

## EASTERN HEALTH BOARD

*Minutes of Proceedings of monthly meeting of Eastern Health Board held in the Boardroom, St. Brendan's Hospital, Grangegorman, on Thursday 6th December, 1979 at 6 p.m.*

*Present*

Ald. B. Ahern, T.D.,	Ms. N. Kearney,
Cllr. L. Belton T.D.,	Dr. D. G. Kelly,
Cllr. D. Browne,	Cllr. T. Leonard T.D.,
Cllr. M. Carroll,	Dr. P. McCarthy,
Cllr. J. Connolly P.C.,	Sr. Columba,
Prof. J. S. Doyle,	Mr. M. Matthews,
Cllr. B. J. Durkan,	Dr. A. Meade,
Ald. A. FitzGerald,	Cllr. M. Freehill,
Cllr. Mrs. A. Glenn,	Dr. B. Powell,
Cllr. A. Groome,	Dr. B. Sheehan,
Cllr. T. Hand P.C.,	Cllr. E. Stagg,
Mr. K. Harrington,	Cllr. J. Sweeney,
Cllr. P. Hickey, P.C.,	Cllr. G. Timmins, T.D.,
Cllr. F. Hynes,	Dr. J. Walker,
	Cllr. Mrs. M. Waugh.

*Apologies for Absence*

Mr. H. Corrigan and Prof. J. McCormick

*In the Chair*

Alderman Alexis FitzGerald

*Officers in Attendance*

Mr. J. J. Nolan,	Dr. B. Piggott,
Mr. F. Donohue,	Dr. J. G. O'Mahony,
Mr. T. Keyes,	Mr. H. Dunne,
Mr. R. N. Lamb,	Mr. A. O'Brien,
Prof. B. O'Donnell,	Mr. C. Mansfield,
Mr. J. Reynolds,	Mr. T. Barry, Mr.
Mr. J. Sadlier,	M. Hanratty,
Mr. J. Clarke,	Mr. M. Cummins,
Mr. P. J. Swords,	Prof. I. Browne,
Mr. J. Doyle.	Miss B. Kelly,
	Miss R. Carolan,
	Miss E. Larkin.

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## CONDOLENCES

The Chairman informed members that since the last meeting Cllr. Percy Dockrell, former Chairman of the Board,

had died and also Miss K. Neary, former Children Officer, in the service of the Board, had died. The members stood in silence as a mark of respect to the deceased.

147/79                      CONFIRMATION OF MINUTES

On a proposal by Cllr. P. Hickey seconded by Cllr. J. Sweeney the minutes of the November monthly meeting were adopted.

MATTERS ARISING

(a) In reply to Ms. Kearney's enquiry regarding children sleeping rough, Mr. Donohue said that he proposed to assign two public health nurses on a regular basis to the service but the persons had not yet been designated. Ms. Kearney said she considered it would be better to employ Child Care Workers instead of nurses in this service.

(b) Cllr. Stagg suggested that the committee to examine the future of Naas Hospital should include the Physician and Surgeon and the Matron of the Hospital. Mr. Nolan said there would be no objection to this.

Referring to his meeting in the Department of Health on the future of St Columcille's and Naas Hospitals Mr. Nolan said that the Department now appreciated the strength of the Board's wishes to keep these hospitals at the highest possible level compatible with the needs of the areas served. He would be meeting the Department representatives again when the population trends in the area as shown by the recent census have been ascertained and analysed.

148/79                      PROCEEDINGS OF VISITING  
COMMITTEES

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

(a) No. 2 Visiting Committee meeting held at St. Patrick's Home on 24/10/1979.

On a proposal by Dr. B. Powell seconded by Cllr. P. Hickey the report was noted.

Cllr Hickey advised the members that the amount of land being sought by the County Council is 7.3 acres and not 314 acres as stated in the minute.

He felt that sympathetic consideration should be given to the request which should be referred back for consideration. Mr. Swords said that the matter had been referred to the Technical Services Officer and Programme Managers for

advice regarding their needs. Mr. Nolan said that the Board was examining its needs for land in both the County and Corporation areas for the next five to ten years and will avail of transfers of land for the Board's requirements where this is practicable and economic. He agreed with Dr. Powell that there was need to retain a "buffer zone" of land between St. Patrick's and the proposed playing fields.

**(b) No. 3 Visiting Committee meeting held at St. Vincent's, Athy, on  
13/10/1979**

On a proposal by Cllr. Stagg seconded by Cllr. Durkan the report was noted.

Cllr. Hickey drew attention to the maintenance position as outlined in the minute of the meeting, which was considered by the committee to be unsatisfactory. In addition, he said, that the committee felt that the Dining room for the Community was too small and repeated an earlier recommendation that it be enlarged.

At this stage Mr. Nolan referred to the schedule of maintenance works circulated to the members at the meeting and read the following introduction to the report —

"The members have received this evening a schedule of maintenance works to the value of £3.59m. which I have had prepared by the management team for a special meeting with officers of the Department of Health in advance of the fixing of the Board's revenue allocation for the coming year.

As indicated, the works listed are the more urgent of those of limited size awaiting attention. They do not include the multitude of lesser items which constantly arise and which give rise to dissatisfaction if not attended to promptly; nor do they cover Capital projects in respect of existing or new buildings and facilities.

It is my intention to see that a detailed planned preventive maintenance plan is completed with the least possible delay. It will include provision for the regular inspection of the structures as well as the interiors of buildings; the heating and hot water systems and their renewal as required; the electrical installations; theatres etc. and their equipment; kitchens and dining areas; all aspects of patient care and safety; roads, boundary walls, fences etc. The completion of the plan will require examination of the organisation of the maintenance programme, the work force required and this deployment and the financial needs of a programme designed to overtake the arrears which have built up over a number of years and then to provide a comprehensive planned preventive maintenance system for the Board's estate of some 280 premises."

Mr. Nolan told the members that the Technical Services Officer has been endeavouring to develop planned preventive maintenance and said he must get full backing now in the efforts to bring up to date and preserve many buildings in which the health board's services are provided.

Qlr. Groome said he was disappointed that the document did not list any Hearth Centres in Kildare as needing work. He considered the worst Health Centre in the area was that at Kilmeague and it was not listed.

Mr. Sadlier said that the engineering area in which the health centre was situated would have an allocation of £45,000 to do general maintenance work including health centres. Cllrs. Durkan and Stagg, supporting Cllr. Groome also expressed disappointment at what would appear to be a less significant allowance for Kildare in the Board's plans for 1980; in particular the Celbridge and Lucan areas had nearly doubled in population and there appeared to be no plans for upgrading health centres. Mr. Nolan said that the schedule was prepared as part of the Board's case to the Department for an additional allocation for maintenance and that the Board now wished to make the Department aware of the size of the maintenance problem it was facing particularly since the "cut backs" three years ago had been at the expense of maintenance works. It was intended to look at maintenance under three headings listed in the schedule, the first being ordinary routine "housekeeping" work and the second to catch up on arrears of such maintenance and the third to provide for routine replacement of items which had to be written-off over a period of years. The document circulated was for the information of members who were free to bring to his notice any individual cases that they considered had a priority. At the Chairman's suggestion it was agreed that the Technical Services Officer would look again at the situation in the Kildare area having regard to the representations made by the Kildare members at the meeting and advise the January meeting. In the meantime it was agreed that Mr. Nolan would send the schedule as submitted to the Department if it was necessary to secure an allocation of funds for that purpose.

In reply to Cllr. Durkan's enquiry regarding the laundry at St. Vincent's, Athy, Mr. Nolan said that it was dear that the Department's general policy was to centralise laundry services and even though St. Vincent's is some distance from Dublin, it is unlikely that a laundry will be approved for there. The hospital may be given a limited service with access to a major centre.

(c) No. 4 Visiting Committee meeting held at St. Clare's Home, on 14/11/1979.

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

Dir. Glenn and Mr. Harrington raised the matters of the boundary wall-which the Dublin Corporation had failed to provide as agreed and asked that a letter be sent to the Corporation asking them to meet their obligations.

