

---

---

**EASTERN HEALTH BOARD**

---

---

*Report on*

**General Hospitals**

**and**

**Homes for the Aged**

October 1975

EASTERN HEALTH BOARD

REPORT

GENERAL HOSPITALS AND HOMES FOR THE AGED

OCTOBER, 1975

C O N T E N T S

	<u>Page</u>
Introduction .....	1 - 2
St. Mary's Hospital, Phoenix Park .....	3 - 4
St. Columcille's Hospital .....	5 - 6
County Hospital, Naas .....	7 - 8
Cherry Orchard Hospital .....	9
Clonskeagh Hospital .....	10
District Hospital, Baltinglass .....	11
District Hospital, Wicklow .....	12
Bru Chaoimhin .....	13
St. Brigid's Home and Legion of Mary Hostels .....	14
St. Vincent's Hospital, Athy .....	15
St. Colman's Hospital, Rathdrum .....	16 - 17
St. Patrick's Home and St. Clare's Home .....	18
Extern Hospitals and Homes .....	19 - 20
Care of the Aged .....	21 - 36
Hospitals Development .....	37 - 38

\*\*\*\*\*  
\*\*\*\*\*

In November, 1974, I submitted a comprehensive report to the Board covering the development of the programme for general hospitals and homes. Each hospital and home was dealt with in some detail as were the ancillary services such as engineering, laundry, ambulance and transport, accident and emergency, general practitioner, and extern hospitals and homes. St. James's and James Connolly Hospitals were also included because of the Board's continuing involvement in their management while a special reference was made to the need for Board representations on the management committees of all the major hospitals in the area.

In this report reference will be made to the principal developments during the year in our hospitals and homes, the scale of which has of course been substantially lessened because of the current restrictions on funds available for improvements. There is also some emphasis in the report however, on the problem of better services and accommodation for the aged and on the way the provision of hospital services in the Board's area will probably develop during the next five to ten years. In previous reports, I mentioned that the best way to involve Board members individually and collectively in the running of our hospitals and homes was through the visiting committees. It gives me pleasure to put on record that the members have been really attentive on these committees and through their regular and purposeful visiting have not only stimulated the morale and efficiency of the staffs involved but have also been responsible for continuous attention to the needs and problems of the patients in the various institutions.

In the 1974 report, I mentioned that as I had just recently agreed to take over the substantial section of the Special Care Programme dealing with institutional services for the aged, but had not yet been relieved of the responsibility for engineering services, I had not had time to prepare a separate section of geriatrics. However, with the appointment this year of the Technical Services Officer, Mr. Sadlier, the involvement of my programme in engineering, transport and ambulance services is gradually decreasing and should be finished by the end of the year. This

2.

will enable more attention to be given to the General Hospitals Programme as such, which will now include provision of institutional services and accommodation for the aged. The points involved, will be referred to later in this report, after the brief references in subsequent paragraphs to the current position in our hospitals and homes.

One factor which will of course, greatly influence the extent of development in each of the Programmes is the current financial stringency. As pointed out in the Finance Officer's Report to the September meeting of the Board, the allocation approved by the Minister for 1975 was over £2 million less than our original estimate. Additional expenditure during the year brings the estimated total excess to over £3 million, which it seems likely will increase to £5 million on the basis of trends to 31st July, 1975. These trends will, of course, be reflected in the budgetary proposals for the General Hospitals Programme which will be submitted to the November meeting of the Board. At a time like this when resources are strictly limited and inflationary pressures tend to distort costs, there is very little flexibility in the system to deal with competing claims. This imposes an obligation on the Board to apply cost/benefit criteria to some sections of our committed expenditure as well as to all proposals for additional outlay. In this context, there should undoubtedly arise a clash between social principles and economic parameters e.g. should less money be spent on the aged whose potential value to the State is low, so that the resultant savings may be diverted to maternity and child care services. In practice a compromise takes place and an attempt is made to attain a reasonable balance between all interests by means of the allocation made to us by the Department from the limited resources available to them. The constant strain on Board management inherent in this situation, makes it necessary for us all to keep constantly in mind, the need to measure expenditure against efficiency norms as well as social values. This does not necessarily mean a mechanistic approach to health and social problems. It does however, put on the Board and management the onus of clearly defining the real priorities, shaping and costing programmes therefor, over short-term and long-term, and ensuring that the money available is spent only on productive activities, the benefits from which can be regularly evaluated.

ST. MARY'S HOSPITAL, PHOENIX PARK

The Board will already be aware from the reports of the Visiting Committee that in accordance with the proposals of Dr. Godfrey, Medical Superintendent, it has been necessary to discontinue the use of some of the welfare huts which constituted a serious fire hazard and due to their age and conditions were beyond repair. The patients involved have been transferred mainly to the Board's homes and to the Royal Hospital, Donnybrook. I should like in this regard to refer with thanks to the co-operation of the Royal Hospital and to the very close association which has developed with them since Mr. Swords and myself were appointed to the board of the hospital.

TEACHING:

The arrangements already established for the provision of teaching facilities for medical and nursing students still continue to operate satisfactorily. The hospital is at present co-operating with An Bord Altranais for the provision of accommodation for post-graduate and other training. The involvement of the hospital with Jervis Street in the Renal work and home dialysis training still continues, although it is unlikely that there will be any further expansion of this activity by Jervis Street following our recent discussions with the Department of Health.

Discussions are also taking place with the senior staff at Jervis Street with a view to providing Pathology services to St. Mary's on a central basis at Jervis Street in substitution for the present somewhat unsatisfactory service from St. James's. Provision is being made in the 1976 estimates for the employment of a sessional Pathologist who will supervise the service arrangements and also provide for post mortems.

The Board's programme for the hospital for 1976 is aimed at maintaining as far as possible the general level of services already being provided. The Medical Superintendent and the Geriatric Physician have recommended the establishment of a Day Hospital service at St. Mary's and provision has been made in the draft estimates for the development of such service. It is proposed to provide 75 places in the first instance. In the submission from the Geriatrician included in this report he has set out his views regarding the future role of St. Mary's in the geriatric service.

With a view to meeting the increased demand for services at St. Mary's and at the homes, the Medical Superintendent has recommended the employment of a Physiotherapist-in-Charge and also an additional Senior Physiotherapist. In order to provide essential occupational and diversional therapy, it is proposed to employ three Therapists and two Aides. Provision is also being made for the employment of a Dietician particularly in view of the demands for this specialised service in the Renal and Home Dialysis Unit and also in connection with the development of the Day Hospital. It will also be necessary to replace an x-ray tube at an estimated cost of £6,000 and as part of the continuing programme of improvements, to provide £4,500 for cubicle curtaining in units A and B.

