Sweeney seconded by Deputy Murphy the report was noted.

(b) No. 3 Visiting Committee held at St. Brigid's Hospital, Crooksling, on 4/7/78.

Dr. McCarthy expressed his admiration as a Board member for the wonderful local voluntary effort on behalf of patients and of the work of the hospital Matron and Staff and asked that this be conveyed to the Hospital. Mr. Nolan praised the great local spirit and it was agreed that the Chief Executive Officer would write to the Matron in those terms.

On a proposal by Dr. McCarthy, seconded by Cllr. Cooney the report was noted.

(c) No. 4 Visiting Committee held at Mountpleasant Hotel and Day Centre on 12th July, 1978.

Cllr. Mrs. Lemass referred to 6 persons in residence in the Hostel who were ready for transfer to a Group Home but apparently this was not possible as local authority housing was not available. Mr. Keyes and Prof. Browne indicated that money was available but it was difficult to acquire property for this purpose in the area or adjacent. It need not be local authority housing. Mr. Harrington asked that the position of supervisor be advertised again. In reply to Cllr. Mrs. Barlow Mr. Keyes said that he expected the Technical Services Officer would be able to deal with the decoration and floor covering shortly.

On a proposal by Deputy Mrs. Lemass, seconded by Cllr. Mrs. Barlow the report was noted.

(d) No. 4 Visiting Committee held at Usher's Island on 12/7/78.

Deputy Mrs. Lemass said the Committee also visited the building at the rear of Usher's Island and considered that, while it might suit as a night shelter it would be unsuitable for ex psychiatric patients because of its design.

In reply to Dr. Behan's enquiry about the possibility of a delay in opening Warrenstown House due to delay in telephone installation, Mr. Keyes said that installation was expected within three to four weeks.

On proposal by Mr. Harrington, seconded by Cllr. Mrs. Barlow, the report was noted.

87/78 PROCEEDINGS OF LOCAL HEALTH COMMITTEES

(a) Dublin County Local Health Committee held on 3/6/78.

Cllr. Carroll referred to the need for a Maternity Unit at the James Connolly Memorial Hospital. Mr. Nolan read an extract from a letter just received from the Minister for Health in response to representation made on behalf of the Committee in which the Minister indicated that he was not yet in a position to make a decision on this matter. The letter will be circulated to members of the Committee and to the James Connolly Board.

Councillor Connolly referred to the recent ministerial proposals for a change in eligibility for hospital services. In this connection Prof. McCormick felt that the Board should have a view on these proposals for the guidance of the Minister. He asked that the matter be placed on the Board's agenda for discussion and that the draft legislation together with a summary of the main points covered be circulated.

On a proposal by Cllr. Connolly seconded by Cllr. Carroll the report was noted.

(b) Wicklow Local Health Committee held on 19/5/78.

In reply to Councillor Kinsella's enquiry Mr. Nolan said that the Technical Services Officer would send him a copy of his report on the ambulance service in Co. Wicklow,

On proposal by Cllr. Sweeney seconded by Cllr. Kinsella the report was noted.

**88/78 CARE OF THE AGED
ACCOMMODATION REQUIREMENTS**

The Chairman suggested that this report be the subject of a special meeting. It was agreed unanimously to hold a Special Meeting at the end of October at which all available documentation including, hopefully, the McCormick Report and submissions from staff etc. involved would be available.

**89/78 CHOICE OF DOCTOR SCHEME
APPLICATION TO EMPLOY AN ASSISTANT**

The following Report No. 18/1978 from the Chief Executive Officer was submitted:~

"Application by Doctor J. W. Fegan, The Lawn, Finglas, Dublin 11, to employ a Partner.

Doctor J. W. Fegan, The Lawn, Finglas, Dublin 11, is participating in the Board's General Practitioner Service. His centre of practice is at The Lawn, Finglas, Dublin 11. In his letter of the 15th May, 1978, he has expressed his wish to employ a partner, as he has a large panel of eligible persons and also a large private practice.

In accordance with paragraphs 21/22 of the circular letter 8/75 dated the 9th April, 1975 issued by the Department of Health, the Irish Medical Association and the Medical Union were asked for their observations on Doctor Fegan's request. In letters dated 13th and 22nd June, 1978 the Irish Medical Association and the Medical Union respectively stated that they had no objection to Doctor Fegan's proposal.

I recommend, subject to the approval of the Board, that Doctor Fegan's request be approved and that a partner for Doctor Fegan be selected in accordance with the procedure laid down in paragraphs 21/22 of the Department's circular letter 8/75 dated 9th April, 1975. The relevant extract from this letter is as follows:—

21. The creation of a position as partner, or as an additional member of a group practice, or as an assistant with a view to partnership for the purpose of the general medical service will be subject to the approval of the Health Board. In considering any such proposal the Board shall have regard to the total practice of the applicant. Before giving approval the Board must be satisfied:—

- (a) that the creation of the position is preferable to the creation of an additional position which could be filled by open competition in the normal way; and
- (b) that the creation of the position will not result in the admission of a particular person into the general medical service while other equally well or better qualified persons are not given a reasonable chance to compete. Where the Chief Executive Officer proposes to seek the approval of the Board to the creation of a position as partner, or as an additional member of a group practice, or as an assistant with a view to partnership, he shall, before doing so, consult the medical organisations.