Mr. Nolan said that he regretted that the Corporation had not only not lived up to their agreement regarding building the wall but had, in fact, used some of the Board's lands without formal permission. Vandalism was such now that the Board's property was endangered and the matter was being urgently discussed with the Corporation's officers. He asked the Chairman and other Corporation members of the Board also to make representations to the Corporation on this matter.

- (d) Joint meeting of Wicklow and Dun Laoghaire Local (Health) committees and No. 1 Visiting Committee held at St. Columcille's Hospital on 8/11/79

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

- (e) Joint meeting of Wicklow Local (Health) Committee and No. 1 Visiting Committee held at St. Colman's Hospital, Rathdrum on 16/11/1979

On a proposal by Cllr. Sweeney seconded by Cllr. Hynes the report was noted, Cllr. Sweeney mentioned the urgency of providing X-Ray equipment at St. Colman's to facilitate patients who otherwise would have to be brought to Dublin and he proposed that a Unit be bought and this proposal was seconded by Cllr. Hynes.

Mr. Lamb said that while it was considered desirable to have the X-Ray facilities there were problems, firstly of money and secondly of staff. He had, however, asked the Finance Officer to include £19,000 in next year's estimate for the purchase of the equipment and he hoped that it would be possible to make the necessary staffing arrangements.

Mr. Kelly referred to the need to have facilities for reading the X-Rays and Dr. Meade suggested consideration of a small portable unit, which might facilitate the reading of the X-Rays as well.

- (f) Meetings of Community Care Visiting Committee held as follows:—

Area No. 1 held on 25th September, 1979 Area No. 2 held on 23rd October, 1979 Area No. 5 held on 20th November, 1979.

On a proposal by Cllr. Hickey seconded by Dr. Sheehan, the reports were noted.

Cllr. Hickey said that the Committee had now visited all areas at least once and that they had intended now to try to compare the areas one with the other and it was intended that the next meeting would be held in the Boardroom at St. Brendan's and be devoted to this. He gave incidence of apparent imbalances of resources relative to population and said the Committee wanted to examine these matters in more detail. Cllr. Hickey also referred to the introduction of the new fuel scheme into the rural areas and the anomalies that had arisen between the new and the old schemes. He considered that the Board should have one scheme for its whole area. Supporting this Cllr. Hynes said that £1.50p per week provided in the new scheme was not sufficient and having regard to the present cost of fuel.

At the Chairman's suggestion the members agreed to take at this stage Cllr. Connolly's motion on the same subject and the motion was then proposed by Cllr. Connolly and seconded by Cllr. Carroll as follows:—

"That the Eastern Health Board request the Minister for Health to provide sufficient funds to increase the weekly payment under the free fuel scheme from the present sum of £1.50 per week to a sum of £5 per week."

Cllr. Connolly said that his motion arose from a similar proposal at a meeting of the Dublin County Local (Health) Committee. It was considered that the sum of £1.50 per week was ridiculously low and that the allowance should be sufficient to pay for a bag of coal per week.

Agreeing with the proposal Cllr. Carroll said that old people had to do without fires in order to save up their fuel for the very bad weather.

Cllr. Freehill proposed that Cllr. Connolly's motion be widened to provide the contributory pensioners as well as non-contributory pensioners would be eligible and the motion as amended was agreed.

Cllr. Groome asked that recipients of old I.R.A. pensions be not debarred from receipt of free fuel and he instanced a case where this has happened in the Kildare area. Mr. Donohue then circulated to the members a leaflet highlighting the differences between the two fuel schemes and he suggested that these should be examined and be discussed at a

later meeting. He said that the officials operating the schemes do consider sympathetically cases outside the guidelines such as the case Cllr. Groome had mentioned. He pointed out that the provision of cheap fuel in the urban areas is the responsibility of the authorities there and not the health board except in the cases where hardship might otherwise occur, but that outside the urban areas the Board is responsible for the voucher scheme.

Ms. Kearney said she considered that an improvement in the scheme all round was required and on the Chairman's suggestion it was agreed that the members would examine the leaflet circulated by Mr. Donohue and have a report submitted to the January meeting for discussion. The following motion proposed by Dr. McCarthy and seconded by Cllr. Durkan was also passed unanimously:—

"That a request be made to the Minister (Health) — (Finance) to double the Free Electricity allowance."

In reply to Dr. Sheehan's enquiry about community physiotherapy services Mr. Donohue said that while there was not yet a community service as such the Board was engaging physiotherapists part-time to deal with some of the people in Welfare Homes of who were attending Day Centres or who could not otherwise avail of this service because of infirmity or lack of transport He hoped to develop a service in conjunction with the needs of the hospital service but it was not easy because of the shortage of qualified personnel.

Dr. Sheehan stressed the need for this service in the community and pointed out the savings that would result from home treatment of cases which otherwise might have to be admitted to hospital, including pneumonia and other chest conditions which could be treated at home with proper support.

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PROCEEDINGS OF  
LOCAL (HEALTH) COMMITTEES

The Minutes of the following local (health) committee meetings having been circulated were dealt with as follows:—

(a) Kildare Local (Health) Committee meeting held on 18/10/1979

On a proposal by Cllr. Durkan seconded by Cllr. Freehill the minutes were noted.

In reply to Cllr. Durkan the Chairman said he had personally drawn the Minister's attention to the complaints about delays in payment of Social Welfare benefits in the Kildare area.

Dr. Pigott advised Cllr. Durkan that there is continuing difficulty in recruiting orthodontists to the Board's service and said he would provide him with information on the waiting list for treatment at the next meeting.

Mr. Swords advised Cllr. Durkan that he had sent a letter to Comhaille na nOspideal after the last local health committee meeting conveying the views of the members on surgical appointments to Naas Hospital and had spoken to an official of the Comhairle on the previous day but as yet had no official reply. Regarding radiological staff Mr. Swords said an appointment was being made and that the services was being kept under review and it was hoped to get a further recommendation for the coming year's job creation programme.

Regarding disabled persons housing grants Cllr. Sweeney was advised that persons suffering from mental handicap are entitled to consideration for these grants as well as the physically handicapped.

In reply to Cllr. Stagg Mr. Donohue said that a site was being sought from the County Council for a health centre at Cetbridge and that it would be provided as early as possible and he also hoped to provide extensions to the health centres at Leixlip and Lucan.

The following resolution proposed by Cllr. Stagg and seconded by Cllr. Durkan was agreed:—

"That the E.H.B. carry out an urgent review of its health centre building programme in North-East Kildare, in view of the rapidly increasing population of the area as indicated by the preliminary report of the Census of Population 1979. That this report be presented to the Board as soon as possible."

In relation to the attendance of general practitioners at road traffic accidents. Dr. Powell, Dr. Sheehan and Dr. Meade advised the members that while there would be a moral obligation on a doctor to attend a road traffic accident there was no legal obligation on him to do so. Dr. Meade said that in any event it was considered that the priority at an accident was to get the victim to hospital as quickly as possible, in a well equipped ambulance.

(b) Dun Laoghaire Local (Health) Committee meeting held on 23rd October, 1979

On a proposal by Cllr. Mrs. Waugh seconded by Cllr. Carroll the minutes were noted.

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Cllr. Mrs. Waugh referred to proposals at that meeting for the integration of community services. Dr. Sheehan said that this arose from their becoming aware that the Director of Community Care in the area was not involved in the development of a new psychiatric venture in Dun Laoghaire nor was he involved generally in hospital development and the committee felt he should be involved in such matters, at more than an informal level.

Dr. Walker said that while he appreciated the concern expressed at the committee meeting he did not see how the Director could engage in the psychiatric service in view of the way the Board's three independent programmes had developed since the Board was set up. In this regard Miss Kearney said that it can happen that some persons obtaining services from the Board could be dealing separately with the three different programmes and while there is a good deal of co-operation at an informal level this was dependent on personalities and should be formalised as recommended by the Ad Hoc Committee.

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#### QUESTIONS

On a proposal by Cllr. Sweeney seconded by Cllr. Carroll it was agreed that the Chief Executive Officer answer the questions lodged.

