

7/9/1978

## 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 7th September, 1978 at 6 p.m.**

### Present

<p>Cllr. Mrs. J. Barlow            Dr. J. D. Behan            Cllr. D. Browne            Cllr. M. Carroll            Cllr. J. Connolly            Cllr. O. Cooney            Mr. H. Corrigan            Cllr. E. Doyle            Professor J. S. Doyle            Cllr. Mrs. A. Glenn            Cllr. A. Groome            Mr. K. Harrington</p>	<p>Cllr. P. Hickey            Dr. D. G. Kelly            Cllr. D. Kinsella            Dr. P. McCarthy            Professor J. McCormick            Sr. Columba McNamara            Dr. A. Meade            Deputy C. Murphy            Mr. F. O'Mahony            Dr. B. Sheehan            Cllr. J. Sweeney            Dr. J. Walker</p>
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Apologies Alderman A. FitzGerald,  
 Dr. B. Powell and Cllr. E. Stagg.

In the Chair Cllr. Mrs. J.  
 Barlow, Vice Chairman, presided

### Officers in Attendance

<p>Mr. E. O Caoimh            Mr. J. J. Nolan            Mr. F. Donohue            Mr. T. Keyes            Mr. F. J. Elliott            Mr. J. F. Reynolds            Mr. R. N. Lamb            Mr. J. Clarke            Mr. P. J. Swords            Mr. J. Doyle</p>	<p>Mr. C. Mansfield            Mr. A. O'Brien            Mr. J. A. Duggan            Mr. T. Barry            Mr. M. Cummins            Miss K. Dolan            Miss B. Kelly</p>
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96/78

### CONFIRMATION OF MINUTES

The minutes of the monthly meeting held on 3rd August, 1978, having been circulated, were confirmed on a proposal by Cllr. M. Carroll seconded by Cllr. P. Hickey.

### MATTERS ARISING FROM MINUTES

Cllr. Mrs. Glenn referred to the advertisement of the post of Chief Executive Officer by the Local Appointments Commission and enquired about the arrangements for filling the post on a temporary basis. The Chief Executive Officer replied that his appointment had been extended to the 31st October by the Minister for Health during which period he and Mr. Nolan would be in a position to take annual leave due to them. Mr. Nolan would then act as Chief Executive Officer until such time as a permanent appointment took effect.

Following discussion to which Cllr. Browne, Cllr. Mrs. Glenn, Dr. Meade and Mr. Nolan contributed it was agreed on a proposal by Cllr. Hickey again to convey to the Minister the Board's disappointment that its unanimous proposal for Mr. Nolan's appointment as Chief Executive Officer, in a temporary capacity, had not been approved.

With regard to the report on premises in Co. Wicklow, Dr. McCarthy said that most of the owners of premises rented to the Board would be willing to improve their premises at their own expense if the Board was prepared to consider payment of improved rentals. Mr. Donohue undertook to examine proposals in that connection.

### 97/78 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 on 27th July, 1978 at St. Columcille's Hospital.

In reply to Deputy Murphy's enquiry about improvement of staffing at Consultancy level in the hospital, Mr. Swords replied that a proposal submitted by Comhairle na nOispideal to St. Vincent's Hospital had not yet been considered there. In the meantime some local adjustments had been made and more would be made next month to help the situation.

Dr. Sheehan asked about the availability of Pathology services at the Hospital. He said the local doctors were not happy with the service at present as, for instance, it was not possible to satisfactorily take blood samples there. He understood that the difficulty arose over the unavailability of a technician. Mr. Nolan and Mr. Swords explained that these services are at present available through St. James's Hospital and U.C.D. The unified service offered by St. Vincent's but

7/9/1978

not yet agreed by the Department of Health would include a technician service.

Cllr. Carroll complemented Dr. Brennan's work in the Maternity Unit and said it was an example of the work being achieved at the hospital. Dr. Meade pointed out that in the paragraph on Maternity Services in the report of the visiting committee the sixth line should read "it was *now* apparent that a weekly clinic was indicated."

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

(b) No. 2 Visiting Committee held on 26th July, 1978 at St. Brendan's Hospital.

Mr. Keyes submitted a report on nursing staff levels at the Hospital:

'The report of the Visiting Committee at St. Brendan's Hospital of 26th July 1978 (Item 2(b) of Agenda) makes reference to a shortage of staff, particularly male nursing staff. I set out hereunder the actual ward staff employed at 31st July 1978 and, for comparison purposes, the staff employed at 31st July. 1977.

	31/7/1977	31/7/1978
Female Nurses	303	326
Non-Nursing Staff (female)	49	67
Male Nurses	240	238
Male Attendants	24	33
Total	616	664

I am satisfied as to the adequacy of the staff.

It is true to say that there has been a difficulty in recruiting male nurses and indeed applications for posts of student nurses are predominantly female. About 200 of the 1,100 applicants for such posts last June were male and about 25% of the panel formed as a result of that competition was male. No difficulty has been experienced in recruiting female nurses.

Members of the Board are aware that from time to time, senior medical and other staff have recommended the integration of male and female staffs in the hospital and the implementation of such a system would overcome any difficulty that might arise from the shortage of male staff."

Mr. Keyes drew attention to the fact that the total nursing staff complement is now greater by 48 than at this time last year. Commenting on the number of male staff and on the fact that, of 1,100 applicants for training recently received, only 200 were male, he said that this might be due in part to the difficulty male psychiatric nurses experience in getting places for general training as many female nurses do. A further point is that, as promotion is on seniority, it may be over twenty years before a promotional opportunity appears and so many male staff seek other employment after a short period. Integration of male and female staffs which is another long standing problem could overcome any difficulty that might arise from shortage of male staff if that trend should continue.

Cllr. Mrs. Glenn expressed surprise at the lack of response from male candidates in a time of high unemployment and suggested that the attention of the nursing organisations be drawn to the obstacles to their recruitment and retention. On a proposal by Cllr. Connolly, seconded by Cllr. Browne the report was noted.

98/78

**QUESTIONS**

On a proposal by Mr. Corrigan seconded by Cllr. Hickey it was resolved that the Chief Executive Officer should answer the questions put.

Questions from Councillor J. Connolly:

- (i) "Will the Manager say how up-to-date are the payments of refunds towards the costs of medicines to persons with limited eligibility?"

Answer:

Claims received in August, 1978 in respect of the month of July are being paid at present and it is expected that all claims for that month will be cleared within the next two weeks.

Arrangements are being made to have payment of claims processed by the computer. This arrangement, which it is hoped to introduce within the next two months, will result in a substantial reduction in the period required for the processing of these claims.

- (ii) "Will the Manager say in detail who is entitled to a medical card?"

