

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting
of the Eastern Health Board held in
the Boardroom, St Brendan's Hospital
on Thursday, 4 November 1982 at 6.00 pm

PRESENT

Dr J D Behan
Cllr L Belton
Mrs B Bonar
Cllr M Carroll
Mrs D Clune
Dr R J Draper
Cllr Mrs E Fitzgerald
Cllr M Freehill
Mr J Gahan
Cllr Mrs A Glenn
Cllr A Groome

Cllr T Hand
Dr R Hawkins
Cllr P Hickey
Cllr F Hynes
Mr D Kane
Dr D I Keane
Prof J McCormick
Dr B Powell
Cllr J Sweeney
Cllr W C Willoughby

APOLOGIES

Dr J Buttimer
Mr P Finegan

Prof J S Doyle

IN THE CHAIR

Cllr Mrs A Glenn

OFFICERS IN ATTENDANCE

Mr P B Segrave
Mr F J Donohue
Mr T Keyes
Mr K Hickey
Mr L Kavanagh
Mr G Brennan
Prof B O'Donnell
Mr PJ Swords
Prof I Browne
Mr T Mahon
Miss M Kelly
Mr J Leech

Mr K Ward
Mr F J McCullough
Miss A Flanagan
Mr R Keane
Mr C Mansfield
Mr M O'Connor
Mr C McQuaide
Mr M Cummins
Mrs B Travers
Miss S Keegan

146/82 CONDOLENCE

The Chairman informed the members of the recent death of Dr Tony Rowland, son of Dr Paddy Rowland. Senior Area Medical Officer. Carnegie Clinic, Lord Edward Street. The members stood in silence as a mark of respect to the deceased.

147/82

CHAIRMAN'S BUSINESS

The Chairman advised the members of the illness of Board member Or Jane Buttimer. The members asked that good wishes for a speedy recovery be conveyed to her.

148/82

CONFIRMATION OF MINUTES OF SPECIAL MEETING AND MONTHLY MEETING HELD ON 7 OCTOBER 1982

The minutes, having been circulated, were confirmed on a proposal by Cllr Hynes, seconded by Cllr Sweeney.

Mrs Bonar requested that it be recorded that she had voted against motion no. (i) which had been defeated at the special meeting held on 7 October 1982.

Mr Gahan requested that it be noted that he wished to disassociate himself from motion no. (iii) which had been carried at the special meeting held on 7 October 1982.

Cllr Sweeney referred to the reply to the question regarding the use by general practitioners of facilities in the Board's health centres and the amounts they contribute for these. Following a discussion to which Dr Hawkins and Cllr Hynes contributed, Mr Donohue, Programme Manager, Community Care Service, stated that he was preparing a report for the Board regarding increases in the charges.

149/82 QUESTION

On a proposal by Cllr Carroll, seconded by Cllr Hickey, it was agreed that the question lodged should be answered.

Mr P Finegan

"That this Board provide a first aid centre at Tallaght Health Centre with a cardiac ambulance available at the centre from 9 am to 9 pm subject to the local general practitioners providing the medical services from 9 am to 9 pm on a voluntary basis. Could the CEO look at the consideration and report on same."

REPLY

This question appears to cover two types of service:

- A a first aid centre
- B a cardiac ambulance service

- A The established manner in which casualty services are organised is through the accident and emergency departments of general hospitals where various staffing and back-up services such as x-ray are available. A 24-hour ambulance service operated on behalf of the Board by the Dublin Fire Brigade was initiated from the new fire station at Beigard Road, Tallaght earlier this year. This service is available to respond to any emergency and to convey casualties to the nearest hospital on call. Persons with minor injuries are expected to go to their general practitioner who will only refer them to the hospital accident and emergency department if he considers it necessary.

Our Board at their meeting in January 1982 (minute 9/82 refers) agreed a motion that in advance of the provision of the new Tallaght Hospital steps should be taken to establish out-patient clinics at a suitable location in Tallaght. This is receiving on-going attention by a small group representative of the Department of Health, Meath/Adelaide Hospitals and of our Board. Amongst the possible locations being considered is the Tallaght Health Centre, it must be emphasised that any such clinics, including surgical out-patients, would not be geared to provide accident and emergency services. However, in the context of the examination of the problems of the area, the opportunity could be taken to consult with local general practitioners regarding the organisation of an appropriate division of response as between themselves and the hospital accident and emergency departments for the treatment of injuries, some of which might only be of a minor nature.

