

Report No. I6/I983

CENTRE CITY HOSPITAL
AND
OTHER SERVICES

EASTERN HEALTH BOARD

Report No. 16/1983

CENTRE CITY HOSPITAL AND OTHER SERVICES

1. This report arises from Ald. A. FitzGerald's motion which was agreed at the September meeting of our Board. It outlines the main elements of the General Hospital plan for the Dublin area and deals briefly with the main implications of the plan for the organisation of services with particular reference to the emergency services and the treatment services for drug abusers.

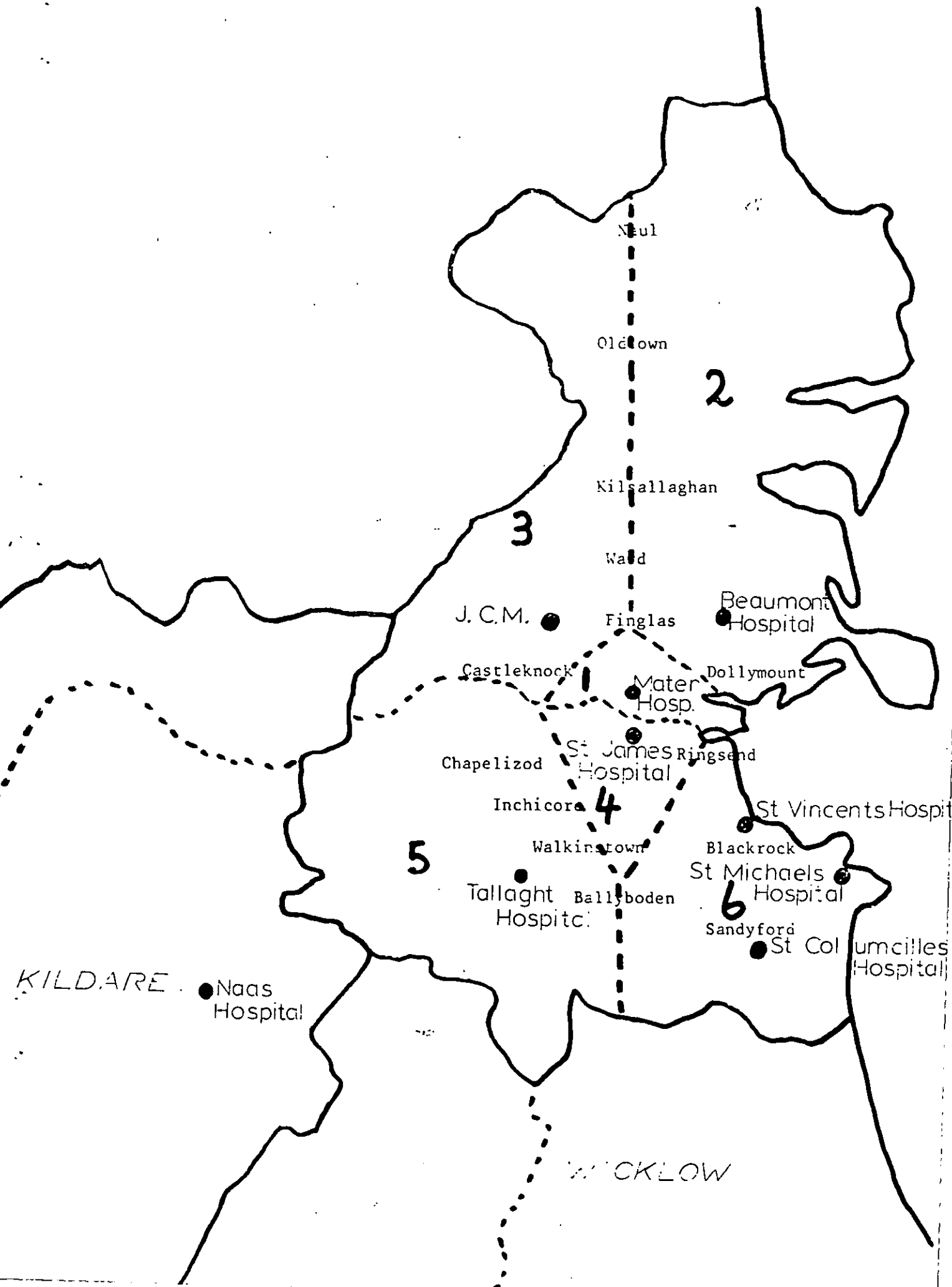
2. General Hospital Plan

2.1. The plan for future general hospital services in the Eastern Health Board area is based on the principle of delivery of services to defined populations within six catchment areas, as follows:-

| Hospital | Population Mid 90's | Catchment Area |
|--|------------------------|--|
| 1. Mater Hospital | 200,000 | North Central Area of Dublin City |
| 2. Beaumont Hospital | 200,000 | North East Dublin City & County |
| 3. James Connolly Memorial Hospital | 150,000 | North West Dublin, City & County, Parts of North Kildare |
| 4. St. James's Hospital | 200,000 | South Central Area of Dublin City |
| 5. Tallaght Hospital in association with Naas Hospital | 320,000 | South West Dublin, City & County, Remainder of Kildare, West Wicklow |
| 6. St. Vincent's Hospital in association with St. Columcille's and St. Michael's Hospitals | 330,000 | South East Dublin City & County and East Wicklow |

The six catchment areas and the locations of the hospitals are shown on Map No. 1.

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The new hospital at Beaumont is nearing completion and phased construction work is in progress on the development of the Mater and St. James's Hospitals. Planning is under way for the development at James Connolly Memorial and St. Vincent's Hospitals and for the new hospital at Tallaght.