Discussions are continuing between An Bord Altranais and the Matrons with a view to the establishment of a Group Training School for general nursing based on St. Mary's, St. Columcille's, Naas and Cherry Orchard Hospitals, etc. To meet the requirements of An Bord Altranais, provision has been made in the estimate for a new post of Tutor.

The future of the Vascular Medicine Unit which has been developed at St. Mary's by the Board in association with the Royal College of Surgeons, has been the subject of prolonged discussions with the Department, the Comhairle, and the Federated Hospitals during the past months. The support grant from the Department will cease at 30th September, 1975, apart from which it is considered by the Comhairle that the service element of the Unit must be sited in a general hospital with a cardiac department. It is now planned therefore, that if the Comhairle agree the whole unit will be located in Sir Patrick Dun's Hospital in association with Mr. Milliken of that hospital. It is proposed at this stage to replace the service being provided at St. Mary's by the employment of a Consultant Physician on a sessional basis and provision is being made accordingly, for a minimum of two sessions per week.

There has been no development in connection with the Board's proposal for the provision of a new kitchen, dining room, and other facilities at St. Mary's. The Department are being pressed to approve of the preparation of plans and other detailed documents for this major development.

ST. COLUMCILLE'S HOSPITAL

In my report last year I stated that the most significant of this hospital's activities is the continuing expansion of the services being provided for South County Dublin, Dun Laoghaire and East Wicklow. The most recent review of the position was at the meeting of the Visiting Committee on the 18th September when details of the extent to which the services in the hospital are being availed of, where supplied. It is estimated that during the present year the number of admissions to the hospital will exceed 4,000 which is almost double the figure for the early 1960's. A similar pattern was noted in the case of the X-Ray and Casualty Departments. In the latter the total attendances for the eight months ended 31st August was 10,595 which compares with the attendances of 10,094 for the whole of 1973.

Following the re-organisation of the arrangements for out-patients earlier in the year the attendances at the Maternity and Surgical Clinics have rapidly increased to a total attendance of 4,541 at these clinics in the 5 months period April/August of this year. This development is all the more significant since no additional accommodation has been provided at the hospital and the improvement in accommodation and services has been brought about entirely by the adaptation of the existing facilities within the hospital.

In order to provide for the increased demands on the hospital, it has been necessary to make additional provision in the 1976 estimates. The Medical Superintendent has recommended the purchase of a replacement operating table, E.C.G. Monitor, etc. at an estimated cost of £12,000. It has become necessary to make provision of £5,000 for the replacement of beds and the extension of the cubicle curtaining to further areas of the hospital.

The increasing demand both for in-patient and out-patient services has highlighted the need to strengthen the senior medical staffing at the hospital and provision is being made for two extra sessions at Consultant Physician level with three sessions for Paediatrics, and one out-patient session for oral surgery. Arising from the discussions currently taking place between St. Vincent's, Elm Park and St. Michael's, Dun Laoghaire, it is proposed to

make provision for an additional part-time surgeon. Discussions in this regard have been taking place for some time past with the Department and the Comhairle.

In order to deal more adequately with the requirements of the hospital, provision is being made for the employment of additional para-medical staff on a part-time basis as follows:-

Social Worker  
 Chiropodist  
 Phlebotomist  
 E.C.G. Technican  
 Occupational Therapist

The increasing level of activity in the hospital also calls for the strengthening of the administrative staff and provision is being made for the employment of an officer of Section Officer grade who will be administrative head in the hospital. Provision is also being made for an additional Clerical Officer and an additional Clerk Typist and Receptionist.

The Board will continue to press the Department for a capital allocation in respect of the desired improvements to the Maternity Department and the renewal of the mechanical and electrical services. These matters have been kept under review by the Visiting Committee and already reported to the Board. The Visiting Committee are also keeping under review the progress in the major capital scheme for the provision of accommodation for mentally handicapped on the grounds behind the existing hospital .

\*\*\*\*\*



COUNTY HOSPITAL, NAAS

In a report made in March, 1972 I stated that the hospital at Naas was a good District Hospital which like St. Columcille's, could be used to cater for most of the normal needs of the district and that it was unlikely that in the foreseeable future there would be any major change in that situation, except in so far as a Geriatric Assessment/Rehabilitation Unit is needed. In a recent review by the Consultant Geriatric Physician the lack of assessment facilities in County Kildare was again highlighted. Like St. Columcille's, the demand for services at Naas continues to expand. In the eight months ended 31st August last there were a total of 1,874 admissions which would correspond to an annual rate of approximately 2,800/2,900 and represents a significant increase in the admissions prior to the establishment of the Health Board.

In last year's report I referred to the substantial volume of out-patient work undertaken in the hospital during the previous year when attendances were almost 6,500. Reports received from the Matron for the half year ended 31st June last show attendances of almost 5,000 and if this trend is maintained during the remainder of the year the attendance figure could be expected to reach 10,000 for 1975.

In the July report of the Visiting Committee it was stated that the position had now been reached when a second x-ray room was urgently required. The patient attendances last year for x-rays were 9,967 and the Senior Radiologist had indicated that with the increase in the demand for the services it is now essential that the Board provide for additional accommodation and equipment. The committee's report of July last also highlighted the inadequacies of the kitchen area and proposals are being prepared for making minimum improvements in this area as part of the capital programme for 1976. The Department's agreement to the settlement proposed between the Kildare County Manager and the Board last December for the transfer of the remaining part of St. Mary's Hospital to the County Council for offices is still awaited.

In view of the increased activity in the hospital, provision is being made in next year's estimates for:-

- (1) An additional Radiographer
- (2) A Catering Superintendent and an Assistant Cook

The Supervisory Catering Superintendent, following consultation with the Matron has recommended the appointments at (2) in order to bring the staff in the catering department up to acceptable levels. The up-dating of the kitchen facilities is also a matter of great urgency.

Reference has been made in previous reports to the extent to which the hospital provides an accident service. The demands for this service together with increasing numbers of persons attending at out-patients requires the services of two additional nurses and two nursing attendants. It is proposed again, to request the Department's approval to the employment of an Assistant Section Officer as the administrative head and also a Storekeeper. These staff requirements are in accordance with recognised levels for hospitals of this size and range of activity.

The County Surgeon, County Physician and Radiologist have recommended the purchase of additional surgical and respiratory monitoring equipment and additional x-ray equipment at a total estimated cost of £11,000 and provision for this is being included.