- B. The cardiac ambulance service provided directly by this Board involves the use of specially trained personnel and specially equipped ambulances. This service is at present organised in conjunction with the Board's ambulance service based at St James's and St Columcille's Hospitals respectively. The service has been established on a Pilot basis only and is being kept under constant review by a committee representative of the Board, cardiologists attached to Dublin City Hospitals and of the Department of Health. The Tallaght area is covered by the cardiac ambulance service from the St James's Hospital base. It would not be feasible or appropriate at this time to locate a cardiac ambulance outside of the two existing centres.

150/82

CHIEF EXECUTIVE OFFICER'S REPORT

The Chief Executive Officer read the following report, which was agreed by the Board:

- (i) "Kilbarrack Temporary Health Centre - fire damage
During the October Bank Holiday weekend severe malicious fire damage was caused to a section of the temporary fabricated health centre located beside Greendale Community School, Kilbarrack. The extent of the damage was such that it necessitated that the building be vacated and the staff and services re-located in other health centres in the area - Coolock, Edenmore and Baldoyle. On 1 November, 1982 further fire damage was caused, and it is now likely that the building will have to be demolished. The temporary arrangements for the relocation of services and staff will continue until the new health centre on Foxfield Crescent is ready for occupation. The building is expected to be completed at the end of November 1982."

(ii) "Development of Naas Hospital - Project Team

I am pleased to inform the Board that following receipt of a letter from the Department of Health this week nominating the Minister's representatives for the project team, it will now be possible to proceed with the detailed planning process for the development of Naas Hospital."

151/82

**ORGANISATION OF GENERAL HOSPITAL SERVICES FOR SOUTH
EAST DUBLIN AND EAST WICKLOW**

The following report no. 35/1982 from the Chief Executive Officer was submitted:

1. The Minister for Health in a public statement on 30 April 1982 accepted in principle the report of the Working Group set up to consider the above subject, and asked that the consultations necessary to implement the recommendations in the report should proceed as quickly as possible.
2. As previously agreed by our Board at their special meeting on 17 September 1981, immediate arrangements were made following the Minister's announcement to initiate detailed discussions between representatives of our Board and of St Vincent's Hospital regarding the urgent requirement identified by the Working Group of having the consultant staffing at St Columcille's Hospital developed on the basis of joint appointments as necessary between St Columcille's and St Vincent's (other than for obstetrics and neo-natology). Such appointments would be on a permanent basis.
3. The discussions between the representatives of our Board and of St Vincent's Hospital covered in detail the manner in which consultant appointments might be structured. Final approval to any such proposals would, of course, be a matter for Comhairle na nOspideal.

As anticipated in my previous report to the special meeting of our Board referred to above, the discussions also covered the question of a new board to administer St Columcille's Hospital and the respective levels of representation which might be afforded to the different interests named in the Working Group's report. Final decisions regarding the establishment and constitution of any such board are the function of the Minister for Health under the Health (Corporate Bodies) Act 1961.

4. When the proposed joint appointments between St Columcille's Hospital and St Vincent's Hospital had been discussed in detail and the question of a new Board to administer St Columcille's Hospital had been raised, it was decided to consult with the authorities of St Michael's Hospital, Dun Laoghaire in this regard since the report of the Working Group also recommended that the latter hospital should be represented on any new Board. It was also felt appropriate at this stage to take the opportunity of setting out the principles, along the lines recommended by the Working Group which would underlie future close relationships between St Vincent's, St Columcille's and St Michael's Hospitals in the provision of an integrated general hospital service for the south east Dublin/East Wicklow area.
5. The draft proposals attached to this report have now been circulated for the formal consideration of our Board and of the Boards of St Vincent's Hospital and St Michael's Hospital respectively.

The proposals are in three parts:

- a statement of the principles underlying the proposed close working relationships and integrated approach to the provision of general hospital services for the south east Dublin/east Wicklow area by St Vincent's, St Columcille's and St Michael's Hospitals. This is along the lines set out by the Working Group;

detailed proposals in relation to the development of consultant medical staffing at St Columcille's on the basis of joint appointments with St Vincent's Hospital;

- outline operational policies in relation to accident and emergency services, and of a general nature as between the three hospitals. Details of membership proposed for a new board to administer St Columcille's Hospital. This includes representatives of our Board, St Vincent's Hospital, some representation from St Michael's Hospital and some local representation, as recommended by the Working Group.