- 2.2. The plan announced by the Minister for Health in 1974 involves a fundamental re-organisation of the general hospital system in the Dublin area resulting in the transfer of services which have been traditionally provided at a number of hospitals in the city to the six major hospitals at present in course of development or being planned to meet the needs of the mid - 1990's onwards. On the north side of the Liffey the services provided at Jervis Street Hospital and St. Laurence's Hospital are due to transfer to the new hospital at Beaumont in mid-1985. On the South side the services at Sir Patrick Dun's Hospital, Mercer's Hospital (closed May 1983) Royal City of Dublin Hospital Baggot Street are scheduled for transfer to the developed St. James's Hospital. The Meath and Adelaide Hospitals will in due course transfer to the new hospital at Tallaght. The services at Dr. Steeven's Hospital are planned to transfer partially to St. James's Hospital, with the remainder (the regional orthopaedic service) going to Tallaght Hospital.

The provision of services in the two largest population catchment areas will be organised on a joint basis i.e. between Tallaght and Naas Hospitals and also between St. Vincent's, St. Columcille's and St. Michael's Hospitals.

The maternity, childrens' and other specialist hospitals are not included in the scope of this report. The general hospital position both before, and after the full implementation of the plan is shown in Appendix A.

- 2.3. The general hospital plan for the Dublin area was based on a number of considerations:-
- (i) The existing general hospital system had its origins in the early 18th century, ten of the fourteen general hospitals serving the Dublin area being located in the inner city area. Many of the existing hospitals required replacement if a modern standard of accommodation and facilities were to be achieved.
 - (ii) Advances in medical science and technology and the consequent investment requirements in terms of accommodation equipment and manpower resources dictated that services should be concentrated in fewer, larger hospitals with a wide range of specialties and

