

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting
of the Eastern Health Board held in
the Boardroom, St Brendan's Hospital on
Thursday 1 September 1983 at 6.00 pm.

PRESENT

Ald B Ahem TD
Dr J D Behan
Cllr L Belton
Dr M Butler
Dr J Buttiner
Cllr M Carroll
Prof J S Doyle
Dr R J Draper
Cllr B J Durkan
Mr P Finegan
Ald A FitzGerald
Cllr Mrs E Fitzgerald
Cllr M Freehill
Mr J Gahan

Cllr Mrs A Glenn TD
Cllr A Groome
Cllr T Hand
Dr R Hawkins
Cllr P Hickey
Cllr F Hynes
Dr D I Keane
Prof J McCormick
Dr B Powell
Cllr E Stagg
Cllr J Sweeney
Cllr G Timmons TD
Cllr W Willoughby

APOLOGIES:

Mrs B Bonar, Mrs D Clune

IN THE CHAIR

Cair Mrs A Glenn TD

OFFICERS IN ATTENDANCE

Mr P B Segrave, Chief Executive Officer
Mr K J Hickey, Programme Manager, General Hospital Care
Mr F J Donohue, Programme Manager, Community Care
Mr T P Keyes, Programme Manager, Special Hospital Care
Mr J F Reynolds, Finance Officer
Mr L P Kavanagh, Personnel Officer
Mr J N McNee, Management Services Officer
Prof B O'Donnell, Dublin Medical Officer of Health
Mr M J O'Connor, Senior Executive Officer, Secretariat

89/83

CONDOLENCES

The Chairman informed the members of the recent deaths of

- (i) the mother of Sister Angelis, Matron,
St Columcille's Hospital, Loughlinstown.
- (ii) the father of Patrick O'Brien,
Systems Analyst, Management Services Department.
- (iii) the brother of John McGrath, Assistant Section Officer, Hospitals
Department.
- (iv) the father of Dr J Fernandez, Consultant Psychiatrist, St Brendan's Hospital.
The members stood in silence as a mark of respect to the deceased.

90/83

CHAIRMAN'S BUSINESS

The Chairman informed the members that the Minister for Labour, Mr Liam Kavanagh TD, would officially open the Day Care Unit in Baltinglass Hospital on 15 September 1983 at 3.30 pm and that a presentation of the plans for the Mental Handicap Centre at Loughlinstown would be made to Mr Barry Desmond TD, Minister for Health, on 19 September 1983 at 12.00 noon in St Columcille's Hospital.

The Chairman informed the members of her intention to have the procedure to be followed in the processing of applications for grants under Section 65 of the Health Act, 1953 discussed at the October meeting.

91/83

CONFIRMATION OF MINUTES OF MONTHLY MEETING HELD ON 4
AUGUST 1983

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

92/83

CHIEF EXECUTIVE OFFICER'S REPORT

- (i) Train Crash at Cherryville Junction, Kildare.
'Members will be aware of the accident near Kildare Town on 21 August 1983. The accident was regarded as a major incident and appropriate ambulance and hospital staff were alerted. Eleven of our Board's ambulances went to the scene and as well ambulances from Tuilamore, Portlaoise and Kilkenny and the Army went to the scene. A total of 43 injured were treated at Naas Hospital, 15 patients were admitted. Six fatalities were also brought to the hospital. A casualty centre was established in the health centre in Kildare to assist those suffering from shock and from minor injuries. A further 13 casualties plus one fatality were admitted to Portlaoise Hospital.

I am pleased to advise the Board that I consider that our Board's services responded to the needs of the situation in an entirely satisfactory manner. A full review of the incident is being undertaken with a view to finding out what improvements, if any, are required in our procedures and equipment.

I wish to thank all the voluntary and statutory bodies and agencies who assisted us in any way in this matter.'

The Chairman and Cllrs Durkan and Stagg requested that the gratitude of the Board should be conveyed to the staff concerned.

- (ii) Renal Service - Jervis Street/St Mary's Hospitals
 'Members will be aware that the renal service provided by Jervis Street Hospital, and part of which is located at St Mary's Hospital, was recently interrupted. Our Board was very concerned at the grave upset to patients and to others which arose from that interruption.

However, I am pleased to advise that a meeting was held on 31 August 1983 in St Mary's Hospital, Phoenix Park, between representatives of the Eastern Health Board and Jervis Street Hospital, and at which the Department of Health was represented, to consider how the renal service at St Mary's Hospital might be restored to its previous level.