**Answer:**

**Section 45 of the Health Act, 1970 states that:-**

**45(1) A person in either of the following categories shall have full eligibility for the services under this Part —**

- (a) adult persons unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants.**
- (b) dependants of the persons referred to in paragraph (a).**

**(2) In deciding whether or not a person comes within the category mentioned in subsection (1) (a), regard shall be had to the means of the spouse, (if any) of that person in addition to the person's own means.**

**Eligibility for a medical card under this Section is determined on the basis of the guidelines set out in Report No. 2/1978 dated 3rd January, 1978. The weekly income referred to in the guidelines is inclusive of the income of the spouse (if any) in addition to the applicant's own income. The assessable income is the gross weekly income less:—**

- (a) the weekly outgoings on rent, ground rent, mortgage charges in excess of £3.50.**
- (b) exceptional expenses incurred in travelling to and from work where these create undue hardship.**

**If the net income is within the relevant guideline figure, the applicant is eligible for a medical card. Special circumstances mentioned by an applicant in his application are taken into account when a decision is being made as to his eligibility for a medical card.**

**Persons in receipt of:**

- (i) Social Welfare non-contributory pension at the maximum rates;**
- (ii) Old Age (care) Allowance; Deserted Wife's Allowance, Infectious Diseases (Maintenance) Allowance; Disabled Persons (Maintenance) Allowance,**

**will be regarded as being eligible for a medical card without further assessment of means.**

99/78

**USHERS ISLAND  
AVAILABILITY OF ACCOMMODATION**

The following report No. 23/1978 from the Chief Executive Officer was submitted:—

"As arranged at the July meeting of the Board (Ref. 80/ 78 (c)), I submit herewith report of the Chief Psychiatrist on availability of accommodation at Ushers Island Day Centre.

**USHERS ISLAND CENTRE**

Details of the accommodation available at the Usher's Island Centre and its use were given in Report No. 50/1975, (Paragraph 49/76 of minutes) referred to a motion proposing that the hostel at Usher's Island be made available to the Simon Community. That report indicated that the facility was not acceptable to the Simon Community, in that it was not in a community setting. While the use of the hostel as a half-way house for discharged prisoners was envisaged in Report No. 50/1975, developments and experience since then indicate that both the location and the extent of the accommodation render it unsuitable for this purpose. The layout of the limited space available would not lend itself to adaptation to create the kind of normal domestic living conditions which a hostel should provide. In any event, given that former Central Mental Hospital patients would require the care of a resident staff, the hostel accommodation, even if suitable, would have to be further reduced to provide for this.

As regards location, the deterioration of the social fabric in the central area of the city particularly at night, since the question of any kind of residential care at Usher's Island was first considered, is such as to rule out any possibility of using this facility for any form of residential after care.

The feasibility of using the Usher's Island hostel accommodation to replicate the AnCo Henrietta Street Training Unit is at present being examined actively with officers of that organisation.

Ivor Browne, Chief  
Psychiatrist"

Mr. Keyes said that in consultation with the medical staff it was decided that the accommodation was not suitable for use as a Hostel. He was negotiating with AnCo for the establishment of a training scheme for which the premises would be more suitable and when proposals in this regard were formulated he would report again to the Board.

The report was noted.

**100/78 DEVELOPMENT OF NAAS HOSPITAL  
DEPUTATION TO MINISTER**

The following report No. 24/1978 was submitted:—

"Arising from discussions at meetings of the Kildare Local Health Committee on the level of services being provided at the County Hospital, Naas and also having regard to the request received from the Kildare County Council for the reception by the Minister for Health of a deputation on the future role of the hospital, the following report is submitted to the Board:

**Preliminary**

The Board has been kept advised through reports from the Visiting Committee and other reports submitted from time to time to the Board on the position in regard to the hospital services in County Kildare. The following is a summary of the position:

Shortly after the Board assumed responsibility for the Health Services in County Kildare in 1971 it became apparent that there were a number of major matters outstanding for a considerable time which required urgent attention and which have in the main been dealt with by the Board on a priority basis having regard to the available funds — both revenue and capital.

**St. Vincent's Hospital, Athy**

The community and staff here were found to be living under deplorable conditions in the upper floors of the front block of the Hospital. The Eastern Health Board immediately made and maintained urgent representations to the Department including intervention by the then Chairman of the Board, Councillor P. Hickey, with the Minister for Health, until approval was given for the new Convent, Nurses' Home and Mortuary. These works were completed and formally opened in June, 1975, the cost being £147,227.

Despite a very limited budget for maintenance in the following 2 years, the Board also agreed to an expenditure of about £12,000 for the remedying of defects in windows installed under County Council aegis, in the new blocks at St. Vincent's. As part of the on-going programme of improvements the roadways and parking areas have been tarmacadamed. Improved facilities of a temporary nature have been provided in the Old buildings for the Pharmacist, Physiotherapists and Ambulance personnel.

It was also found that there were a number of serious deficiencies in the staffing arrangements at St. Vincent's which as well as limiting service to the patients were also imposing a very unfair burden on the religious sisters in charge. Here again, on the basis of continuous personal representations to the Department, it has been found possible to provide for 5 extra supervisory nursing posts and also additional nursing and attendant staff to provide a minimum-level cover at night. In fact, posts have been transferred to St. Vincent's Athy from some of our Dublin Hospitals and priority has been given in the 1977 and 1978 Job Creation Programmes for some of this hospital's longstanding urgent needs.

During the course of the initial building work at St. Vincent's, 1973/1975, the-Board endorsed a scheme for further necessary improvements and outline plans were submitted to the Department of Health for the final stage of development. Regrettably however, due to the financial restrictions in 1975/77 this work was not proceeded with. St. Vincent's Hospital, Athy is listed in the 1978 Capital Programme and outline plans covering the replacement of the accommodation in the old buildings have been submitted to the Department of Health and further discussions with the Departmental Officers will take place during September. It is hoped that a start on this major project will be made towards the end of this year. The scheme submitted provided for the replacement of approximately 60 beds in the old part of the hospital and also for the provision of additional long stay accommodation to meet the growing demands in the County. The Board will be kept advised of progress on discussions with the Department in regard to this major scheme which involves a number of policy matters in relation to the best and most convenient location for additional long-stay accommodation in the County.

#### County Hospital, Naas

With regard to Naas Hospital, it was found necessary, following the take over in 1971 for the Board to undertake provision of improved accommodation and facilities. The Department were reluctant to authorise any development as they had reservations about the acquisition some time previously of St. Mary's Hospital by the County Council, for use as administrative offices. Eventually however, following sustained representations by the Board, as in the case of St. Vincent's, Athy, approval was received to proceed with the installation of two lifts. This project, we understood had been under consideration, without any positive outcome, for some years by the Kildare County Council. With the personal



7/9/1978

co operation of the County Manager a settlement in regard to the transfer of St. Mary's to the County Council was arranged last year with the Department of Health.