It is necessary to make clear that the discussions on proposed consultant medical staffing did not include St Michael's Hospital but related to St Columcille's and St Vincent's Hospitals only. Recommendations in that section of the document (pages 2-4 incl.) are those made by a 'group' comprising three representatives of our Board and three representatives of St Vincent's Hospital respectively. St Michael's Hospital has already developed some links with St Vincent's Hospital and the proposals now being put forward for consideration are not intended to preclude further developments considered necessary by that hospital. Indeed the proposals being put forward should facilitate the development of links as appropriate between all three hospitals.

6. It is undoubtedly true that the achievement of close working relationships, joint medical staffing arrangements, and integrated operational policies between the three hospitals, aimed at achieving the best and most effective level of general hospital services for the area, will not come about without the introduction of appropriate structures for administration and co-ordination along the lines recommended by the Working Group. These are on two levels:
 - a new board for St Columcille's Hospital which would include representatives of the Eastern Health Board and St Vincent's Hospital, some representation from St Michael's Hospital and some local representation. Representatives from the new board for St Columcille's to be invited to join the management boards of both St Vincent's and St Michael's Hospital - it is understood that the management boards of the latter two hospitals have already agreed in principle to such a development;
 - a special advisory co-ordinating body representative of the authorities of St Vincent's, St Michael's and St Columcille's Hospital together with representatives of local general practitioners, directors of community care. University College, Dublin and other hospitals serving the area.
7. The most urgent requirement at this stage is that consultant medical staffing at St Columcille's Hospital should be placed on a firm and permanent basis and developed to the appropriate level.

It is clear that this will not come about unless the appropriate changes in the administrative structures, particularly the proposed new management board, are also brought into effect.

The draft proposals were considered by the no. 1 Visiting Committee at meeting on 14 October and the outcome was a majority decision to recommend their acceptance to the board. The Committee recommended that there should be two rather than one staff representatives from St Columcille's nominated to the new board.

If the board should accept this recommendation, and the proposals should also be accepted by the board of St Vincent's and by the board of St Michael's Hospital insofar as they relate to that hospital, then

- immediate arrangements can be made to initiate the necessary applications to Comhairle na nOspideal for approval to the proposed consultant medical staff appointments for St Columcille's in association with St Vincent's.

In this regard it is noted from recent correspondence approving of continuation of temporary appointments at St Columcille's, Comhairle na nOspideal reiterated its concern at the continuation of temporary consultant arrangements and urged our Board as a matter of urgency to submit proposals for permanent staffing in the light of the recommendations in the report of the Working Group;

- immediate application will be made to the Minister for Health for the setting up of the proposed new board for St Columcille's Hospital under the Hearsh (Corporate Bodies) Act 1961.

The two steps outlined in paragraph 8 are the priority actions that are first required. Following this a number of further matters would need to be pursued:

- the arrangements necessary for the development of the obstetrics and neo-natal service at St Columcille's by the provision of proper consultant staffed services;
- the arrangements necessary for the continuation of interim arrangements for paediatric services at St Columcille's Hospital pending urgent attention being given to the development of permanent services for the area;
- the formalization of arrangements for representation from the board of St Columcille's Hospital on the management boards of St Vincent's and St Michael's Hospitals respectively;
- the setting up of the proposed special advisory co-ordinating body. In

summary

- the objective of the proposals is to achieve the best and most efficient standard of general hospital services for the area;
- the most urgent requirement is the development and placing of consultant medical staffing at St Columcille's Hospital on a proper footing. Essential to the achievement of this requirement is the setting up of the new board proposed for St Columcille's, followed by the other administration and co-ordination arrangements;

- positive decisions on the foregoing will clear the way for further action as outlined in paragraphs 8 and 9 above.

It is difficult to see any other viable alternative to the development of a balanced and effective level of services for the area, or any other means of putting the consultant medical staffing at St Columcille's on a proper footing. For these reasons I concur with the recommendations of the no. 1 Visiting Committee to our Board.

