EASTERN REGIONAL HEALTH AUTHORITY

Minutes of proceedings of Board Meeting held in the Board Room, Dr. Steevens' Hospital, Dublin 8 on Thursday 4th October 2001 at 6.00 p.m.

Present

Mr. P Aspell
Dr. S. Barry
Mr. G.Brady
Cllr. C. Burke
Cllr. L. Butler
Ald. I. Callely T.D.
Cllr. M. Corrigan
Mr M Cowley
Cllr. L Creavon
Cllr. T Cullen
Cllr. A. Devitt
Cllr. J. Dillon Byrne
Mr J Dolan
Cllr. P. Doran
Ald. Sen.. J. Doyle
Mr. J. Fallon
Dr. J. Fennell
Cllr. Dr. D Fitzpatrick
Cllr. T. Fox
Dr M Gueret
Ms. A. Harris
Ms. N. Harvey
Mr. G. McGuire
Cllr. M. Miley
Cllr. O. Mitchell T.D.
Dr. M. Molloy
Dr. B. Murphy
Cllr. D. Murray
Cllr. Dr. W. O'Connell
Dr. P. O'Connell
Cllr. C. O'Connor
Cllr. M. O'Donovan
Mrs. C. Quinn
Cllr. J. Reilly
Dr. J. Reilly
Cllr. D. Tipping
Mr. L. Tuomey
Dr. M. Laffoy

In the Chair

Alderman Ivor Callely TD

Apologies

Dr K Harkin, Mr. P. Ledwidge, Ms. M. Hoban

In Attendance

Mr. Donal O Shea
Mr. Pat McLoughlin
Ms Madeleine Clarke
Ms Alice O'Flynn.
Ms. Maureen Browne
Dr. B. O'Herlihy
Ms Suzanne Kirwan
Ms Carol Ivory
Ms Fionnuala Duffy
Ms Yvonne O' Neill
Ms Catherine Geary
Ms Helen Stokes

01/10/72 CHAIRMAN'S BUSINESS
Agenda Item No. 1

The Chairman expressed the sympathy of the members of the Board to Mr Colm McGrath on the recent death of his sister, Mary Darling, R.I.P., and to Cllr. Don Tipping on the recent death of his mother Mary Josephine Tipping, R.I. P.

He also expressed the sympathy of the members of the Board to Ms Carol Ivory, Manager of Office of Chief Executive on the recent death of her mother, Marie Ivory R.I.P.

As a mark of respect the meeting was suspended for five minutes.

The Chairman advised the Board that apologies for non attendance were received from Dr K Harkin, Mr. P. Ledwidge and Ms. M. Hoban.

01/10/73 Minutes of proceedings of meeting held on Thursday 6th September 2001
Agenda Item No. 2

The draft Minutes of the meeting held on 6th September 2001 (*copy appended to the official minute*), having being circulated, were proposed for adoption by Cllr C O' Connor, seconded by Cllr T Fox, and agreed.

01/10/74 Questions to Chief Executive
Agenda Item No.3

Questions agreed to be put by the Board to the Chief Executive on proposal of the Ald. Sen. J Doyle and seconded by Cllr C Burke.

3.1 Cllr E Byrne

Will the CEO outline for me the policy of the Authority on the question of A & E Hospital Consultants demanding a payment fee for admitting acute admission cases who, when asked if they want to go Public or Private on admission opt for Private?

Will he say how widespread or recent this practice is in the Region and will he comment on the role and position of the VHI on this issue and will he make a statement on this matter?

Reply

Charges for use of Accident and Emergency (A&E) Services are laid down by the Minister for Health and Children. Persons with Category I eligibility (i.e. those in possession of a medical card) are exempt from charges. In addition, persons not covered by a medical card but who have been referred to the Accident and Emergency Department by a General Practitioner are not subject to any charge.

Those remaining (i.e. those with Category II eligibility who have attended the A&E directly) are subject to a £25 charge.

This is the only statutory charge applicable to people attending for Accident and Emergency treatment. All patients attending A&E services are treated as public patients and prioritised for treatment and, if necessary, admitted based on medical need. Patients are not distinguished as to their insurance status. Once a patient is admitted they have the option to be treated as a public or a private patient. If they chose to be treated as a private patient they, or their insurance company, may be subject to:

- an accommodation charge paid to the hospital and specified by the Minister; and
- an agreed fee payable to a consultant responsible for medical treatment. (Most consultants under the terms of their employment contacts are entitled to undertake private practice within the public hospital.)