22. Where a Health Board agrees to the creation of a partnership or an addition to a group practice or the recruitment of an assistant with a view to partnership the position will be advertised in the normal way but the doctor or doctors involved or a nominee of the doctor or doctors involved in the proposed taking in of a partner, or additional member or assistant will be entitled to sit on the selection board. The selection board shall pay due regard to any objection of this representative to the giving of the post to a particular individual or individuals. If the Board considers it desirable it may not recommend any candidate for appointment.' "

Dr. Sheehan asked that the Board be also notified of applications from doctors to employ an assistant or partner which were not approved by the Chief Executive Officer and therefore did not come before the Board. Mr. Donohue and Mr. O'Keeffe explained the Board's criteria and procedures used in examining applications for creating extra posts in the General Medical Service and selection of candidates. A general discussion followed to which Dr. McCarthy, Dr. Walker, Prof. McCormick, Dr. Meade and Prof. O'Donnell contributed, involving whether such criteria and procedures, including marks allotted by selection boards be published. The Chief Executive Officer said he would consider the various points raised and submit a report to the next monthly meeting. On a proposal by Dr. Behan seconded by Dr. Sheehan the report was adopted.

90/78 BORROWING PROPOSALS FOR CAPITAL WORKS

The following Report No. 19/1978 from the Chief Executive Officer was submitted:

"I set out hereunder schedule of capital expenditure for which long-term borrowing arrangements must be made.

Capital Project	Estimated Cost	Estimated Grant	Balance	Loan Approved	Amount to be Raised
	£	£	£	£	£
Disinfecting Depot — Renovation	10.200	-	10.200	-	10.200
Trudder House — Section 65 Grant	60.000	-	60.000	-	60.000
Health Centre - Maynoorh	40.000	70.000	70.000	-	70.000
St. Ita'a Hospital Female Chronic Block	250.000	125.000	125.000	35.000	90.000
	460.200	195.000	265.200	35.000	230.200

It is proposed to raise loans from the Commissioners of Public Works, repayable over a period of 35 years to provide the required sum of £230,200."

In reply to Cllr. Sweeney. Mr. Donohue said that Trudder House was the property of the Dublin Committee for Travelling People but a number of the Board officers sat on the management board for Trudder House.

On a proposal by Dr. McCarthy seconded by Cllr. Carroll the report was adopted.

91/78

**CHOICE OF DOCTOR SCHEME AND REPORT OF
GENERAL MEDICAL SERVICES (PAYMENTS)
BOARD 1977**

The following Report No. 20/1978 from the Chief Executive Officer was submitted:—

'The Report of the General Medical Services (Payments) Board for 1977 has been circulated to the Board. The report shows that the total expenditure in the eight health board areas on doctors fees and medicines (ingredient cost of medicines and dispensing fees paid to Pharmacists) in 1977 was £33,184,469 an increase of £4,726,271 (17%) over 1976. The ingredient cost of medicines increased from £11,414,874 in 1976 to £14,306,175 in 1977 - an increase of 25.4%.

GROSS EXPENDITURE (MEDICINES AND DOCTORS' FEES)

	1975	1976	1977	% increase on
	£	£	£	1976
E.H.B.	6.081.265	7.261.551	8.355.762	15
National	23.949.284	28.458.198	33.184.469*	17

FEES PAID TO DOCTORS

	1975	1976	1977	% increase on
	£	£	£	1976
E.H.B.	2.098.415	2.491.463	2.647.234	6
National	8.799.708	10.355.398	10.981.577	6

INGREDIENT COST OF MEDICINES (including V.A.T.)

	1975	1976	1977	% increase on
	£	£	£	1976
E.H.B.	2.647.608	3.262.266	4.016.460	23
National	9.132.544	11.414.874	14.306.175	25

DISPENSING FEES PAID TO PHARMACISTS

	1975	1976	1977	% increase on
	£	£	£	1976
E.H.B.	1.278.675	1.465.783	1.643.044	12
National	4.120.876	4.704.543	5.353.928	14

**STOCK ORDERS (INGREDIENT COST,
DISPENSING FEE AND V.A.T.)**

	1975	1976	1977	% increase on
	£	£	£	1976
E.H.B.	56.567	42.439	49.024	16
National	1.872.360	1558.586	2.518.250	29

* A sum of £24,539 for needles, syringes, is included.

ADMINISTRATION

For the year 1977 the cost of administration in the Payments Board was £429,040 (1.5% of the total expenditure) of which approximately £117,985 (27.5%) was apportioned to the Eastern Health Board. The cost of administration of the service in the offices of the Eastern Health Board was £170,000. The total cost of administration for the service in the Board's area in 1977 was therefore £287,985.

PARTICIPATING DOCTORS

Table 1 Page 10 shows that at the 31st December, 1977 there were 434 doctors (including 62 former District Medical Officers) participating in the Scheme in Dublin, Wicklow and Kildare, representing 33% of the total number of doctors participating in the Scheme.

