Comhairle na nOspidéal

Rheumatology Services

December 2005

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1 INTRODUCTION

Context

Following the submission, by the Chief Executive Officers' Group, of the report of the Irish Association for Rheumatology entitled "Rheumatology Manpower 2002", it was decided, at the meeting of Comhairle na nOspidéal on 25th September 2002, to establish a committee to meet with representatives of the Irish Society for Rheumatology.

Terms of Reference

"To examine the existing arrangements for the provision of consultant rheumatology services nationally and following consultation with the interested parties, to make representations to Comhairle na nOspidéal on the organisation and development of rheumatology services. The review will focus on the implementation of the recommendations of the 1995 Comhairle report on rheumatology services."

Membership

The following members were appointed to the Rheumatology committee:
Prof. M.X. FitzGerald (Chairman), Dean of Medicine, UCD and Consultant Respiratory & General Physician, St Vincent's University Hospital,
Dr. E. Connolly, Deputy Chief Medical Officer, Department of Health & Children,
Dr. J.J. Gilmartin, Consultant Respiratory & General Physician, Merlin Park Hospital, Galway,
Mr. T. Martin, Chief Officer, Comhairle na nOspidéal.
Ms. C. Mellett, Higher Executive Officer, was appointed as Secretary to the committee and she undertook the research for, and initial drafting of, this Report.

The Consultation Process

The committee met with representatives of the Irish Society for Rheumatology (ISR) on 27th November 2002 to discuss the findings of their document *"Rheumatology Manpower 2002"*. The areas of underdevelopment in terms of rheumatology consultant staffing were clear to the committee from the outset. Prompted by this and the relatively recent publication of a detailed report on rheumatology services by Comhairle in 1995, it was decided that an extensive consultation process would not be necessary.

Requests were made to each health board and relevant voluntary hospital to complete a detailed submission -in the form of a questionnaire- to the committee regarding workload, facilities etc. Each was also asked to comment on the implementation of the 1995 report in their area/hospital. Submissions were requested in November 2003 and while many were received within a few weeks, others were not received for almost two years. In the case of one major hospital, the consultants' industrial action, which commenced early in 2004, (two months after submissions were requested) was identified as a reason for the non-cooperation with the committee's work. A submission was eventually received from that hospital in December 2005. It is regrettable that the delay in receipt of submissions has resulted in the late drafting of this report. A list of the submissions received is given at Appendix A. Some of the statistics compiled from the submissions are provided at Appendix B.

The Health Service Reform Programme

Arising from the Government's Health Service Reform Programme, the Health Service Executive (HSE) was established on 1st January 2005 pursuant to the Health Act 2004. In line with section 57(2) of the Health Act 2004, the functions of Comhairle na nOspidéal, as specified in section 41(1)(b)(i) and (ii) of the Health Act 1970, were transferred to the HSE on its establishment date of 1st January 2005. Prior to the establishment date, the members of Comhairle were requested by the then Minister M. Martin, T.D. and Mr K. Kelly, (then) Chairman, iHSE, to remain until the scheduled end of their term of office in December 2005 to complete ongoing specialty reviews and to provide advice to the HSE on the regulation of consultant, specialist registrar and senior registrar appointments. This report has been prepared and adopted by Comhairle na nOspidéal. It is intended that it will inform and guide the Minister for Health & Children, the Department of Health & Children and the HSE in relation to policy and consultant manpower requirements in Rheumatology services in Ireland.

2 EXISTING SERVICES

Existing Consultant Staffing

There are currently 25 Consultant Rheumatologist & General Physician posts (23.5 WTE), with formal sessional commitments provided to a total of 20 hospitals. Of the 23.5 WTE posts, 12 are in the Dublin region. There is one post in Ireland of Consultant Paediatrician with a special interest in rheumatology, based at Our Lady's Hospital for Sick Children, Crumlin. Notably, there are no rheumatologists based in the Midlands region and there are single-handed consultants in the mid-west, northeast and northwest. A second post in Galway was recently approved. The professional qualifications for posts of Consultant Rheumatologist & General Physician and Consultant Paediatrician with a special interest in rheumatology are given at Appendix C. The current consultant staffing in rheumatology is set out in Table 1 below.