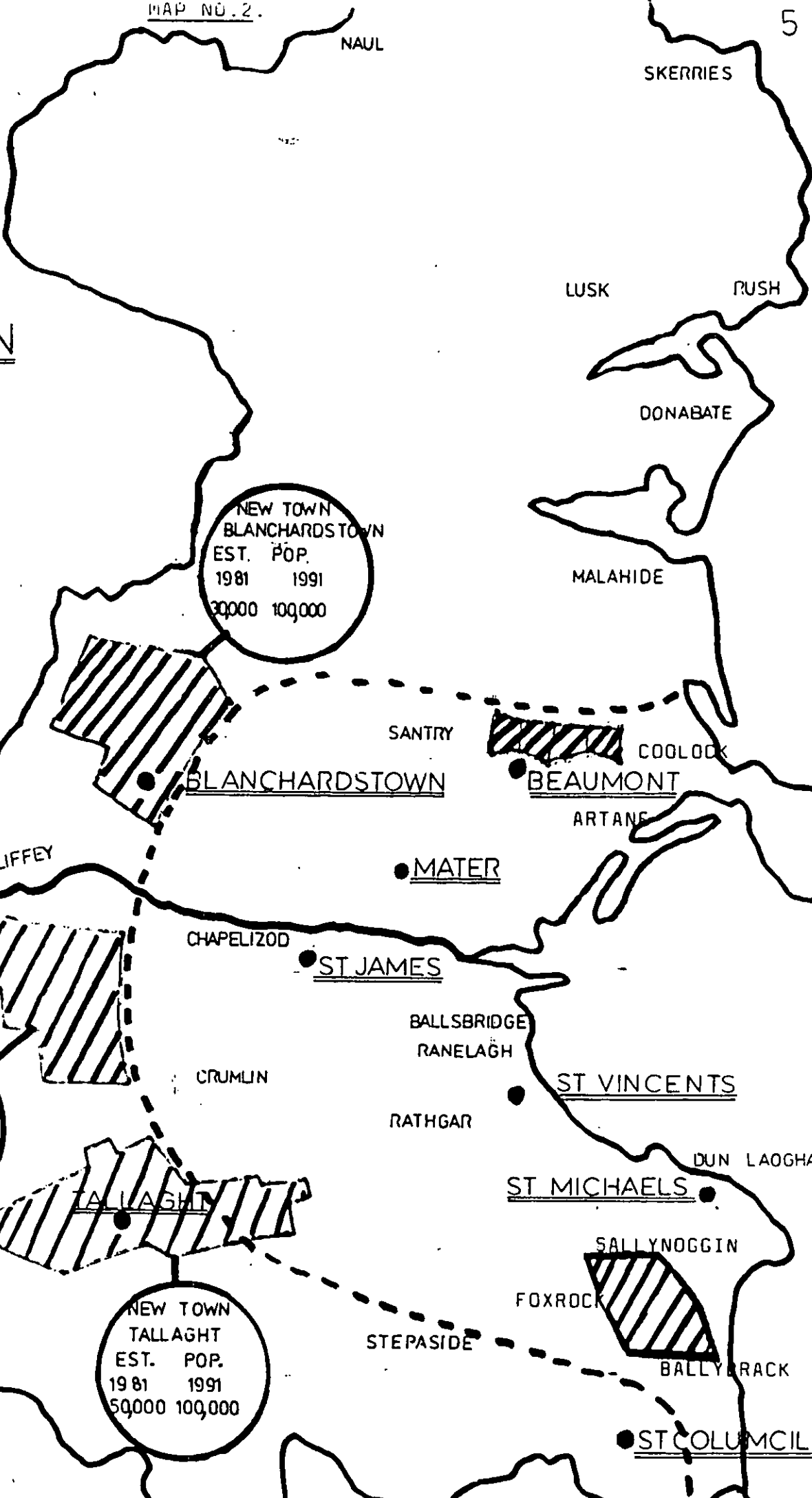
facilities. In relation to highly specialised services the approach taken was that hospitals must complement each other to ensure a comprehensive range of services. Unnecessary duplication of highly qualified personnel and scarce resources was to be avoided whilst at the same time achieving the highest possible standard of service and the best utilization of resources. The decisions taken by the Minister for Health in 1980 in relation to the development and allocation of specialist services in the major Dublin Hospitals of the future are reflected in the planning for each of these hospitals. Some specialties in each hospital will be provided on a regional rather than on a hospital catchment area basis.

