

EASTERN HEALTH BOARD

Minutes of Proceedings of monthly meeting of Eastern Health Board held at St. Colman's Hospital, Rathdrum, Co. Wicklow on Thursday 3rd May, 1979 at 6 p.m.

Cllr. Mrs. J. Barlow	<i>Present:</i>
Cllr. D. Browne	Sr. Columba McNamara
Cllr. H. P. Dockrell	Mr. Michael Matthews
Ald. Alexis FitzGerald	Deputy Ciaran Murphy
Cllr. Mrs. A. Glenn	Dr. Brendan Powell
Ms. Noreen Kearney	Dr. B. Sheehan
Cllr. D. Kinsella	Cllr. J. Sweeney
Dr. P. McCarthy	Dr. John Walker

Apologies

Cllr. J. Connolly,	Mr. H. Corrigan
Prof. J. S. Doyle	Mr. K. Harrington
Deputy Mrs. E. Lemass	Deputy T. Leonard
Dr. A. Meade	Prof. J. McCormick

*In the Chair Alderman Alexis
FitzGerald*

Officers in Attendance

Mr. J. J. Nolan	Mr. H. Dunne
Mr. T. Keyes	Mr. J. Doyle
Mr. F. Donohue	Mr. C. Mansfield
Mr. J. Sadlier	Mr. E. Dunphy
Mr. R. N. Lamb	Mr. A. O'Brien
Mr. J. F. Reynolds	Mr. J. Hempenstall
Dr. C. Warde	Mr. M. Cummins
Mr. P. J. Swords	Miss E. Larkin
Mr. F. McCullough	Miss F. Heaney.
Mr. P. I. Lyons	Mr. P. Byrne
	Mr. P. Donovan

At the commencement of the meeting Cllr. J. Sweeney welcomed the Chairman and members to Wicklow and said he was glad that they had also the opportunity of seeing Rathdrum Hospital. Cllr. Kinsella joined with Cllr. Sweeney in welcoming the members but expressed disappointment at the poor attendance at this first meeting in the Wicklow area.

Dr. McCarthy said it was a credit to the elected members from the Wick low area that the meeting was being held in the county. The Chairman thanked the members for their expression of welcome and said he was very pleased to be present

59/79 CONDOLENCES

The Chairman informed the members of the recent deaths of the father of Dr. B. McCaffrey, Clinical Director, and the brother of Prof. T. Lynch, Clinical Director and the Board stood in silent prayer as a mark of respect for the deceased. The Chairman asked that the Board's vote of sympathy be conveyed to the relatives of the deceased.

60/79 CONFIRMATION OF MINUTES

The Minutes of the Monthly meeting held on 5th April, 1979, having been circulated, were adopted on a proposal by Cllr. J. Sweeney seconded by Dr. P. McCarthy.

61/79 CHAIRMAN'S BUSINESS

(a) Services in Wicklow:

The Chairman said that this was his second time to visit St Colman's Hosoidal and he was glad to see that work was now in progress on the construction of the new unit. He thanked Dr. Leitch, Sr. Philomena and her staff for the great work they were doing in the hospital and for the welcome that the members and the staff had got that day. The Chairman then gave the following address: —

"Sr. Philomena, Matron and the staff of St. Colman's have given the Board Members and Headquarters staff such a warm welcome for our first Board meeting in Wicklow that in my review of the development of the Health Services in County Wicklow since the Eastern Health Board was established in 1971 I will commence with the General Hospital Care Programme and indeed with St Colman's.

ST. COLMAN'S HOSPITAL, RATHDRUM

i am sure that many of the Board Members have already visited St Coiman's and it is appropriate for me to refer again to the remarkable development which has taken place here. Within the space of a few years delapidated and dangerous buildings have been replaced by one of the finest Long Stay Hospital Units in the Country. We are aware from what we have learned ourselves from here and heard from visitors that St. Coiman's sets a lead for the rest of the Country in the provision of care for the aged.

We are very pleased to find that, with the threatened return of near normal weather conditions after so many months of bad weather that work on further developments is now proceeding; we are hopeful that this scheme will be well advanced during the coming months. I now ask the Technical Services Officer, the Architect and our staff generally to ensure that there is no hold up or delay in completing this essential scheme.

I am also aware from the reports of the Visiting Committee of the tremendous enthusiasm when has been shown by the many voluntary organizations catering for the Aged and the Handicapped and centred around St. Colman's. In this regard I must re-echo the Board's previous expression of thanks to the very many voluntary committees who continue to labour so constantly and indeed so successfully in their fund raising activities. I wish also to praise their overall concern for the aged not alone by fund raising but also in arranging for holidays, outings, visitation, comforts, and in many other ways. I feel that the efforts of the Voluntary Organizations centred around St. Colman's have been a major factor in supporting the Board's Officers in their many negotiations with the Department of Health to secure finance to bring this fine Hospital to completion. Having regard to present day values I consider that the Board and the Community here at Wicklow have secured a magnificent asset which could now cost well over £1 million.

A special word of praise goes to the Matron and the staff who continue to provide such a fine service to the patients and indeed to those attending on a Day Care basis. We all appreciate that weather conditions during the Winter months can create difficulties in this part of the Country but I have been assured that the staff have at all times responded to the call of duty and the patients have been well cared for.