\*\*\*\*\*

CHERRY ORCHARD HOSPITAL

Admissions to Cherry Orchard for the eight months ended 31st August, were 2,291 and on this basis it is expected that the admissions for the year will be in excess of 3,500 which is considerably higher than in any year since the establishment of the Health Board and the introduction of the Choice of Doctor Scheme.

In view of the increasing demand for services at the hospital the Medical Superintendent has requested a strengthening of the resident medical staff and provision is being made in the estimates for an additional appointment to bring the resident staffing at the hospital to eight. For the same reasons a recommendation has been made by the Medical Superintendent and Matron for a revision of the senior nursing personnel to provide for a second Assistant Matron in lieu of one of the posts of Sister. Estimate provision is also being made for this change.

The Supervisory Catering Superintendent has recommended the strengthening of the catering staffing by the employment of a second Assistant Catering Superintendent.

Provision is again being included in the estimates for the regrading of the administrative head to that of Section Officer grade, in view of the activity in the hospital and the fact that it continues to provide a national service on an expanding basis.

It is necessary to make provision in the estimates for the renewal of furniture, ward fittings, etc. and £8,500 is being sought for this service.

\*\*\*\*\*

CLONSKEAGH HOSPITAL

As in the case of Cherry Orchard the number of admissions to the Infectious Diseases Units continue at a high level. In the eight months ended 31st August last there were 1,141 and on this basis it is estimated that the number of admissions in the current year would be in excess of 1,700 which compares with 1,409 in 1973/74 and 1,397 in 1972/73.

Discussions are taking place with a view to making alternative arrangements in the services presently located in Unit 'D' for the Special Hospital Care Programme and in this way it is hoped that the number of long-stay beds can be increased from 18 at present to Unit 'B' to a total of 38 approximately. The provision of these extra beds is an urgent requirement for the geriatric services on the South side.

In anticipation of the additional accommodation for long-stay patients being made available provision is being made in the estimates for additional nursing and other staffs.

The Medical Superintendent and the Senior Radiologist have already drawn our attention to the need to make improvements in the present arrangements for x-ray facilities at the hospital and provision of £2,000 has been included for a part-time Radiographer and a portable x-ray machine which it is expected will meet most of the requirements of the hospital.

\*\*\*\*\*

DISTRICT HOSPITAL, BALTINGLASS

This hospital which is the smallest active hospital administered by the Board, continues to provide a service for the Community of West and South West Wicklow. The new accommodation comprises a 30-bed Unit, new Physiotherapy, Dental Clinic and staff rooms as well as a new Mortuary and post mortem facilities all of which have now been completed and brought into use.

The expansion in the hospital facilities is reflected in the number of patient days at the hospital; at the setting up of the Health Board in 1971 the number of patient days at this hospital for the previous year was 11,280. In the eight months ended 31st August, 1975, the number had increased to 16,328 which would represent approximately 25,000 for the present year.

Subject to the necessary finance being made available it is proposed to complete the proposed development of the grounds. Accommodation will be made available for the development of day facilities, etc. within the hospital.

It will be evident from the growth of the activities of the hospital, that the existing arrangements for supervision at nursing level are no longer adequate and accordingly, provision is being made in the 1976 estimates for the appointment of an Assistant Matron and it is proposed that further representations will be made to the Department of Health in regard to this matter.

The Supervisory Catering Superintendent, following consultation with the Matron has recommended the employment of a second Cook.

In order to meet the increasing demands on the hospital and to develop the services for out-patients including day facilities, provision is being made in 1976 for sessions for para-medical staff as follows:-

Physiotherapist (one additional session)  
 Chiropodist  
 Occupational Therapist  
 and for the part-time services of a Social Worker

The increasing administrative work in the hospital will require the services of a Clerical Officer and a Receptionist for which provision is being made.

\*\*\*\*\*

DISTRICT HOSPITAL, WICKLOW

Our proposals are at present under examination by the Department of Health for the change in use of three small wards together with the residential accommodation in the hospital so as to provide facilities for the Radio/Telephone and Ambulance Control staff for the East Wicklow area, together with space for a number of ante-natal, child welfare etc. clinics for the Community Care Programme.

In my report last year I referred to the low turn over of patients and this trend has continued. In the year previous to the setting up of the Health Board there were 286 admissions to the hospital. In the eight months ended 31st August last there were only 30 admissions which on this basis will represent an annual rate of only 45. In the report of the Visiting Committee last June, the Visiting Medical Officer highlighted this fact and pressed strongly for the establishment of day facilities at this hospital and this matter is at present under examination by the Consultant Geriatric Physician and the Community Care Programme.

\*\*\*\*\*

BRU CHAOIMHIN

The reports of the Visiting Committee during last year have kept the Board advised of continued progress at Bru Chaoimhin.

With the renovation of Unit 1 which was completed earlier in the year there is now accommodation for approximately 70 bedfast patients in the home. Some of this accommodation has been availed of to transfer patients from the delapidated welfare huts at St. Mary's Hospital and also for some patients from St. Brigid's Home requiring more intensive care. The Weir Home which formerly provided accommodation for 45 welfare-type patients continues to be made available to the Nursing School at St. James's Hospital but as already indicated, it may be necessary to revert this accommodation to its previous use.

With the improvements in the accommodation at Bru Chaoimhin, there has been a marked increase in the number of patient days. For the eight months ended 31st August, 1975 the number of patient days at the Home was 49,700 representing an annual rate of approximately 75,000 which is much higher than any year since 1970 and reflects the greater use being made of the accommodation available.

The draft estimates for 1976 provide for the strengthening of the medical supervision, the employment of an Assistant Matron and also the employment of four ancillary staff to meet the increasing demands for patient care.

A sum of £6,000 is being provided for the replacement of patients' lockers, replacement armchairs and the provision of bedside curtains to maintain the standards in Units 2 and 4.

\*\*\*\*\*

ST. BRIGID'S HOME

The reports of the Visiting Committee will have kept the Board advised of the progress of the comprehensive programme of repairs throughout the home which have been made possible with the aid of special grants from the Department of Health. As a result of these improvements it has been possible to bring all parts of the home into use and it now has its full complement of patients, who as far as possible are ambulant.

In order to continue the programme of improvements which are aimed at obtaining and assisting the existing staff complement, provision (£2,000) is being made for the purchase of geriatric baths, chairs, etc.

\*\*\*\*\*

LEGION OF MARY'S HOSTELS

In last year's report mention was made of the valuable contribution being made by the Legion of Mary in the provision of accommodation for homeless men in the Morning Star Hostel and the accommodation of homeless women, mothers and children, in the Regina Coeli Section of the Hostels.