CLLR. M. FREEHILL

#### QUESTION

"I wish to have the following information relating to D.P.M.A. applications

- (a) What is the average time necessary to process an Application in each of the Community Care areas?
- (b) How many applications were made in each area between 1st September to 31st October and how many of these applications are still outstanding for payment?"

#### REPLY

The time taken to process an application for a Disabled Persons Maintenance Allowance varies greatly in accordance with the type of application and ranges from about one week to six months and upwards. For example an application in respect of a child on Domiciliary Care Allowance who is about to reach the age of 16 years, can be processed before the date of 16th birthday and put in payment from the following day. On the other hand an application where, for example, insurance records are not available, may take up to a year, especially if part of the working life has been spent in

a number of different employments in Great Britain. Taking one type of case with the other the average probably lies between 6 and 8 weeks over each of the Community Care Areas.

Processing of a D.P.M.A. application involves (a) a medical examination by an approved medical officer of the Board's staff, (b) Financial examination of the circumstances claimed by applicant including checks on date of birth, marital status, number in family, rent or mortgage payable etc and (c) negotiation with Department of Social Welfare or British Ministry of Social Security to ascertain entitlement to Social Welfare or Social Security payments. Each of these items can take a considerable time even if straightforward which many are not. If, however, the applicant is considered by the Community Welfare Officer to be in need of financial assistance while awaiting the determination of his claim for D.P.M.A. such assistance is afforded and recovered subsequently from D.P.M.A. if the claim is subsequently admitted. An example of the outstanding cases may be taken from Area 8:-

No. of applications - 22		Awaiting Report on Financial circumstances	= 5
Refused	= 6	Awaiting Medical Exam.	= 2
Granted	= 4	Awaiting Reply from Dept. Of S.W.	= 1
		Incomplete information submitted by applicant	= 4

Eight extra Community Welfare Officer posts have recently been established. It is expected that this will improve the reporting situation on financial circumstances etc.

151/79                      CAPITAL PROGRAMME 1979  
- PROGRESS REPORT NO. 49/1979

The following report No. 49/1979 from the Chief Executive Officer, was submitted:

"At the meeting held on the 6th July, 1979 the Board was informed (Report 34/1979) of the progress made (A) with Capital projects already in hand at the commencement of the year and (B) with the new programme for 1979 approved by the Minister for Health in mid-February. A further progress report is now submitted on the major programme being undertaken by the Board, the very wide range of which is illustrated by the details set out hereon.

## A. PROGRAMME IN HAND AT JANUARY 1979

## Community Care

Blanchardstown Health Centre	The Contractor is in liquidation: alternative arrangements for completion are being sought.
Coolock Health Centre and Community Care Head-quarters.	Completion anticipated (i) January 1980 (ii) March 1980.
Millbrook, Taliaght, Health Centre	Building completed and handed over to the Board.
Finglas Health Centre	Completion anticipated by February 1980.
Wicklow Health Centre and Community Care head-quarters	Fresh tenders have been obtained and are under examination. Completion anticipated April 1980.
Maynooth Health Centre	Approval of the Department of Health to invitation of tenders awaited.
Kilbarrack Health Centre	Approval of the Department of Health to invitation of tenders awaited.
Ballybrack Health Centre	Approval of the Department of Health to invitation of tenders awaited.
Rowlagh Health	Approval of the Department of Health to invitation of tenders awaited.

## General Hospitals and Homes

Mechanical services, St. Cclumcille's Hospital	Boilerhouse works completed: documentation for up-grading of mechanical services with the Department of Health.
St. Colman's Hospital, 22 bed unit	Completion anticipated March 1980.
Bru Chaoimhin — Fire precautions	Complete.

Legion of Mary Hostel, Fire precaution contract  
North Brunswick Street placed.

St. Vincent's, Athy: Phase 3 Planning in Progress.

#### Special Hospitals

Nurses' Home, St. Ita's Hospital Complete;

Telephone and fire alarm system. Complete. St. Ita's Hospital

Up-grading of female chronic Complete block,  
St. Ita's Hospital.

Up-grading of male chronic Work in hand, block,  
St. Ita's Hospital

Conversion of estate houses Work in hand.  
as hotels for the mentally  
handicapped.

St. Loman's Hospital — Completion anticipated January  
Conversion of existing 1980.  
building to provide 23  
additional beds

St. Brendan's Hospital — Fire 1978 approved programme  
precautions and sundry complete,  
alterations repairs, painting  
etc.

St. Brendan's Hospital — Tenders invited.  
Mechanical turf handling plant and  
boiler centralisation.

#### B. EXTENSION PROGRAMME APPROVED FOR 1979.

##### Community Care

Welfare Home, Harolds Cross Sketch plans approved: Contract  
documents being prepared.

Health Centre, Blessington Sketch plans approved: Contract  
documents being prepared.

Health Centre and Com- Sketch plans being prepared  
munity Care headquarters, following agreement with Co.  
Naas Council in regard to the site.

Community Care head-quarters. Dun Laoghaire (extension)	Sketch plans being prepared.
Health Centre, Athy	Planning in progress.
Health Centre, Shillelagh	Contract in hand.
Health Centre, Knockananna	Work expected to commence February 1980.
Regional Analyst's laboratory extension at Francis Street	Completion expected December 1979

#### Special Hospitals

Fire precautions etc., St. Loman's Hospital	Prices for telephone system and P.A.B.X. with the Department of Health for approval: final documentation for rewiring etc. being prepared by the Consulting Engineer.
Up-grading of accommodation and services, Brendan's Hospital	Work in progress and allocation for 1979 fully committed. St.
Extension of psychiatric clinic, Vergemount Hospital	Planning in progress,
Relocation of psychiatric service accommodation at Garden Hill, St. James's	Arrangements under examination.
St. Ita's Hospital — Staff Catering facilities	Work almost complete.
Central Mental Hospital, Dundrum — Staff Diningroom	Work in progress.
St. Loman's Hospital — Up-grading of Kitchen	Work in progress,

#### Day Hospitals: Psychiatric Service

(i) Unit at St. James's Hospital	(i) Unit nearing completion.
(ii) Finglas Area	(ii) Sketch plans prepared.
(iii) St. Loman's area	(iii) Premises approved in principle by the Department of Health.

Extension of Alcoholism Unit Planning in progress. (St. Dymphna's)

#### General Hospitals

Fire precaution works, St. Crooksling	Tenders to be invited. Brigid's,
Fire precaution works, St. Mary's Hospital	Contract documents with the Department of Health for approval.
Special isolation unit. Cherry Orchard Fever Hospital	Alternative arrangements proposed by the Department of Health under examination.
St. Columcille's Hospital-Physiotherapy Department, Improvements	Complete.
Bru Chaoimhin, Weir Home - installation	Contract in hand. Lift
Co. Hospital, Naas — Extension of Coronary Care unit.	Contract in hand.
St. Vincent's, Athy - Extension of Convent Diningroom	Contract in hand.
Vergemount Hospital, Clonskeagh- Diningroom extension and up-grading of Units 2 and 3	Work in hand.
St. Patrick's Home - Provision of Cubicles	Work almost complete,

#### PROJECTS APPROVED BY THE MINISTER FOR HEALTH FOR PLANNING DURING 1979

##### Community Cans

A Health Centre for Swords Planning in progress.

##### Special Hospitals

Modernisation of a further unit at St. Ita's Planning in progress, hospital

20 bed admission unit at Planning in progress.  
Newcastle Hospital, Co.  
Wicklow

Child Psychiatric Centre on Joint Health Board, Depart  
lands at Cherry Orchard ment of Health project team  
completing Brief for Design  
team.

In addition to Cllr the foregoing there are two projects of special significance in hand viz. the Youth Development Centre at the Central Mental Hospital and the 210 bed Mental Handicap Centre to be built at Loughlinstown adjoining St. Columcille's Hospital. The approval of the Department of Health to the invitation of tenders for the Youth Development Centre is awaited. The Design team for the Mental Handicap Centre has been appointed and planning is in progress.