With regard to the staffing the Board continues its efforts to strengthen and improve the level of staff. To date there have been a number of worthwhile improvements in the nursing and other staff grades within the Hospital including the provision and expansion of such services as Physiotherapy, Occupational Therapy, Chiropody and many others so essential to the Care of the Aged. I am happy to welcome Dr. Leitch who has recently taken up duty as Visiting Medical Officer to the Hospital.

The remarkable level of voluntary involvement here in St. Colman's has in itself a benefit for the local community. Arising from the further programme of developments the Board is making an application to the Department for 17 additional employments to staff the new Units to bring the total staff numbers in St. Colman's to nearly 100. This in itself represents a sizable contribution by the Board in maintaining em-

ployment in what is basically a rural community. As a Board we are very happy to say that it is our policy to foster this kind of decentralized development in the interests of local patients and the local community.

WICKLOW DISTRICT HOSPITAL

With the considerable expansion in population in the coastal region it is now clear that thought will have to be given to providing more comprehensive service for the care of the aged in the Wicklow Town area more appropriate to the needs of the developing community. During the past 8 years while a number of worthwhile improvements have been carried out at Wicklow Hospital there are many limiting factors in developing community services related to the Hospital. Due to the space available the limitations on site and the general conditions and location of the buildings further development does not appear to be possible and accordingly consideration will have to be given to the real future use and potential of the Hospital.

Here again reference must be made to the Voluntary Organizations mainly the East Wicklow Youth Council under the Chairmanship of Father McCarthy who have already made a very worthwhile contribution to the provision of improved amenities comforts, etc. for the Hospital and I am happy to see that they are continuing their efforts during the present month. The Board appreciates the dedication shown by Dr. Liston, Medical Officer, Miss Fitzpatrick, Matron and the staff.

BALTINGLASS DISTRICT HOSPITAL

Looking at the situation from East Wicklow here we are often inclined to forget the western part of the County. Again during the past few years the Board has been successful in obtaining funds from the Department to substantially improve Baltinglass Hospital by the provision of an additional 30 Bed Long Stay Unit and facilities directed towards the community viz. Dental Treatment Room, Physiotherapy Unit, and improved Mortuary and Post Mortem facilities. We have already received a very strong recommendation from the Visiting Committee under the Chairmanship of Councillor J. Sweeney for an additional 30 Bed Unit, improved Day Room facilities for the existing patients and also a Day Care Centre for the local community.

As in the case of St Colman's there has been a ready response from the staff outwards to the community and despite the constraints of accommodation the Hospital staff are already on an increasing extent providing Meals on Wheels and also Day Care facilities on a small scale.

I do not wish to let the occasion pass without paying a special tribute to the medical, nursing, attendant and ambulance personnel for their prompt and magnificent response to the recent tragedy in the Glen of Immal. I understand that the Chief Executive Officer has already conveyed his appreciation to the staff at Baltinglass and also at Naas and Athy and I wish on my own behalf and on behalf of the Members of the Board to be associated with our expression of appreciation.

In the case of Baltinglass also there is a growing involvement by the local voluntary organisations and I am sure an opportunity will be afforded to the members during their visit to Baltinglass on Thursday next 10th May, to express their appreciation to the Blessington Round Table for their presentation of a large Colour Television Set to the Hospital last month.

The level of staff has improved by the strengthening of the supervisory nursing staff and the recent approval to the employment of Attendants to cope with the increasing infirmity of the patients.

Apart from the new 30 Bed Unit etc. there has been a continuous programme of improvements to the amenities in the Hospital and this programme is continuing during the present year. The West and South West Wick low area has now a well established Hospital catering for many of the health needs of the community as well as being an ambulance base for a very extensive and widely scattered community. At present day prices the value of improvements, new buildings, etc. already undertaken by the Board at Baltinglass amounts to about £750,000 and during the present year it is proposed that further improvements will cost around £50,000/60,000.

I must pay a tribute to Dr. Lord, Visiting Medical Officer, Miss Phelan, Matron and her staff who also under particularly trying weather conditions during the Winter months continue to provide what we regard as a local and personal service to the widely scattered areas of this part of the County and indeed on many occasions they have answered the call for help from the adjoining areas of Carlow, and Wexford. We are happy in this case also to have retained and improved a very considerable asset for the local community.

Before I leave the General Hospital Care Programme I would like to mention the very keen interest being shown by the Wicklow County Council representatives on the Board in the development of Sheltered Housing and to refer to the co-operation being given by the Board to the Council in offering a site to them at Rathdrum and Baltin-

glass. I hope that there will be progress in this development and that it will be the happy lot of the Chairman to include an item on this essential aspect of the Care of the Aged in a future report

The Hospital needs of County Wicklow have also benefited very considerably from the substantial and on-going programme of improvements at St Columcille's Hospital, Loughlinstown and County Hospital Naas.

In the case of St Columcille's it is perhaps worthwhile mentioning that within a relatively short period of time the number of admissions to the Hospital has increased by almost four times to 5,000. Well over 50% of these admissions come from County Wicklow and in effect St. Columcille's is providing a County Hospital service for Wicklow. The local community can be assured of the very genuine and personal interest of the Wicklow representatives on the Board towards the development of St. Columcille's.