TABLE 1 – OVERVIEW OF EXISTING SERVICES

HSE Admin. Area & Population*	Base Hospital	No. WTE consultant Rheumatologists	Current Consultant/ population* ratio
South *(Pop. 1,003,972)*	Cork University Hospital	2	
	South Infirmary-Victoria	2	1/154,000
	Waterford Regional	2.5	
West *(Pop. 941,462)*	UCHG / Merlin Park Galway	2	
	Manorhamilton	1	1/235,000
	Limerick Regional	1	
Dublin – Mid Leinster *(Pop. 1,139,870)*	St Vincent's / Harold's Cross	3	
	St James's	2	1/190,000
	Tallaght / Naas	1	
Dublin – North East *(Pop. 831,899)*	Beaumont	2	
	Mater	2	1/120,000
	Connolly Hospital	2	
	Navan	1	
(Pop. 3,917,203)		**23.5**	**1/167,000**

Source: Comhairle na nOspidéal - Register of Consultant Posts.

* Populations are based on latest available census figures (2002 Census)

Note: Table above does not include post of Consultant Paediatrician s.i. rheumatology.

Existing NCHD Staffing

There are 48 NCHD posts in rheumatology, distributed throughout 13 hospitals – seven hospitals in Dublin and six outside the Dublin area. Table 2 sets out the distribution of NHCD posts in rheumatology. Many of these posts, particularly at SHO level and registrar level, feature a large commitment to general internal medicine duties as well as to rheumatology.

TABLE 2 – NCHD POSTS IN RHEUMATOLOGY / GIM

Hospital	SHOs	Regs	SpRs	Total NCHDs	Consultants (WTE)	Cons : NCHD
Beaumont	3	3	0	*6*	2	1:3
CUH	1	2	1	*4*	2	1:2
Crumlin	1	1	0	*2*	1	1:2
CH, Blanch.	2	0	1	*3*	2	1:1.5
Limerick	2	0	0	*2*	1	1:2
Manorhamilton	3	0	0	*3*	1	1:3
Mater	1	1	1	*3*	2	1:1.5
St James's	2	2	1	*5*	2	1:2.5
St Vincent's	2	1	1	*4*	3	1:1.3
Sth Inf-Vic	2	1	1	*4*	2	1:2
Tallaght	1	1	0	*2*	1	1:2
UCHG/MPH	3	2	0	*5*	2	1:2.5
Waterford	3	2	0	*5*	2.5	1:2
Total	***26***	***16***	***6***	***48***	***23.5***	***1:2***

Source: Local Medical Manpower Departments & Comhairle na nOspidéal Register of Consultant Posts

3 MAJOR ISSUES DISCUSSED BY THE COMMITTEE & GENERAL RECOMMENDATIONS

Previous recommendations by Comhairle na nOspidéal

Comhairle na nOspidéal published its report on rheumatology services in April 1995. At the time, there were twelve posts of consultant rheumatologist and general physician. Comhairle recommended a further 14, to give a total of 26. A comparison of the number of posts in place at the time, the recommendations of the 1995 Report and the current distribution of posts is given in Table 3 below.

While there has been an improvement in the overall number of consultant posts in rheumatology and while the 1995 recommendations have been exceeded in some regions, targets in some areas have not been met, most notably in the midlands and the west. In addition, the population has increased considerably over the ten years since the publication of the report, which could not have been envisaged by Comhairle at the time, particularly in growth areas such as the northeast, southeast and west. The administrative system in place to support the health service over the past thirty-five years has allowed local priorities to dictate the development of local and regional services; rheumatology has clearly not been viewed as a priority by local managers in the midlands, where there is no locally-based public rheumatology service, and other areas, where a number of consultants are in single-handed posts. The lack of a centralised national plan in relation to workforce requirements and priority developments heretofore has led to the development of services in a fragmented fashion. It is envisaged that the advent of the Health Service Executive and, in particular, the national workforce planning remit of the National Hospitals Office will address such unacceptable inequities in future.