PARTICIPATING PHARMACISTS

Table 2 Page 11 shows that at the 31st December, 1977 there were 383 pharmacists in the Board's area, almost 35% of the total pharmacists participating in the Scheme.

PERSONS COVERED BY MEDICAL CARDS

The persons covered by medical cards in each of the Health Board areas are shown in Table 4 Page 13. The figure for Eastern Health Board as at 31st December, 1977 was 265,836* (26.84% of the total population*) as against 253,941 (25.64% of the total population) as at 31st December, 1976 (1971 Census)

* If the 7,000 students names deleted from the Board's records in December, 1977 had been removed from the G.M.S. computer file by 31st December, 1977 figures would have read 258,836 (26.13%)

OVERALL PAYMENT PER PERSON (TOTAL COST OF CONSULTATIONS TOGETHER WITH TOTAL COST OF PRESCRIPTIONS DIVIDED BY TOTAL OF PERSONS ON DOCTORS' PANELS)

	1975	1976	1977
	£	£	£
Eastern Health Board	27.30	29.99	32.16
National	21.93	24.54	27.59

NUMBER OF CONSULTATIONS BY DOCTORS PAID BY FEE

Table 8 Page 17 lists the number of consultations by doctors paid by fee in each Health Board area. It will be noted that for the year ended 31st December, 1977 the number of consultations by doctors in the Board's area was 1,589,237 of which 1,244,775 were surgery consultations and 344,462 were domiciliary visits. The number of consultations in the Eastern Health Board area represents approximately 25% of the total (6,236,435) for the country. In Table 22 Page 30 it will be seen that the average payment to doctors per consultation for the Eastern Health Board area for year ended 31st December, 1977 was £1.67 which was 5% below the National average of £1.76.

VISITING RATES

In Table 10 Page 19 it will be noted that the average visiting rate of doctors (paid by fee) in the Board's area for year ended 31st December, 1977 was 6.22 as against 6.59 for the previous year. The National average visiting rate for 1977 was 5.34. The surgery and domiciliary visiting rate in the Eastern Health Board area was the highest in the country and was 16% above the National average.

Table 11 Page 20 shows that the visiting rates of 313 doctors in the Board's area were in the range 1 — 7.9; 33 in the range 8 — 9.9; 12 in the range 10 - 11.9; and that 5 doctors had a visiting rate of 12 and over.

Tables 11 — 18 inclusive allow of a comparison of visiting rates of doctors in the range 4 — 8.99 in the eight health board areas as follows:

Health Board	Visiting Rate of Doctors		
	4.0 - 5.9	6.0 - 7.9	8.0 - 9.9
Eastern	152	144	33
Midland	59	13	2
Mid-Western	52	13	1
North Eastern	60	19	2
North Western	37	21	2
South Eastern	81	23	1
Southern	89	61	8
Western	78	24	2
	608	318	51

Sixteen doctors had a visiting rate of 10 and over and of these doctors 14 were in the Eastern Health Board area.

CONSULTATION FEES PAID TO DOCTORS IN THE PERIOD FROM JANUARY, 1977 TO DECEMBER, 1977 INCLUSIVE

NUMBER OF DOCTORS		INCOME RANGE	
From	To	£	£
123	0	-	2,500
88	2,501	-	5,000
70	5,001	-	7,500
51	7,501	-	10,000
37	10,001	-	12,500
25	12,501	-	15,000
11	15,001	-	17,500
15	17,501	-	20,000
5	20,001	-	25,000
2	25,001	-	30,000
Total		427	

INCOME RANGES OF PHARMACISTS BASED ON DISPENSING FEES PAID IN THE PERIOD FROM 1st JANUARY, 1977 to 31st DECEMBER, 1977.

NUMBER OF PHARMACISTS	INCOME RANGE	
	From £	To £
144	0	2,000
127	2,001	4,000
57	4,001	6,000
40	6,001	8,000
14	8,001	10,000
9	10,001	12,000
4	12,001	14,000
4	14,001	16,000
4	16,001	20,000
2	20,001	25,000
1	25,001	30,000
—	30,001	35,000
1	Over £35,000	

MOST COMMONLY PRESCRIBED DRUGS

Table 36 (page 43) sets out the thirty most commonly prescribed drugs in order of their prescribing frequency in 1977.

In Table 37 there is an analysis of prescribing frequency according to Therapeutic classification.

DISTRIBUTION OF DRUGS AND MEDICINES ACCORDING TO THERAPEUTIC CLASSIFICATION FOR THE YEAR ENDED DECEMBER, 31st 1977

In Table 38 the distribution is shown under the headings of therapeutic class, prescribing frequency, % of scheme, total and ingredient cost.

SUMMARY OF STATISTICAL INFORMATION

Table 39 (page 49) is a summary of statistical information on the choice of doctor scheme in the eight health board areas for the five years ended 31st December, 1977.