In addition as a result of an examination of the sub-standard residential accommodation available for nurses and other staffs in the hospital buildings, further urgent representations had to be made to the Department to provide finance for the purchase and furnishing of 6 houses on the housing estate nearby in 1974. Expenditure on the lifts, piped oxygen and the 6 staff houses came to £142,871.

Serious deficiencies in staffing levels in the hospital were also remedied by the Board, particularly in regard to the employment of night supervisory staff and more recently, approval was obtained for the employment of a Senior Physiotherapist, this post being one of the 2 approved for the total Board area. Approval was also obtained to an arrangement which would facilitate the employment of a full time Pharmacist at Naas. A post of Catering Superintendent has been included in the 1978 Job Creation Programme and an Officer will be assigned to this duty as soon as a new Kitchen/ Dining Room is completed towards the end of the year. Further additional necessary staff including Radiographers, Receptionist, etc. will be provided as soon as Departmental sanction and finance are received. The Board also, following personal representations from Dr. Waldron, Consultant Physician at the Hospital has substantially improved his position. He was formerly employed in a part-time capacity only during the County Council era, but is now employed on a full time basis as a result of the case made for him to the Department by the Board.

As in the case of Athy, we took advantage of the implementation of the Capital Programme for the lifts in Naas Hospital, to draft and submit to the Department outline plans for the provision in the hospital of a Geriatric Assessment Unit, and Acute Psychiatric Unit, modernisation of the kitchen and dining facilities and separate accommodation for the hospital's office staff including a central office for the clerical, administrative, medical and nursing staff etc. who are currently housed in Basin Street and the other locations in Naas.

In regard to the latter proposals, the Board had found on taking over the hospital in 1971 that the kitchen and dining facilities were below standard and that this was also a matter which had been under consideration by the County Council for some time. Despite our best efforts over the past 5 years

or so, it was not until the current year that we were able to make some finance available to have part of this work put in hands. No special allocation had been made for the work, which has therefore to be financed out of the limited allocation received to cover the three Counties and Dublin City. There is also a serious problem in regard to the accommodation for the office staff in the hospital, which will have to receive attention as soon as the required funds can be made available. The total lack of designated changing facilities for the hospital staff is also a serious deficiency which also will have to be remedied as soon as possible.

Efforts were also made to improve specific medical and related services in the hospital within the overall development plan and in the interim on the basis of making the best possible use of available accommodation. In that regard discussions took place about 3 years ago at the hospital involving the Matron, Or. Waldron, Mr. Gibson, Or. Carroll, Radiologist and Radiology staff, the Architect, Technical Services Officer and the Administration. Following full consideration on the limitations of space etc. it was agreed that in order to make room for a second x-ray room and supporting accommodation, it could be arranged to move the consulting rooms used by the Surgeon and Physician to the far side of the corridor and to adjust the accommodation in that area to provide better facilities for the Dental Officer and Consultants as well as a new Casualty Room and a treatment room. Again, despite severe limitations on finance, this work was carried out by the Board's direct labour staff during 1976 and 1977 and has resulted in a considerable improvement over the former arrangements. It has also meant that better accommodation was made available at the rear of the hospital for the ambulance staff. Concurrently also, considerable improvements were made in the Physiotherapy Department, mainly by the purchase of new equipment.

With the completion of the above work and the transfer of the Consultants' rooms, etc. to the far side of the hospital, space became available to re-organise the X-Ray Department so as to provide for two examination rooms. The Local Health Committee and the Visiting Committee have been kept advised of developments in this department and it is expected that two x-ray machines together with Image Intensifier and additional processing equipment will be operational shortly thus providing Naas Hospital with up-to-date equipment capable of meeting present demands and providing for some future development over the next few years. The cost of the alterations and improvements to the X-Ray Department, including the new x-ray machines and ancillary equipment, together with the new Kitchen and staff Dining Room will not be less than £175,000. This work is scheduled for completion towards the end of November.

With regard to the general development of the hospital, the Board re-submitted its proposals to the Department of Health as part of the 1978 Capital Programme to allow for the detailed planning of the Geriatric Assessment Unit and additional patient accommodation. This proposal was not included in the Capital Schemes approved by the Department for 1978 but it is intended to make further representations to them for approval to go ahead with the planning of this new accommodation which will provide also for physiotherapy and occupational therapy. It is proposed that this scheme will complement the major scheme at St. Vincent's Hospital, Athy. These proposals will also include for the provision of accommodation for the psychiatric services, office accommodation, etc. Concurrently discussions have been taking place with the Kildare County Manager and with his co-operation, the Board is preparing draft outline proposals for the location of the additional patient accommodation, offices for hospital administrative staff, community care staff and ambulance and maintenance staff on the site owned by the Board at the Hospital and also on part of the grounds adjacent to St. Mary's which is County Council property. The Board is appreciative of the co-operation being given in this matter by the County Manager and his staff.

#### **Further Development of the Hospital**

Reference has been made at Board and local level on discussions which took place with a committee appointed by Comhairle na nOspideal in April, 1977. While no specific decisions were taken by the Comhairle representatives at that meeting, which would have a bearing on the future role of the hospital, it was agreed that the outpatient services should continue to be developed. It was suggested by the Comhairle representatives, (as they have also done in the case of St. Columcille's Hospital at Loughlinstown and of Cherry Orchard Hospital) that consultant services at Naas should eventually be provided by way of linked appointments with the nearest large general hospital. In the case of Naas Hospital and Cherry Orchard Hospital, the nearest major hospital is St. James's pending the planning, building etc. of a new hospital at Tallaght: St. Vincent's, Elm Park is nearest to St. Columcille's and Vergemount Hospitals. Proposals have been submitted to St. James's Hospital with regard to the strengthening of the specialist services at Naas including the making of arrangements relative to the replacement of the posts of County Surgeon and County Physician when the present holders relinquish their offices.

Discussions are taking place at Committee level in St. James's on the detailed requirements of Naas in the various specialities and it is hoped that the Board will be in a position to make a formal submission to the Comhairle shortly. Briefly it is envisaged in these proposals that a post equivalent to County Surgeon would be retained and he would have the support of consultants in this field from the staff of St. James's. With regard to the medical services it is envisaged that the local consultant would also have the support, as required, of their relevant colleagues. In the shorter term and in order to meet immediate requirements the recommendation of Dr. Waldron, County Physician, to have the support of a medical Registrar was submitted to the Department of Health in 1974 and their reply is still awaited. It is proposed that the post would be filled on a rotating basis by the Registrar staff at St. James's.

I would like to state that it is Board policy to develop Naas Hospital and to resist strenuously any attempt to downgrade the hospital. However, as an Chomhairle na nOspideal are the statutory body controlling Consultants posts and appointments it would seem that eventually we will have to comply with their requirements in relation to consultants posts in Naas Hospital.

I attach hereto statistics relating to activity at the Hospital.