On a proposal by Cllr. Carroll seconded by Prof. J. S. Doyle the report was noted.

Introducing the report Mr. Elliott said it up dated previous reports and showed the magnitude of the programme for the year. There were 46 projects listed, of which 42 were in hand at a cost of £17m. The report showed the current situation for each project except in the case of the youth development project at Dundrum, for which the approval of the Department to go to tender has now been received.

In reply to Cllr. Carroll Mr. Elliott said that all the documentation for the Ballybrack Health Centre has been completed and is awaiting the approval of the Minister.

Cllr. Freehill was advised that prices were being sought for the completion of works at Blanchardstown Health Centre and that the Welfare Home at Harolds Cross would contain 32 beds completed. Cllr. Timmins was advised that the documents regarding Wicklow Health Centre and Community Care Headquarters are with the Department of Health. Cllr. Stagg said that the provision of the Health Centre and Headquarters at Naas was now more urgent than before because of the fire at the offices in Naas and the resultant transfer of some of the staff to offices in Newbridge. He was supported by Cllr. Durkan who said that the arrangements now were not acceptable and that immediate plans would have to be made to enable the staff to provide an integrated service.

Mr. Nolan said that as a result of the fire immediate interim arrangements had to be made to accommodate the staff and he was looking at ways to improve the situation as quickly and as adequately as possible.

With regard to the Health Centres at Athy and Naas, Mr. J. Sadlier said that there was a problem regarding the site at Athy but he expected to have this cleared shortly and would be submitting a proposal to the Department. At St. Vincent's Athy, he said that the Architect was at present meeting representatives of An Taisce regarding problems relating to preservation of parts of the old building. At Naas the site for the Health Centre and Headquarters had been agreed with the County Council and the Architect is now amending the sketch plans following consultation with the staff.

152/79                      CAPITAL PROGRAMME 1980 -  
Report No. 50/1979

The following report from the Chief Executive Officer was submitted:—

"Following the usual procedure an informal discussion has been held with the Department of Health with regard to a capital programme for the coming year. It may be anticipated that a request for a list of the projects proposed in accordance with the Board's priorities will be received shortly: the priorities will require to be shown in relation to the proposals as a whole and not separately under each programme heading.

The projects I propose for 1980 as extensions to the overall Capital programme set out in Report 49/1979 are as follows:-

	Estimated Cost	Estimated Expenditure 1980
1. Further fire precaution works at St. Mary's Hospital	£100,000	£40,000
2. Community Care headquarters (Area 5) on site at Cherry Orchard	£180,000	£30,000
3. Central Pharmacy at St. Brendan's Hospital (replacement of existing premises at 1 James's Street)	£200,000	£20,000

4. St. Brendan's Hospital:	£300,000	£250,000
Kitchens—		
reconstruction	£120,000	
Roof repairs	£100,000	
Ward up-grading	<u>£80,000</u>	
5. St. Ita's Hospital:		
replacement, mains		
electrical		
installation	£200,000	
Roofs, male		
and female		
chronic blocks	80,000	
Steam boiler and		
water pump	<u>70,000</u>	
	£350,000	£250,000
6. St. Patrick's Home:		
extended care beds	<u>30,000</u>	<u>30,000</u>
	<u>£1,160,000</u>	<u>£620,000</u>

The projects approved for planning in 1979, as listed on the final page of Report 49/1979, are, of course, additional to the foregoing. They are re-listed hereunder for the Board's convenience.

#### Community Care

A Health Centre for Swords Planning in progress.

#### Special Hospitals

Modernisation of a further Planning in progress. Hospital unit at St. Ita's

20 bed admission unit at Newcastle Hospital, Co. Wicklow Planning in progress.

Child Psychiatric Centre on lands at Cherry Orchard Joint Health Board, Department of Health project team completing Brief for Design team.

In the course of the discussion with officers of the Department of Health emphasis has been laid on the pressing need to have funds of the order listed available for the purchase of sites or premises for the following purposes:

- (i) sites or premises for community care Health Centres, day centres, etc. £200,000

(ii) sites or premises for Hostels or Day Hospitals for the mental health/ mental handicap services	£200,000
(iii) grants to Voluntary organisations in respect of the capital cost of providing or improving community facilities especially those for the elderly (See Appendix A)	<u>£200,000</u>
	£600,000

The Department has also been requested to make a substantial allocation for minor capital works in continuation of the system introduced in 1977. When an allocation is notified I shall submit proposals for the Board's consideration. Amongst the priorities for the utilisation of such allocation as the Minister may approve will be:

	Approximate Cost
St. Ita's Hospital: up-grading of laundry	£40,000
District Hospital, Balttnglass: re-wiring fire alarm, P.A.B.X.	£40,000
Knockananna Health Centre	£20,000
Vergemount Hospital, Clonskeagh: up grading of Unit 1 for geriatric patients	£45,000

I have stressed again in our discussions the necessity to extend the estimation of the Board's accommodation and development needs beyond an annual review. With that objective in mind I have listed for the Department's consideration a number of additional projects for which forward planning should be undertaken during 1980.

1. Further development: Co. Hospital, Naas
2. Welfare Home, Dalkey
3. Health Centre, Terenure
4. Day Hospital, St. John's Road, Clontarf
5. Further development: St. Columille's Hospital
6. Bloomfield: 50 bed psychiatric unit
7. St. Clare's, Ballymun: 60 extended care beds

8. Welfare Homes (2)
9. Health Centre, Castledermot
10. Additional provision for homeless women and children.

This report and the preceding report 49/1979 reflect the major extent of the developments of a Capital nature related to patient care and to the build up of appropriate community facilities for the population of the Eastern Health Board area. However, I must also bring again to the Board's attention the acute problems which the existing office accommodation in Dublin presents. It is, in my view, imperative that active steps be taken without further delay to provide the adequate modern premises for which the Brief was submitted to the Department of Health last July, The situation at James's Street in particular is such that remedial action of an interim nature may be immediately necessary.

Community Care Programme

Appendix A

#### CURRENT APPLICATIONS FOR SECTION 65 GRANTS

PROJECTS	ESTIMATE OF GRANT	REMARKS
Irish Sisters of Charity/Order of Malta	£60,000	Joint undertaking to provide day centre facilities for handicapped persons. Estimated cost £100,000 plus at August 1978.
Women's Aid	£100,000	Additional accommodation for women and children for whom this Organisation exists.
St. Vincent de Paul Society	£75,000	Fire precautions — alterations and improvements to Night Shelter, Back Lane
Irish Red Cross: Sandymount/ Irishtown Day Centre for elderly	£35,000	Reconstruction of Day Centre for elderly. The Organisation's premises at Newbridge Ave. are in a very bad state of repair — possibly dangerous. Building will not take new roof/ floor. In 1975 Architect recommended construction of new centre. The Board had discussions with Organisation and indicated that financial help would be given. The project has been included in the capital programme since 1976.

PROJECTS	ESTIMATE OF GRANT	REMARKS
	£270,000	Plans and costings submitted early this year showed that the project would then cost a minimum of £83,000.  Dublin Corporation have approved payment of £25,000. The Health Board has approved in principle of a part of £25,000 (W/207/1979) and have sought the sanction of the Minister for Health. To allow for increased costs a grant of £35,000 would now be necessary.
St. Vincent de Paul Society Kildare town	£20,000	Provision for a new day centre for the elderly. A site for the centre has been made available by the Presentation Convent and is centrally located.  The grant approved in principle was £15,000: sanction has been requested. With increased costs this would now require to be increased to £20,000.
Stiltorgan/Mt. Merrion Social Service Council	£25,000	Provision of day centre facilities for the elderly of the area. The Council are at present preparing plans.
Gardiner Place Day Centre (St. Francis Xavier Social Service Centre)	£5,000	Development and upgrading the existing club facilities/services to full day care for the elderly. Equipment also required.
Sisters of Mercy TheCoombe	£20,000	Welfare Centre. Day care, meals, etc.
Dublin Corporation provided facilities	£10,000	Contributions towards the cost of extension of community room at Jamestown Court, Inchicore (sheltered housing) to cater for non-residents.
	£10,000	Contribution towards the cost of Sean McDermott Community Centre.
	£12,500	Extension of premises at Sybil Hill Killester (including day nursery): Raheny Social Services Centre.
<b>TOTAL £372,500</b>		

On a proposal by Cllr. Hickey seconded by Cllr. Carroll the report was noted, and adopted.