During the past year the Morning Star Hostel has continued to provide shelter for homeless men. In the case of the Regina Coeli Hostels, the Homes Section has directly referred 108 homeless women and children for overnight or extended accommodation.

So far, no indication has been given by the Department of Health as to when finance will be made available to put in hands a scheme of fire precautions and other improvements estimated to cost £66,000 in June, 1974. The Board's Chief Fire Officer has again drawn our attention to the urgency of remedying the defects in the fire precaution arrangements at both Hostels.

\*\*\*\*\*



ST. VINCENT'S HOSPITAL, ATHY

The demand for accommodation in this hospital continues at a high level and for the eight months ended 31st August, 1975 there were 602 admissions. The Consultant Geriatrician from the North City area is examining the facilities presently available and the lack of assessment facilities has again been highlighted by him. He has recommended that priority be given to the establishment of a consultant service for the area.

The 1976 estimates provide for an increase of five in the nursing staff and three ancillary ward staff. This increase in complement has been requested by the Matron in view of the advancing age and feebleness of the patients being cared for. The Supervisory Catering Superintendent has recommended that the catering staff at St. Vincent's Hospital be brought up to a desirable level in line with the Board's other hospitals and accordingly, provision is being made for one Cook and one Assistant Cook. The existing complement at St. Vincent's Hospital does not provide for supervisory support for Matron and provision is being made for one Assistant Matron and two Night Superintendents. This provision will help to bring the supervisory staff more in line with the recognised requirements of a hospital of this size. Provision is also being made for the employment of an Assistant Storekeeper, Clerk/Typist and the services of an Assistant Section Officer for this hospital and for the District Hospital at Baltinglass.

In view of the increasing demands for the services, provision has been made for additional sessions by a Physiotherapist as well as £800 for equipment in the Physiotherapy Department. Provision is also being made for an incubator for the Maternity Unit.

The new Convent, Nurses Home and Mortuary were completed during the year but the Department's approval to the preparation of detailed plans, etc. for the major scheme of improvements to the remaining delapidated buildings already reported on, is still awaited.

\*\*\*\*\*

ST. COLMAN'S HOSPITAL, RATHDRUM

Work has been completed on the major part of this project comprising a new block with 86 beds, ancillary facilities, a services block comprising kitchen, dining room, chapel, etc. The former St. Kevin's Unit has been reconstructed to provide accommodation for patients and staff comparable to that in the new unit. A new wing providing accommodation for physiotherapy, occupational and industrial therapy has also been completed together with residential accommodation for hospital staff and two new houses. Work of repair and renovation of the accommodation for the community is also completed. To complete the main scheme it will be necessary to demolish the remaining parts of the old dangerous buildings, continue the ground development and provide for a further services block to accommodate the mortuary, linen stores and storage space for maintenance and garden equipment.

The new accommodation falls short of the 200 beds available in the old buildings and for this reason and also to provide accommodation for some geriatric patients from Wicklow District Hospital proposals were forwarded to the Department earlier in the year for a further 22 beds which would complete the original development proposed for St. Kevin's Unit. Approval is awaited from the Department of Health for this scheme.

The change in use of St. Colman's from a County Home to that of a hospital for chronic sick and long-stay geriatric patients requires strengthening of the supervising nursing staff, the employment of additional nursing and ancillary work staff. The 1975 estimates provided for four nurses and one ancillary staff. With the bringing into use of the remaining parts of the new building, further additional staff will be required as follows:

4 nurses  
12 ancillary ward staff

The Supervisory Catering Superintendent has indicated that the present staffing in the kitchen is inadequate and has recommended the employment of two Cooks and one Assistant Cook.

As part of the overall plan for the development of the geriatric services and in order to provide for the commencement of day hospital facilities, it will be necessary to make provision for a sessional service from a Consultant Geriatric Physician, a sessional Chiropodist, sessional Pharmacist and the extension of the services for physiotherapy and

and occupational therapy.

Matron is the only supervisor in the hospital and accordingly, provision is being made in the 1976 estimates for the post of Assistant Matron. Provision is also being made for the up-grading of four of the nursing posts to that of Ward Sister. To provide for the increasing administrative work in the hospital, it is proposed to employ a Clerical Officer.

\*\*\*\*\*

ST. PATRICK'S HOME

In last year's report, reference was made to the comprehensive Telephone/Fire Alarm System which had been recommended by the Board's Chief Fire Officer. This scheme is now nearing completion but sanction is still awaited to the proposal to commence building a Welfare Home on the grounds of St. Patrick's Home.

Discussions are taking place with the Community with regard to concentration of services within the main buildings as well as making available the Maternity Unit to provide much needed accommodation for approximately 25 long-stay geriatric patients - the 1976 estimates are prepared on this basis.

\*\*\*\*\*

ST. CLARE'S HOME

St. Clare's Home continues to be fully used for the accommodation of the more feeble type of female geriatric patients. The bed passenger lift and the improvements to the bathrooms and toilets etc. on the ground floor considerably improved the facilities for patients and staff at St. Clare's.

The 1976 estimates provide for the continuance of the present level of services at St. Clare's but, in anticipation of the development of the Physiotherapy and Occupational Therapy services based at St. Mary's Hospital, provision is being made for the necessary equipment and fittings for these services.

\*\*\*\*\*

EXTERN HOSPITALS AND HOMES

I dealt in some detail in my report last year on the extent to which the Board has a responsibility for the provision of services in the public Voluntary Hospitals and private Nursing Homes. The report indicated an increasing demand for these services during 1974. The demand for in-patient services financed by the Board in the Voluntary Hospitals in the Dublin area still continues to increase. For the April/June quarter of 1974 the Board accepted liability for a total of 238,000 bed days. The comparable figure for 1975 is 256,000 bed days.

Reference was also made last year to the extent to which the Board was dependent on private nursing homes for the accommodation of long-stay geriatric patients. In the June quarter, 1974 the number of bed days paid for in private Nursing Homes and other long-stay accommodation came to 95,000. This year in the same quarter, the number of bed days increased to 111,000.

The substantial increase in the Board's liability for the two main categories of patients referred to arises mainly from:

1. Increase in the population generally in the Board's area and a substantial increase in the number of elderly persons.
2. The increase in the number of persons becoming eligible for services consequent on the extension of the scope of the Health Acts.
3. The increasing cost of hospital and home accommodation has resulted in an increase in the number of persons applying for assistance from the Board on the grounds of hardship.