SCHEME FOR ASSISTANCE TOWARDS THE COST OF PRESCRIBED MEDICINES/APPLIANCES FOR PERSONS WITH LIMITED ELIGIBILITY

In addition to the cost of medicines in the General Medical Service in the Eastern Health Board area, considerable expenditure is involved in the Scheme for assistance towards the cost of medicines and appliances for persons with limited eligibility. Under the provisions of this scheme the Board is authorised to refund to eligible persons a proportion of their outlay in respect of a calendar month on prescribed medicines and medical and surgical appliances. No refund is payable where the cost of medicines/appliance? purchased in

respect of a calendar month is less than £5.00. Where the cost of medicines/appliances purchased in respect of a calendar month is more than £5.00 then

- (a) a refund of half the cost between £5.00 and £8.00 is made and
- (b) a refund of the balance in excess of £8.00 plus the £1.50 under (a) is also made.

Expenditure on this scheme has risen from £144,000 in 1973/74 to £749,000 in 1977. In the same period the cost per claim has increased from £4.00 to £10.00.

The majority of the population is eligible for this scheme and the scheme is open ended in that every eligible person who incurs expenditure on prescribed medicines may claim a refund of proportion of his/her outlay on the basis of (a) and (b) above.

The Board's expenditure on the Scheme is also influenced by the rising cost of medicines and appliances.

TOTAL EXPENDITURE ON MEDICINES IN 1978

On the basis of budgetary control figures for the five months to May 1978 indications are that the Board's expenditure on medicines for year ended 31st December, 1978 will be as follows:—

General Medical Service	£6,630,000
Long Term Illness Scheme	938,000
Limited Eligibility — assistance towards the cost of medical scheme	£1,203,000
	£8,771,000

which would represent approximately 36% of the total financial allocation to the Community Care Programme for 1978."

In reply to Cllr. Connolly, who referred to the high earnings indicated for a number of the participants in the scheme Mr. Donohue said that the report did not indicate whether a doctor employed a number of assistants-or whether a pharmacist might in fact be a chain of shops under one management.

Dr. Sheehan said the report indicated a 24 hour 7 day week general practitioner service for 20p per person per week representing very good value in a medical service to the Board and the patients.

On a proposal by Mr. Corrigan seconded by Cllr. Sweeney the report was adopted.

92/78 HEALTH CENTRES IN WICKLOW

The following report No. 21/1978 from the Chief Executive Officer was submitted:—

The following health centres are structurally sound and in a satisfactory state of repair:—

Annamoe, Tinahely,
Enniskerry Arklow, (new)

The following health centres are structurally sound but require repairs which will be carried out this year.

Kilcoole: requires roof repairs. Consideration is being given to extending the building.

Roundwood: New floors are required and they are being put in this year.

Delgany: Re-wiring.

Avoca: Painting and joinery work.

Bartinglass: Painting and roof repairs.

Aughrim: Joinery and painting work.

Carnew: Painting and joinery work.

Rathdrum: Painting and joinery work.

The cost in 1978 of repairing the above mentioned health centres, together with the re-painting of the Health Centre and the Welfare Home in Bray and the offices in Kilmantin Hill, will be approximately £34,000.

BRAY HEALTH CENTRE (KILLARNEY ROAD)

The building is structurally sound but the accommodation is inadequate. The Board is negotiating for accommodation in the present Vocational School in Florence Road, Bray, which will become vacant when the new Vocational School is built and ready for occupation in 1979. This additional accommodation, together with that in the existing health centre at Killarney Road would, for the immediate future, meet the health services requirement for Bray. The health centre will be painted this year and new floor covering provided.

BALLYKNOCKAN

Is a small detached cottage rented by the Board from Wicklow County Council. Accommodation consists of waiting room, surgery and one small room used as a store. Electric lighting is installed and heating is by means of two electric radiators. There is an outdoor toilet. There are no washing

facilities. The General Practitioner provides the general practitioner service on one day each week. The premises, which are approximately eight miles from Blessington and serve a fairly wide hinterland, are not suitable and it is hoped to provide alternative accommodation.

BLESSINGTON

The premises are owned by the Board. Accommodation consists of waiting room and surgery. There are two outdoor toilets. The premises are adjacent to but separate from the Dispensary Residence. Electric lighting is installed and heating is by storage heaters and electric radiators. Washing facilities for Doctor/Nurse consist of wash-hand basin with hot and cold water. The general practitioner service is provided on two days each week. The premises are not up to standard and it has been decided to provide a new health centre. It is expected that the building of the new health centre will be commenced in 1979.

COOLATTIN

The premises are rented by the Board from Mrs. Maura Behan. Accommodation, which comprises part of a private dwelling, consists of surgery and the use of a kitchen as waiting room. Electric light is provided and heating in surgery consists of a solid fuel fire. There is no toilet and washing facilities consist of basin with cold water. The general practitioner service is provided once weekly. These premises will not be required when the proposed new health centre at Shillelagh is built and in operation. Pending the erection of this health centre it is proposed to provide a temporary Health Centre. It is expected that the latter will be available at the end of September, 1978.

COOLKENNO

This is a small two-roomed building rented by the Board. There is no electric light and no toilet. Washing facilities consist of basin with cold water. Heating is by way of solid fuel fire in surgery and paraffin heating in waiting room. The General Practitioner attends on one day each week. A telephone is installed. The premises are situated approximately six miles from Shillelagh in the Carlow direction. The Director of Community Care proposes to discuss with the General Practitioner as to whether it is necessary to retain the dispensary at Coolkenno when the temporary building is available at Shillelagh.