TABLE 3 – OVERVIEW OF 1995 REPORT & CURRENT SITUATION

Region	No. posts in 1995	1995 Report recommendations	Current consultant establishment (2005)
East	7	10	12
Midlands	0	2	0
Mid-west	0	2	1
North East	0	2	1
North West	1	2	1
South East	1	2	2.5
South	2	4	4
West	1	2	2
Total	**12**	**26**	**23.5**

Scope and nature of the specialty

Rheumatology is the medical specialty concerned with the study, diagnosis and treatment of conditions with pain or other symptoms of the joints, muscles and bones. Musculoskeletal conditions treated by rheumatologists range from back pain to autoimmune diseases such as rheumatoid arthritis and degenerative diseases such as osteoarthritis. Musculoskeletal conditions affect people of all ages but are more common in women and in older people. Due to the complex and chronic nature of musculoskeletal disorders, the presence of a multidisciplinary team is important in the management of patients. Rheumatologists, orthopaedic surgeons, GPs, clinical nurse specialists, occupational therapists, physiotherapists, dieticians, podiatrists and others have vital roles to play, not only in the treatment of patients but also in improving quality of life through assisting the patient in maintaining daily activities, independence and self-sufficiency. Early intervention in rheumatic conditions can significantly enhance patient outcomes. Investment at consultant level and in establishing and developing multidisciplinary team structures would considerably improve access and waiting times for care. Rheumatology services are essentially ambulatory and outpatient-provided. The fact that inpatient care is only occasionally required should allow greater investment in consultant-provided team-based rheumatology services, with a major emphasis on a network of outreach clinics, where these are needed. The ISR has provided recommendations on appropriate requirements regarding staffing and facilities at rheumatology centres. These are given at Appendix D.

The importance of prevention has been highlighted by the Irish Society for Rheumatology and the Arthritis Foundation of Ireland[1], particularly the prevention of arthritis, where regular exercise can help to prevent the development of this condition. It is crucial that awareness is raised in relation to the preventable nature of some rheumatic conditions such as arthritis and osteoporosis. Undergraduate medical training in rheumatology is recognised as being an important contribution in spreading awareness among doctors regarding the preventable nature of some rheumatic conditions. It is essential that such disorders feature prominently in the undergraduate curriculum of all health professionals.

The role of primary care

General practitioners have a significant role to play in the management of rheumatic conditions. It is estimated that 30% of GP visits relate to musculoskeletal disorders. It is further estimated that 60% of people with arthritis will be treated within the primary healthcare system.[2] Considerable cooperation must exist between primary care providers and providers of specialist rheumatic services.

Outpatient nature of specialty

Rheumatology is predominantly an outpatient specialty and for optimum delivery requires a multidisciplinary team led by consultant rheumatologists. Many new patients presenting at outpatient rheumatology clinics may be assessed, treated and referred back to primary care. Only a small number of beds are required for inpatient rheumatology treatment and rehabilitation. At present there are 104 dedicated rheumatology beds in Ireland, almost half of these (46) being located at the Rheumatology Rehabilitation Unit at Harold's Cross.

Because of the predominantly outpatient nature of rheumatology services, it is an area of medicine that presents an opportunity for considerable improvements in terms of access to services, reduction of waiting times etc. without significant capital investment requirements with the exception of the provision of customised outpatient facilities. Ideally, the necessary facilities (e.g. ultrasound, dedicated treatment rooms etc.) should be available in the outpatient facility to assess, diagnose and treat patients at the same visit, as appropriate.

Future Configuration of services

The committee considered the possibilities in terms of configuration of services, in the context of the principles of

(i) equity of access by bringing services as close to the patient as possible ,

(ii) the critical role of the multidisciplinary team in providing total holistic care,

(iii) developments of links with primary care.

There are arguments for and against (a) dispersion of services and (b) centralisation of services. Given the nature of rheumatic conditions, patients often have major mobility problems. This supports the need to bring services as close to the patient as possible rather than forcing them to travel distances for an outpatient service. On the other hand, it is important that the multidisciplinary team resource of highly trained professionals not be diluted by excessively dispersing services. The duplication of such teams in several locations would have considerable revenue implications, not to mention the inevitable incompleteness of care provided. A potentially increased role for GPs and primary care centres in the provision of rheumatology services would support a dispersed model. Comhairle feels it cannot be prescriptive about each region as the resources within each region differ between them. The configuration of services in each region should reflect the best use of resources and other pertinent factors, such as geographic considerations; in some cases, such as in the northwest, dispersion between Sligo and Letterkenny would be the preferred option, whereas in the mid-west, centralisation of services in Limerick, with appropriate outpatient clinics at Ennis and Nenagh would be favoured.