**PROPOSALS FOR CLOSE WORKING RELATIONSHIPS
AND INTEGRATED APPROACH TO PROVISION OF
GENERAL HOSPITAL SERVICES BY THREE HOSPITALS
SERVING SOUTH EAST DUBLIN, EAST WICKLOW AREA**

The principles underlying the proposals set out in this document are:

1. * the development and achievement of the highest possible standard of general hospital services for the population of south east Dublin City and County, Dun Laoghaire and the eastern portion of County Wicklow;
 - * the maximum utilisation of existing resources and of their capacity for development;
 - * the achievement of close working relationships between St Vincent's Hospital, St Columcille's Hospital and St Michael's Hospital which would complement each other in the provision of a comprehensive range of services and avoidance of any unnecessary duplication.
2. In order to implement the above, the achievement of joint Departments in all medical branches will be necessary. The level of assignment and commitment of consultants would vary with the service requirements and may even be honorary. This would enable all consultants to participate in academic and clinical review activities.
3. Each hospital will be the contract holding body in accordance with the respective level of commitment of each individual consultant.
4. There will be a common selection of NCHDs. Rotation of junior medical staff will take place where possible and appropriate.
5. All three hospitals will have a positive role in medical education at undergraduate as well as post graduate levels.
6. All three hospitals will co-operate fully in nurse education and in particular in the implementation of EEC directives. Where possible there will be co-operation in para-medical services and education.
7. The Ethical Code particular to each hospital will be preserved.
8. The harmonisation of systems including records will be achieved as soon as possible.

PROPOSALS IN RELATION TO ST COLUMCILLE'S/ST VINCENT'S

(1) Surgeons

- (a) One whole-time general surgeon to St Columcille's with an honorary appointment to St Vincent's. The appointee to be Chief of the Department of Surgery at St Columcille's.

(b) One 7/11ths surgeon to St Columcille's with 4/11ths commitment to St Vincent's with a particular interest eg vascular surgery.

(c) 2/1 lths commitment to St Columcille's from the appointment now being processed for St Vincent's.

(2) Physicians

(a) St Columcille's will require the services of two general physicians. One appointment to be made on a full-time basis immediately with an honorary appointment to St Vincent's. The appointee to be Head of the Department of Medicine at St Columcille's.

(b) In view of the substantial geriatric problem in the area, the Group recommends the immediate appointment of a full-time physician in Geriatric Medicine. In view also of the resources available at St Columcille's this should be on a 9/11ths appointment with 2/11ths to St Vincent's.

(c) St Vincent's will make available a range of specialities to St Columcille's including limited consultancy for in-patients and OPD clinics to be developed as appropriate at St Columcille's and at extern centres.

Urology

St Columcille's would require 2/11ths to 3/11ths of a consultant which would come from the Department of Urology for south east Dublin and east Wicklow at St Vincent's. These sessions would be OPD/Diagnostic.

Orthopaedics

St Columcille's would require 4/5 sessions for acute orthopaedics. In the immediate future it requires a nominated orthopaedic consultant for consultations. The Group also supports the appointment of a second orthopaedic registrar in the area on the assumption that this will increase the consultant facilities to St Columcille's. The Group will also support every effort to provide for a further consultant appointment for south east Dublin/east Wicklow.

ENT

St Columcille's will require 2 to 3 sessions from the regional unit at St Vincent's - one session - operative, one session - OPD, one session -consultation.

Ophthalmic

The needs of St Columcille's would best be met by the appointment of a medical ophthalmologist - there would be no operation sessions in St Columcille's. St Vincent's would be expected to provide surgical facilities on referral from St Columcille's.

Paediatrics

The Group views with concern the lack of consultant paediatric services for the area of south east Dublin and east Wicklow. It recommends the appointment of 2 consultant paediatricians. In view of the present distribution of paediatric beds available in the area it is recommended that the appointees should cover St Anthony's, Herbert Avenue, St Columcille's, St Michael's, and be linked to one of the major paediatric hospitals.

Anaesthetics

It is recommended that St Columciile's should become part of the Regional Department of Anaesthetics, it is recommended that two maximum part-time appointments be made at St Columciile's. These should be honorary members of staff at St Vincent's Hospital. St Columciile's will seek recognition of training of junior medical staff and it is recommended that the junior medical staff should rotate with St Vincent's.