DONARD

The premises are rented by the Board. Accommodation, which is part of a private dwelling, consists of waiting room and surgery, the floor of which is in a bad state of repair. Heating in surgery consists of solid fuel fire while the waiting room is heated by a range. Electric light is provided. There

are no washing or toilet facilities. The general practitioner service is provided on one day each week. These premises are not up to standard. The Director of Community Care recommended that they be replaced by a new health centre and the latter will be included in the list of projects in the Capital Programme for 1979.

DUN LAVIN

The former inadequate and unsatisfactory dispensary is being replaced by a new health centre which is under construction and which it is expected will be completed in September next

DUNGANSTOWN/BARNDARRIG

The dispensary accommodation is adjacent to the dispensary residence occupied by the General Practitioner. The accommodation is unsuitable and it is proposed to provide a new health centre.

FERRYBANK

The premises are owned by the Board. Accommodation consists of waiting room, surgery and small attic room in a small cottage type detached house. Electric light is provided and heating is by way of electric radiators. Washing facilities comprise wash-hand basin with hot and cold water. The General Practitioner attends once weekly. The roof is defective and there is a crack in the gable wall. Indoor toilets are required and new floors are necessary. Having regard to the cost of bringing this (small) dispensary to the desirable standard it is necessary to establish whether the premises should be retained since a new health centre has been provided in Arklow town. This matter is being discussed with the General Practitioner concerned.

GRANGECON

The premises are rented by the Board. Accommodation consists of one average sized room used as a surgery and one small room used as waiting area and is located on the ground floor of a private dwelling. Electric light is provided. Heating in waiting room is from a range while the surgery is heated by an open fire. There are no washing or toilet facilities. The General Practitioner attends on one day every alternate week. The accommodation provided is comfortable but inadequate. The General Practitioner considers that, having regard to the small number of patients who attend at this dispensary and because of the unsatisfactory facilities there it could be closed and the patients requested to attend at Baltinglass dispensary.

HOLLYWOOD

The premises are rented by the Board. Accommodation consists of two rooms. There is no electric light and heating is by way of a Calor Gas stove. There are no washing or toilet facilities. The General Practitioner attends on one day each week. The owner is being requested to improve the premises.

KILTEGAN

The health centre accommodation consists of three newly decorated rooms (with adequate lighting, toilet and washing facilities) on the ground floor of the dispensary residence and is satisfactory.

KNOCKANANNA

The premises are rented by the Board. The accommodation, which forms part of a private dwelling, comprises a waiting room and a surgery. Electric light is provided and heating is by way of electric radiators in surgery only. There are no toilet or washing facilities. The General Practitioner service is provided on one day each week. The facilities are unsatisfactory. The Director of Community Care recommended that a new health centre be provided and it will be included in the list of projects in the Capital Programme for 1979.

KNOCKANARRIGAN

The premises, which are single storey and detached, are owned by the Board. Accommodation consists of waiting room and surgery. Electric light is provided and heating is by convector heater and electric radiator. There are no toilet or washing facilities. The General Practitioner attends once weekly. These premises are in reasonable structural condition but are not satisfactory. They serve an area which is very isolated in Winter. It is considered that the proposed new health centre at Donard will be convenient for the persons in the Knockanarrigan area.

NEWTOWNMOUNTKENNEDY

The premises are owned by the Board. The dispensary, which is located on the ground floor of a two storey building (the resident caretaker occupies the first floor) consists of surgery, waiting room, examination room and outdoor toilet. Electric lighting is provided and heating is by way of storage heaters and electric radiator. Washing facilities for Doctor/Nurse comprise wash-hand basin with hot and cold water. The premises, which are in reasonably good state of repair and decoration, are well placed to provide services in a well populated area. It may be necessary at a future date, to provide a more commodious health centre.

RATHDANGAN

The premises are rented by the Board. Accommodation, which is part of a private dwelling, comprises one room used as a surgery. Patients wait in hallway. Electric light is provided and heating is by way of stove in surgery only. There are no toilet or washing facilities. The General Practitioner attends once weekly. Facilities are unsatisfactory. It is considered that Kiitegan health centre would be convenient for the eligible persons in Rathdangan.

STRATFORD

The premises are rented by the Board. Accommodation, which is part of a County Council cottage, consists of a surgery and waiting space. Electric light is provided and heating in surgery is by way of solid fuel fire. There are no toilet facilities. The General Practitioner attends once each week. The General Practitioner concerned is being asked for his views as to whether it would be a hardship on persons in the Stratford area to attend at Baltinglass Health Centre instead of at Stratford.

WICKLOW

The premises are owned by the Board. The building, which is an end-of-terrace house, provides the following accommodation:— Ground floor surgery, ground floor waiting room with flush toilet opening off. Upstairs — one small room used as Dental Surgery and office. Electric lighting is installed and heating is provided by storage heaters. Washing facilities for Doctor/Dentist etc comprise wash hand basins with hot and cold water. The premises are in use each week day. These premises are both inadequate and unsatisfactory. A decision has already been taken to erect a new health centre and central offices on a site beside Wicklow Hospital. Planning of the project is well advanced and it is expected that the building will be commenced before the end of this year. Pending the availability of the new health centre, other arrangements are being considered."