1. Presentation by ISR & Arthritis Foundation of Ireland to Joint Committee on Health, 16th October 2003 (available: www.irlgov.ie/oireachtas/committees-29thD%C3%A1il/jchc-debates/jhc161003.rtf)
2. Irishhealth.com *Arthritis in Ireland – the painful truth.*

General Internal Medicine Commitment

The degree of GIM commitment currently undertaken by consultant rheumatologists in Ireland is a major variable in any planning of rheumatology services throughout the country. Major regional differences exist in the level of GIM commitment for such physicians. In the case of large hospitals in Dublin with greater consultant complements, GIM may be shared among a large pool of consultants. In that setting rheumatologists can devote a greater proportion of their time to pure rheumatology. By contrast, rheumatologists in many other hospitals throughout the country may bear a much greater GIM burden and have proportionately less time for specialist activity. Such factors require to be taken into account in planning and deploying rheumatology consultant manpower and services.

While Comhairle acknowledges that challenges exist in ensuring that adequate general medical on-call cover is available in our hospitals, this is not reason enough to perpetuate the current major GIM commitments of rheumatologists. People suffering with acute rheumatic conditions should not be forced to suffer pain and disability because of a delay in seeing a consultant rheumatologist owing to an onerous GIM commitment. Rheumatologists, who have trained in their chosen field, should be given sufficient opportunity and time to treat rheumatology patients. According to the Irish Society for Rheumatology, 94% of consultant rheumatologists in Ireland take part in GIM A&E call, compared with 20% of rheumatologists in the UK.

Increasing percentages (68.3%) of rheumatologists in the UK are practising pure rheumatology. The committee was aware that in the USA, rheumatologists undertake little, if any, general medicine. In this context and in light of the considerable increase in consultant numbers being recommended by the committee, the committee considered the merit of posts of 'pure' rheumatologists in Ireland, instead of or in addition to the hybrid GIM/rheumatology post currently in existence. The committee was of the view that it would be appropriate for both post types to be available in Ireland. It is accepted that a multidisciplinary team-based approach is crucial in the provision of rheumatology services. However, this resource may be wasted if consultants are forced to spend much of their time in general medicine. The requirement for current rheumatologist/GIM consultants to be on call for acute GIM and to manage GIM inpatients greatly militates against their availability to deliver outreach clinics in regional settings, which are a vital feature of rheumatology service delivery. Waiting lists will continue to increase as a result. Therefore, in order to ensure the optimal utilisation of the multidisciplinary teams, both types of consultant post should be accommodated in the appropriate locations. The potential development of acute care physicians will ease pressure on specialists in rheumatology to undertake GIM.

Ultimately, all consultant rheumatology services in Ireland should be provided by pure rheumatologists. However, Comhairle acknowledges that this is not realistic at present. It is suggested, therefore, that as a compromise, a mixture of pure and hybrid posts be put in place throughout the country. Local circumstances should determine the exact distribution and mix of such posts. It would be envisaged that posts in pure rheumatology would be confined to the major metropolitan and regional centres. This would be particularly appropriate in Dublin, allowing significant scope for the development of special interests (examples could include SLE, juvenile arthritis etc.) and development of centres of excellence in particular areas of care. Rheumatology/GIM posts will continue to be required at smaller hospitals to ensure that adequate GIM cover is available and that an appropriate training structure for NCHDs is in place. The increase in posts recommended by Comhairle will ensure that a greater amount of consultants' time at all centres is devoted to rheumatology as the increase in posts will result in a lower per-consultant on-call commitment.

Isolated Rheumatology Centres with Inpatient beds

The majority of rheumatology services are provided at general hospitals which provide a broad range of services and have the back-up to match this. However, rheumatology services are also provided at two isolated centres, namely, St Joseph's Unit in Harold's Cross and Manorhamilton. Together, these two units account for a considerable proportion of the inpatient rheumatology beds nationally; 46 in Harold's Cross and 21 in Manorhamilton. In the case of Harold's Cross, the unit is geographically located within the former SWAHB but services there are provided by consultants based in the former ECAHB (St Vincent's Hospital). Each of the three consultants based at St Vincent's has a minimum of three sessions to Harold's Cross. This represents a significant commitment. There is one consultant rheumatologist / general physician at Manorhamilton. It is likely that patients at these units have care requirements in addition to rheumatology, which would be more appropriately treated in the setting of a general hospital rather than at an isolated unit where insufficient GIM cover is available.

The committee discussed the merits of retaining isolated units versus relocating services to general hospitals. Given the outpatient, ambulatory, nature of rheumatology services generally, it is the opinion of Comhairle na nOspidéal that large clusters of isolated rheumatology inpatient beds are no longer appropriate for optimum care. Comhairle envisages that services and facilities currently provided at isolated units will gradually transfer to acute hospitals in their regions.