Following lengthy discussions, during which all aspects of the problem were discussed and the possible solutions considered, a programme was agreed that would enable an immediate orderly resumption of the service to take place.

I wish to express our thanks and appreciation to all who have helped in having the service resumed.'

93/83

PROCEEDINGS OF VISITING COMMITTEES

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

- (i) No. 2 Visiting Committee meeting held in St Brendan's Hospital on 27 July 1983. On a proposal by Cllr Hynes, seconded by Cllr Durkan, the report was noted.

In response to an enquiry from Cllr Durkan, Mr Keyes, Programme Manager, Special Hospital Care, stated that there were approximately 400 patients in the Lower House (a three-storey structure), that a lot of these patients were over 65 years of age and that, in the event of a fire, they would be very seriously at risk. It had been suggested that some patients would be transferred to St Patrick's Home, Navan Road, but, because the structure of that building is similar to the Lower House, they would equally be at risk there. Modern single storey buildings were required to replace the structures on the east side of St Brendan's Hospital.

Following a discussion on the replacement units for the Lower House and the fire risks associated with the accommodation of patients in three-storey buildings, to which Cllr Durkan, Dr Draper, Mr Gahan, Ald FitzGerald and Mr Finegan contributed, and to which Mr Keyes, Programme Manager, Special Hospital Care and the Chief Executive Officer replied, it was agreed that a report should be prepared for the

members detailing the water pressure in each of the Board's institutions.

It was also agreed, as recommended by the Visiting Committee, to invite the Minister for State at the Department of Health, and the opposition spokesman on health to visit and inspect the Lower House.

- (ii) No. 1 Visiting Committee meeting held in St Columcille's Hospital on 28 July 1983.
On a proposal by Cllr Hickey, seconded by Cllr Sweeney, the report was noted.
- (iii) Community Care Visiting Committee meeting held in Emmet House, Thomas Street on 3 August 1983.
On a proposal by Cllr Hickey, seconded by Cllr Mrs Fitzgerald, the report was noted.
It was agreed that Mrs Clune and Cllr Browne could attend meetings of the Special Committee of the Board which had been established to examine and report back on the service needs and problems of the Ballymun area.

94/83

TEMPORARY BORROWING

The following report No. 13/1983 from the Chief Executive Officer was submitted:

'At meeting held on 2 June 1983 the Board consented to the temporary borrowing by way of overdraft up to an overall limit of £1.5 million during the quarter ending 30 September 1983.

As similar overdraft accommodation may be required during the December quarter 1983, I request that the Board consents to borrowing by way of overdraft during the three months to 31 December 1983 to a maximum of £1.5 million'

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

95/83

APPLICATION BY DR JOHN GOOD, CEDAR LODGE, THE CURRAGH, TO TAKE ON AN ASSISTANT WITH A VIEW TO PARTNERSHIP

The following report 14/1983 from the Chief Executive Officer was submitted:

'Doctor John Good, Cedar Lodge, The Curragh is participating in the Board's General Practitioner Service. His practice premises is at The Medical Centre, Newbridge.

In his letter of the 10 May 1983 he expressed a wish to take on an assistant with a view to partnership. He has a large panel of eligible persons and the average number of eligible persons per doctor in the area is high.

In accordance with paragraphs 21/22 of the Circular Letter 8/75 dated the 9 April 1975 issued by the Department of Health, the Irish Medical Association and the Medical Union were asked for their observations on Doctor Good's request. In letters dated 24 June 1983 and 7 July 1983 the Medical Union and the Irish Medical Association respectively, stated that they had no objection to Doctor Good's proposal.

I recommend, subject to the approval of the Board, that Doctor Good's request be approved and that an assistant with a view to partnership be selected in accordance with the procedures laid down in Department of Health Circulars 8/75 of the 9 April 1975, 9/80 of the 6 June 1980 and 9/81 of the 26 June 1981. The relevant extracts from these circulars are as follows:

Circular 8/75 of the 9 April 1975

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

(a) that the creation of the position is preferable to the creation of an additional position which could be filled by open competition in the normal way, and

(b) that the creation of the position will not result in the admission of a particular person into the General Medical Service while other equally well or better qualified persons are not given a reasonable chance to compete. Where the Chief Executive Officer proposes to seek the approval of the Board to the creation of a position as partner, or as an additional member of a group practice, or as an assistant with a view to partnership, he shall, before doing so, consult the Medical Organisation."