- (iii) The rapid expansion in population resulting from the establishment of major new growth centres on the periphery of the city area. These new centres of population had to be catered for by bringing the hospital services as near as possible to the population to be served.
- (iv) the general hospitals of the future would serve a specific population catchment area and would be one element of an integrated range of health services for that population.

The particular consideration set out in (iii) above is well illustrated by reference to Map No. 2. The hatched areas on the map indicate areas of major population growth.

- 2.4. Members have drawn attention to the fact that the implementation of the Dublin hospital plan will result in fewer hospitals and beds in the inner city area and this undoubtedly will be the case. However, two hospitals, the Mater and St. James's are being developed under the plan and will have responsibility for the provision of services for the inner city areas north and south of the Liffey respectively. The development of these hospitals has been planned on the basis of the projected population of their catchment areas.

DUBLIN



3. FUTURE ORGANISATION OF SERVICES - IMPLICATIONS OF PLAN

- 3.1. Alderman FitzGerald's motion raised questions in relation to two specific services at present provided at Jervis Street Hospital, i.e. accident and emergency service and the drug centre respectively. The provision of both of these services will require to be re-organised following the transfer of Jervis Street hospital to the new hospital at Beaumont.
- 3.2. Taking the drug centre first, the present situation is that the National Drugs Advisory and Treatment Centre at Jervis Street Hospital offers a treatment and advisory service to drug abusers and their families. The unit was opened in 1970 as an out-patient clinic and in 1975 a detoxification unit with a complement of 9 beds was provided.

This unit, which is the central core of a range of services for drug abusers, works closely with Coolemine Therapeutic Community, Ushers Island and the Rutland Centre, for the long-term rehabilitation of drug dependants. It is in poor condition and is due to transfer to Beaumont when the new hospital opens there. However, it will be noted that one of the recent decisions of the Government following a recommendation from its Task Force, is to provide a new purpose-built out-patient facility on the site of the existing unit at Jervis Street. It will also be noted that the Government has decided that an in-patient unit should be provided at St. James's Hospital to deal with the south city. A number of beds will be set aside at Beaumont to cater for the north city and the proposed new out-patient unit at Jervis Street will link with these two bed-units. In addition to providing a walk-in service the Jervis Street unit will provide a range of assessment services.

- 3.3. The casualty departments at the various hospitals deal with a large volume of out-patient attendances nearly half of which consist of return visits by patients. The convenience of such out-patients is of course best served if the hospital is reasonably proximate to where they live or work.

The more serious accident and emergency cases, which generally arrive by ambulance as a result of calls initiated through the '999' emergency telephone system, account for approximately 10% of the overall workload of casualty departments. However it is this particular segment of the workload which requires the immediate availability of skilled personnel and back-up facilities and beds for the treatment of patients. This

workload is shared between a number of Dublin Hospitals on an agreed rota basis for the north city and south city respectively. Our Board assumed responsibility for the organisation and co-ordination of this scheme in 1982. Representatives of all participating hospitals, both management, medical and nursing, together with representatives from the ambulance service, meet regularly under the chairmanship of the General Hospitals Programme Manager to review the operation of the scheme.

The present position in relation to the north city hospitals can be seen by reference to Map No. 3 and the sample roster attached. One of the four existing north city hospitals covers each 24-hour period and is responsible for the reception and admission of emergency ambulance cases. It will be noted that at present James Connolly Memorial Hospital, Blanchardstown has, in its turn, sole responsibility for handling accident and emergency ambulance cases in the whole of the north city area when 'on-call'.