In the case of the County Hospital, Naas the substantial improvements recently completed in the X-Ray Department and the further improvements proposed should play an increasing role in providing a County Hospital service at Naas for West and South West Wicklow. Already there is an increasing trend in West and South West Wicklow to avail of the services at Naas and this is welcomed by the Hospital Administration at Naas.

COMMUNITY CARE PROGRAMME

In case the Board members feel that all the credit for developments has gone to the General Hospital Care Programme I will now refer to a very considerable volume of improvement works completed, on-going and projected in this area of the Board's activities which by its nature is not as concentrated as the Hospital field. The first major Project undertaken by the Community Care Programme was the building and commissioning of the Welfare Home, Killarney Road, Bray. This Project went ahead concurrently with the major building schemes at St. Colman's, Rathdrum and District Hospital Baltinglass. Its value as a building today would be in the order of £300,000 and it provides a worthwhile contribution in providing supervised accommodation for the elderly. As the Board members will be aware we have spent a number of evenings discussing the Care of the Aged and here again the Wicklow representatives are making a very strong case for additional Welfare Homes in the County and I include Arklow, Tinahely, Wicklow and Blessington and the Wicklow Board members have recommended the integration of Welfare Homes with the local community hospitals at Baltinglass, St Colman's and also with "peripheral County Hospitals" at St Columcille's and Naas.

HEALTH CENTRES

Criticism has been levelled at the Board in regard to the condition of many of the smaller Health Centres throughout the County. The Board accepts that much of the criticism is well founded but in fairness it must be pointed out that on the transfer of the Health functions from the County Council the Board found itself, as in Kildare, with many inadequate health service premises in very poor condition. It can now be said that in devoting a considerable proportion of its energies and indeed available funds during the early years of the new Board to the provision of new accommodation at St. Col-man's, Baltinglass and at Bray the Board's Officers had their priorities right. In the replacement of our dated and dilapidated Health Centres a good start has been made.

Arklow Health Centre was completed last year at a cost of £100,000. Dunlavin Health Centre at £28,000 will be formally opened by me on Thursday of next week.

In the current year's Capital Programme the major project at Wicklow providing for a new Health Centre and headquarters for the Director of Community Care should commence. The final cost of this project will be approximately £750,000.

In the rural areas three Projects are due to start during the present year viz. Blessington Health Centre £80,000, Shillelagh Health Centre, £40,000 and Knockananna Health Centre £25,000. Planning for Barndarrig Health Centre will proceed also during the present year and the Board has proposals for 1980 onwards for: -

1. Greystones Health Centre
2. Donard Health Centre
3. Bray Health Centre
4. Stratford Health Centre

It can be seen therefore, that provided the necessary level of finance is maintained the Board should within a relatively short time be well on the way to replacing the outdated and unsuitable Centres which it took over from the County Council.

As in the case of the General Hospitals there has been a strengthening of the staff in this programme. The number of medical, nursing, social workers, etc. has been increased by 10 new appointments.

In case the Board members would feel that the General Hospitals have the monopoly of the Voluntary Organizations Mr. Donohue and his staff have given me a very impressive list of the voluntary organizations operating in the County in close association with Dr. Ward, Director of Community Care and his staff. The principal ones are as follows: —

Arklow — Friendship Society — Day Care for the Elderly
 Blessington — Senior Citizens Association
 Bray — Old Folks Association
 Clonmore — Senior Citizens Association
 Greystones & Delgany Care of the Aged Committee
 Knockananna — Care of the Aged Committee
 Muintir na Tire — Park Bridge — Care of the Aged Committee
 Rathdrum — Senior Citizens Association
 Wicklow — Meals on Wheels Committee
 Aughrim — Senior Citizens Association
 Tinahely — Senior Citizens Association
 Avoca — Care of the Aged Committee
 Dunganstown — Care of the Aged Committee
 Enniskerry — Meals on Wheels
 Kiltegan — Senior Citizens Association
 Rathdangan — Senior Citizens Association
 Baltingi—» — Senior Citizens Association
 Trudder House — Residence Home for Travelling Children
 Boghall Road Bray - Sheltered Workshop

Prior to the establishment of the Board, Wicklow County Council was already helping five of these organizations but great credit is due to the Community Care Team for the four-fold expansion in this field of activities.

SPECIAL HOSPITAL CARE PROGRAMME

At the time the Board took over the Health Services in County Wicklow, Newcastle Hospital had been established for only a relatively short period. However, in the ensuing years the development of the Special Hospital Care in-patient services has shown the need to provide a new acute 20 bed unit on site. The Board members are already aware that the Department of Health listed this project for planning during the present year and here again we look forward in the not too distant future to "an opening" at Newcastle when this much needed extension to the Hospital will have been completed. The cost in this case is estimated at £250,000. Those dealing with Newcastle will know that a very extensive programme of renovations is nearing completion at the Laundry and new Boiler equipment has been provided.

As in the case of the General Hospitals special consideration has been given to the development of services outside the environment of the Hospital. These include a Day Centre at An Lar, Bray, catering for almost 40 patients, a Hostel in Newcastle for 8 patients and Hostel in the former Dispensary Residence at Enniskerry for 9 patients. On the request of our Senior Consultant Staff our-patient services are being held more frequently in a number of Centres throughout the County and I am hopeful that this service will be further extended as the new building programme for Health Centres continues to give us much needed new accommodation throughout the County.