In reply to Deputy Murphy's query Mr. Donohue said that the provision of a Health Centre in Greystones was high on the priority listing. He would consider an increase in rent in the case of a premises referred to by Dr. McCarthy where the owner was prepared to update the facilities. A discussion followed comparing the value of larger centralised health centres with the possibility of a pick up service to transport patients as against small local centres. Mr. Donohue said that many of the centres in Wicklow were rented with low level of usage. He proposed phasing out some of these. Any premises without water or a toilet would have these services installed this year or 1979. In reply to Dr. Kelly, Mr. Donohue said that because of the Board's constant need for extra accommodation it was not the policy to sell dispensary residences to their occupiers but he would consider any individual case submitted.

On a proposal by Cllr. Mrs. Glenn seconded by Cllr. Groome the report was adopted.

93/78 ST. JAMES'S HOSPITAL BOARD

The following Report No. 22/1978 from the Deputy Chief Executive Officer was submitted:—

"(a) MEMBERSHIP OF ST. JAMES'S
HOSPITAL BOARD

Since 1971 the Central Council of the Federated Hospitals has been pressing for a revision of the membership of the St. James's Hospital Board which would have the effect of reducing the Eastern Health Board representation from 10 members (i.e. 50%) to 6 members. The purpose of the proposed change is to allot 6 places to Medical staff consultants, 2 places to T.C.D. and 6 places to Federation nominees i.e. 14 in a Board of 20 members.

When I brought this matter formally to the attention of the Eastern Health Board at the October 1977, November 1977 and January 1978 meetings, the Board having considered all aspects of the proposals, decided unanimously that they were not prepared to agree to any change in the allocation to the Board of 50% of the membership of the St. James's Hospital Board as laid down in the statutory Establishment Order in 1971.

However, at the January 1978 meeting, the Board decided, in view of the rapid changes taking place in St. James's Hospital, to appoint a special Sub-Committee of seven members and myself to deal with matters involving the Hospital and the Board. The members are Councillors Mrs. Glenn, D. Browne and H. P. Dockrell, with Doctors Powell, Sheehan, McCarthy and Behan. A corresponding group was set up to represent the Federation/T.C.D. element of St. James's Hospital viz: Professors Howie, Watts, McCormick and Weir with Doctors Freeman, McInerney, Casey and Mr. Fraser.

A meeting between the two groups was held in the Board Room, St. Brendan's Hospital on July 24th 1978. There was a full attendance by the Eastern Health Board representatives with six attending on behalf of the Federation/T.C.D. Group. The original proposal of the Central Council, as set out in the first paragraph hereof, was again put forward but was rejected by the Eastern Health Board representatives as being in effect an attempt to alter the balance of control of the St. James's Hospital Board to the detriment of the Eastern Health Board. After further detailed discussion, to which all members contributed, it was eventually agreed unanimously that the wishes of the Federation/T.C.D. group could best be met by increasing the membership of the St. James's Hospital Board to 24 of which 50% i.e. 12 places would still be nominated by the Eastern Health Board. Of the other twelve places two would be allocated to T.C.D., one to a St. James's Hospital consultant and nine to the Central Council who would have to take into account Federated hospital representation relative to T.C.D. representation. The allocation of the extra two

Eastern Health Board places would be decided by the Board having regard to representation needs in the best interests of the Hospital, including if necessary, representatives of the medical, nursing, para-medical and other hospital staffs.

(b) **GARDEN HILL SITE**

When the new St. James's Board was established in 1971, I advised the Eastern Health Board to transfer to the new Hospital Board all the site including the Laundry, Boilerhouse and Mortuary areas but excluding a specified area at Garden Hill and the large area between Hospitals 1 and 2 and St. James's Street.

The area at Garden Hill was reserved because of arrangements made since 1969 with Unviersity College Dublin Department of Psychiatry, the Irish Foundation for Human Development and the Endocrine Unit, for use of various parts of the site. The situation was summarised in Report No. 12/1976 which was adopted by the Board in March 1976. In the meantime the St. James's Hospital Board have been advised by their Project Team that the Garden Hill site would be required for development of the new Hospital.

A meeting was held in Garden Hill House on July 12th 1978 to consider a proposal from the St. James's Hospital Project Team to utilise the entire site at Garden Hill for the new Boilerhouse and Workshops. The following attended:—

Prof. D. Howie	Mr. T. Keyes
Mr. P. Dalton	Dr. J. Cullen
Mr. P. V. Moloney	Dr. J. Behan
Mr. J. J. Nolan	Mr. T. Harty

The main points of the meeting were:

1. Dr. Cullen assured Dr. Howit? of the Foundations wish and intention to cooperate fully with the St. James's Hospital Board but pointed out that the Foundation's needs and current development proposals would also have to be catered for in terms of suitable site area and location.
2. It was agreed that the Foundation would prepare an outline brief of requirements for discussion with the St. James's Design Team representatives as to the possibility of adequate suitable accommodation being available elsewhere on the site.
3. It was also agreed that in the meantime the St. James's Hospital Board should press the Department to sanction the acquisition of the adjoining 1.3 acres which would be of great advantage to the new hospital in any event , but might also be essential in making available an alternative suitable site for the Foundation. The Eastern Health Board would be asked to support the acquisition of the 1.3 acre site.