Circular 9/80 of the 6 June 1980

"EMPLOYMENT OF AN ASSISTANT WITH A VIEW TO PARTNERSHIP

23. Where the Health Board has agreed to the recruitment of an assistant with a view to partnership the following provisions shall apply:

(a) the doctor recommended by the selection board shall serve as an assistant for a trial period of six months. The arrangement may be terminated by either party, or by mutual agreement, at any time during this period.

(b) If the arrangement is terminated, further selection of an assistant may be made, but if a partnership is not created within 2 years of the first assistant taking up duty the agreement of the Health Board to the employment of an assistant with a view to partnership in the GMS shall lapse.

(c) During the trial period an assistant will not be entitled to enter into an agreement with the Health Board to provide services for eligible patients. He may, on behalf of the participating doctor, provide services for such patients but he shall not be assigned sole responsibility for any specific patients or group of patients.

(d) The participating doctor shall retain responsibility for the provision of services for all patients on his list and shall also be generally responsible for the visiting and prescribing patterns of the assistant.

(e) After entering into partnership at the conclusion of the trial period the assistant shall be entitled to enter into an agreement with the Health Board to provide services for eligible patients as a member of the partnership."

Circular 9/81 of the 26 June 1981
"SELECTION PROCEDURE FOR PARTNERS AND ASSISTANTS
WITH A VIEW TO PARTNERSHIP

(a) Towards the end of each year health boards will make a projection of the number of assistantship and partnership posts likely to be created the following year.

(b) A competition will then be advertised to establish a panel from which principals may choose partners and assistants with a view, for posts approved by health boards in the course of the following year. Doctors who hold the minimum qualifications as specified for entry to the GMS will be eligible for the competition.

(c) The interview board will be composed of an independent chairman, a general practitioner, a medical officer of a health board and a member of a health board's management team. In view of the number of general practitioners which might be expected to apply, all candidates may not be called for interview.

(d) Following interviews, the board will place on a panel the number of candidates determined for the coming year. This panel will be notified to the Chief Executive Officers, preferably before January of the year for which it is operative, and will last for twelve months from the date of notification. The panel will also be notified to each of the medical organisations.

Doctors on the panel will, of course, also be eligible for other competitions for GMS vacancies in the course of the year. Some candidates may subsequently be offered posts as single-handed practitioners in the Scheme, resulting in a reduction in the panel for assistants and partners. Also, the number of principles actually seeking assistants or partners may exceed the projected number for the year. Both points will be borne in mind when determining the size of the panel.

(e) Inclusion in a panel for assistants and partners does not confer any entitlement to an appointment."

If the application is approved Doctor Good will be required to select his assistant from the current National Panel of Partners/Assistants with a view to partnership.'

It was unanimously agreed that Dr Good's application be approved.

96/83

ANTIBIOTIC RESIDUE IN MILK

The following report 15/1983 from the Chief Executive Officer was submitted:

'The Local Authority has statutory responsibility under the Milk & Dairies Acts for the registration and supervision of dairymen who sell milk for consumption by the public. (This does not apply to milk going to creameries).

However, the Department of Agriculture retains responsibility for licensing and supervising of all persons or companies who operate pasteurising plants from which pasteurised milk is sold to the public through retail outlets or by delivery direct to the consumer.

All the large pasteurising concerns have laboratories of their own through which an on-going check is kept on the quality of milk coming into them from the farmer, and also on the finished product going out for delivery and sale.

As part of its routine supervision the Department of Agriculture operates its own system of quality control on pasteurised milk that is delivered to the local shop or the domestic doorstep. There is an arrangement whereby a weekly quota of samples is taken from the milk supplied by each pasteurising plant and all samples taken are sent to the State Laboratory in Merrion Street for examination. Each sample is examined for:

1. Total live organisms.
2. Coliform organisms.
3. Phosphatase level (to check efficacy of pasteurisation).
4. Antibiotic residues.
5. Added Water.

The samples are collected in some areas by the District Health Inspector (by arrangement with the Director of Community Care or Veterinary Officer) and in others through the District Veterinary Office of the Department of Agriculture.

Enquiries were recently made from the Department of Agriculture as to what the antibiotic residue levels in milk being delivered to the Dublin Area were and the following is a summary of the information supplied:

Pasteurised milk reaching the Dublin area comes from six different pasteurising firms, one of which has a major share of the trade, and I give hereunder the figures in respect of that firm. The figures represent the percentage of routine samples which were positive for antibiotic residue.