J. J. Nolan

D/Chief Executive Officer &  
Programme Manager,  
General Hospital Care"

#### COUNTY HOSPITAL, NAAS

- 1.1 Description: The hospital is situated on the outskirts of Naas, the county town for Kildare, which is located on the main Dublin to Cork road, 21 miles from Dublin. Accommodation consists of 95 beds (60 medical; 35 surgical). Theatre, Out-Patients, Casualty, X-Ray and Physiotherapy Departments, Dental suite. Ambulance base. Convent, maintenance headquarters, staff residences and mortuary. Out-patient clinics and other ancillary services are provided in Naas Health Centre as an adjunct to the hospital. Day Care Services for elderly persons living in the community are provided in the Naas Day Centre which is operated in conjunction with the services provided for the elderly in the hospital.

7/9/1978

## **2. CATCHMENT AREA**

**2.1 Description:** The catchment area comprises the entire County of Kildare and the western part of County Wicklow, a total of approximately 1,000 sq. miles. There are four other hospitals within this area:

**St. Vincent's Hospital, Athy Baltinglass  
District Hospital General Military Hospital,  
The Curragh Drogheda Memorial Hospital,  
The Curragh**

County Kildare is mainly good agricultural land, (except the western part which is the Bog of Allen), with large towns at Naas, Droichead Nua, Athy and Kildare which have established industrial infrastructures. The Curragh Military Camp is also situated within the county as well as other army barracks at Naas and Kildare town. The Western part of County Wicklow comprises hilly farm land and the western slopes of the Wicklow mountains, with no major towns.

**2.2. Physical Features:** Three large rivers, the Liffey, the Barrow and the Slaney flow through the area while the Grand Canal crosses County Kildare from Hazelhatch to Monasterevan to Athy and the Royal Canal from Leixlip to Moyvalley. There are lakes on the river Liffey at Leixlip and Blessington; the western slopes of the Wicklow hills and the Blessington Lakes are increasingly being visited by Dublin residents for recreational purposes such as hiking, pony-trekking, mountain climbing, hang-gliding, motor scrambling, boating and yachting, with the increasing likelihood of accidents, particularly at weekends. The railway lines from Dublin to Cork, Dublin to Galway and Dublin to Waterford also cross county Kildare.

The catchment area is transversed by the following national primary and secondary roads:

**National Primary Roads:**

**N4, Dublin to Galway/Sligo, approx. 20 miles from Leixlip to Moyvalley**

**N7, Dublin to Cork/Limerick, approx. 26 miles from Kill to Monasterevan**

**N9, Dublin to Carlow/Waterford, approx. 27 miles from N7 at Naas to Castledermot.**

**Total — 73 miles**

**National Secondary Roads:**

**N78, Dublin to Kilkenny/Waterford, approx. 16 miles from N9 at Kilcullen to Athy**

**N81, Dublin to Tpllow/Wexford, approx. 26 miles from Manor Kilbride to Baltingiass**

**Total — 42 miles**

**The majority of persons injured in road traffic accidents on these roads are brought to the County Hospital for treatment.**

- 2.3. Demographic Features:** The population of County Kildare increased from 64,420 in 1961 to 66,404 in 1966 to 72,977 in 1971. The estimated population in 1977 was 92,000 and the projected population is 110,000 in 1981 and 153,000 in 1991. However, the increases are not uniform throughout the county, as the following table illustrates:—

Town	COUNTY KILDARE Census of Population			Estimated Population	
	1961	1966	1971	1976	1991
Naas	4,023	4,529	5,078	7,000	15,000
Droichead	4,419	5,285	6,444	9,000	18,000
Athy	3,042	4,419	4,654	5,000	8,000
Kildare	2,551	2,855	3,137	4,000	7,000
Leixlip	915	1,328	2,402	6,300	11,000
Monasterevan	1,273	1,412	1,619	2,000	3,000
Celbridge	1,305	1,482	1,568	2,000	11,000
Maynooth	1,753	1,187	1,296	4,200	6,000
Kilcock	739	814	827	1,100	7,000
Clane	271	330	543	1,400	6,500
<b>Total for County</b>	<b>64,420</b>	<b>66,404</b>	<b>71,977</b>	<b>87,000</b>	<b>153,000</b>

**The population of the Baltingiass Rural District, which corresponds to the West Wicklow area served by the hospital, has not changed appreciably since 1961 and is unlikely to change dramatically over the next fifteen years:**

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7/9/1978

**WICKLOW - BALTINGLASS RURAL DISTRICT**

Town	Census of Population			Estimated Population	
	1961	1966	1971	1976	1977
Baltinglass	806	854	909	1,000	
Blessington	491	561	637	900	
Dunlavin	416	432	423	500	
<b>Total for District</b>	<b>8,550</b>	<b>8,430</b>	<b>8,710</b>	<b>9,500</b>	<b>10,000</b>

**3. CONSULTANT SERVICES**

**3.1. Medical Department: Accommodation consists of 60 beds, including 2 for coronary care, and out-patient consultation rooms. Out-patient Clinics are held on Tuesday and Thursday from 10.00 a.m. to 1.00 p.m. Medical staffing is 1 County Physician and 3 House Physicians. Statistics for the past few years are:—**

<b>IN-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
Bed Complement	60	60	60	60
Admissions	1,092	1,268	1,242	1,273
Patient Days	18,070	18,248	18,368	18,548
Admissions to Coronary Care	88	84	90	109

Analysis of these statistics shows the following:

	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
Percentage bed occupancy	82.5%	83.3%	83.6%	84.7%
Patients per bed per annum	18.2	21.1	20.7	31.2
Average length of stay	16.5	14.4	14.8	14.6
	days	days	days	days
Average bed vacancy interval	3.5	2.9	2.9	2.7
	days	days	days	days
<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of New Patients	328	398	435	365
Return Visits	1,694	2,059	2,063	1,907
Total Attendances	2,022	2,457	2,498	2,272

**While the number of admissions in 1976 was slightly lower than that for 1975, and 1977, activity for the 3 years was at about the same level and considerably higher than for 1974. Percentage bed occupancy and average length of stay were in line with the national average for County Hospitals. The average age of in-patients is increasing year-ly and the hospital**

and Community Care Staffs are finding it increasingly difficult to obtain long-stay accommodation for elderly patients who are fit for discharge but can no longer be cared for in their own homes. The ancillary services such as X-Ray, Physiotherapy, Occupational Therapy, etc., would also need to be developed further before any further reduction in average length of stay could be achieved.

Development proposals envisage the provision of a Geriatric Assessment and Rehabilitation Unit (30 beds) which would be under the control of a Geriatric Physician.