A major development for County Wicklow has been the establishment of a Child Psychiatric Service.

The programme continues to have an involvement also with voluntary organizations and at Mr. Keyes request I am happy to report that the programme is hoping to get authority to a very substantial contribution (£100,000) soon towards the N.R.B. Workshop in Bray.

As in the case of the other Programmes the improvement in the standard of services has resulted in additional employment Medical, Nursing, Para-Medical and other staffs have been increased by almost 20 posts here again contributing to an expansion in the employment opportunities in the County. Dr. Rahill, Clinical Director and Miss Heenan, Chief Nursing Officer, co-operate fully with their colleagues in the other Hospitals and indeed with Dr. Warde, Director of Community Care and his staff in providing the best possible service to the Community.

I referred above to the part St. Columcille's continues to play in providing hospital services for County Wicklow. The major development now at planning stage for the siting of the Mental Handicap Centre at St Columcille's will be a further improvement in the overall health services in County Wicklow.

During the course of this comprehensive review I have constantly referred to expenditure and to the developments of staffing levels. Very briefly. I will summarize by stating that since the Board assumed responsibility for the Health Services in County Wicklow 210 new Beds and supporting accommodation have been provided at Rathdrum Baltinglass and Bray. By the end of the year this figure will have risen to about 235 with the completion of the new Unit at Rath-drum. Plans are being prepared for the acute Unit at Newcastle and by the end of 1980 let us hope that the total will be over 250 new beds. Planning should be well ahead by that time for an additional 30 beds at Baltinglass and for at least some of the new Welfare Homes.

We have already completed two new Health Centres and by the end of this year we can expect considerable progress with the three new Health Centres at Blessington, Sillelagh and Knockananna and by the end of 1980 we hope that Barndarrig, Greystones, Donard, Bray and Stratford Health Centres will be well on the way.

In present day terms the value of the building programme already completed comes to over £2.5 million to which must be added a very sizable expenditure on continuing improvements to existing structures and services.

Further improvements now in sight at Newcastle, St. Colman's and Health Centres etc. should about double this figure and this is not a bad record by any standards for the first decade of the Board's involvement in County Wicklow."

The Chairman referred again to the recent tragedy in the Glen of Immal. He made special mention of the work done by the ambulance crews in particular and the services given by our board member Dr. McCarthy. The members expressed their appreciation with acclamation.

Commenting on the Chairman's address Dr. Warde, Director of Community Care said that it represented a fair resume of the position. Good progress in the development of the hospital services was being made in the area. However, he would like to have mentioned the good work being done at Newcastle Hospital by the Parents and Friends of the Mentally Handicapped.

Cllr. Kinsella raised the question of ambulance services for Arklow and referred to his motion passed last year asking for a 24 hours service in the town. The Technical Services Officer replied that the Board had applied to the Department for the provision of an ambulance for Arklow. The Department allowed for an extra five staff to provide a service from Wicklow. He pointed out that the two extra drivers employed following this approval had subsequently left the service, and his Department was having difficulty in employing replacements. In reply to Cllr. Kinsella's continued expression of dissatisfaction Mr. Nolan said that in accordance with Board policy as agreed the Department was approached with a proposal to set up an ambulance centre at Arklow. The Department however, approved the present arrangements as an interim measure and when statistics become available on the usage of the ambulance the situation will be reconsidered. The Board's proposals to the Department of Health set out the substance of what was agreed by the Wicklow Local Health Committee in regard to ambulance services in the area.

Deputy Murphy complimented the Chairman on his review of the health services in the Wicklow area. He was pleased at the improvements in St. Colman's and in many other areas but said it would be necessary to continue to stress the need for other services planned and in particular he shared Cllr. Kinsella's concern about the ambulance service for Arklow. He felt the results of the recent census may show a considerable increase in population in some areas of the county which may require a re-appraisal of the need for services in certain areas. Joining in welcoming the members to Wicklow, he also praised the work done by voluntary organisations in the county and by the Board's staff.

Cllr. Sweeney also complimented the Chairman on his report He thanked all the members of the Board and the headquarters staff for the help and support they gave to the Wicklow representatives when matters relating to that area are being considered. He gave special praise to the parents and friends of the Mentally Handicapped at Newcastle and Arklow for the voluntary work they are doing.

(o) Opening of Dunlavin Health Centre.

The Chairman reminded members that the official opening of Dunlavin Health Centre would be held on Thursday 10th May at 2 p.m. and that the Wicklow Local Health Committee would meet at Baltinglass at 3.30 p.m. on the same day.

(c) Casualty Facilities in the Inner City:

The following statement, prepared by Mr. Lamb, Acting Programme Manager, General Hospital Care was submitted.

**STATEMENT RE CASUALTY FACILITIES IN THE INNER
CITY**

At the January meeting the Board adopted the following resolution:

'That the Minister for Health be asked to meet a deputation from this Health Board in relation to the long-term development of casualty facilities in the city of Dublin especially to serve the Port and Inner City; also the need to consider the retention of certain specialised hospitals in this area'.