From the 1st April, 1974 the Department of Health made revised arrangements for payments to the Voluntary Hospitals. Heretofore, the Board made regular monthly payments to the Hospitals on a capitation rate basis in respect of eligible patients. It was envisaged by the Department that when the revised arrangements would come into operation that the Board would not be further involved in the verification and checking of applications for hospital services.

CARE OF THE AGED

After I took over responsibility for the section of the Special Hospitals Programme relating to care of the aged, I held a number of meetings with the Consultant Geriatricians, Doctors Flanagan, Noel and Keating with Doctors Godfrey and Jeawon of St. Mary's Hospital. At these meetings the practical problems and shortcomings in the geriatric service were carefully examined and discussed in detail. Dr. Noel agreed to submit a pilot report on the geriatric service for North Dublin City and County, a copy of which is included herein. Professor Browne had already submitted a general report on development of geriatric services which was adopted by the Board in 1973. Shortly after Dr. Flanagan had submitted his report to St. James's Hospital on the involvement of that hospital in the care of the elderly. Dr. Keating has been appointed as Consultant Geriatrician to St. Vincent's but the new Assessment/Rehabilitation Department there is not yet ready for use. He hopes to produce in the near future in conjunction with Dr. Flanagan, a report on the geriatric service for South Dublin City and County as well as for Counties Wicklow and Kildare. When this report is available we will then have for the first time the considered written views of all our Consultant Geriatricians on the needs of the geriatric service. The Board will then be in a better position to review developments to date and to plan formation of over-all policy both short-term and long-term.

There are a number of points however, which can be mentioned in regard to geriatric services on the south side arising to some extent from the large area and number of old people involved. Dr. Keating estimates that there is need for an extra 280 long-stay beds and 70 assessment/rehabilitation beds in addition to the 30 new beds he will get at St. Vincent's. It should be possible to provide 40 of these assessment/rehabilitation beds at St. Coluncille's Hospital by conversion and upgrading of beds at present reserved for elderly patients. The resultant increased level of activity will be beneficial to the patients concerned especially those from Wicklow, to the hospital and to St. Vincent's Hospital by relieving the pressure on their limited

number of assessment beds. The balance of 30 beds required by Dr. Keating could probably be made available on a rehabilitation basis between Vergemount and locations such as Leopardstown.

While there have been very substantial improvements at St. Colman's. Rathdrum, the number of long-stay beds there is now less than formerly. This means that the demand for the extra 280 such beds mentioned by Dr. Keating will have to be met in part by getting accommodation in other institutions and for the rest by using preventive therapy to enable the people concerned to remain outside the long-stay unit. Such preventive therapy might be supplied at centres like Wicklow, Arklow and Baltinglass if a type of geriatric clinic or miniature day hospital was set up at the local hospital or health centre. The Consultant Geriatrician would hold sessions at these centres for local old people and would ensure continuity of service by also having sessions at St. Colman's.

The geriatric service needs in Kildare should, on the advice of our Geriatricians, be related to St. James's Hospital apart from traditional links between parts of North Kildare and James Connolly Hospital. There is an urgent need to have in Naas Hospital, an assessment/rehabilitation unit of 30 beds which will be under the direct control of the Consultant Geriatrician. It seems likely, in view of present financial stringency, that in the short-term such beds will have to be obtained from the present complement of beds. The main long-stay unit will still be at Athy and it is extremely unlikely that any additional such units will be provided in the foreseeable future. As in Wicklow; preventive therapy in various forms will have to be employed to help elderly people to avoid having to enter long-stay units.

The vacancy as Consultant Geriatrician at James Connolly Hospital caused by the appointment of Dr. Keating to St. Vincent's Hospital will be filled by Dr. Lavan who is due to take up duty on 1st November, 1975. It is the unanimous opinion of the Consultant Geriatricians, with which Dr. Godfrey and myself agree that there is now a need for a third Geriatrician on the north side and for two extra Geriatricians on the south side, one of whom will be based at St. James's Hospital with

Dr. Flanagan and the other at St. Vincent's/St. Columcille's with Dr. Keating. An application made to the Comhairle on 19th March, 1975 for the appointment of an additional Geriatrician was refused in a letter dated 29th April, 1975 from the Comhairle. A relevant extract from the letter reads as follows:-

"I regret to inform you that the Comhairle has decided not to approve the proposals submitted. It is felt that, compared to other parts of the Country, the Eastern area has made considerable progress with the appointment of Geriatric Physicians - there are four approved posts, three of which are filled at present and the fourth has recently been advertised. The Comhairle considers that a period should be allowed to elapse in which the impact of these four appointments might be fully assessed. In view of the shortage of Geriatric Physicians in other health board areas, it is considered that the Comhairle policy of aiming for development of services on the basis of an even distribution of Geriatric Physicians throughout the Country should be adhered to".

In the policy document issued by the Comhairle with the above letter Item 3 states:-

"ASSESSMENT AND REHABILITATION UNITS:

The Comhairle accepts the recommendations in the Fitzgerald Report and in the Report on the Care of the Aged, that geriatric assessment and rehabilitation units should be located only in the major general hospitals where the full range of facilities needed for the investigation and treatment of elderly people is available. All appointments of Geriatric Physician should be based on these major general hospitals".

It is unlikely that for some time to come such units can be located in major general hospitals such as the Mater and Jervis Street. There is a unit in St. James's and a smaller one will shortly become available at St. Vincent's. St. Laurence's has a unit in the adjacent grounds at Grangegorman .

I should like to refer to the category of elderly people who are classified as psycho-geriatric for whom, in the main, institutional services should be supplied by the psychiatric department. There are approximately 500 of them at present housed in St. Brendan's and St. Ita's, and apart from special cases, it would be a wasteful misuse of scarce resources to involve a Geriatrician in their treatment.

Another very important factor in the comprehensive programme of care for the aged, is of course the Community Care services. As these develop and expand under the area directors, they should have a marked



effect in reducing the number of admissions of elderly people to institutions and of improving greatly the quality of life for many old people who would otherwise have to endure loneliness, ill-health and privation.

As a conclusion to this section of the Report, I wish to place on record my personal appreciation of the excellent pioneering work carried out by Dr. Godfrey and his assistant, Dr. Jeawon in the initiation and development of the Board's services for the aged in the 1960's. The Board through the Visiting Committee are already aware of the great progress made in St. Mary's Hospital under the guidance of Dr. Godfrey and his staff.

\*\*\*\*\*

REPORT  
ON  
THE GERIATRIC SERVICE  
FOR  
DUBLIN NORTH CITY AND COUNTY

G. Jacques Noel, M.B., M.R.C.P.I.

The geriatric service for North City and County is based in James Connolly Memorial Hospital, St. Laurence's, St. Mary's, Jervis Street and the Mater, and is in existence since July, 1972, when a Physician was appointed. This was followed by the appointment of a second Physician in January, 1973.