Mr. Elliott advised Cllr. Stagg that the list of further developments at the County Hospital Naas in the Programme indicated that it was first on a list of items being discussed in depth with the Department with a view to having them put in to forward planning in 1980. If this is accepted by the Department all aspects of the development of a full range of services at the hospital will be discussed.

Cllr. Stagg raised again the question of Health Centres at Celbridge and Kilmeague be included in 1980 capital report under the same heading as the Naas Hospital.

Mr. Nolan said that the officers of the Board had listed for the members items which, they from experience considered to have a reasonable chance of being approved in principle. These projects were spread in such a way as to cover all areas, facilities and functions in the hope that the Department would give approval. If the allocation was not sufficient to cover all items listed some would have to be dropped and any addition of other projects could well be at the expense of some projects already listed.

Following discussion it was agreed that the Board members would visit the two health centres at Kilmeague and Celbridge, and that the two health centres would be listed in the capital programme for 1980 for planning.

153/79                      **AMBULANCE SERVICE -  
WICKLOW**

The following report No. 51/79 from the Chief Ambulance Officer, was submitted:—

"I refer to the notice of motion submitted by Councillors Hynes and Timmons, to the October meeting of the Board, requesting a report on the Ambulance Service in the Wicklow area as it relates to patients in the Social Welfare Category.

In the report submitted to the Wicklow Local Health Committee at its July meeting, the development of the Ambulance Service since the establishment of the Eastern Health Board was outlined (further copy of that report herewith).

To answer the query regarding the provision of Ambulance Service, it is necessary to divide the service into (a) Emergency Ambulance, (b) non-Emergency Ambulance, and (c) Minibus Service.

(a) **Emergency:** All emergency calls for an ambulance whether received from a doctor or through the 999 phone system, are responded to, whatever the category of the patient. If an ambulance is not available at the local base at the time of receipt of a call, every effort is made to divert an ambulance from another base or to secure a service from the nearest base in another Health Board area.

(b) **Non-Emergency:** This category refers to instances where patients are booked for admission or for a clinic where a fully equipped ambulance is required.

(c) **Minibus Service:** This category refers to sitting type patients travelling to and from O.P.D's, Clinics etc. this service is restricted to Medical Card holders except in the Wicklow area where it was the practice to make the service available to all those entitled to all those entitled to health services. In an attempt to rationalize journeys and to maximise the use of available transport, a system whereby 48 hours notice in writing of transport requirements was required was introduced in 1977. Subsequently the requirement to have written notification was dropped due to postal uncertainties etc. However, the prior notice continues to be required to enable load scheduling etc.

(d)

Difficulties do arise when hospitals insist on early morning appointments being made for country patients. It is never possible due to distances etc have patients collected and in Dublin before approximately 10.30 a.m. Hospitals have been advised of this and asked to make due allowance for such patients. The Board cannot send a special vehicle with such patients as to do so would result in vehicles being unavailable for other patients.

During the current year contractors who have been utilised for many years ceased to be available to the Board for this type of work. An advertisement in the local papers asking contractors interested in such work to apply and state their rates etc was not responded to. Accordingly, the Board's own staff have been required to work additional duties at overtime rates in an attempt to maintain services at the highest rate possible.

During this Period it was necessary to restrict services to Medical Card holders only. However, as will be seen from the figures below, the numbers being transported are being maintained:—

1979 (Totals Carried)	Average No. Per Day
January - 689	31
February - 756	38
March - 680	32
April - 856	48
August - 504	23
September - 610	32

Approval has now been received from the Department of Health to the employment of two additional drivers in the East Wicklow area with a view to improving the available minibus service. Negotiations have commenced with the Union concerned regarding the rostering changes necessary to permit the employment of these additional drivers.

Under the Health Act 1970 the responsibility for the administration of the Health Services in Co. Wicklow was transferred to the Eastern Health Board. The Ambulance Service at the time of transfer was deployed as follows:—

1. Health Board vehicles which catered mainly for the emergency Ambulance Service were located at the following bases:—
  - (i) District Hospital Wicklow — Main Base.
  - (ii) St. Colman's Hospital, Rathdrum — Sub Base.
  - (iii) St. Columcille's Hospital, Loughlinstown — Main
  - (iv) District Hospital, Baltinglass — Sub Base.

In addition the following Private Contractors provided an Emergency Service when requested by the Health Board.

Name	Base
(i) Stillorgan & Dublin Ambulance Service	Stillorgan
(ii) M/S. John Sweeney.	Arklow
(iii) Keam's Garage	Arklow

The Non-Emergency Ambulance Service was provided mainly by Private Contractors and Coras Iompair Eireann.

The number and type of vehicles at each Health Board Base was as follows:—

Base	Ambulance	Minibus
Wicklow	2	
Rathdrum	1	—
Loughlinstown	1	1
Baltinglass	1	—

The number and location of Ambulance Drivers was as follows:—

Base	Total	Full-Time	Part-Time	Trained
Wicklow	4	2	2	2
Rathdrum	2	1	1	1
Loughlinstown	4	4	—	4
Baltinglass	2	1	1	1

The number and location of Ambulance Attendants was:—

Base	Total	Full-Time	Part-Time	Trained
Wicklow	4 (Female)	2	2	2
Rathdrum	2 (Female)	1	1	1
Loughlinstown	3 (Male)	3	—	3
Baltinglass	1 (Female)	1	—	1

The level of service of the Wicklow Main Base was examined and during 1977 the recommendations of the Board were approved by the Department of Health resulting as follows:

- (a) Creation of posts of Ambulance Supervisors.
- (b) Up grading of 3 part-time posts of Driver to 3 full-time posts.
- (c) Creation of 1 additional post of driver.
- (d) Up grading of 3 part-time posts of Attendant to 2 full-time posts.

Consequential to the above a comprehensive 24 hour 7 day ambulance roster and a minibus service was introduced.

St. Columcille's Hospital was examined and the 4 posts (2 Drivers and 2 Attendants) which were requested in the Job Creation Programme for 1977 for this Base were approved by the Department of Health and subsequently filled.

9. By mid 1978 the 3 Private Ambulance Drivers had ceased operations and requests were made to the Department of Health for:
- (a) A full service for Arklow involving 11 posts (5 Drivers and 6 Attendants)
  - (b) Six (6) extra posts (3 Drivers and 3 Attendants) for St. Columcille's Hospital Base to allow for a full 24 hour 7 day service.

Approval was received in January 1979 from the Department of Health to the creation of:

- (a) Five (5) posts for Arklow - to be based at Wicklow.
  - (b) Six posts for St. Columcille's Hospital Base.
10. The Baltinglass service was likewise examined and it was decided to:
- (a) Up-grade the existing part-time Driver post to full-time.
  - (b) Replacement of vacated post of Attendant with full-time Driver.
11. The situation viz-a-viz the total staff complement and number of vehicles for the bases mentioned above is as follows:

	Wicklow	St. Columcilles	Baltinglass
Ambulance Driver	9	9	3
Ambulance Attendants	8	8	—
Ambulances	4	3	1
Minibuses	3	11	

The Acting Supervisor based at the District Hospital Wicklow has responsibility for East Wicklow and South Dublin while the man based at Naas caters for West Wicklow in addition to Co. Kildare. The West Wicklow area has available to it not only the service operating from Baltinglass Hospital but also the services based at Naas and Athy.

12. The total Ambulance Service in the Eastern Health Board region is now under the control of a Chief Ambulance Officer who took up duty in September 1978."



In addition at present there are eleven Dental Surgeons in County Wicklow who do some part-time sessional work in their own surgeries for the Eastern Health Board on children referred to them for treatment. Normally these patients are referred to them following School Dental Examination of the children by the Senior Dental Surgeon. The total of this sessional work gives an equivalence of two whole-time Dental Officers.