In considering the matter, the Board took account of a number of factors.

1. The Dublin Hospital Plan is for the establishment of six major hospitals on sites generally some distance from the City centre viz. the Mater, Beaumont, James Connolly Memorial on north side and Elm Park, St. James's and Tallaght on the south side.
2. The rising trend in attendance at accident and emergency departments of Dublin hospitals over recent years, viz.

HOSPITAL	1973			1978		
	First Attendance	Total Attendance	Average Visits	First Attendances	Total Attendances	Average Visits
St. Vincents	12,510	36,555	2.92	20,070	53,657	2.67
St. Michael's	15,207	19,362	1.27	16,000 approx.	40,000 approx.	2.50
Sir Patrick Dun's	6,139	10,536	1.72	N.A.	18,246	N.A.
Adelaide	N.A.	22,431	N.A.	N.A.	25,185	N.A.
Mercer's	5,994	11,346	1.89	6,644	12,093	1.82
Harcourt Street	2,773	8,320	3.00	4,003	12,120	3.00
Temple Street	32,469	44,462	1.37	49,003	60,312	1.23
Mater	28,227	72,096	2.55	35,699	83,856	2.35
Jervis Street	30,806	54,079	1.76	32,450	55,394	1.71
St. Laurences's	9,828	13,434	1.37	14,705	23,049	1.57
Meath	3,246	14,391	4.43	17,785 approx.	33,984 approx.	1.91
St. Columcille's	5,860	10,094	1.72	N.A.	22,552	N.A.

3. The excellent performance of the Dublin Fire Brigade ambulance service in maintaining an average completion time per call in the range 14.7 minutes (Tara Street) to 25.9 minutes (Kilbarrack) in 1975 per the Government Operations Research Unit-Report of July 1975 which level of performance is being slowly eroded by worsening traffic conditions.
4. The incidence of traffic accidents is highest over weekends and at night when traffic conditions are easier, so that ambulances can move more freely. It may also be assumed that other types of emergencies, viz. associated with drug-taking, alcohol or brawling are also most frequent at these times.
5. There remains the possibility of a major disaster, industrial or other, occurring in the city in the day time.
6. The Board took note of the reasonably close availability to the city centre and port area, under the hospital development proposed, of the Mater, Beaumont and St James's Hospitals, aU with casualty departments, the existing road access to them and certain proposed road and bridge developments which would greatly improve access and which might have the further effect of putting St. Vincent's Hospital, Elm Park within easy reach of the north port area.
7. It is well established that a casualty unit of any greater status than a first aid station could not be maintained at a distance from a fully-equipped and staffed general hospital and that, therefore, the retention of casualty facilities on their own is out of the question.
8. The dominating factor, however, is that the Dublin street system is being swamped by the rapidly increasing volume of traffic using it and that that serious traffic problem is unlikely to be solved either by road development, alternative transport system or other measures such as traffic management ahead of the realisation of the proposed hospital plan, since both depend on the availability of funds from the same source. This is clear from recent reports to Dublin City Council.

The following is the concluding paragraph of a recent report by the Chief Engineer (Road) to the Dublin City and County Manager:

—

"If car registrations and consequently traffic volumes continue to increase, and everything points that way, the worst congestion will be experienced in the central city area and some of the commuter radial routes. It would be unwise to bank on the hope that the various traffic management measures employed to the fullest extent possible can keep one jump ahead of traffic congestion. One quote from the recently published Transport for Belfast' with which I agree . . . 'Restricting traffic by physical methods can include closing streets to traffic (permanently or at certain times of the day), bus lane schemes and 'zone and collar' schemes (as were tried experimentally in Nottingham). Bus lanes and continued closure of streets in the city centre are included in all strategies but will not in themselves produce a substantial overall reduction in traffic".

In these circumstances it became, in the Board's view, imperative that the time schedule for the implementation of the Dublin Hospital Plan be reviewed so that the close down of adequately-backed casualty reception and treatment facilities contiguous to centre city areas be co-ordinated with the actual introduction of measures to facilitate the free and speedy movement of traffic in the centre city and periphery, in the interests of both the day-to-day needs of the city and of maintaining a capacity to cope with a major accident in the Dublin centre city area.

The Minister is accordingly requested to receive a deputation from this Board to discuss the matter".

The Chairman complimented Mr. Lamb on his report on the Casualty Facilities in Dublin City. It was clear that the incidence of casualty visits to city hospitals was growing. He believed that casualty services in the city must be maintained at least at present level while the new grouped facilities in the outer city areas were being developed. He suggested that the Department of Health review its hospital plan and postpone closing of centre city facilities and consider retaining these facilities possibly in conjunction with the changed usage of city hospitals to nursing home or long-stay type accommodation. He suggested that the Board might meet the Department to clarify that position.

Dr. Walker supported the Chairman in this matter but said the whole question should be considered under relevant headings - e.g;

- (1) A disaster at Dublin port in the oil storage zone where access might be cut off except by sea;

- (2) Air disaster — the possibility of a crash in a populated area;
- (3) A rail disaster possibility involving gallons of toxic materials.

Consideration of these matters would involve a review of the Dublin Disaster Plan and testing of the plan by rehearsal.