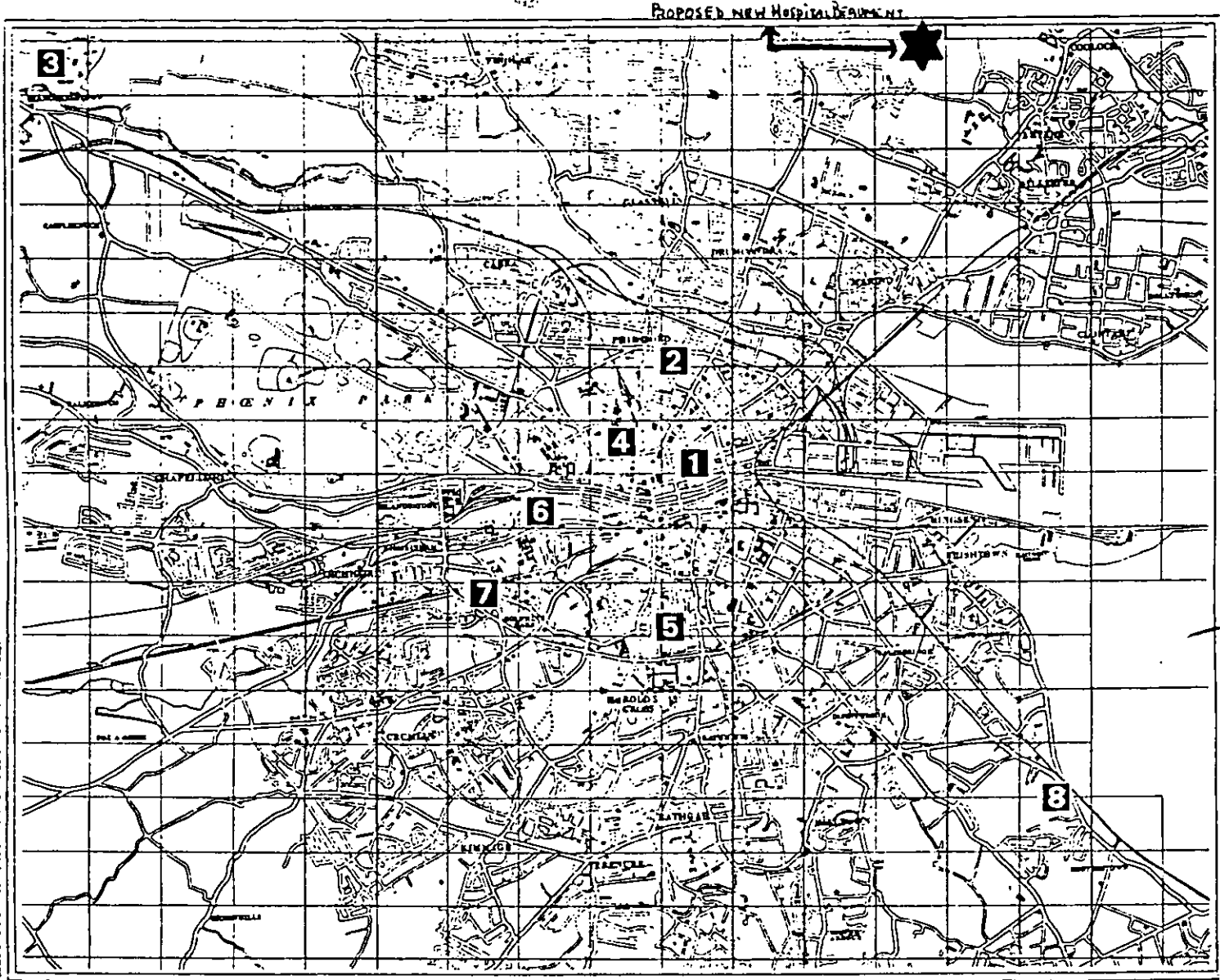
A special cardiac ambulance service, operated by our Board, is tied in with the accident and emergency rota scheme but with appropriate flexibility in relation to hospital referral.