**3.2 Surgical Department:** Accommodation consists of 35 beds, theatre, casualty department and out-patient consulting rooms. Out-Patient Clinics are held on Mondays, 10.00 a.m. to 1.00 p.m., Wednesdays, 2.30 p.m. to 5.00 p.m. and Fridays, 2.30 to 5.00 p.m. Medical staffing is 1 County Surgeon, 1 Surgical Registrar, 2 House Surgeons, and 1 Surgical Intern. A County Anaesthetist is also employed. Statistics for the past few years are:

<b>IN-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
Bed Complement	35	35	35	35
Admissions	1,508	1,611	1,458	1,442
Patient Days	11,072	12,228	12,318	10,883
Road Traffic Accident Cases admitted	446	397	298	458

Analysis of these statistics shows the following:

	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
Percentage bed occupancy	86.7%	95.7%	96.2%	85.2%
Patients per bed per annum	43.1	46.0	41.7	41.
Average length of stay	7.3	7.6	8.4	7.6
	days	days	days	
Average bed vacancy interval	1.1	0.3	0.3	1.3
	days	days	days	

Activity was at same level over the 4 year period. Average length of stay was reduced thus resulting in a lower no. of patient days and % occupancy.



7/9/1978

Theatre	1974	1975	1976	1977
<b>Major Operations</b>				
Appendix	178	211	195	175
Hernia	44	52	51	29
Varicose Veins	10	14	20	10
Bone	145	167	142	151
Haemorrhoids	8	4	8	6
Cholecystectomy	29	38	40	28
Laparotomy	34	36	29	46
Perforations	—	2	2	4
Prostectomy	2	1	4	4
Road Traffic Accidents	50	64	46	44
Total Major Operations	500	589	537	497
<b>Minor Operations</b>	<b>202</b>	<b>385</b>	<b>418</b>	<b>384</b>
Total all Operations	702	974	955	881

**3.3 Orthopaedic Clinics:** One out-patient session is held on the first Friday of each month, from 10.00 a.m. to 1.00 p.m. Consultant is Mr. J. C. Cherry, Orthopaedic Surgeon. Persons requiring in-patient treatment are admitted to Dr. Steevan's Hospital. Statistics for the past few years are.—

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of Sessions	14	15	12	13
No. of Patients	129	150	124	123
Total Attendances	261	277	234	212

**3.4 Paediatric Clinics:** One out-patient session is held each Monday from 2.00 p.m. to 5.00 p.m. Consultant is Professor T. M. Kavanagh. Persons requiring in-patient treatment are admitted to the Childrens Hospital, Temple Street. Statistics for the past few years are:-

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of Sessions	45	42	44	42
No. of Patients	305	275	315	318
Total Attendances	823	802	836	839

**Pathological Services.** At present pathological services are provided by arrangement with the Diagnostic Laboratories, U.C.D. with the exception of haematology which is provided by the Blood Transfusion Service Board. Statistics for 6 months ended 30th June, 1977 are as follows:

	Total Requests	Total Patients
In-patients/Out patients Referrals by General Practitioners	3,660	2,921
	614	455
	4,274	3,376

**Negotiations are in progress with St. James's Hospital with a view to having that hospital provide pathological services for Kildare and West Wicklow while Haematology will continue to be provided by the Blood Transfusion Service Board.**

**CASUALTY**

<b>DEPARTMENT</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
Total Attendances	5,112	5,869	5,794	6,165
No. admitted to hospital	489	511	519	692

Activity increased particularly in Road Traffic Accidents in 1977.

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of new Patients	964	1,153	1,356	1,227
Return Visits	5,077	6,356	6,299	5,835
Total Attendances	6,041	7,509	7,655	7,062

3.5 E.N.T. Clinics: Out-Patient sessions are held by Mr. M. O'Connor, E.N.T. Surgeon, on five days each month. Persons requiring in-patient treatment are admitted to Jervis Street, St. James's, and James Connolly Memorial Hospitals. Statistics for the past few years are:—

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of Sessions	35	36	35	50
No. of Patients	436	439	387	561
Total Attendances	595	606	558	803

The number of sessions per month was increased from 3 to 5 with effect from the 1st January 1977, resulting in increased activity.

3.6 Ophthalmic Services: Out-patient sessions are held by Dr. G. P. Crookes on eight days each month. Persons requiring in-patient treatment are admitted to the Royal Victoria Eye and Ear Hospital. Statistics for the past few years are:—

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of Sessions	157	141	132	148
No. of Patients	2,600	2,554	2,041	2,696
Total Attendances	3,354	3,375	2,646	2,940

The number of sessions per month was increased from 12 to 16 with effect from the 1st January 1977 resulting in increased activity.

7/9/1978

**3.7 Maternity Services:** Two ante-natal sessions are held on each Wednesday by Obstetricians from the National Maternity Hospital, Holies Street. Ante-Natal classes and exercises are held on one afternoon each week by one of the Physiotherapists from the County Hospital. Statistics for the past few years are:—

<b>ANTE-NATAL CLINICS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of New Patients	853	846	892	881
Total Attendances	3,051	2,244	2,117	3,318

Expectant mothers from South Kildare had attended a similar clinic held in Carlow up to the end of 1976: this clinic has now been terminated and it is expected that persons from South Kildare will attend the clinics at Naas in the future.

**3.8 Psychiatric Services:** The southern part of County Kildare, including the towns of Naas, Droichead Nua, Athy and Kildare, is served by St. Dymphna's Hospital, Carlow, for psychiatric services. Out-patient clinics are held at a number of centres including the County Hospital, where clinics are held by Dr. B. Blake on each Thursday from 1.00 p.m. to 5 p.m. Services provided include psychiatric consultation, supply of drugs and ECT treatment. In-patients are also seen by the Psychiatrist on his weekly visit. Occasionally patients in St. Dymphna's Hospital are transferred to the County Hospital for medical or surgical treatment. Statistics for the past few years are:—

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of Sessions	52	52	52	52
No. of Patients	204	207	225	292
Total Attendances	487	474	614	696

**Activity in these services is increasing.**

The development of these services on the hospital site envisages the provision of an Acute Psychiatric Unit (20 beds), Psycho-Geriatric Unit (50 beds), and Day Treatment Centre for psychiatric patients living in the community.

#### **4. ANCILLARY SERVICES**

**4.1 X-Ray Department:** Accommodation consists of examination room (with cubicles), dark room. Radiologists room and Office. A comprehensive service is provided, both routine examinations (i.e. chests, hands, etc.) and special examinations (i.e. I.V.P.'s, bariums, etc.), for the following categories of persons:

(i) In-patients of the hospital (ii) Persons attending the out-patients clinics (iii) Accident and casualty cases (iv) Persons referred by general practitioners (v) Persons referred by the County Medical Officer for review of chest conditions, (vi) Persons receiving dental treatment from the Board's Dental Officers (for the manual development of x-ray films only)

A service is available on a 24-hour day, 7 day week basis, as a Radiographer is on stand-by duty at nights and over weekends. The present staffing is 1 Radiologist (sessional), 1 Senior Radiographer, 2 Radiographers and 2 Receptionists, with the services of a Porter available when required. Statistics for the past few years are:

	1974	1975	1976	1977
In-patients examined	2,118	2,270	2,065	2,156
Out-patients examined	7,529	7,997	8,000	8,095
Total patients	9,647	10,267	10,065	10,251
Total examinations	12,877	13,921	13,457	13,239

Work is well advanced in the reorganisation of this department to provide a second examination room and improved accommodation for the Radiologist and Receptionists. This should result in a quicker through-put of patients with reduced waiting times.