Ageing Population

The ageing population in Ireland is an important consideration in the future planning of rheumatology services in Ireland. It is projected that by 2031, the peak population will be in the 50-54 age bracket. The incidence of arthritis increases with age and the peak incidence of conditions like rheumatoid arthritis is in the 50-55 year age group. Due to this prevalence of rheumatic conditions in older people, the ageing population will result in obvious service requirements and pressures over time, for which planning is required in the short term.

Paediatric Rheumatology

It is estimated (ISR, 2003) that approximately 700 children in Ireland suffer with rheumatic conditions. There is currently one post of consultant paediatrician s.i. rheumatology, based at Our Lady's Hospital for Sick Children, Crumlin (8 sessions per week), with three sessions per week at St Vincent's Hospital, reflecting the already established link with St Vincent's in paediatric rheumatology. This post was approved by Comhairle in October 2003 but the appointee has yet to take up this post. The appointee is expected to take up duty on 1st January 2006.

It is important that the care of children suffering with rheumatic conditions progress seamlessly to the adult setting. In the UK, training in paediatric rheumatology is available to both paediatricians and trainees in adult rheumatology to ensure the seamless transition of teenagers with rheumatologic conditions from the paediatric to adult setting[3].

Comhairle is of the view that rheumatology services for children are best provided by paediatricians with a special interest in rheumatology, as distinct from rheumatologists with a special interest in paediatric rheumatology (the latter such post does not exist in Ireland). There is a much smaller requirement for paediatricians with an interest in rheumatology given the small lower number of patients. However, there is a requirement for posts outside of Dublin e.g. one in Galway and Cork to serve national need.

Training in Rheumatology

Higher specialist training (HST) in rheumatology in Ireland is of four years duration and may be undertaken following the successful completion of initial specialist training. The training programme is developed and coordinated by the Irish Committee on Higher Medical Training (ICHMT) of the Royal College of Physicians of Ireland (RCPI). Dual qualification is also available e.g. rheumatology / general (internal) medicine (5 years HST), rheumatology / rehabilitation medicine (6 years HST). Training in paediatric rheumatology is available as one of the sub-specialties of paediatric training.

Academic posts

There are currently no jointly funded University/Health Service Executive academic consultant posts in rheumatology in Ireland (a small number of consultant rheumatologists have been accorded the title of professor or senior lecturer through honorary or privately funded mechanisms). Comhairle has highlighted the importance of the development of academic posts in other specialties and would also encourage the development of such posts in rheumatology. Comhairle recommends that the HSE, relevant hospitals and the University medical schools work together to establish consultant rheumatology posts with formal academic components at the larger teaching hospital centres in Dublin, Cork and Galway. It is recommended that consideration be given locally to some of the posts recommended in Section 4 of this report being academic posts.

[3] Wedderbrun *et al.* Paediatric Rheumatology: a bright future in the UK and Europe. *Rheumatology 2005*.

4 CONSULTANT POST RECOMMENDATIONS

Consultant Staffing Recommendations (Adult rheumatology)

The ISR highlight in their document that Ireland does not compare favourably with other countries in terms of the number of consultant rheumatologists per population. A ratio of 1/80,000-1/85,000 has been suggested, with a further reduction over time to 1/50,000. Comhairle has aimed for a consultant / population ratio of 1/80,000. While this may fall short of the long-term suggestions of the ISR, Comhairle believes that its recommendation is a realistic and achievable goal in the short to medium term. This would represent the creation of an additional 26 consultant posts in rheumatology.

Comhairle na nOspidéal has identified 12 priority posts and an additional 14 posts, resulting in a consultant/population ratio of 1/79,000. The recommendations are summarised in Table 4 below.