Cllrs. Mrs. Glenn and Mrs. Barlow were critical of the proposed transferring of the services to new outer city hospitals such as Beaumont. They felt that the volume of work, at around 60,000 attendances a year in the inner city casualty departments, could not be coped with at these new hospitals and that a centre city hospital should be retained to cope with accidents in the city.

In reply Mr. Lamb said that the view was held that casualty units cannot be operated on their own and must have the full back-up of complete hospital facilities. He felt that all the new hospitals will be readily accessible to the city centre. He agreed however, that the forecasts of traffic engineers indicated that there would be no improvement in traffic congestion and if it is shown that ambulances cannot move in traffic the retention of casualty units in the centre city will need to be reviewed.

Dr. Powell commented that a high percentage of people who use the casualty service had non-casualty complaints and could be treated by their own G.P. and this to an extent contributed to the high attendance at casualty centres.

The Chairman agreed that Dr. Powell's point was a valid one but said that there was a case for the retention of outpatient casualty facilities in the city. He recommended that a committee be set up to examine the Disaster Plan and to prepare proposals for the future use of hospitals due to close.

Mr. Nolan suggested that Mr. Lamb, Programme Manager, be asked to form a committee to examine these matters and this was agreed.

62/79 PROCEEDINGS OF VISITING COMMITTEES

The reports of the following visiting committees having been circulated were dealt with as follows: —

- (i) **No. 2 Visiting Committee held at Central Mental Hospital, Dundrum on 14th March, 1979.**

On- a proposal by Cllr. Dockrell seconded by Cllr. Mrs. Barlow the report was noted.

- (ii) **Community Care Visiting Committee held at North Clarence Street Health Centre (area 7) on 21st March, 1979.**

On a proposal by Mr. Matthews seconded by Cllr. Mrs. Barlow the report was noted.

Mr. Matthews said that it was noted at the meeting that public health nurses have the task of monitoring the placement of equipment with patients such as wheelchairs, blankets etc. It was noted also that they were engaged in delivering and transferring these items of equipment from patient to patient

It was considered unfair to ask a nurse to use her own car for this purpose and to have to deliver the equipment into homes particularly when this meant carrying the equipment up stairs.

Mr. Donohue said that he was at present trying to organise a delivery service in the community care areas which would cater for the large items of equipment. However nurses might have to continue to carry small items. In response to suggestions from Cllrs. Mrs. Barlow and Mrs. Glenn he said that he would consider the provision of continental type quilts instead of blankets and would consult with his staff on the matter.

**63/79 PROCEEDINGS OF JOINT MEETING OF VISITING
COMMITTEE AND LOCAL HEALTH COMMITTEE**

The report of the No. 3 Visiting Committee and Kildare Local Health Committee meeting held at the County Hospital Naas on 5th April, 1979, having been circulated, was noted on a proposal by Cllr. Sweeney seconded by Sr. Columba.

**64/79 PROCEEDINGS OF LOCAL HEALTH
COMMITTEES**

The Minutes of the following local health committees having been circulated were dealt with as follows: —

(i) Wicklow Local Health Committee held on 16 March, 1979.

On a proposal by Cllr. Sweeney seconded by Deputy Murphy the minutes were noted.

In reply to Deputy Murphy the Technical Services Officer said that the closing date for tenders for the Wicklow Town project was 16/5/1979.

(ii) Dublin County Local Health Committee held on 2nd April, 1979.

On a proposal by Cllr. Mrs. Glenn seconded by Cllr. Dockrell the minutes were noted.

(iii) Dun Laoghaire Local Health Committee held on 3rd April, 1979.

On a proposal by Cllr. Dockrell seconded by Cllr. Mrs. Glenn the report was noted.

65/79 QUESTION

On a proposal by Deputy Murphy seconded by Cllr. Sweeney it was agreed that the question tabled in the name of Cllr. J. Connolly be answered by the Chief Executive Officer.

Question:

"Will the Chief Executive Officer indicate the methods and the basis by which applications for Medical Cards are examined".

Answer:

"Eligibility for a medical card is determined. on the basis of the revised guidelines operative from 1st January, 1979
viz: —

Category	Guidelines £
Single person living with relatives	24.00
Single person living alone	28.00
Husband and Wife	40.50
Husband, Wife and 1 child	44.50
For each additional child under 16 years	4.00
For each child over 16 years with no income and maintained at home by applicant	5.50

To the income guidelines shown above are added:

- | | |
|---|------|
| (a) Weekly housing outgoings, (rent, ground rent, mortgage charges, etc.) | 4.00 |
| (b) Exceptional expenses necessarily incurred in travelling to and from work where these create undue hardship. | |

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.

Cases of hardship will continue to be dealt with on merit.

The weekly income referred to in the guidelines is inclusive of the income of the spouse (if any) of the applicant.

Each application is checked to ensure that all the information necessary for the making of a decision is supplied. If the form is only partially filled in by the applicant and vital questions left unanswered the applicant is requested to complete the form. In certain cases the Inquiry Officer or Community Welfare Officer may be requested to visit the applicant and obtain the additional information required. Income (salary, wages, social welfare benefit, pensions, yield from investments, etc.) shown on the form must be verified.