It should be noted that there is no obligation on any patient with eligibility for public hospital services, including those with insurance, to declare a wish to be treated as a private patient during their stay in a public hospital.

Post admission, where a patient is under the treatment of an A&E consultant and the patient has opted to be treated as a private patient, the consultant may in such circumstances seek a fee. A&E consultants are fully trained doctors in either medicine or surgery and on occasion may manage a patient medically or surgically who has been admitted for such treatment. Generally, Accident & Emergency consultants deal with patients pre-admission and so the proportion of such cases they would be responsible for would tend to be small.

The Authority has become aware indirectly of proposals by A&E consultants that, where they are personally responsible for a consultation with a patient in A&E and that patient subsequently opts to be treated as a private patient after admission, they would charge a fee for the earlier consultation. The Authority intends to investigate this issue and will report back on its findings. There are significant policy issues involved and the Authority will, in particular, be concerned to ensure that there is no perception of payment in respect of the decision-making process regarding admissions.

The Authority has no responsibility for the VHI which is subject to regulation by the national authorities. The VHI like the other commercial health insurance companies must operate within the framework outlined above when dealing with public hospitals in the Eastern region.

3.2 **Cllr D Heney**
To ask the CEO to report comprehensively on Nursing Home places in the eastern region".

Reply
The following nursing home bed spaces are provided by the three Area Health Boards in the Region:-

Community Nursing Units	256 beds
District/Community Hospitals	208 beds
Geriatric /Community Hospitals	1229 beds
Welfare Home	159 beds

The number of bed spaces provided by private or voluntary nursing homes in the east are as follows:-

Private Homes	2575 beds
Voluntary/Religious/Charitable Homes	890 beds

While private Nursing home beds have been contracted in neighbouring counties there are no formal health board arrangements.

There are currently 1247 contract beds funded by the Area Health Boards in the region. While no approval is required from the Department of Health to provide same, the ability to contract for nursing home beds is dependent on the funding available to the area boards to do so.

The Authority is at present conducting a review of the implementation of the Ten Year Action Plan for Services for Older People which was approved by the former Eastern Health Board. This report will be brought before the Board of the Authority in November 2001.

3.3 Dr K Harkin

On 5th October, 2000 the motion that the ERHA review the policy of sectorisation within the psychiatric service was carried. Would the CEO please advise on the outcome of this review?

Reply

The policy of sectorisation arises from the Government policy document of "Planning for the Future" 1984 which in turn was adopted as national health policy. It described sectorisation as the process of providing a comprehensive service for a population of known size normally resident within a clearly defined district. The recommended population for a sector is 25,000-30,000 people.

A sectorised service is recognized by the following characteristics:

- The psychiatric care organisation is related to a specific geographic area (the catchment area principle);

- The psychiatric care organisation is responsible for care of the total population within the catchment area (the population responsibility principle);
- The psychiatric care organisation is specified in a range of differentiated services covering all levels of mental health services for the population under its responsibility (the comprehensiveness principle).

The general objective of a sectorised service is to improve the quality and effectiveness of the treatment of mental disorders in the population by focusing on the prevention and reduction of the prevalence and incidence of mental illnesses. This is achieved by:

- Effective targeting of services to local needs;
- Effective linkages between psychiatric, mental health and other health and social services at a local level;
- Effective management of services and service changes at local level.

Within the eastern region a number of advantages and disadvantages in relation to sectorisation have been identified as follows:

Advantages:

- Sectorisation is most valuable for the most vulnerable individuals and the most severely ill. Often the most vulnerable do not access health services. With sectorisation a nominated consultant and multi-disciplinary team is responsible for the psychiatric care of individuals within a certain area.
- Early identification of mental health problems is facilitated by locally based teams working in defined areas.
- Continuity of care is facilitated by ensuring that treatment and care of clients is based upon previous and evolving knowledge of a client's illness and previous treatment. It also ensures that possible problems associated with a person's overall family or social functioning are more readily identified as contributory causes.
- Assertive outreach is practised whereby people can be assessed in their own home.
- Services are delivered locally. It is possible to build up expertise and involve local resources (i.e. allied health professionals and social service)
- Provision of after care services. A locally based, community oriented, multi-disciplinary service can have a lifelong involvement with individuals with serious mental health problems. The required aftercare can be provided and ongoing monitoring conducted.