TABLE 4: RECOMMENDATIONS - ADULT RHEUMATOLOGY SERVICES

HSE Administrative Area	Base Hospital	Current WTE Consultant Establishment	Immediate Priority posts	Additional posts	Total consultant posts	Consultant / population ratio
South	Waterford RH	2.5	1	2	5.5	
(Pop. 1,003,972)	CUH	2	-	2 posts in	Cork:	
	SIVH	2	-	Cork	6 posts	
	Kerry GH	0	1	0	Kerry: 1 post	
Total South		6.5	2	4	12.5	1/80,000
West	Sligo GH	0	(1)*	1	Sligo: 2 posts	
(Pop. 941,462)	Letterkenny GH	0	1	0	Donegal:1 post	
	Manorhamilton	1	0	0	0	
	Mayo GH	0	1	-	Mayo: 1 post	
	UCHG/MPH	2	1	1	Galway: 4 posts	
	Limerick RH	1	2	1	4	
Total West		4	5	3	12	1/78,000
Dublin-Mid Leinster	St James's	2	-	2	4	
(Pop. 1,139,870)	Tallaght / Naas	1	1	1	3	
	St. Vincent's	3	-	1	4	
	Midlands	0	2	1	3	
Total Dub-ML		6	3	5	14	1/81,000
Dublin – North East	Northeast	1	2	1 NE	4 NE	
(Pop. 831,899)	Beaumont	2	-	1 post	7 posts	
	Connolly	2	-	North	North	
	Mater	2	-	Dublin	Dublin	
Total Dub-NE		7	2	2	11	1/76,000
Total (pop. 3,917,203)		23.5	12	14	49.5	1/79,000

Populations are based on latest available Census figures (Census 2002)
* Transfer of service in the context of the recommended move away from isolated rheumatology services to services provided in the acute general hospital setting (see section 3).

Priority Recommendations

1. MIDLANDS

- The most immediate priority is the establishment of rheumatology services in the midlands. It is recommended that two posts be put in place in the region as a priority. The base locations of these should be determined locally to maximise the use of resources, including multidisciplinary team resources. In the medium-long term there should be a total of three posts in the midlands. The establishment of locally-based rheumatology services will help to alleviate pressure on the hospitals in surrounding regions which currently cater for patients from the midlands.

2. SINGLE-HANDED CONSULTANTS

Following the establishment of services in the midlands, the next priority is to address the single-handed consultant services that currently exist, in the north east, north west and mid-west.

- An additional two priority posts are recommended for the northeast. This will help to ease pressure on the north Dublin hospitals, which currently cater for a lot of patients from the northeast.
- One priority post – at Letterkenny - is recommended for the north west.
- Two additional priority posts based in Limerick are recommended.

3. OTHER PRIORITY RECOMMENDATIONS

- In Galway, a second post of consultant rheumatologist and general physician has recently been approved and is currently filled in a temporary capacity. This post should be filled on a permanent basis as a matter of urgency. One further post based in Galway is recommended as a priority. Consideration should be given to making one of the Galway posts an academic appointment. A priority post at Mayo General Hospital is also recommended.
- One priority post is recommended for the south east. The configuration of services in terms of centralisation of services at Waterford Regional Hospital versus dispersal of services throughout the hospitals in the region is best decided at a local level.
- One priority post is recommended in Dublin – based at Tallaght Hospital - which is currently staffed by one consultant rheumatologist & general physician.

Additional posts

- The additional posts listed in Table 4 should only be considered once the priority targets have been met. The additional posts recommended are listed below. At least one post in Dublin and one post in Cork should be academic posts.

  - 2 posts in the Southeast
  - 2 posts in Cork (including an academic post)
  - 1 post in the Northeast
  - 1 post at Sligo General Hospital
  - 1 post in Galway
  - 1 post in the Midlands
  - 1 post in Limerick
  - 1 post in East Dublin
  - 2 posts at St James's Hospital
  - 1 post at Tallaght Hospital
  - 1 post for the North Dublin region

Paediatric Rheumatology Services

It is recommended that paediatric rheumatology services be available in each of the larger cities. One post already exists in Dublin; a post of consultant paediatrician with a special interest in rheumatology is recommended for each of Cork and Galway, as set out in Table 5.

TABLE 5: RECOMMENDATIONS - PAEDIATRIC RHEUMATOLOGY SERVICES

Location	Current posts	Recommended posts	Total
Dublin (Crumlin)	1	-	1
Cork	0	1	1
Galway	0	1	1
Total	**1**	**2**	**3**