In addition to a treatment service a community needs a preventive Dental Service including Dental Health Education to raise the level of dental health in that community. Our programme during Dental Health Week is one example of this activity.

#### Ratios of children and other eligible persons to Dental Officer

It is generally accepted that a ratio of one Dental Officer to 1,500 or 2,000 patients is needed to provide an adequate dental service. In County Wicklow at present, we have a whole-time equivalence of approximately four and a half Dental Officers to provide services for a total of approximately 36,000 eligible persons. This gives a ratio of one Dental Officer to 8,000 people. If national school children only are considered and all other eligible persons are excluded we have at present a ratio of one Dental Officer to 3,000 school children. To reach a ratio of 1 : 1,500 a total of eight whole-time Dental Officers would be required to cater adequately for the national school children alone.

In the meantime, working with our present resources, priority is given to children attending national school and to pre-school children who present for treatment at the Clinics. It is inevitable that for many there - will be delays in the provision of treatment

Only a small proportion of available resources remain to be used in the treatment of eligible adults. Dental clinics for people in this category are, however, held in nine different areas of the county at intervals varying between one per week and one per month. Any patient covered by a Medical Card may attend these clinics. In addition a small number of evening sessions are done by the whole-time dental staff, and this helps towards making additional treatment available.

#### Joint Working Party

A Joint Working Party consisting of officials of the Department of Health and of the Health Boards, and representatives of the Irish Dental Association reported on the Dental Services in July of this year.

In this report the preventive aspects of dental care are emphasised as being essential in bringing about an improvement in the dental health of the community. Many recommendations are made, one being to improve the promotional outlets for Health Board dental surgeons. Another is that the services of general dental practitioners be utilised in the treatment of eligible Health Board patients referred to them. Negotiations on this are going on at the present time. A further recommendation is to provide for the training and employment of dental hygienists, who would work within the dental team and whose primary function would be in disease prevention in the community and in the individual.

#### Dental amies and Additional Dental Staff

Over the past decade or so, well-equipped Dental Clinics have been established in Baltinglass, Carnew, Rathdrum, and in Newcastle Hospital at Newtownmountkennedy. It is planned to improve the facilities available in some of these clinics in the near future by the provision of new fittings and the addition of some new items of dental equipment.

Last year the new Health Centre in Arklow was opened and it contains a good Dental Unit. This has been serviced and fitted and the dental equipment has been installed.. Additional staff posts have been established to provide a dental service in this new Health Centre, but it has not been possible to date to appoint a Dental Officer. Recent Local Appointments Commission interviews were held and it is possible that an appointment may- result from this. Dental Services have been provided in Arklow and in some other areas for a number of years, by school dental examinations, followed by referral of children found in need of treatment to dental practitioners in the town who do some sessional work for the Health Board in their own surgeries. This service does of course continue.

In Dunlavin a new Health Centre was opened this summer. One room here is for a Dental Surgery and there is a small room for dental records/appointments. The Technical Services Department has been requested to have detailed services and fittings provided in the Dental Suite. The Eastern Health Board made staff provision for this clinic, by the establishment of new posts. We are awaiting a recommendation from the Local Appointments Commission so that an appointment of a Dental Surgeon can be made to provide dental services in this new Health Centre.

Dental Clinics are also held in Bray, Wicklow, Aughrim, Avoca and Blessington. Due to unsatisfactory premises the dental surgeries in these areas are not fully equipped and limited dental facilities are available. New premises for Dental Clinics are required in Bray, Wicklow, Blessington and Grey-stones.

Plans for new Health Centres at Wicklow and Blessington are well advanced and there will be a Dental Suite in each of these Health Centres. It is hoped to have a new Health Centre provided for Greystones in the near future. This Health Centre will also include a Dental Suite.

As new Dental Clinics are made available in these areas, additional dental staff of five Dental Officers and five Dental Attendants will be required to provide services in these clinics.

#### Specialist Services

There have been many studies on the prevalence of malocclusion in school children. Figures up to 78% have been reported from some of these studies. The percentage requiring Orthodontic treatment would, however, be much lower than this and a working figure of 25% of children requiring orthodontic treatment could be accepted.

Consultant Orthodontic Services are available on a limited basis at the Dublin Dental Hospital, at the Maxillo-Facial Unit in Dr. Steevens' Hospital where cleft lip and cleft palate patients are treated and at the surgery of an Orthodontic Specialist in Dublin to whom selected eligible patients from Co. Wicklow are referred for diagnosis and treatment.

A considerable amount of orthodontic treatment is carried out at Clinics in the county by the Board's whole-time dental staff.

It is estimated that approximately 400 children in County Wicklow would need active orthodontic treatment each year. With the present resources orthodontic treatment would not be available for many of these children. The Local Appointments Commission advertised the post of Orthodontist to the Eastern Health Board on a number of occasions in recent years but it has not been able to fill this post. With changes in the terms of appointment it may be possible to make this appointment in the future. More than one such appointment will, of course, be needed to cover the whole Eastern Health Board area. As the dental services expand in County Wicklow it is hoped that the part-time services of a visiting Consultant Orthodontist will soon be made available.

Oral Surgery Services for this county are provided mainly in St. Columcille's Hospital, Loughlinstown, where a limited number of beds are available for short-stay patients referred there and where we have the services of a Consultant Oral Surgeon and Consultant Anaesthetist. A small number of patients have been referred to the Dublin Dental Hospital. With further expansion of the Dental Services plans should be made to obtain the services of a specialist in Paediatric dentistry.

### **In Conclusion**

If we recall that in 1966 the staff available to provide dental services to the eligible population of County Wicklow consisted of one full-time Dental Officer and two part-time dental surgeons, doing one session each per week, it will be seen that considerable progress has since been made.

The dental needs of persons eligible for treatment are, in almost all countries, greater than the resources available to meet them. Because of the prevalence of dental disease in the community, this is likely to remain so for some years to come.'

Since Dr. C Mahony prepared the foregoing report; we have received from the Department of Health details of an arrangement for the provision of dental treatment, for adults by private Dental Practitioners. A copy of the Department's Circular Letter dated 16<sup>th</sup> November 1979 is circulated herewith."

Dr. Kevin Harrington:- introduced 'Ae. Summary -of rthe-report of the Joint Wooing Party ion Dental Services'which read as follows:—

#### **'Introduction**

- 1.1 Dentistry is an independent-autonomous profession working in co-operation with the other health professions.
1. 2 The Working Party wishes to emphasise the importance of giving priority to the development- of preventive aspects of dental care and to stress that^the establishment of an improved dental treatment service in the absence of a preventive philosophy is unlikely to bring about an improvement in the dental health of the community.

#### **Legal Background and Objectives**

- 2.1 Dentistry is one of the health fields in which preventive approaches can be extremely effective. Health boards provide preventive dental services for the community as a whole through the fluoridation of water supplies and health education measures. In addition, they provide preventive services on a personal basis as well as any necessary dental treatment and appliances, free of charge, for the following categories of persons:—
  1. Persons with full eligibility for health services, usually medical card holders and their dependants.

2. Children under the age of 6 years in respect of dental pathology noticed at child health service examinations.
3. Pupils attending national schools in respect of pathology noticed at school health examinations'.

2.2 It is intended to extend these personal services to other sections of the community but they have to-date, been restricted to the above groups.

#### Organization

3.1 Health board services are organized into three groups:

Community care. General, hospital care Special -hospital care,. Usually each headed by a Programme Manager. Majority of. -Dental services-provided under Community care, where each area is under a Director with General Dental Officer in charge, of-day to day running of services and a chief dental officer in Eastern and SouthernHealth boards.?

3. 2 In some cases services are provided by Private Practitioners under a-Chief or Senior Dental Officer on a sessional or fee per item of service-basis either in health board clinics or their own surneries.