Pathology

It is recommended that St Vincent's Hospital should take over responsibility for pathology services at St Columciile's Hospital. The present workload of St Columciile's is 22,000 tests per annum (including 2,000 night emergencies) and this figure will increase as a result of increased medical and surgical activity suggested in the foregoing paragraphs. Local laboratory facilities will be provided at St Columciile's Hospital to enable routine tests to be carried out on site, it is recommended that a histo-pathologist be appointed with a major interest at St Columciile's and that technical staff be appointed to St Columciile's preferably rotating through St Vincent's Hospital, it is recognised that some facilities at St Vincent's Hospital may need upgrading to cope with the additional workload.

Radiology

St Columciile's will require two posts of radiologist. One to be filled immediately, the holder of which would be wholetime to St Columciile's but would be a member of the Radiology Department, St Vincent's. The second post to be structured and filled in accordance with the developing needs at St Columciile's and the other hospitals in the region. The two consultants will have rights of referral for major and specialist investigation to the Department of Radiology, St Vincent's.

They would participate fully in academic and continuing educational programmes of St Vincent's Hospital.

ACCIDENT AND EMERGENCY SERVICES

The accident and emergency services for the area should be closely coordinated. The major trauma centre should remain in St Vincent's Hospital and the services in St Columciile's and St Michael's should be linked with that centre and be dependent on it, particularly in relation to serious accidents and emergencies. These services should be properly co-ordinated and there should be a clear admissions policy.

GENERAL

The hospital requirements for the area are directed to its broad community needs including general medicine and general surgery. The three hospitals, St Vincent's, St Columciile's and St Michael's will each service in a co-ordinated way, through agreed admission policies, the broad community needs of the area including general medicine, general surgery and paediatrics. St Columciile's will provide an obstetric and neo-natal service.

It is recognised that the specialised services for the area will largely be centred on St Vincent's Hospital.

ADMINISTRATION

It is recommended that the membership of the new board for St Columcille's Hospital should be as follows:

Eastern Health Board	9 members
St Vincent's Hospital	4 members
St Michael's Hospital	1 member
Local representation.....	1 member

It is considered that membership of the Board should include one or two members of the staff of St Columcille's Hospital.

Following a discussion to which Cllrs Sweeney, Carroll, Hynes, Hickey, Timmins, Wilioughby, Freehill, Mrs Fitzgerald, Mrs Glenn, Dr Behan, Prof McCornuck and Dr Hawkins contributed, and to which the Chief Executive Officer and Mr Hickey, Programme Manager, General Hospital Care, replied, the following motion was proposed by Cllr Carroll, seconded by Dr Behan, and agreed:

"That the proposals contained in report no. 35/1982 be adopted"

Cllr Mrs Fitzgerald agreed to defer, for a month, her motion that a member of the Association for the Improvement in Medical Services be invited to serve on the board of St Columcille's Hospital.

152/82

**REQUEST FROM ST JAMES'S HOSPITAL BOARD FOR APPROVAL
IN PRINCIPLE TO THE SUB-LEASE OF A SITE FOR A PROPOSED
PRIVATE HOSPITAL**

The following report no. 36/1982 from the Chief Executive Officer was submitted:

1. Board members have already received the letter dated 29 September from the Chief Executive Officer of the St James's Hospital Board which opens by stating that:

"It is the policy of the St James's Board that facilities should be provided to enable consultant medical staff to undertake private practice."

Enclosed with that letter were:

- a detailed report which sets out the options open to the St James's Board in this regard;
 - the terms of a motion put to and agreed by the St James's Board at its meeting on 24 September 1982 agreeing in principle to the erection of a free-standing hospital unit for private practice subject to a number of requirements or pre-conditions being met, as detailed in the terms of the motion as agreed.
2. As members are aware, the relationship between the Eastern Health Board and St James's Hospital Board has 2 aspects:
- the Eastern Health Board is the lessor, and the St James's Hospital Board is the lessee of the existing hospital and the site for development of the new hospital. One of the terms of the lease provides

"That the lease shall not assign, sub-let or part with possession or allow any person to make use of the premises or any part thereof or grant any rights in respect thereof without the previous consent in writing of the lessor which shall not unreasonably be withheld."