4.2. Physiotherapy Department: Accommodation consists of one large room which is used for various exercises and a smaller room which is used for treatments such as wax baths, short wave therapy, electrical stimulation, infra red treatment, etc. A comprehensive range of treatments is provided for both in-patients and out-patients; the latter are referred by General Practitioners, from Out-Patients Clinics, by Dublin hospitals and clinics, by the Director of Community Care, or have been in-patients in the hospital. Different categories of patients are catered for, i.e. children, including cerebral palsy cases, persons with fractures, heart cases, stroke cases, post operative cases, geriatrics, etc. Another service provided is ante-natal classes and exercises on one afternoon each week. The present staffing is 1 Senior + 2 Physiotherapists. Statistics for the past few years are: —

7/9/1978

	1975	1976	1977
In-patients treated	4,612	5,691	5,689
Out-patients treated	6,136	5,141	4,746
Total patients	10,748	10,832	10,435
Total treatments	16,778	17,164	20,591

#### **Activity continues to increase**

**Development proposals envisage the appointment of additional Physiotherapists.**

**4.3. Dental Suite: Accommodation consists of two dental surgeries, recovery room and office. Dental services provided by Dental Surgeons attached to the Board's Community Care Department include extractions under general anaesthetic and orthodontic treatment. Dentists in private practice also avail of the facilities at the hospital, particularly for extractions under general anaesthetic. Over 400 dental sessions are held each year with over 5,000 attendances in 1977. Over 100 Orthodontic sessions were held in 1977 with more than 1,000 attendances; the number of Orthodontic sessions per month was increased from 6 to 8 with effect from the 1st January, 1977.**

**4.4. Psychological Assessments: Two sessions are held each week, one by a Psychologist employed by the Board and the second by a Psychologist from Moore Abbey Assessment Service, Monasterevan, on behalf of the Board. Statistics for the past few years are:—**

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of sessions	89	93	92	79
No. of patients	135	153	149	179
Total Attendances	147	167	157	190

**4.5 Speech Therapy: Two sessions are held each week by Speech Therapists from the Board's headquarters. Children and adults, both in-patients and out-patients attend; out-patients are referred by general practitioners, from the Out-Patients Clinics, by Dublin hospitals and clinics, by the Director of Community Care or have been in-patients in the hospital. Statistics for the past few years are:—**

	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
	From Sept.			
No. of sessions	28	91	74	40
No. of patients	38	100	123	105
Total Attendances	101	286	255	162

- 4.6 Chiropody:** Three sessions are held each week by a Chiropodist employed by the Board. Persons requiring treatment are referred by general practitioners while regular sessions are held in the Naas Day-Care Centre for the Elderly, for persons attending the centre. Statistics for the past few years are:—

<b>OUT-PATIENTS</b>	<b>1974</b>	<b>1975</b>	<b>1976</b>	<b>1977</b>
No. of Sessions	77	154	167	136
No. of Patients	125	272	294	340
Total Attendances	500	1,084	1,127	1,020

- 4.7 Naas Day-Care Centre for the elderly:** This Centre, which opened on the 8th March 1975, is operated by the hospital in conjunction with the Board's Community Care Department and the Naas District Care of the Aged Committee. Services provided include meals, diversional therapy, social activities, laundry, bathing, hairdressing and chiropody. Transport is provided for those who would otherwise be unable to attend. Statistics for 1976, the first full year of operation, are as follows:—

	<b>1976</b>	<b>1977</b>
No. of days when Centre open	223	228
No. of persons attending	85	85
Total attendances	4,598	4,560

- 4.8 Ambulance Service:** There are 4 ambulance bases in the catchment area, \* at Baltinglass District Hospital, St. Vincent's Hospital, Athy, Maynooth and headquarters at the County Hospital, Naas. A comprehensive service, including routine transport of patients to and from clinics, transport of emergency ill cases and women in labour to hospital and dealing with road traffic accidents and other casualties, is provided from each base, with the exception of Maynooth which deals with road traffic accidents only. Details of the National Primary and Secondary roads which transverse the catchment area are set out in Paragraph 2.2.

In December 1974 An Foras Forbartha published a report entitled "High Accident Locations — The National Routes 1971 - 1973." This identified sections of National primary and secondary Routes which have high accident densities. All the sections of these routes going through Kildare are in this category.

## **5. SUMMARY**

**5.1 IN-PATIENTS**

Admissions	Bed Complement	1974	1975	1976	1977
Medical	60	1,092	1,268	1,242	1,273
Surgical	35	1,508	1,611	1,458	1,442
<b>Total</b>	<b>95</b>	<b>2,600</b>	<b>2,879</b>	<b>2,700</b>	<b>2,715</b>

**Analysis of Admissions by Areas**

	1974	1975	1976	1977
Dublin City	39	56		19 <sup>1</sup>
Dublin County	20	28		21 <sup>1</sup>
Dun Laoghaire		—	1	3
Kildare				
Wicklow	93	134	105	
Other areas	99	131	92	
	<b>2,349</b>	<b>2,529</b>	<b>2,438</b>	<b>2,401</b>
				120
				151
<b>Total</b>	<b>2,600</b>	<b>2,879</b>	<b>2,700</b>	<b>2,715</b>

**Patient Bed-Days**

Medical	18,070	18,248	18,368	18,548
Surgical	11,072	12,228	12,318	10,883
<b>Total</b>	<b>29,142</b>	<b>30,476</b>	<b>30,686</b>	<b>29,431</b>

<b>Total Operations</b>	<b>980</b>	<b>1,090</b>	<b>970</b>	<b>881</b>
<b>Patients X-Rayed</b>	<b>2,118</b>	<b>2,270</b>	<b>2,065</b>	<b>2,156</b>
<b>Physiotherapy patients treated 1</b>	<b>-</b>	<b>4,612</b>	<b>5,691</b>	<b>5,689</b>

**Explanatory note**

1 Statistics for 1974 are not available.

**5.2. OUT-PATIENTS**

Total Attendances	1974	1975	1976	1977
Medical	2,022	2,459	2,498	2,272
Surgical	6,041	7,509	7,655	7,062
Casualty	5,112	5,869	5,794	6,165
Orthodaedic	261	277	234	212
Paediatric	823	802	836	839
E.N.T.	595	606	558	803
Ophthalmic	3,354	3,375	2,646	2,940
Maternity Ante-Natal	3,051	2,244	2,117	3,318
Psychiatric	487	474	614	696
X-Ray	7,529	7,997	8,000	8,089
Physiotherapy 1	—	6,136	5,141	4,746
Dental 2	4,400	4,000	4,500	5,000
Orthodontic 3	550	550	850	1,000
Psychological Assessments	147	167	157	190