#### Priorities

4. 1 Children, the aged, the handicapped and expecting and nursing mothers. Hopes that 12/16 age group will be all included and given first priority as well as other children not covered for various reasons. Number of children to be covered estimated at 600,000. Owing to easier recruitment, Dublin does better than many other areas.

#### Orthodontic

5. 1 Orthodontic treatment provided by P.D.C.'s to limited extent and by specialists on a sessional basis but difficulty in meeting demand.

#### Adolescents

6. 1 Adolescents not treated as a group — over 16's treated as adults. Estimated that 90,000 are eligible as depend-

ents of medical card holders and 150,000 are not eligible. The scheme should be extended to cover these but only when it is possible to provide the service.

#### **Adults**

7.1 Adults qualifying are medical care holders and dependents excluding dependents eligible in their own right estimated at 550,000. Main complaints are poor level of service provided for eligible adults and mainly consisting of extractions for relief of pain and provision of dentures.

#### **Assessment of Services**

8.1 It is clear that the health boards are unable to provide an acceptable level of service for all eligible persons and the provision of dental care for the handicapped in hospital and the community, for the infirm and those in psychiatric and geriatric hospitals is generally underdeveloped and shortages are also noted in orthodontics, oral surgery and oral medicine.

#### **Causes of Deficiencies**

9.1 Shortage of dentists, according to W.H.O., it would take 1,500 dentists for entire community and 600 to provide services to eligible patients. Suggest attempts to keep newly qualified dentists at home by better conditions and more attractive career possibilities.

9. 2 For the future we must place emphasis on preventive measures and on the greater use of acceptable auxiliary personnel.

9. 3 To improve dental services, health boards must try and Prevent disease, promote community health and provide services with special emphasis on those where they are inadequate. Approach to resolve considered under the following headings: 1. Preventive Services. 2. Organization and Administration. 3. Manpower. 4. Hospital Dental Services.

#### **Preventive Services**

10. 1 Prevention must be promoted — only way to reduce incidence of dental disease is by adoption of a philosophy of prevention and treatment within a preventive framework. Personnel must be so motivated and consideration given to auxiliary personnel especially Dental Hygienists.

10. 2 Fluoridation tests bear out the wisdom of this legislation and should be used to the fullest extent - where fluoridation of water is not possible other methods of introducing fluoride, by toothpaste and topical application of fissure sealants.

#### **In non Fluoridated Areas**

- 11.1 Fluoride toothpaste and tablets recommended. Professional topical application of fluoride gels and solutions, fluoride mouthrinses, fissure sealants, sugar substitutes e.g., in chewing gum and anti-plaque agents are being actively researched and evaluated and the formation of a National Policy in usage is recommended as well as intensive dental health education, both caries and periodontal disease are primarily due to unsatisfactory oral hygiene. Exact instruction of how to keep teeth and gums in best possible condition and the bad effect of the intake of, refined sugars in food and drink is important Primary and Secondary schools syllabuses and text books should incorporate dental health education.

#### **Manpower**

12. 1 Recruitment, health boards have to compete against the variety of treatments in private practice as well as promotion possibilities. A number of measures recommended for examination are the sponsoring of dental undergraduates with later commitments to health boards. Special grade for newly qualified dentists, payment of removal expenses for those recruited from abroad, refresher courses. In special areas with low dental/population ratio permission to engage in private practice. Use of private practitioners on fee per item basis similar to treatment under Social Welfare.

#### **Dental Auxiliary Personnel**

13. 1 Non-operating dental auxiliaries — to work as chair-side assistants with dentist.
13. 2 Operating dental auxiliaries — Divided into two groups these carrying out treatment regarded as reversible in mouth
  - A. Denturists, Dental hygienists and expanded dental auxiliaries.
  - B. Those who carry out irreversible procedures, e.g.. dental therapists.

**13. 3 Dental Technicians** — usually work in dental laboratories and carry out procedures under prescription of a dentist e.g., manufacture and repair of dentures, orthodontic appliances, inlays, crowns, bridges and chrome cobalt dentures. Precluded by law from providing dental appliances direct to the public. Recommended that any illegal practice should be ended by legislation if necessary. Also highlighted are the generally inadequate arrangements for their training as technicians. According to estimate a course of training for denturists would be 5 to 5% years not much short of the full dental course. Further the present need could be met by one of the suggestions already mentioned and the trends in other countries show that the need for full denturists is decreasing and should decrease here too if the various preventive measures are introduced. Working Party did not recommend the introduction of Denturists.

**13.4 Dental Hygienists** — role is essentially in preventive aspects of dental care and should save the time of dentists for his special skills. Training should be in a dental school alongside undergraduates. They should be registered with the Dental Board.

**13. 5 Expanded Dental Auxiliaries** — developed in U.S.A. and Canada trained to do reversible procedures e.g. taking x rays, impressions, placing of matrix bands and temporary restorations, recommendation no action until developments in other countries monitored.

**13. 6 Dental Therapists** — A. New Zealand School Dental Nurse. 3. New Cross Dental Therapist. The difference is that the New Zealand nurse works independently of the dentist whereas the New Cross Therapists work under his direction. Dental profession in this Country oppose dental procedures being carried out in the mouth except under dental prescription. However, Working Party recommends that a demonstration study should be undertaken to determine feasibility of employing New Cross Dental Therapists.

#### Hospital dental services

**14.1 Provision of Secondary Dental Care** — patients, because of a complication in the nature of treatment or because of the condition requiring treatment is rare, need to be referred to a dentist with special training and/or experience. Inadequacies in provision of secondary care highlighted in a report on hospital care services by Irish Committee on higher training in Dentistry.

14. 2 Oral Surgery/Oral Medicine — At present arrangements vary throughout the country — overall organization not sufficiently comprehensive. Consultant services should be established at major centres. Four in oral surgery to start with then later to provide full cover further posts will be necessary- Clinical support staff could be provided from health board personnel. In the case of oral medicine the Working Party is aware that facilities for diagnosis and treatment of condition such as oral cancer and other pathological conditions are inadequate at present. Recommended that one consultant post in oral medicine be created with the specific remit of establishing the level of oral pathology in Ireiand and setting up of a national referral, diagnostic and treatment service for oral pathological conditions.
14. 3 Orthodontics — Present arrangements in various health boards vary, in most areas private practitioners who specialise in orthodontics are employed on a fee per course of treatment basis. Demands are heavy particularly in a number of cases including more complicated therapy. Recommended that five full time consultants posts in orthodontics should be created on a population distribution basis. Clinical support should be provided at first by the Health Board personnel.
14. 4 Paediatric Dentistry — covers dentistry for the child and care of mentally, physically and medically handicapped children who are at great risk, also Down's Syndrome patients and others suffering from various blood diseases. Care of handicapped children is inadequate at present and creation of consultant posts would offer a solution. Recommended two posts (Dublin and Cork) as soon as possible.
- 15.1 Restorative Dentistry/Periodontology — covers patients whose treatment involves fitting of highly sophisticated appliances and prostheses e.g. longterm care of as well its services to orthodontists oral sergons plasty surgons. Inclusion of specialist's *in* restorative dentistry is also recommended. Suggested that joint hospital/university appointments be made in two dental schools until need is assessed.
- 15.2 Peridontology is part of the training pathway of restorative dentistry. Peridental disease is estimated to affect 50% of the adult population and is a major cause of tooth loss. Recommended appointment of consultant and supporting personnel in each dental school until full need is ascertained

15. 3 Support Staff — each consultant post would require house officer/registrar/senior registrar staff which would in effect mean training in each discipline i.e., in oral surgery/oral medicine/orthodontic. Recommended, two of these should have support staff based in Dublin and Cork.

#### Provision of Primary Care

- 16.1 A. Long stay patients in hospitals — services are provided but need improvement.
- B. Treatment under General Anaesthetic — in hospital environment under day care basis — recommendation, administration of G.A., in dental surgeries should be discontinued.
- C. Patients with medical/surgical problems — responsibility of appropriate consultants with health board dental surgeons facilitated in providing necessary dental care.