4. The Endocrine Unit, controlled by Dr. Darragh, on behalf of the Biological and Medical Research Institute, which had hitherto been excluded from any site proposals or arrangements involving the Foundation, would if all parties agreed, be included in a "package" deal involving a new site etc. for the Foundation. The Unit has standard service arrangements with the Eastern Health Board.
5. All matters involved herein would have to be considered by Professor Browne on his return from America and also in due course by the Boards involved.
6. On the assumption that the expected date of June 1979 for starting the Boilerhouse etc. was valid, the Foundation, if an alternative acceptable site was guaranteed formally by the St. James's Board, would have no objection to the construction of the Boilerhouse starting on such part of the Garden Hill site as did not involve the activities of the Foundation.
7. A working party was set up consisting of Messrs. Dalton, Moloney, Keyes, Cullen, Behan and Harty to arrange for examination of the Foundations proposals and the provision by St. James's Board of suitable alternative facilities.

(c) **STAFF TRANSFERS FROM
EASTERN HEALTH BOARD**

During the past few years I have been approached by individuals and by staff groups now working in St. James's Hospital but who originally were members of the Eastern Health Board staff for discussion and advice as to their future employment. In most cases I advised a full transfer to the St. James's Hospital staff subject to the usual undertaking that their individual conditions of employment etc. would not be worsened. In a few cases it was deemed wiser to await further developments. As I recently had what is likely to be the final meeting in this regard I set out, hereunder, for the information of the Board the present position. I have omitted any category where none of the personnel was transferred from the Eastern Health Board i.e. Domestic Supervisor and the Assistant Catering Superintendents all of whom were recruited directly by St. James's. The numbers relate to existing staff and do not include personnel who transferred from the Eastern Health Board and have since ceased to be employed in the Hospital.

ST. JAMES'S HOSPITAL

Category	Complement	Transfers from E.H.B.	E.H.B. Officers/ Employees at 1/8/1978
Administrative/Clerical			
Medical Administrator	1	1	-
Deputy Med. Administrator	1	1	-
Asst. Section Officer	5	1	-
Clerical Officer	14	1	-
Grade II (Receptionist)	13	2	
Medical			
Physician in Geriatric Med.	1	1	-
Obstetrician/Gynaecologist	1	-	1
Physicians	2	-	7
Physicians Part-time	3	3	-
Surgeons	2	1	1
Radiologists	2	-	2
Haematologist	1	-	1
Chief Biochemist	1	1	-
Nursing & Allied			
Nurses, Sisters	347	90	2
Matron. Asst Matrons etc			7
Attendants	160	60	
Catering & Housekeeping			
Catering Superintendent	1	1	-
Cooks. Asst. Cooks.			-
Waitresses, etc.	64	26	
Domestics	110	28	
Housekeeper	1	1	
Laundry			
Laundry Superintendent	1		
Operatives Drivers etc.	43	32	2
Sorters			
Supervisor		8	
Porters/Gateman	34	3	
Drivers/Helpers			3
Paramedical			
Biochemist— Basic Grade	2	1	
Laboratory Technical Staff	20	-	
Lab. Attendants/P.W.	6	5	
Radiographers	10	5	
Physiotherapists	15 (incl. 1 Part-time)	3	2 Sponsored by E.H.B.
Medical Social Workers	9	4	
Occupational Therapists	5	2	
Maintenance			
Tradesman	33		-
General Staff'	37		9

(d) **EXTENDED CARE BEDS IN
ST. JAMES'S HOSPITAL**

At the moment there are 537 beds in the long-stay units in St. James's Hospital viz: Hospital 2 - 1 3 0 beds. Hospital 3 — 220 beds and Hospital 4 - 1 8 7 beds. In Hospital 3 however there are approximately 60 beds which are used for elderly patients with diabetes etc. who, while they will occupy beds for considerable periods, will eventually be discharged. Also in Hospital 4 there are, on average between 30 to 40 beds used for acute cases. This means that there are now approximately 440 extended care beds occupied in St. James's. In the eventual development of the new St. James's Hospital, building of which should start in 1980, Hospital 3 will be demolished. Patients, therein, will be transferred to Hospital 5 which means that about 400 extended care beds will then be provided in Hospitals 2, 4 and 5.