Speech Therapy	101	286	255	T62
Chiropody	500	1,084	1,127	1,020
Day Centre for Elderly 4	—	-	4,598	4,560
Total	35,450	44,108	48,185	49,074

## Explanatory Notes

- 1 Statistics for 1974 not available
- 2 Total attendances are estimated
- 3 Total attendances are estimated
- 4 Day Centre only fully operational in 1976

**28th August, 1978**  
Barry

**Thomas G.**  
**Section Officer**

Mr. Nolan expressed his regret that as the report was an extensive one it had not been available for circulation with the Agenda. He said that this was an important report which represented the case to be made for the future of Naas Hospital and indeed locality, would like to consider the report fully. On his suggestion it was agreed to defer consideration of the report to the October meeting.

**101/78 BETTER HEALTH PACK AND KITCHEN CHART  
ISSUED BY HEALTH EDUCATION BUREAU**

The following report No. 25/1978 from the Chief Executive Officer was submitted:

"As arranged at the meeting of the Board, I submit hereunder letter dated 8th August, 1978 from Professor J. McCormick to the Board's Chairman.

The pack and chart is still being examined by Miss T. McDonagh the Board's Chief Catering Officer but as it appears there are some discrepancies between the calorie counts etc., in the Bureau's documents and those prepared in 1977 by the Food Advisory Committee, I am in correspondence with the Bureau on the matter. A further report will be submitted to the October Meeting of the Board."

University of Dublin,  
Trinity College Medical  
School,  
St. James's Hospital,  
Dublin 8.



7/9/1978

**DEPARTMENT OF COMMUNITY HEALTH  
JSMcC/OG**

**Alderman Alexis Fitzgerald, Chairman of  
the Eastern Health Board. 13, Merrion  
Row, Dublin 2.**

**8th August, 1978.**

**Dear Alexis,**

**I promised to let you know what my reservations were about the  
Health Education Bureau material which was tabled at the  
Health Board last night.**

**There are as you know two things, one, a Kitchen Chart and  
secondly, a series of leaflets.**

**The Kitchen Chart is the one that causes me greatest concern.  
There is very wide spread agreement between nutritionists in  
the western world: this includes expert groups from United  
States, United Kingdom, Canada, New Zealand, Australia and  
most recently our own country- Their conclusion is that in  
the West we eat too much, that is, many of us are fat; we eat  
too much animal (saturated) fat, we eat too much refined  
carbohydrate and too little fibre. While there are minor dis-  
agreements about the emphasis which might be placed on  
diminishing animal fat intake there is no major disagreement  
about the general guide lines.**

**The Kitchen Chart emphasizes calories in a very detailed  
way. For most people an emphasis on calories is quite inap-  
propriate. Its quite true that weight reduction involves a  
reduction in calories but some of the calorie intakes recom-  
mended for those of lighter weight, for example, those which  
are as low as 750 and 675 are almost impossible to adhere to  
without some degree of danger: Its difficult to conceive that  
somebody weighing under nine stone requires to lose weight.**

**My main complaint is about the section "balancing a diet"  
which positively encourages a high intake of refined carbo-  
hydrate and of animal fat. This is really quite unacceptable  
and some people would believe almost dangerous.**

**The leaflets are much more acceptable but I have a few  
minor comments to make "coffee keeps you awake at night,  
but tea doesn't," this is normally true because the caffeine  
content of the way most people make their coffee is much  
higher than the caffeine content of the way most people  
make their tea. The one on "refined versus unrefined foods"  
is fine. The**

one on sleep is very reasonable but its worth remembering that many middle aged people need more sleep than young adults. 'The best exercise for you" is pretty good but does not mention bicycling.

I am sending a copy of this letter to the Chairman of the Health Education Bureau.

Kind regards.

Yours sincerely, James  
S. McCormick.

Professor McCormick referred to his previous comments and his letter of 8th August 1978 to the Chairman, included in the report, a copy of which he had sent to the Chairman of the Health Education Bureau. There were two main areas of concern, the Section headed "Balancing your Diet" and "Daily Calorie Intake." As an instance it suggested that a person of 9 stone weight should, to reduce weight further, confine calorie intake to a little over 600 calories a day which could be actually dangerous. The chart also encourages a high intake of animal fats and refined carbohydrates which is unacceptable. Professor J. S. Doyle said he was particularly concerned at the total lack of mention of beverages, nor was there mention of the value of roughage or any reference to the varying needs of persons depending on the level of their activity.

After discussion to which Cllr. Connolly, Dr. Walker and Dr. McCarthy also contributed it was agreed that a meeting with the Bureau should be arranged.

On a proposal by Dr. McCarthy seconded by Cllr. Carroll the following motion was agreed:—

"That the Health Education Bureau consult the experts in any field of health education before publishing ad lib information that may be questionable."

#### 102/78            TEMPORARY BORROWING

The following Report No. 26/1978 was submitted by the Chief Executive Officer:—

"At meeting held on 6th July 1978 the Board consented to the temporary borrowing by way of overdraft up to an overall limit of £1 million during the quarter ending on 30th September, 1978.

7/9/1978

From the beginning of 1978 to 31st August the Bank account has been in credit on 211 days and overdrawn on 32 days, the highest overdraft being £915,482 on 15th August, 1978. It is expected that for the rest of the year the account will be overdrawn for short periods preceding receipt of the twice monthly instalment of Health Services Grant. The amount overdrawn may exceed £1 million.

Accordingly I request that the Board consent to borrowing by way of overdraft during the three months to 31st December 1978 up to a maximum of £114 million."

On a proposal by Mr. Corrigan seconded by Professor J. S. Doyle the following motion was agreed:—

"That the Eastern Health Board hereby consent to the temporary borrowing by way of overdraft as outlined in Report No. 26/1978."

103/78                    CHOICE OF DOCTOR SCHEME  
                              COMPETITIONS FOR FILLING OF VACANCIES

The following Report No. 27/1978 from the Chief Executive Officer was submitted:—

"As requested at the August Meeting of the Board, I submit a report on the above matter. Prior to April, 1971, when the scheme came into operation, permanent appointments to the office of District Medical Officer (Dispensary Doctor) were made following a recommendation from the Local Appointments Commission. Usually a rather lengthy interval occurred between a vacancy arising and the receipt of a recommendation from the Local Appointments Commission and the Dublin Health Authority filled the vacancy in a temporary capacity after public advertisement.