5 CONCLUSION

Rheumatology is not an acute frontline specialty and as a result has been somewhat overlooked in terms of development. However, those with rheumatological conditions represent large numbers of patients who suffer significant effects to their quality of life. It is imperative that our services address not only the acute aspects of healthcare provision but also the needs of those with chronic and debilitating conditions, including many rheumatic conditions. Currently, waiting lists for and access to consultant rheumatology services are at an unacceptable level, particularly in the midlands, where there is no locally based consultant rheumatology service in the public sector, and in the regions currently serviced by single-handed consultants. Comhairle na nOspidéal would like to see these services enhanced and supported. A national approach is required for the planning of rheumatology services to address issues of access and equity for all patients regardless of geographic location. Comhairle believes its recommendations will significantly address these issues. This is a relatively inexpensive goal as the great majority of rheumatology care can be provided on an outpatient basis or day care basis. Rheumatology is an area which lends itself well to bringing services to the patient with as little disruption as possible to patients and their families through a network of outreach clinics. Ultimately, it is believed that the developments recommended here will lead to a fair and equitable rheumatology service throughout the country.

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7 APPENDICES

Appendix A

Responses / submissions were received from the following hospitals / health authorities:

Beaumont Hospital
Cappagh National Orthopaedic Hospital
Connolly Hospital, Blanchardstown
Eastern Regional Health Authority
East Coast Area Health Board
Mater Hospital
Mercy Hospital
Mid-Western Health Board
National Rehabilitation Hospital
Northern Area Health Board
North Eastern Health Board
North Western Health Board
Our Lady's Hospice, Harold's Cross
Our Lady's Hospital for Sick Children*
St James's Hospital
St John's Hospital
St Vincent's University Hospital
South Infirmary-Victoria Hospital
Southern Health Board
South Eastern Health Board
South Western Area Health Board
Tallaght Hospital
Temple Street Hospital
Western Health Board

* A submission from Our Lady's Hospital for Sick Children, Crumlin could not be made until November 2005 as the appointee to the post there was awaited.

A submission was requested, though not received from (former) Midland Health Board.

Appendix B – Workload statistics

Provided below are some statistics taken from the submissions received by the committee. A lot of the information captured in the questionnaire, while useful, is not easily tabulated. Some of the more easily tabulated statistics, such as numbers of inpatients and outpatients and waiting lists are provided.

Hospital / Health Board	Number Inpatients*	Average Length of Stay (days)	Elective rheum. admissions	Number Rheum. Day patients	Number Rheum. diagnoses	Outpatients	
						New	Return
Beaumont Hospital	218**	1.49**	220	254	n/a	749	3433
Connolly Hospital	n/a	n/a	330	400	n/a	650	2500
Cork University Hospital	685	8.1	527	1181	701	659	3880
Mater Hospital	297	11.61	23	406	n/a	940	2547
Mid-Western Health Board***	530	4.8	0	236	2719	305	169
North Eastern Health Board	578	9.72	0	246	824	189	277
Our Lady's, Manorhamilton	280	9.1		448	n/a	157	468
Our Lady's Hospital, Crumlin	458	4.9	55	24	130	50	144
Our Lady's Harold's Cross	826	16.1	829	230	1229	n/a	n/a
St James's Hospital	647	n/a	n/a	3081	62	592	2641
St Vincent's University Hospital	470	13.5	32	396	487	942	4418
South Eastern Health Board	647	6.9	582	496	47	703	3358
South Infirmary-Victoria Hospital	736	8.5	145	185	1706	1606	7045
Tallaght Hospital	3	8.67	1	2	10	162	587
Temple Street Hospital	40	3.08	49	16	9	90	180
Western Health Board	1358	7.36	206	921	2279	452	2907

Notes:

2002 figures used unless otherwise stated.

* While agencies were asked to submit figures for rheumatology inpatients, the majority of hospitals submitted combined rheumatology / GIM figures. This should be noted when examining the inpatient figures above.

** figures based on elective discharges. Majority of service is on an OP basis

*** MWHB figures include Limerick Regional Hospital, Ennis GH, Nenagh GH & Croom Orthopaedic Hospital. Out patient figures are for Jan-Nov 2003"

Cappagh Hospital	Rheumatology service provided by Beaumont & Mater-based consultants onoutpatient / consultation basis.
NEHB	Outpatient figures are estimated based on figures for Jan-Aug 2005
St Columcille's Hospital	No active rheumatology service; patients referred to St Vincent's Hospital
National Rehabilitation Hospital	No rheumatology services; patients with arthritis are treated by the consultants in rehabiliatation medicine
Our Lady's Hospital, Crumlin	2004 figures used (submission recevied Nov. 2005)
St John's Hospital, Limerick	No rheumatology services; outpatient service accessed at LRH.
Mercy Hospital	No rheumatology service; patients in catchment treated at CUH/SIVH