Disadvantages:

- As a policy, sectorisation is less flexible and removes choice from patients. A patient who lives in a certain area has to attend a certain clinic and is under the care of a designated psychiatric team unless that person has access to private health insurance.
- Sectorisation is identified as being 'cumbersome' for general practitioners since it is sometimes difficult to elucidate which sector a patient belongs to. This can be time consuming and there can be disputed areas.
- For patients who refuse treatment in a specified setting, there are no additional legislative powers to enforce it.
- It has inhibited the development of specialization within psychiatry.

No alternative model has yet been advocated and reviewed to replace the sectorisation model. Alternative models may not necessarily solve issues associated with sectorisation and may result in some of the benefits of sectorisation being lost.

A number of current developments will have an impact on the issue of sectorisation:-

- The Government and Minister for Health and Children have indicated that the new National Health Strategy will be published this month and will no doubt deal with the mental health services.
- Comhairle na nOspideal has set up a group to examine and report on the issue of specialization within psychiatry which will have an impact on the process of sectorisation

The issue of sectorisation is a national policy matter which cannot be unilaterally changed in this region. Nevertheless we are currently carrying out a study of the views of relevant staff with the objective of exploiting the possibilities for modifying the current structure within the mental health services. The outcome will be fed into the national debate.

3.3 Cllr R Shortall

To ask the CEO in respect of clinical services (speech and language, psychological, etc) for children attending special schools, if specific funding is provided to cover these services in the overall annual funding allocation to each of the agencies responsible for the special schools or if there is a separate allocation, and will he make a statement on the matter.

Reply

The Authority provides money for therapy services for special schools in a

number of ways. In consultation with the relevant agency we determine if the agency has the capacity to initiate or expand such a service; if so, the Authority provides money to the agency specifically for the development or enhancement of therapy services at a named school. If the relevant agency does not have the ability to expand or provide such a service, the Authority can, with the agreement of the local Area Health Board, provide these services to specifically named schools through the Health Board structures by approving specific appointment. When we use this avenue, the arrangement is discussed and agreed with the relevant voluntary body, the Authority and the Area Health Board to ensure that the therapy services are targetted and dedicated to the named school or schools in a particular Area."

01/10/75 Matters for mention
Agenda Item No.4

There were no matters for mention.

01/10/76 Update on Childcare Policy Issues (Report No. 23/01)/Presentation
Agenda Item No.5

The Chief Executive presented Report No. 23/01 – Update on Childcare Policy Issues (*copy appended to the official minute*). Ms Alice O'Flynn, Director of Homelessness and Ms Madeleine Clarke, Consultant, made presentations to the Board (*copies appended to the official minute*). Following the presentations a lengthy discussion took place to which the following members contributed:- The Chairman, Dr S Barry, Cllr J Dillon-Byrne, Cllr C Burke, Cllr D Tipping, Cllr L Tuomey and Cllr J Reilly.

The Chairman recorded the appreciation of the Board regarding the co-operation of all the staff concerned in the process. On the proposal of Cllr J Doyle, seconded by Mr J Fallon, Report No 23/01 was noted by the Board.

01/10/77 Notices of Motion
Agenda Item No.7

6.1 **Cllr C Burke**

That this Board agrees to provide funding this year to allow works to be carried out at Carmichael House, North Brunswick Street, Dublin 7.

On the proposal of Cllr C Burke, seconded by the Chairmen, the motion was moved for debate. Cllr. C Burke spoke to the motion and Mr J Dolan supported the motion. The motion was put and agreed unanimously.

01/10/78 Chief Executive's Report
Agenda Item No.8

The Chief Executive's Report (*copy appended to the official minute*) was circulated. The Report dealt with the following items.

- St Joseph's Hospital, Raheny
- Acute Hospital Waiting List Figures
- Influenza Immunisation Campaign
- New Facilities at St John of God services in Kildare
- Details of recently published reports.

On the proposal of Cllr C Burke, seconded by the Mr J Dolan, the Chief Executive's Report as circulated was noted.

01/10/79 Date and Time of Next Meeting
Agenda Item No.9

The date and time of the next meeting was agreed for Thursday 1st November 2001 at 6.00pm in the Board Room, Dr Steevens' Hospital.

The meeting concluded at 7:50pm.

CORRECT
Donal O Shea
Chief Executive

ALDERMAN IVOR CALLELY TD
Chairman

DATE