The first aim was to provide a consultant service:-

- A. For the assessment, rehabilitation and resettlement of elderly in the community.
  1. By making immediate use of existing resources; beds were initially available in St. Mary's and most admissions were channelled through there. In 1972, there were 800 admissions and in 1973 the number had risen to 1,200.
  2. Planning for the commissioning of assessment and rehabilitation beds in James Connolly Memorial Hospital and St. Laurence's. 28 beds became available in January, 1974 in James Connolly Memorial Hospital and a further 28 in July, 1974. In October 1974, 30 beds became available in St. Laurence's. Approximately 1,000 admissions per year are being dealt with in these units. This brings the total number of admissions to over 2,000 per year.
  3. By developing rehabilitation facilities for:-
    - (i) In-patients, by improving existing Departments in St. Mary's and incorporating rehabilitation facilities in the unit in James Connolly Memorial Hospital and St. Laurence's.
    - (ii) Out-patients by creating day space in St. Mary's, in 1972 (16 places) and subsequently in unit 5, James Connolly Memorial Hospital in July, 1974 (16 places). There are approximately 120 patients attending the day hospitals per week.
  4. By providing three out-patient clinics a week in St. Laurence's, James Connolly Memorial Hospital and St. Mary's. All new patients are referred either to St. Laurence's or James Connolly Memorial Hospital, and there is provision for the assessment of eight new patients per week.
  5. By providing a domiciliary consultant service for the general practitioners. 204 domiciliary visits were made in 1973.
  6. By providing extended care beds for the nursing dependant patient who have been fully assessed.

B. For the assessment of patients in associated general hospitals.

This was achieved by providing two sessions per week for each of the hospitals. 500 consultations were dealt with in 1973, half of these being from the Mater and the remainder equally from St. Laurence's and Jervis Street. Approximately half of the patients were admitted to the geriatric service, while the rest were resettled from the general hospitals. The average length of time between referral and transfer was 10 days.

Of the five hospitals in the North, three have geriatric beds. It is important to realise that none of these hospitals, on their own would be viable as far as the running of an independant geriatric service, to be efficient the resources must be fully integrated.

The second aim was to participate in the Community Care and Special Care Programmes by attending committees dealing with the development of Welfare Homes, Day Centres, District Nursing Services, Home Help Services, etc. Prior to the geriatric service being withdrawn from the Special Care Programme, the three Geriatric Physicians in Dublin had contributed to a considerable extent to Prof. Browne's report on the geriatric service for the Eastern Health Board which was accepted by the Board and partly implemented.

The third aim was to promote the speciality. The geriatric service is actively participating in teaching programmes for medical students, under-graduate and post-graduate nurses and para-medical staff. Papers were read to the Gerontological Society and to the Royal Academy of Medicine. Several talks have been given at the Eastern Health Board's request, to home helps, Voluntary Organisations, etc. The teaching commitment to medical students has been undertaken without any formal recognition by the Universities.

The service as it stands now consists of:-

Assessment and Rehabilitation beds - 56 James Connolly Hosp.  
30 St. Laurence's

Admission and Rehabilitation beds - 94 St. Mary's

TOTAL      180

The 94 admission beds in St. Mary's which are being used as assessment beds cannot be termed assessment, as they do not fulfil the essential criterion of being situated in a general hospital.

<u>Extended Care Beds</u>	.. .. .	70 James Connolly Memorial Hosp.
		168 St. Mary's
		—
	TOTAL	238
		==

This makes a total of 418 beds which is 142 short of the required numbers as recommended by the Inter-Departmental Report on "The Care of the Aged".

<u>Day Hospital -</u>		
<u>James Connolly Hospital</u>	..	16 places
<u>St. Mary's</u>	.. .. .	16 places
<u>Out Patients Clinics</u>	..	3 per week

STAFFING:

The two physicians share the work-load and resources equally.

James Connolly Memorial Hospital

Medical - 1 Medical Registrar  
2 Senior House Officers  
1 Intern

Para-Medical - 1 Physiotherapist  
2 Occupational Therapists  
2 Medical Social Workers  
1 Part-time Speech Therapist (2 sessions)

Nursing - Recognised ratio

St. Laurence's

Medical - 2 Senior House Officers  
1 Intern

Para-Medical - 1 Physiotherapist  
2 Occupational Therapists  
1 Medical Social Worker

Nursing - Recognised ratio

<u>St. Mary's Hospital</u>	<u>Medical</u>	-	1 Registrar
			3 Senior House Officers
	<u>Para-Medical</u>	-	3 Medical Social Workers
			3 Physiotherapists
			3 Occupational Therapists

There is a Clerk Typist attached to each of the hospitals with typing and secretarial duties.

A number of posts are remaining unfilled; one Occupational Therapy post in St. Laurence's and two Physiotherapy posts and two Occupational Therapy posts in St. Mary's.

With the present resources and staffing, the service has been able to meet the demands which has steadily been increasing as judged by the number of referrals and admissions, the number of out-patients, and the numbers attending the day hospitals, which all showed marked increases. There is no waiting list and patients are admitted from their general practitioner immediately, if necessary, and in most cases within 24 hours of referral. There are three admission areas and the medical staff, helped by the secretarial staff, deal with all requests. Non-urgent admissions are screened by the physician and a decision is made in consultation with the general practitioner whether to admit, refer to out-patients or do a domiciliary visit. Referrals from other Departments of general hospitals are seen twice a week in Jervis Street and the Mater. In the cases of St. Laurence's and James Connolly Memorial Hospital, where the physicians in geriatrics are in daily attendance, consultations are seen promptly. Patients needing further assessment and rehabilitation are transferred to any of the three assessment units, except when the general hospital has its own assessment beds as in the James Connolly Memorial Hospital and St. Laurence's.

PATIENTS REFERRED TO THE GERIATRIC UNIT:

Elderly patients with a single episode of illness, but who were previously healthy, are dealt with by the various medical and surgical departments of the general hospital. The Geriatric Assessment Unit admits patients aged 65 and over whose present illness is complicated by physical,

mental and/or social disability. The admission of these patients is usually precipitated by a medical emergency. However, a number of these patients will be admitted to general medical wards and consultation with the physician in geriatrics should be sought soon after admission, so that assessment of pathological, physical, mental and social disabilities could be made at an early stage in the patient's illness.