Senior and experienced Medical Officers of the Authority frequently were asked by the Local Appointments Commission to sit on the Interview Boards set up by the Local Appointments Commission to interview candidates for permanent posts and thereby became familiar with the procedures and methods of assessment of the Commission. For the filling of temporary appointments the Dublin Health Authority adopted similar arrangements which continue to operate for the filling of vacancies in the "Choice of Doctor" scheme.

When a vacancy arises it is publicly advertised and an Interview Board is set up to assess the candidates and recommend the most suitable candidate. Generally speaking the Board is chaired by an independent layman (usually one who

7/9/1978

has experience with Local Appointments Commission procedures)/ one or two experienced Medical Practitioners, e.g. a doctor in general practice and a Director of Community Care together with a Senior Administrator from the Community Care Programme.

As in the case for all competitions under the Local Appointments Commission guide lines are given to the members of the Interview Boards together with a suggested marking scheme. Marks are awarded under the headings of (a) Personality & General Suitability; (b) General Practice Experience; (c) Hospital Experience and (d) Professional Qualifications weighted in that order of importance. In the course of the interview the Board elicits relevant information under the above headings and assesses the merits of each candidate, particular attention being paid to the quality of the experience claimed by the candidate.

During the course of the present year the procedures and marking scheme were reviewed by a Working Party under the Chairmanship of Professor O'Donnell who was assisted by an experienced General Practitioner, a Director of Community Care, the Board's Personnel Officer and a Senior Administrative Officer in the Community Care Programme. I have adopted the recommendations of the Working Party.

As the Board is aware a different procedure obtains where a Doctor in the Choice of Doctor Scheme wishes to take on a partner or an Assistant with a view to partnership. The procedure is laid down in Circular Letter No. 8/75 dated 9th April, 1975 from the Department of Health, which sets out the terms of agreement reached between the Minister for Health and the Medical Organisations in relation to right of entry to the General Medical Service. Paragraph 21 of the Department's letter states that:—

- (1) 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, is subject to the approval of the Board,
- (2) in considering any such proposal the Board shall have regard to the total practice of the applicant,
- (3) the Board must be satisfied, before giving approval, that:-
  - a) 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.

b) 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 a 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.

Paragraph 22 of the Department's letter points out that:

- (1) where the Board agrees to the creation of a partnership or an addition to a group practice or to 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,
- (2) 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
- (3) if the selection board considers it desirable it may not recommend any candidate for appointment."

Mr. Dunne explained the basis of the marking system. Dr. Meade said that in his experience note is also taken of the nature of the type of post to be filled and that the system seemed satisfactory. In reply to Professor McCormick and Dr. Behan who enquired respectively about credit for membership of the Royal College of General Practitioners and a Psychiatric qualification, Mr. O Caoimh confirmed that all medical qualifications and experience (including completion of the Vocational Training scheme for General Practice) are taken into account by the Interview Board.

**104/78 LETTER FROM CHAIRMAN, FEDERATED DUBLIN  
VOLUNTARY HOSPITALS RE MEMBERSHIP OF ST.  
JAMES'S HOSPITAL BOARD**

Mr. Nolan said that this letter was part of the general discussions taking place on the subject and he suggested that it be referred to the special sub committee of the Board set up at the January 1978 meeting to deal with matters involving the Hospital and the Board, and that Mr. Fraser be so informed on a proposal by Cllr. Mrs. Glenn, seconded by Dr. Behan this was agreed.

**105/78 CONSULTANT MANPOWER PROJECTION  
UP TO 1981 - REPORT OF COMHAIRLE NAnOSPIDEAL**

Deferred for consideration to the October meeting.

**106/78 PAY RELATED CONTRIBUTIONS AND  
ELIGIBILITY FOR HEALTH SERVICES PRESS  
RELEASE FROM THE DEPARTMENT OF  
HEALTH - Noted.**

**107/78 NOTICES OF MOTION**

The following motion was proposed by Cllr. Mrs. Barlow and seconded in the name of Cllr. A. FitzGerald:—

"That immediate steps .be taken by the Eastern Health Board to have discussions with the Local Authority Librarians towards establishing a complete Library Service in the Psychiatric Hospitals."

Before speaking to the motion Cllr. Mrs. Barlow read the following letter which she had received from Mr. Keyes:—

"Dear Mrs. Barlow,

With reference to the Notice of Motion which you have submitted for the next meeting of the Board regarding the establishment of a library service in Psychiatric Hospitals, the medical and nursing staff of each hospital has been asked to examine the matter and to furnish the information, including information on the likely demand for such a service. It will be some weeks before this information is available and it is unlikely that I will be able to report to the Board before the Board meeting due in October.

Yours sincerely,

T. Keyes Programme  
Manager."

Cllr. Mrs. Barlow said that her motion was aimed at providing a library service for patients in the mental hospitals which would not only give a general reading service but also provide books which would benefit patients by assisting their recovery. She would envisage an open lending service together with stocks of books on wards for those who were unable to go to the lending outlet. She would also support activities

7/9/1978

such as paintings on loan and music listening posts. In connection with possible cost of a library service, Cllr. Browne pointed out that the Library Authority provides a service for the public amongst whose numbers are the patients of psychiatric hospitals. The motion was adopted.

**108/78                      CORRESPONDENCE**

The following correspondence was read and noted:—

- (1) Statement issued on 28/8/78 by the Government Information Services on behalf of the Minister for Health and Social Welfare regarding the case of Smallpox confirmed in Bermingham and outlining the precautions taken.
- (2) Statement issued on 24/8/78 by the Government Information Services on behalf of the Minister for Health and Social Welfare announcing the allocation from the European Social Fund of grants totalling £4,461,684 in respect of work training for handicapped persons by public and voluntary bodies in Ireland in 1978 and detailing the amount granted to the various bodies.
- (3) Letter dated 7/9/78 from the Staff Facilities Committee advising of a sponsored walk to be held on 1st October, 1978, National Sports Day, in order to raise funds towards the building of a Social and Sports Complex for the Staff and inviting participation by all interested.

**109/78                      OTHER BUSINESS**

- (1) Mr. J. J. Nolan announced that Mr. D. J. Dempsey had been appointed Chief Executive Officer of the Dublin Federated Voluntary Hospitals.
- (2) Dr. Behan produced a sample of a sweet, a toy which delivers sherbet by means of a syringe which is also capable of delivering an injection if the cap were replaced by a needle. He said the syringes represent a form of modelling for drug addiction and could desensitize children to the hazards of improperly used syringes. The Board joined him in congratulating Dr. C. Warde, Director of Community Care, Wicklow Area, for his vigilance which led him to draw attention to the matter.

Dr. Behan requested that the Department of Health be notified and asked to take any necessary action.

The meeting terminated at 7.10 p.m.

Correct.

E. O Caoimh  
Chief Executive Officer.

CHAIRMAN

Signed  .....