- the Eastern Health Board has the right to nominate ten members to the Minister for Health for appointment to the St James's Hospital Board in accordance with the terms of the St James's Hospital Board (Establishment) Order 1971. The total membership of that Board is twenty.

3. It is implicit in the terms of the motion agreed by the St James's Hospital Board that approval of the erection of any separate special unit on the St James's site either by the Hospital Board itself and/or by any private consortium would be subject to the approval of the Eastern Health Board and of the Minister for Health. The necessity for such approval arises because any change in the terms of existing leasehold agreements would require the approval of the Eastern Health Board and of the Minister for Health.

The letter of 29 September 1982 from the Chief Executive Officer of the St James's Board formally requests on behalf of his Board the Eastern Health Board to indicate whether in principle they would be prepared to sub-lease a portion of the St James's site, yet to be identified, for the purpose required.

4. It is the function of the St James's Hospital Board to make adequate and appropriate arrangements for the provision of a comprehensive efficient medical, surgical and related hospital service free of charge to eligible patients. The motion agreed by the St James's Hospital Board on 24 September acknowledges this as the primary objective and function of the new St James's Hospital, it is further acknowledged that it is only after requirements of this primary objective have been met that provision may then be made for facilities for consultants to engage in private practice either within the new St James's Hospital and/or in any separate unit that may be erected on the site for that purpose.

5. It is also implicit in the terms of the motion agreed by the St James's Hospital Board and its agreement in principle to the erection of a free-standing hospital unit for private practice, that further studies will be necessary before any detailed proposal can be brought forward; that the objective of such studies will be to establish whether or not such a free-standing unit would have any adverse impact upon the new St James's Hospital and its services to the public. The outcome of such studies would determine whether any such proposal would be likely to be approved, and it is clear that the St James's Hospital Board would first have to be satisfied that there would be no such adverse impact before any firm decision could be taken.

6. It is clear from the documentation received and from discussions with the Chief Executive Officer of the St James's Board that no final decision is possible or called for at this stage. Before this is possible it will have to be clearly established by any interests involved in promoting such a project further that:

- any separate free-standing hospital unit for private practice could be fitted into the St James's site without prejudicing in any way the development of the new St James's Hospital;
- the operational relationships between any such unit and the new St James's Hospital would be such as not to prejudice in any way the primary objective and function of the latter hospital.

The body with the primary responsibility for considering and making decisions on these two issues is the St James's Hospital Board on which the Eastern Health Board is represented as detailed in 2 above.

In judging the possibility of accommodating any such unit on the St James's site, the Hospital Board will no doubt be relying on the Project Team responsible for the planning and development of the new St James's Hospital to carefully evaluate and advise on any such proposal. This Project Team is representative of the St James's Board and of the Department of Health, and works with the Design Team appointed for the new hospital.

7. As regards the agreement in principle now being sought from the Eastern Health Board in relation to the sub-lease of a site, it is apparent that if our Board were to give such agreement in principle at this stage they would not be finally or irretrievably committed in this regard. The area of any site, if such can be identified and is capable of meeting the criteria set out in 6 above, would have to be specified and the financial and other terms of the sub-lease worked out before any final commitment could be considered or agreed to by our Board.

8. The report dated 24 September 1982 to the St James's Board, which has already been circulated, gives details of the various factors which underlie that Board's policy in relation to the provision of facilities to enable consultant medical staff to undertake private practice, and of the various options considered. That report also covers such matters as the consultants' right to private practice under the terms of their contract and safeguards for eligible patients. Similar considerations apply in relation to other hospitals.

9. For the information of members of our Board the situation generally is that there are three private hospitals operating side by side with public hospitals in Dublin at present. Two of these, the Mater and St Vincent's are large general teaching hospitals. Two of the hospitals also make provision for private or semi-private patients in the public hospital.

It is understood also that in relation to the proposed new major hospitals at Beaumont and Tallaght, the Minister for Health has agreed in principle to make available a portion of each site for a private hospital subject to

- further agreement regarding the actual area of the site to be so identified, the financial arrangements for same
- the implications for the public hospital and its services including financial arrangements for any shared services, being satisfactory.