% of samples positive for antibiotic residue:

1981	1982	1983 (First 5 months of).
10%	6%	4%

('Positive' means that a standard test known as the Delvo test shows an antibiotic (in practice, penicillin) level in excess of 0.003 International Units per unit quantity).

The Department of Agriculture states that the level of antibiotic residue in milk is higher in some parts of the country than it is in the Dublin area but that it is reducing everywhere, partly as a result of greater awareness of the problem by the farmers themselves, and also as a result of strict control measures being exercised by the pasteurising plants on the milk supplies which they are taking in from the farmers.'

Following a discussion to which Dr Buttimer, Prof Doyle, Dr Hawkins, and Prof McCormick contributed and to which Prof O'Donnall replied, it was agreed that Prof O'Donnall would continue to monitor the findings of the Department of Agriculture and that the Board would be kept informed of the outcome.

97/83

PROCEEDINGS OF LOCAL COMMITTEES

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

- (i) Kildare Local Committee meeting held on 14 July 1983.
On a proposal by Cllr Stagg, seconded by Cllr Durkan, the report was noted.
- (ii) Wicklow Local Committee meeting held on 15 July 1983.
On a proposal by Cllr Sweeney, seconded by Cllr Hynes, the report was noted.

98/83

NOTICES OF MOTION

- (i) The following motion was proposed by Ald A FitzGerald:
That a full report be presented on the options available on the closure of Jervis Street Hospital in 1985 for
 - (a) the major casualty centre based at this hospital which at present serves the Port of Dublin and the north side of the city generally;
 - (b) the drug centre which deals with drug addiction throughout Dublin.

It is intended that both these important services be closed simultaneously with the move to Beaumont Hospital, and if so, has the Board considered the adequacy of the casualty arrangements at the Mater Hospital and the relocation in a central city area of the drug centre. Also that a comprehensive review of the general hospital development programme and general hospital service in this region be undertaken by the Department of Health in association with this Health Board'.

The motion was seconded by Dr Behan and, following a discussion to which Ald FitzGerald, Dr Behan, Dr Hawkins, Dr Draper, Cllrs Freehill, Durkan, Mrs Fitzgerald, Carroll, Willoughby, Prof McCormick and Prof Doyle contributed, was agreed.

- (ii) The following motion was proposed by Ald A FitzGerald:
'With the experience gained in the processing of medical cards in the Community Care areas of the Board and the enormous additional delays which seem to have developed, is it not now time to reconsider this arrangement or to set up some improved system for dealing with these applications.'

The motion was seconded by Dr Hawkins and following a discussion to which Ald FitzGerald, Dr Hawkins, Cllr Stagg, Cllr Hynes, contributed and to which Mr Donohue, Programme Manager, Community Care Services replied, Mr Donohue undertook to examine Ald FitzGerald's request that maps of community care areas should be issued with medical card application forms to facilitate their return to the correct address.

- (iii) The following motion was proposed by Ald B Ahern, seconded by Ald A FitzGerald, and agreed

To ask the Eastern Health Board to undertake a full examination of the services available at the health centre on Botanic Avenue, and the ability of the centre to cater for the services required in the area.

The report should highlight the inadequacies and the proposed solutions for coping with these inadequacies'.

- (iv) The following motion was proposed by Ald A FitzGerald:

'That the appropriate Programme Manager prepare a report for the next Board meeting on the possibility of introducing a Loan Scheme for the development of group homes for the elderly in the community; this could be a major incentive towards development of homes of this kind and avoid the necessity for many elderly people of entering institutional care'.

The motion was seconded by Dr Draper who requested that the report be broadened to deal with other patient groups. The motion was supported by Cllr Sweeney and agreed.

99/83

CORRESPONDENCE

The following correspondence, which had been circulated, was noted:

- (i) Letter dated 3 August 1983 from the Department of Health stating that the Minister regretted that it would not be possible for him to receive a deputation regarding the provision of health centres at Greystones, Blessington and Knockananna.
- (ii) Letter dated 17 August 1983 from the Department of Health stating that it would not be possible, from within the Department's current revenue allocation, to find the necessary resources to enable the Mental Handicap Centre at Cheeverstown to be opened, that the Minister had been examining the options regarding commissioning of the centre and that an approach had been made to the Department of Finance to which a reply was awaited.

CORRECT: P B Segrave
Chief Executive Officer

Chairman