Waiting lists & waiting times

Hospital / Health Board	Inpatient Waiting list			
	<6mths	6-12 mths	1-2 yrs	>2yrs
Beaumont Hospital	17	9	15	11
Cappagh Hospital	Next available appointment: 2 weeks			
Cork University Hospital	11	0	0	0
Letterkenny GH				
Mater Hospital	Next available appointment: 10 mths (new), 6 mths (return)			
Mid-Western Health Board	0	0	0	0
North Eastern Health Board	n/a	n/a	n/a	n/a
Our Lady's Harold's Cross	140	70	20	0
Our Lady's, Manorhamilton	21	0	0	0
Our Lady's Hospital, Crumlin	2	1	0	0
St James's Hospital	None			
St Vincent's University Hospital	1	0	0	0
Sligo GH				
South Eastern Health Board	8	0	0	0
South Infirmary-Victoria Hospital	0	0	0	0
Tallaght Hospital	None			
Temple Street Hospital	None; next available appointment: 2 months			
Western Health Board	7	0	0	0

Hospital / Health Board	Outpatient Waiting List			
	<6mths	6-12 mths	1-2 yrs	>2yrs
Beaumont Hospital	n/a: next available appointment:new patients:8-12 mths			
Cappagh Hospital	Next available appointment: 2 weeks			
Cork University Hospital	268	243	305	403
Letterkenny GH	94	93	304 >12 months	
	Next available appointment, new: 4 yrs; return:3-6 mths			
Mater Hospital	n/a	n/a	n/a	n/a
Mid-Western Health Board	0	0	1	48
North Eastern Health Board	47	63	0	0
Our Lady's Harold's Cross	n/a			
Our Lady's, Manorhamilton	59	70	148 > 12 months	
	Next available appointment, new:3 yrs; return:3-6 mths			
Our Lady's Hospital, Crumlin	43	0	0	0
St James's Hospital	166	151	0	0
St Vincent's University Hospital	2123	190	0	0
Sligo GH	79	55	141 > 12 months	
	Next available appointment, new:3 yrs; return:3-6 mths			
South Eastern Health Board	350	100	200	0
South Infirmary-Victoria Hospital	n/a; 277 new patients on WL, 271 with appointment. Next available appointment for new patients: 10 mths.			
Tallaght Hospital	n/a			
Temple Street Hospital	None: next available appointment: 4 weeks			
Western Health Board	140	137	293	391
	Next available appointment: new: 2 wks; return 3-4 wks			

Appendix C

The following are the qualifications which are specified by the Health Service Executive for appointments of **Consultant Rheumatologist & General Physician**:

(a) Full registration in the General Register of Medical Practitioners maintained by the Medical Council in Ireland or entitlement to be so registered

and

(b) The possession of the MRCPI or a qualification in medicine equivalent thereto

and

(c) (i) Inclusion on the divisions of general (internal) medicine and rheumatology of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(ii) Seven years satisfactory postgraduate training and experience in the medical profession including five years in rheumatology and general (internal) medicine.

The following are the qualifications which are specified by the Health Service Executive for appointments of **Consultant Paediatrician with a special interest in rheumatology**

(a) Full registration in the General Register of Medical Practitioners maintained by the Medical Council in Ireland or entitlement to be so registered

and

(b) The possession of the MRCPI in Paediatrics or a qualification equivalent thereto

and

(c) (i) Inclusion on the division of paediatrics of the Register of Medical Specialists maintained by the Medical Council in Ireland

or

(i) Seven years satisfactory postgraduate training and experience in the medical profession including four years in paediatrics and one year in neonatology.

and

(d) including two years in paediatric rheumatology

APPENDIX D

STAFF & FACILITIES:

The ISR has recommended that at each rheumatology site there should be:

3 rheumatology nurse specialists
3 dedicated physiotherapists
2 dedicated occupational therapists
1 dedicated psychologist
1 dedicated podiatrist
1 dedicated medical social worker

Facilities

- Beds
- dedicated day centre and day ward facilities
- facilities for administration of new biologic treatment (OP/day care facilities)
- protected inpatient facilities (5 & 7 day beds). It is estimated that there should be two acute beds and eight rehabilitation beds per 80,000 population.
- Other facilities (MRI scanner, office space etc.)

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