#### FUTURE PLANNING

The present staffing in the geriatric service is, in my opinion, adequate, for catchment of Dublin North City and County which has a population of 365,000 (1971 census). We have 28,500 (8%) over the age of 65; 10,000 of these would be over the age of 75. However, with an ageing population, this figure is rapidly going to expand and the geriatric service will have to make provision for additional resources and staffing to cope with the increasing number of elderly patients. Although two physicians and supporting staff are adequate for the present, I see a need for rapid expansion of the service by 1981, by which time there should be three physicians with access to assessment beds and extended care beds and supporting staff.

#### ASSESSMENT AND REHABILITATION:

The assessment beds would be ideally situated in:

Mater Hospital:            50 beds

New Beaumont:            50 beds

(or joint unit between St. Laurence's,  
James Connolly Memorial Hospital)

In the meantime, certain steps can be taken immediately to improve the service.

1. The number of acute assessment and rehabilitation beds in James Connolly Memorial Hospital should be increased. Unit 6 due to its proximity to Unit 4 and 5 (acute assessment and rehabilitation) would be ideally suitable for conversion, at little extra cost. St. Mary's would continue to provide planned admissions and a rehabilitation service for patients who would have been assessed in out-patients and domiciliary visits or in general hospitals.

ASSESSMENT BEDS

James Connolly Memorial Hospital:	86
St. Laurence's:	30

ADMISSION AND REHABILITATION BEDS

St. Mary's:	94
-------------	----

2. EXTENDED CARE

The extended care beds would be situated, as before, in Blanchardstown and St. Mary's. There is an immediate need for more extended care beds, and I would strongly recommend that two units of 25 beds be provided in the North Eastern area of the catchment, either in existing institutions or preferably in purpose built extended care units. The main purpose of these units would be to provide shelter for nursing dependent patients of the area who would be admitted mainly through the assessment units in James Connolly Memorial Hospital and St. Laurence's. Apart from providing nursing facilities, day space could be provided for elderly residents of the area and community services could be based on the premises. Ideally, the Health Centre of the future should be in close proximity, to facilitate the co-ordination of all the services. The geriatric physician would visit at regular intervals.

Extended Care Beds

James Connolly Memorial Hospital:	70
St. Mary's:	166
Peripheral Units:	50

DAY HOSPITAL

The Day Hospital would be ideally situated near the assessment and rehabilitation units. On the other hand, there are existing facilities in James Connolly Memorial Hospital and I would favour the commissioning of a Day Hospital of 50 places in St. Mary's which would fit in with the concept of providing a wide range of in-patient and out-patient facilities to maintain disabled elderly people with no acute medical problems, independent. At the same time, it will have the advantage of providing an added interest to the para-medical and nursing staff of the hospital. The Day Hospital could, furthermore, extend its



function by employing a number of domiciliary Occupational Therapists and Physiotherapists, who would be based there until appropriate facilities in Health Centres and the community are provided:

James Connolly Memorial Hospital:	-	16	places
St. Mary's:	-	50	places
Peripheral Day Hospital:	-	20	places

#### 4. OUT-PATIENTS

Two extra out-patients will be required, one in St. Laurence's and the other in James Connolly Memorial Hospital. As already mentioned, if Health Centres become a reality, Assessment Clinics could be held.

St. Laurence's:	.. .. .	2	Out-patients sessions/week
James Connolly:	.. .. .	2	Out-patients sessions/week
Health Centres:	.. .. .	1	Monthly out-patients

#### 5. CONSULTANT SERVICE TO MATER HOSPITAL AND JERVIS STREET HOSPITAL

The consultative service to these hospitals can be improved while awaiting the provision of assessment beds. The importance of early assessment of elderly patients cannot be over emphasised. This can ideally be achieved by the 'Geriatric Team'. I would strongly recommend that a Registrar, House Physician, a Physiotherapist, an Occupational Therapist and a Medical Social Worker, should be allocated on a sessional basis to the Geriatric Physician. Consultation could be processed by the Team and patients formally examined at a ward round twice weekly. Medical students and Doctors would be welcome to attend and one of the ward rounds could be mainly a teaching round.

#### 6. STAFFING

There is immediate need for a third Registrar. The post would be a joint appointment between St. Laurence's, the Mater and Jervis Street. He would be responsible to the Consultants for the running of the Unit in St. Laurence's, would supervise the Geriatric Team's work in the Mater and Jervis Street, and finally, would undertake clinical teaching in all three hospitals. This would give a total of three Registrars in the geriatric service, and I recommend that these three posts

should be rotating. This rotation would be essential for higher training in geriatric medicine.

## 7. TEACHING

### MEDICAL UNDER-GRADUATES

When one considers the heavy demands the elderly make on the hospitals and the general practitioners alike, the importance of teaching in this branch of medicine cannot be over emphasised. The student should be taught the physiological, physical and mental changes associated with normal senescence, the importance of prevention of disability and of early diagnosis and treatment, the typical presentation of illness, the different reaction to drugs and lastly of the special problems complicating diseases in old age. This could best be achieved by a series of lectures and a period of at least two weeks attachment to the Geriatric Assessment Units, during their clinical year. A question in geriatric medicine in the final medical examination would be a logical development. The North City Hospitals in affect, have students from one and a half Medical Schools attending for their clinical training and formal recognition for geriatric teaching is long over-due.

### MEDICAL POST-GRADUATE

The geriatric department should take part in any vocational training scheme for general practitioners. The training of Physicians in geriatric medicine could be undertaken with the present facilities already described. The Department should also, actively, participate in post-graduate staff meetings, as is the case of St. Laurence's and James Connolly Memorial Hospital.

### NURSES

A programme is already established for the teaching of nurses in the North City hospitals. This needs to be reviewed and a sub-committee appointed by An Bord Altranais for nurses. Two months in an active geriatric unit should be compulsory. Obviously, if assessment beds are available in a general hospital, the greater part of their training would be by rotating the nurses through these wards.

### PARA-MEDICAL

Formal lectures and practical experience should be part of the curriculum for Physiotherapists, Occupational Therapists and Social Science Students.

### ADMINISTRATION

The role of the Geriatrician in clinical area is not in dispute. In order to fulfill this role he must be in complete control of all hospital resources designated for the elderly and have direct access to Welfare places for the patients he decides should be admitted there. The Consultant Geriatrician will a fortiori work within the administrative structure of the hospital to which he is appointed. However, in order to give a service in this speciality he must be intimately concerned in the planning of that service, (this latter was indeed a condition of his employment).

I would support the formation of a committee with medical representatives of the five hospitals, the Programme Manager for General Hospital Care and the two Geriatric Physicians in the North City, so that future planning of the geriatric service could be rationalised in the light of the over-all future developments in the hospitals of the North City.