If the assessable income (gross income less outgoings on rent, ground rent, mortgage and exceptional expenses on traveling to and from work) is within the relevant guideline the applicant is eligible for a medical card. In cases where the assessable income is in excess of the relevant guideline any special circumstance mentioned by the applicant in his application is considered carefully to see if such circumstances warrants the granting of a medical card".

As Cllr. Connolly was absent due to the illness of his wife it was agreed that the reply to his question would be delivered to him. The Chairman and the members asked that the Board's good wishes for his wife's speedy recovery be conveyed to Cllr. Connolly.

**66/79 CREATION OF POSTS, COUNTY HOSPITAL,
NAAS**

The following Report No. 21/1979 from the Chief Executive Officer was submitted: —

"Members will be aware that for some time past there has been increasing activity in the X-Ray Department of the County Hospital, Naas and it was necessary to employ a Receptionist and a Radiographer on a temporary full-time basis.

The following information will give members some idea of the level of activity in the X-Ray Department of Naas Hospital.

	1974	1975	1976	1977	1978
Number of patients	9.647	10.267	10.065	10.251	10.526
Number of examination	12.877	13.921	13.457	13.239	13,654

It is obvious from the trend shown that there is little prospect of this activity -decreasing and, if anything, due to the major housing development in the surrounding area and to the increasing traffic passing through the Naas area, it is likely that there will be an increase in the workload in the X-Ray Department

I recommend, therefore, that the Board approve the creation of an additional post of Radiographer and an additional post of Receptionist to cater for the continuing expansion of work there.

This proposal will require the sanction of the Minister for Health, which will be sought on the Board giving its approval*.

On a proposal by Deputy Murphy, seconded by Cllr. Sweeney the report was adopted unanimously.

67/79 REPORT ON ACCIDENTAL CHOKING

The following Report No. 22/1979 from the Dublin Medical Officer was submitted: —

"Correspondence on this subject has been as follows: —

Secretariat to Dublin Medical Officer — 6th February, 1979.

At last night's meeting of Dublin County Local Health Committee, Dr. T. Hynes referred to two recent cases where persons had choked to death while eating food in public restaurants. He recommended that the Eastern Health Board should consider the advisability of circulating to public restaurants details of first aid technique for choking as developed by Dr. Henry J. Heinrich, a copy of which I attach for your attention.

The members asked that I refer Dr. Hynes' recommendation to you for your report for the next meeting.

M. Cummins.

FIRST AID TECHNIQUE FOR CHOKING

Heinlich Manoeuvre: Developed by Dr. Henry J. Heinrich of Jewish Hospital, Cincinnati.

1. Stand behind the victim who is choking and wrap your arms around his waist.
2. Grasp your fist with your other hand and place thumb side of your fist against the victim's abdomen slightly above the navel and below the rib cage.
3. Press your fist into the victim's abdomen with a quick upward thrust, repeating several times if necessary, until food or other object is expelled.

In some cases the victims themselves are able to expel the material by pressing themselves with their fist or against a kitchen chair or the edge of a sink.

Dublin Medical Officer to Secretariat — 19th February, 1979.

Re yours of the 6th inst., the type of accident referred to by Dr. Hynes is indeed well known although I can give no figures as to its frequency, e.g. the number of cases likely to occur in the Dublin area in any year.

It is commonly referred to as the "Restaurant Syndrome". It also happens to patients in Mental Hospitals and Mental Handicap Institutions. Deaths from this condition have been occasionally mistaken for coronary heart attacks.

While agreeing in principle with Dr. Hynes' suggestion about publicizing the treatment for this emergency condition, one's dilemma is that there are over 1,000 Restaurants and other eating places in the Dublin area and one might doubt if the results achieved in circularizing all of them would be worth the time, postage, etc. involved.

I will consider the possibility of having a card printed, setting out the recommended first aid technique, with the intention that it would be distributed by Health Inspectors when doing their rounds of inspection of food premises.

An alternative approach might be to give the matter some publicity in the trade journals. I will look into this aspect also.

B. O'Donnell.

Secretariat to Dublin Medical Officer — 26th March, 1979.

At the March meeting of the Dublin County Local Health Committee Meeting your memorandum on accidental deaths by choking was read. The members asked that you circulate copies of the recommended treatment to restaurants in the area for which you are Medical Officer.

C. Mansfield.

To Health Board

My recommendation is that I should write an article on this subject, which, accompanied by a photograph demonstrating this maneuver, would be published in the Hotel and Catering Review, a journal which has a very wide circulation in the catering trade.

A suggestion will be made at the end of the article that the page should be cut out of the magazine and exhibited on the premises where it could be seen and read by members of the staff".

On a proposal by Dr. Walker seconded by Dr. Powell the report was agreed.

Dr. Sheehan supported the action proposed by Dr. O'Donnell and suggested that he also bring the information contained in his report to the notice of C.E.R.T.

**68/79 GENERAL PRACTITIONER SERVICE - APPLICATION TO
TAKE ON AN ASSISTANT WITH A VIEW TO PARTNERSHIP -
DUNDRUM AREA**

The following Report No. 24/1979 from the Chief Executive Officer was submitted: —

"Application by Doctor John M. Daly, 3 Glenville Tce., Dundrum, Dublin 14, to take on an Assistant with a view to Partnership.