The report of the Geriatric Working Party of which Professor McCormick is the Chairman is not yet available but in view of the Eastern Health Boards deep involvement in all aspects of care of the aged I would recommend that the special Sub-Committee be requested to keep under review the nature and extent of the provision of extended care in St. James's Hospital."

a) A general discussion regarding the membership of St. James's Hospital Board was commenced by Dr. Behan who while not prepared to see the Health Board's representation fall below 50%, said he had reservations about increasing the size of the Board of St. James's but would agree to *xne* compromise solution suggested in the report. Prof. McCormick said he felt that members of St. James's Hospital Board should feel they were serving St. James's Hospital and that that was where their primary duty lay. it was right that part of a major hospital should be represented on the Board. Further contribution to the discussion was made by Drs. Powell, Sheehan, Meade and McCarthy and Cllrs. Dockrell and Mrs. Glenn and it was finally agreed on a proposal by Dr. McCarthy, seconded by Cllr. Mrs. Glenn that in line with Board policy to maintain a 50% representation by the Board on the St. James's Board that part (a) of the Report No. 22/1978 be adopted increasing total Hospital Board membership to 24. It was also agreed that the St. James's Hospital Board and the Federated Hospitals group be informed accordingly, and it was agreed that the special Sub Committee should be asked to make a recommendation regarding the two extra Eastern Health Board mergers of the St. James's Hospital Board.

b) Mr. Nolan indicated that the Report presented the facts to date regarding the site at Garden Hill. Dr. Behan said that the occupants of the site had very short notice but it was hoped that it would be possible to co-operate with the Hospital Board subject to certain guarantees in respect of provision by that Board of suitable alternative facilities for any of the units and activities which might have to be displaced by the development of the new St. James's Hospital.

In reply to Dr. Powell, Mr. Nolan said that the Biological and Medical Research Institute was a proposal for incorporation of the Endocrine Unit on the Garden Hill site which had been authorised originally by the Dublin Health Authority and the Department of Health and confirmed by the Eastern Health Board. The unit provided a service which was available to eligible patients and to hospitals of the Eastern Health Board while its laboratory was engaged in both service and research work without any charge on Board funds. Mr. Nolan stated that it was intended to set up a formal representative body when the future of the Garden Hill site had been determined and he would keep the Board advised of developments in that regard.

The report was noted and adopted.

c) Dr. Kelly asked about a temporary part-time Obstetrician in St. James's not shown on the list submitted. Mr. Nolan replied that there was as yet no permanent post to which he could be appointed.

The report was noted and adopted.

In reply to Cllr. Stage, Mr. Nolan said that The Health Board would not have posts for laboratory technicians and if any of that grade did not wish to transfer to St. James's they would be in a situation where they would have to resign.

d) Mr. Nolan stated that he was submitting the report to the Board as a reminder to keep under review the situation in St. James's Hospital regarding the provision of extended care facilities for the aged while the new hospital was being developed.

The report was noted and adopted.

94/78

OTHER BUSINESS

Mr. Nolan read a letter as set out hereunder, from himself to the Chairman regarding the appointment of a Chief Executive Officer.

***3rd August, 1978.**

**Aid. Alexis FitzGerald,
13, Merrion Row, Dublin
2.**

Dear Chairman,

it has been indicated fairly clearly by the Minister for Health that he does not propose to accept the Board's unanimous request that I be appointed as Chief Executive Officer in a temporary capacity on Mr. O'Keeffe's retirement as from September 4th 1978.

I am aware, with sincere appreciation, of many approaches by individuals to the Minister, but at this stage in view of the Minister's decision I feel that prolongation of such representations would merely take from the dignity of the Board. Accordingly I would suggest that, even if dissatisfied, the Board should, in a spirit of general co-operation with the Minister, accept his judgement in this case. Mr. O'Keeffe would then be enabled to forward the official Statutory Request for the filling of the post.

Yours sincerely,

**J. J. Nolan,
D/CHIEF EXECUTIVE OFFICER***

The Chairman stated that while he had proposed to bring a deputation to the Minister he had been asked personally by Mr. Nolan to accept the Minister's decision.

In a discussion which followed tributes were paid to Mr. Nolan and to the dignified and direct way in which the whole affair had been handled by him. Dissatisfaction and disappointment was registered with the way the Minister had refused to accede to the Board's unanimous request. In view however of Mr. Nolan's personal wish for co-operation with the Minister's proposal, it was agreed to authorise submission of the Statutory Request. It was also agreed on a proposal by Dr. McCarthy, seconded by Dr. Powell to send a letter to the Minister conveying the Board's dissatisfaction and regret at his decision.

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CORRESPONDENCE

The following correspondence was read and noted.

- a) Letter from Comhairle na n-Ospideal dated 4/7/78 regarding appointments of consultancy level at St. Columciile's Hospital, Loughlinstown. It was agreed to refer the letter to Mr. Nolan for any necessary action.
- b) Letter from St. Laurence's Hospital dated 7th July, 1978 conveying the view that Jervis Street Hospital will withdraw the Dialysis Unit from St. Gary's Hospital when Beaumont Hospital is opened.

In regard to (b) Dr. Kelly referred to a Committee to deal with Chronic Renal failure which had been set up but had never met. He said that the Board should discuss this matter at some length. Mr. Nolan indicated that he would be taking up this matter with the Beaumont Hospital Board, in particular the proposed reversal of Agreement by Jervis St. Hospital regarding the Unit at St. Mary's Hospital. He undertook to keep the Board informed.

The meeting ended at 9.15 pm.

CORRECT. E. O Caoimh

Chairman

Chief Executive Officer