### MENTAL ILLNESS IN THE ELDERLY

This report would not be complete without mentioning the problem of the confused elderly patient. Preliminary meetings with Chief Psychiatrist of the Eastern Health Board and Clinical Directors are in progress, and it has been agreed, in principle, that the psychiatric service is responsible for providing a service for this group of patients. It is proposed that patients over the age of 65 with a predominately mental illness will be admitted in the usual way to St. Brendan's, where a special unit will be commissioned in that part of the hospital designated "The Lower House". The number of beds allocated for this purpose will be in the region of 500. The Geriatric Physician's commitment would be mainly consultative, but he would be expected to

participate in teaching and research projects jointly with the Consultant Psychiatrist, who would be in charge of the Unit.

Facilities for investigating these patients who often have a physical cause for their mental illness, will have to be negotiated with St. Laurence's Board, if the development of this unit is to proceed any further.

#### 10. COMMUNITY CARE FOR THE ELDERLY

The simultaneous development of community services is of paramount importance if the geriatric service is to run efficiently. The majority of patients discharged from assessment and rehabilitation wards will need continuing care from the geriatric service. The extent to which this is implemented depends, largely, on the resources available in the community. These resources would include:

##### Health Centres:

Most patients could be followed up by the General Practitioner and his team of nurses, social workers and para-medical staff, based on purpose built Health Centres from which various community services could be co-ordinated. The situation of these Health Centres needs careful consideration and, preferably, should be adjacent to Community Welfare Homes, warden controlled accommodation for the elderly and Day Centres.

##### Day Centres:

The availability of Day Centres, whose main function would be to provide social companionship for the elderly, and could be linked with a workshop supervised by an Industrial Therapist, is an urgent priority. The Day Centres could also provide preventive clinics held by the health visitor and attended by the social worker and the general practitioner, when required. The centre should provide meals, diversional therapy, facilities for assisted bathing, and chiropody clinics. Transport to the centres would have to be organised. Although the health board should be responsible, financially, the centre should be run by voluntary workers.

Statutory and Voluntary Services:

The provision of meals-on-wheels and home helps by voluntary and statutory bodies is an important development.

Welfare Homes:

Purpose-built Welfare Homes should be in close proximity to Health Centres, and therefore, would depend on the location of the latter. There is an immediate need for a Welfare Home in the Navan Road area and for the needs of North County convenient to the coastal towns. A number of Welfare Homes are run by Voluntary Organisations and this would total approximately 400 places in the North City. Although this is a valuable resource, the geriatric service has no access to these places. I would recommend that a number of places in these homes be allocated to the Eastern Health Board and allocation of these places dealt with through the geriatric service.

Nursing Homes:

A number of patients have been cared for in nursing homes which are run as a private concern. However, the Eastern Health Board partially subsidises the upkeep of patients in these homes and, undoubtedly, this is the right solution in many cases.

Few nursing homes can care for heavy nursing dependent patients, but most are equipped to care for long-term patients who need minimal nursing care. It would be advisable that in cases where the Health Board subsidises the upkeep of a patient, that this patient should have been fully assessed by the Geriatric Physician and his Team. I would favour the setting up of assessment clinics held in the day hospital in St. Mary's where a full clinical, physical, mental and social assessment could be carried out. Undoubtedly, there will be a number of patients who would be unsuitable to be moved for assessment, and in these cases, a domiciliary visit by the Geriatric Physician or a member of his Team, would be the solution.

The extent of nursing care desirable in a nursing home is related to the needs of the patients cared for in that particular home. The general practitioner is responsible for the supervision of patients

under his care in these homes and he should decide when a patient's dependency exceeds the support available in the home. In cases of doubt, he can always consult with the Geriatric Physician.

Private Practice:

The two physicians in the North City have full-time appointments which excludes private practice. A comprehensive service cannot cater only for a section of the community and the general practitioner should have the freedom to refer any of his patients for an opinion. Full-time appointments preclude this.

I recommend that the terms of appointment should be changed to include the right of private practice. There is a precedent in that three other appointments of the same nature have this included in their contract. It is essential that all appointments in geriatrics should be comparable and include the right to see patients privately on a consultative basis.

G. Jacques Noel, M.B., M.R.C.P.I.,  
Consultant Physician in Geriatric Medicine

---

HOSPITAL DEVELOPMENTS

In previous reports I have endeavoured to indicate the probable manner in which the major general hospital programme for the Board area would progress. The Fitzgerald Report and the Chubb Report charted the main course involving major hospitals at St. James's, St. Vincent's, Mater, Beaumont and Newlands. In present circumstances, it is clear that the latter new hospitals will not be built for some years. It is expected that priority in development will be given to St. James's where construction of the new Pathology Department is likely to start shortly and where extensive improvements in some existing units are already in hands. Early completion of the total St. James's project is most important, insofar as it will enable the first stage of the federation plan to be completed by the closure of Baggot Street, Mercer's and Sir Patrick Dun's Hospitals. This would leave the Adelaide, Meath, Steven's and Harcourt Street Hospitals of the original seven federated group. Of these, the Adelaide and Meath will undoubtedly remain where they are for some very considerable time to come and may tend to gravitate together, pending their eventual absorption in the new hospital projected for Newlands Cross. Dr. Steven's Hospital, logically would be closely related to St. James's and its future shaped in conformity with developments at the larger hospital. The Harcourt Street Childrens' Hospital, since it is not intended to incorporate it in the new St. James's complex, will, while it remains at its present site, continue its existing university etc. links, pending further consideration of its future. The Eastern Health Board are of course, very interested and involved in the development of St. James's and would also be interested in the possible availability of the premises at Sir Patrick Dun's after its closure.

Negotiations are still proceeding with the authorities at St. Vincent's, Elm Park and St. Michael's, Dun Laoghaire with a view to involving a full co-ordinated service between the three hospitals. Such service would cover the South Dublin and East Wicklow areas with special arrangements for the Dun Laoghaire Borough and would embrace all categories of patient care including full geriatric service.

There has not been very much development at James Connolly Hospital during the year except in so far as it has become clear that the Hospital

is being used on an increasing scale by patients from the North East Health Board area. The proposal to provide a maternity unit in the hospital is still under consideration by the Department as are other suggested improvements. Future development involving the Mater, Jervis Street and St. Laurence's are still pending, but the whole situation should however, be clarified when the official plan for hospital development is published in the near future.

J. J. Nolan  
Deputy Chief Executive Officer  
Programme Manager General Hospital Care

---

October, 1975