Doctor John M. Daly, 3, Glenville Tce., Dundrum, Dublin 14, is participating in the Board's General Practitioner Service. He has a list of 457 Eligible Persons and his Centre of Practice is at 3 Glenville Tce., Dundrum, Dublin 14.

In his letter of the 8th January, 1979, he has expressed his wish to take on an Assistant with a view to partnership.

In accordance with paragraph 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 Daly's request. The Irish Medical Association and the Medical Union have stated that they had no objection to Doctor Daly's proposal.

I recommend that, subject to the approval of the Board, that Doctor Daly's request be approved and that an Assistant for Doctor Daly 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 agreed 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. 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".

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

69/79

NOTICES OF MOTION

(i) As Cllr. Cooney and Cllr. Stagg were absent the motion tabled in their names was not moved.

(ii) The following motion in the name of Dr. B. Sheehan was seconded by Dr. Walker: —

'That the inclusion of alcohol and tobacco. in the compilation of the Consumer Price Index and consequently in the determination of eligibility for a medical card, be discontinued".

Dr. Sheehan said that both alcohol and tobacco were subject to punitive tax increases to control their use and that he felt that it was inappropriate to have them included in an official index on which the cost of living increases were calculated.

Mr. Dunne said that on enquiring. in the Central Statistics Office they said that they conducted periodic surveys to establish what items constituted part of normal household expenditure and they were satisfied that these two items still formed a significant part of normal household expenditure. He said however, that if alcohol and tobacco were in

fact excluded from the index the difference in the percentage increase would be only marginal being 0.1% greater.

A discussion followed to which Cllrs. Mrs. Barlow, Mrs. Glenn and Cllr. Kinsella and Miss Kearney, Dr. McCarthy and Dr. Sheehan contributed. It was agreed that the matter would be placed on the next agenda for a report from the Programme Manager, Community Care.

(iii) As Cllr. Connolly was not present the two motions tabled in his name were not moved.

(iv) The following motion in the name of Cllr. Mrs. Barlow was seconded by Cllr. Kinsella.

"In view of the increasing number of mothers desiring to have their babies delivered at home, and the decrease in the number of private midwives, that the Board honour its statutory obligation to provide domiciliary midwifery services".

Cllr. Mrs. Barlow said that the list of midwives providing domiciliary services on behalf of the Board was long out of date, that many had left the service because of the policy of hospital deliveries on which most consultants insisted and the resultant low level of home deliveries. She said that there was now a growing desire to have home deliveries, that she believed that most babies could be delivered safely at home and that the Board was statutorily bound to provide domiciliary midwifery services for those who sought them.

Dr. McCarthy said that medical opinion agreed that a mother and child had the best chance of safe delivery in a hospital with full facilities available, that the increase over the years in hospital deliveries had marked a decrease in fatalities. Dr. Sheehan while agreeing with Dr. McCarthy, supported Cllr. Mrs. Barlow also in that a significant minority of expectant mothers would wish to have deliveries at home. He referred to a recent incident where a mother was unable to get a midwife and had to go into hospital for one day for the birth, and he agreed that there were selected cases where home deliveries were possible. The motion was also supported by Ms. Kearney, Deputy Murphy, Drs. Powell and Walker. It was agreed that extra consideration, particularly of the financial implications, would be required and it was agreed that the item be placed on the agenda for the next meeting for a full report from the Programme Manager, Community Care.

70/79

OTHER BUSINESS

(a) Mr. Nolan advised" the members of a fire at the Board's Occupational Theraphy Centre at Hanbury Lane in which much of the Board's printing equipment was destroyed.

(b) Mr. Nolan also advised members that Mr. Donohue, Programme Manager Community Care was preparing a report on the Board's position in relation to fuel schemes in the area and that a scheme was being drafted for the rural areas for submission to the Department of Health.

(c) Mr. Nolan asked for the nomination of a member to the Foundation for the Prevention of Childhood Handicap, it was proposed by Dr. McCarthy seconded by Alderman Fitzgerald and agreed that Dr. Powell be nominated as a member.

(d) Mr. Nolan advised members of the new Board of Leopardstown Hospital as follows: Mr. D. O'Donohue, Chairman, Mrs. Barrington, Dr. Tierney, Sr. Frances Joseph, Ms. N. Kearney, Mr. S. Moore, T.D., Mr. F. O'Brien, T.D., Mr. Twohig and Brigadier McMullin. He expressed disappointment that the Health Board had only one representative on the new hospital board.

(e) Mr. Nolan advised members that the Eastern Health Board Golfing Society was holding an outing at Blainroe Golf Club on 30th June, 1979, in aid of mental handicap. The Society was seeking sponsorship at £30 per hole and hoped that the Board members as a group would be willing to sponsor one hole.

(f) Mr. Nolan advised members that because of the local elections and the nomination of new members by local authorities the Annual Meeting and the July monthly meeting of the Board could not be held on the first thursday of the month. The members agreed to fix the meetings for 12th July, 1979.

(g) Dr. Walker expressed the members thanks to the Matron and hospital staff for their hospitality in receiving them and in providing the venue for the monthly meeting.

The meeting terminated at 8.15 p.m.

CORRECT. J. J. Nolan
Chief Executive Officer.

CHAIRMAN