The request from the St James's Hospital Board to our Board for agreement in principle to the sub-lease of a site for a private hospital has been discussed with the Department of Health and it is understood that the Minister would be unlikely to object in principle to the provision of a private hospital on the St James's campus, provided it does not interfere with the development and operation of the new St James's public hospital.

10. In summary:

- the request to our Board for agreement in principle to the grant of a sub-lease for a possible private hospital site on the St James's campus does not involve any final commitment at this stage
- before any further request involving a final commitment would arise, it would have to be clearly established that any such proposal would not prejudice the development or operation of the new St James's public hospital

- the request for agreement in principle is in line with the approach taken generally in relation to other public hospitals where the question of a possible private hospital has arisen
- the request to our Board arises because of the terms of the existing leasehold arrangements relating to the St James's campus.

In light of the various considerations outlined above, and the terms of the existing leasehold arrangements, it would not appear to be reasonable to withhold agreement in principle to the St James's Board request at this stage.

Following a discussion to which Dr Behan, Cllrs Carroll, Freehill, Sweeney and Hynes, Dr Keane, Mrs Clune and Prof McCormick contributed, and to which Mr Hickey, Programme Manager, General Hospital Care replied, the following motion was proposed by Dr Behan, seconded by Mrs Clune and carried on a show of hands:

"That the Health Board adopt report no. 36/1982 and, without commitment, in terms of report no. 3671982, the Board agree in principle to the grant of a sub lease for a site for a private hospital on the St James's campus."

153/82

PROCEEDINGS OF VISITING COMMITTEES

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

- (i) Community Care Visiting Committee meeting held in South Earl Street Health Centre on 16 September 1982.
On a proposal by Cllr Hickey, seconded by Cllr Sweeney, the report was noted.
- (ii) Community Care Visiting Committee meeting in Naas on 21 September '82.
On a proposal by Cllr Groome, seconded by Cllr Hickey, the report was noted.
- (iii) No. 1 Visiting Committee meeting held at St Colman's Hospital, Rathdrum on 29 September '82.
On a proposal by Cllr Sweeney, seconded by Cllr Hynes, the report was noted.

It was agreed on Cllr Sweeney's suggestion that the Board should make known its appreciation of the Sheltered Housing Project Committee for their work on the Sheltered Housing Project at St Colman's Hospital.
- (iv) No. 3 Visiting Committee meeting held at St Ita's Hospital on 11 October '82.
On a proposal by Cllr Sweeney, seconded by Cllr Hynes, the report was noted.

154/82 PROCEEDINGS OF LOCAL COMMITTEES

The reports of the following Local Committee meetings, having been circulated, were dealt with as follows:

- (i) Dublin City Local Committee meeting held on 11 October '82
On a proposal by Mrs Bonar, seconded by Dr Behan, the report was noted.
- (ii) Dublin County Local Committee meeting held on 14 October '82
On a proposal by Cllr Mrs Fitzgerald, seconded by Cllr Carroll, the report was noted.

155/82**NOTICES OF MOTION**

- (i) The following motion was proposed by Dr R Hawkins:

"That eligibility for services under the General Medical Services Scheme should be based on a means test only."

The motion was seconded by Dr Behan, and following a discussion to which Dr Hawkins, Prof McCormick, Mrs Bonar and Dr Behan contributed, was agreed.

- (ii) The following motion was proposed by Dr Hawkins:

"That eligibility for the Drug Rebate Scheme should be confined to people with an income under £9,500 per annum or the possession of Hospital Services Card"

The motion was seconded by Dr Behan and agreed.

156/82**CORRESPONDENCE**

It was agreed that letter dated 20 October 1982 from the Department of Health regarding development of Dublin General Hospitals and the voluntary, corporate and related bodies in the Board's functional area should be recirculated for the December meeting of the Board.

157/82**OTHER BUSINESS**

Dr Keane referred to the burning of the health centre at Kilbarrack and enquired if the now health centre there would have a security fence. Dr Hawkins supported Dr Keane in his suggestion that health centres should be made more secure.

Mr Donohue, Programme Manager, Community Care Service, informed the members that a request for security fencing around the health centre in Kilbarrack had been turned down in the Department of Health, but that the matter had again been raised with the Department.

Dr Behan asked that the cost of security services to the Board be considered in conjunction with the Estimates for 1983.

The meeting concluded at 8.15 pm

CORRECT: P B Segrave
C E O