#### Guidelines for Health Boards to improve Services

17. 1 Waiting and Reception Areas — Adequate waiting and reception areas must be provided.
17. 2 Assessment and Pre-operative Area — should be available for General Anaesthetic cases at time of G.A., but could be shared with other disciplines.
17. 3 Dental Surgery — Where treatment is carried out under G.A., it is essential that chairs/couches be capable of adjustments, to horizontal position. Reliable anaesthetic, ventilation and scavenging equipment.
17. 4 Recovery Area — Patients should be able to rest in comfort after G.A., under supervision and with resuscitation facilities.
17. 5 Emergency Cases — About 1% of cases may not recover routinely and access to general hospital bed is essential.

#### General

18. 1 implementation of these proposals would involve Health Board dental surgeons in extra duties of a higher clinical nature and improved career structure must be considered.
18. 2 Hazards to Dental Personnel — mercury contamination, radiation and toxic effects of some sedatives and anaesthetic agents. Risk of infection by hepatitis B.

18. 3 New Hospitals - recommended that planning should include appropriate facilities for dental treatment.

#### Social Welfare Dental Benefit Scheme

19. 1 Patients insured who satisfy certain conditions are entitled to dental treatment from the dentist of their choice who enters into an agreement to provide the services on a fee per item basis. Extractions, fillings etc. free to patients. Crowns, bridges and dentures, patients pay their share and fixed amount paid by Social Welfare. Medical Card holders may recover their share of dentures from Health Boards. There are 650 dentists to cover 826,000 eligible patients.
19. 2 There has been considerable developments in clinical practice and procedures since the scheme was initiated — recommended that treatment including preventive measures be included.
19. 3 It is also felt that as dentistry is a health profession the administration of all dental care should be under the Dept. of Health.

#### General

20. 1 It is recognised that a number of recommendations in this report will stretch the existing resources in university and dental schools. This situation should be rectified to effectively implement the recommendations."

Dr. Pigott referred to the letter from the Department of Health and advised members that an ad hoc arrangement had been made with private practitioners until proper agreements are made and the Health Board is at present arranging to transfer some patients to the private sector.

Dr. Harrington highlighted a number of matters which arose from the recommendations of the Joint Committee (1) the necessity to encourage preventive dentistry; (2) proposals to allow the use by private practitioners of equipment in dental clinics which is only used part-time by the Board's officers; (3) the need to distinguish between dental educationalists and chair-side assistants and the need for training for dental hygienists; also the inclusion in training of chair-side assistants in treatment provided in the prone position, (4) the increased need for the orthodontist resulting from the greater preservation of teeth and the hoped for modernisation of staff towards conservation; (5) acceptance that dental care embraces all programmes in the Board's service and not under the heading of community care alone; (6) the need for improved facilities and salary structures to encourage newly qualified dentists to remain in this country.

At this stage the members agreed to take the motion on fluoride measurement tabled by Dr. Harrington which read as follows:—

"That the Board make arrangements to have the fluoride content (at tap outlets— of all public piped water supplies in the Board's area estimated by the fluoride ION probe method and that the results be included in Reports to the Board on Dental Services."

The motion as seconded by Cllr. Hickey was agreed and referred to Mr. Donohue and Professor O'Donnell for attention.

In relation to the Dental Services in County Wicklow Cllr. Timmins said that there were no dentists at all in some rural parts of the county and he asked that the Board should consider concentrating its own staff in these areas and that the private practitioners deal with cases where they practice.

Dr. Pigott said that he would examine this proposal.

Referring to the report on the services in County Wicklow Cllr. Hynes said that there was no information given on the number of treatments carried out, the number of persons eligible or what each officer had assessed and he was not prepared to accept the report as it stood. He also thought there was a danger that the new scheme would attract all dentists to the private sector and the Health Board be unable to get staff,

Dr. O'Mahony, Senior Dental Officer in the Wicklow area, said that he sends a report to the Department of Health each year detailing each treatment provided and he undertook to send a copy of this report to Cllr. Hynes and the other Wicklow members of the Board.

On a suggestion by Cllr. Hickey it was agreed that the reports on the dental service should be further discussed and it was agreed that they be placed on the Agenda for the next meeting.

#### 155/79                      TEMPORARY BORROWING

The following report No. 53/1979 from the Chief Executive Officer was submitted:—

At meeting held on 6th September, 1979 the Board consented to the temporary borrowing by way of overdraft up to an overall limit of £1.1 million during the quarter ending on 31st December, 1979.

It is considered that overdraft accommodation of the same amount will be required during the March quarter 1980.

Accordingly, I request that the Board consent to borrowing by way of overdraft during the three months to 31st March, 1980 up to a maximum of £1.1 million.

On a proposal by Cllr. Hickey seconded by Cllr. Hynes the report was adopted.

156/79                      SEMINAR FOR BOARD

Mr. Nolan advised members that he intended to have a special management team meeting shortly at which the Chairman will attend to finalise the agenda and date for the Seminar.

157/79                      NOTICES OF MOTION

(a) The following motion was proposed by Ald. A. FitzGerald:—

"That the Chief Executive Officer be requested to arrange for submission of a comprehensive report on the present general position in the Board's area in regard to desirable and actual standards of cleanliness and hygiene, in personal, domestic, catering, recreational, institutional, industrial and farming situations. The report should highlight deficiencies in standards and practices and recommend remedies therefor including reference to any inadequacies in current legislation and bye-laws. It should also indicate areas of co-operation with other public and statutory bodies and stress the need for an intensive educational programme directly by the Board and through the media on the need for hygiene and cleanliness in all spheres of activity public and private."

Introducing his motion the Chairman said that he wanted to bring together the local authorities particularly the Dublin Corporation and Health Board on areas of common responsibility, for instance in relation to the inadequacies in existing legislation to control the standards of services in multiple dwellings and to arrest the decay in houses in areas where they are depreciating too rapidly.

He also wished to raise the question of public pollution such as carbon monoxide levels from traffic and the need to examine such matters in collaboration with the local authorities and he would envisage the setting up of a working committee to examine these matters.

Cllr. Connolly drew attention to the number of vacant sites in the Corporation area and the problems arising from traffic congestion.

The motion was seconded by Cllr. Freehill and passed un-animously. It was agreed that the City Manager would be advised and that arrangements be initiated for setting up a joint committee.

(b) The following motion was tabled by Cllr. M. Freehill: -

'That all Health Centres have a Notice Board erected on the outside of the Building giving —

1. Times Centre is open to the public
2. The telephone number of the Centre
3. The hours that the Medics and Para Medics are in attendance at the Centre."

Speaking to the motion Cllr. Freehill said that it resulted from an earlier motion tabled by her regarding the provision of information at social welfare offices. She suggested that each Health Centre show on an outside notice the times it is open, the telephone number and any other unchanging information, while inside should appear a list of the names of the persons providing services in the Centres on a regular basis and the times they attend. The motion was seconded by Cllr. Hickey and adopted. Mr. Oonohue said he would do his best to implement these recommendations.

(c) The following motion was tabled by Cllr. Freehill:

"That a survey be carried out on the accessibility for disabled people of all Health Centres, Community Care Offices and Central Health Board Offices and that the findings of the survey be submitted to the February meeting of the Board."

Cllr. Freehill said that her motion arose from a recent Seminar on accessibility for handicapped and the minimum design standards acceptable. She considered that the Health Board should have all its Health Centres and Offices accessible to handicapped and she wished to have a survey done using the minimum design criteria. She realised that this would probably show that the Board had a task of some magnitude in adapting its existing premises but she hoped that all new Health Board premises would comply with the design standards.

The Technical Services Officer said he would endeavour to have a report on the survey of premises available for the February meeting. Mr. Elliott pointed out that the brief for the new office premises contains a specific requirement that there be access for handicapped.

158/79                      CORRESPONDENCE

The correspondence, having been circulated, was taken as read.

159/79                      OTHER BUSINESS

The Chairman and Chief Executive Officer wished the members and the staff a Happy Christmas.

The meeting terminated at 9.30 p.m.

Correct:

J. J. Nolan  
Chief Executive Officer.

Signed.

CHAIRMAN