When the new hospital at Beaumont comes into operation the number of hospitals participating in the north city accident and emergency rota will be reduced to three. An appropriate revision in the on-call roster will be necessary and will have to take account of various factors, particularly bed availability. Both the Mater and James Connolly Memorial hospitals will need to be appropriately geared for the new situation and this has yet to be planned in detail with the hospitals concerned and with the Department of Health. One of the considerations which will need to be included in this planning review is the question of having all three hospitals, particularly the Mater, geared to handle accident and emergency admissions continuously on weekdays, especially during hours of peak daytime activity.

Questions were raised by members regarding the time-table of developments at the Mater Hospital. The present position as indicated by the Department of Health, is that the first stage of Phase 1 of the development is well advanced. This involves construction work for the provision of 360 beds which are due to be completed and ready for commissioning early in 1986. The second stage of Phase 1 of the development comprises the provision of new accident and emergency and out-patients departments and also diagnostic facilities. Detailed planning for this is ongoing and completion of construction is expected in 1989.

Accident and Emergency Scheme

DUBLIN HOSPITALS



NORTH CITY

- 1** JERVIS STREET HOSPITAL
- 2** MATER HOSPITAL
- 3** JAMES CONNOLLY MEMORIAL HOSPITAL
- 4** ST. LAURENCE'S HOSPITAL

ON-CALL ROSTER 1984

SOUTH CITY

- 5** MEATH HOSPITAL
- 6** DR. STEEVENS' HOSPITAL
- 7** ST. JAMES'S HOSPITAL
- 8** ST. VINCENT'S HOSPITAL

| DATE | TIME | JERVIS STREET | HATER | JAMES CONNOLLY MEM. | SAINT LAURENCES | DAY | TIME | MEATH | DOCTOR STEEVENS | SAINT JAMES'S | SAINT VINCENTS |
|-------|---------|---------------|-------|---------------------|-----------------|------------|---------|-------|-----------------|---------------|----------------|
| 1/2 | 9am/9am | ON | | | | Sun/Mon | 9am/9am | ON | | | |
| 2/3 | 9am/9am | | | | ON | Mon/Tues | 6pm/9am | | | ON | OR |
| 3/4 | 9am/9am | | ON | | | Tues/Weds | 6pm/9am | ON | | | |
| 4/5 | 9am/9am | | | ON | | Weds/Thurs | 6pm/9am | | ON | | ON |
| 5/6 | 9am/9am | | ON | | | Thurs/Fri | 6pm/9am | | | ON | ON |
| 6/7 | 9am/9am | | ON | | | Fri/Sat | 6pm/9am | | ON | | ON |
| 7/8 | 9am/9am | | | ON | | Sat/Sun | 9am/9am | | ON | | |
| 8/9 | 9am/9am | | | | ON | Sun/Mon | 9am/9am | | | ON | ON |
| 9/10 | 9am/9am | | | ON | | Mon/Tues | 6pm/9am | | ON | | ON |
| 10/11 | 9am/9am | | ON | | | Tues/Weds | 6pm/9am | | ON | | ON |
| 11/12 | 9am/9am | | | ON | | Weds/Thurs | 6pm/9am | | | ON | ON |
| 12/13 | 9am/9am | | ON | | | Thurs/Fri | 6pm/9am | | ON | | ON |
| 13/14 | 9am/9am | | | ON | | Fri/Sat | 6pm/9am | | | ON | ON |
| 14/15 | 9am/9am | | | ON | | Sat/Sun | 9am/9am | | | ON | ON |
| 15/16 | 9am/9am | | | | ON | Sun/Mon | 9am/9am | | | ON | ON |
| 16/17 | 9am/9am | | ON | | | Mon/Tues | 6pm/9am | | | ON | |
| 17/18 | 9am/9am | | | | ON | Tues/Weds | 6pm/9am | | | ON | |
| 18/19 | 9am/9am | | ON | | | Weds/Thurs | 6pm/9am | | ON | | ON |
| 19/20 | 9am/9am | | | | ON | Thurs/Fri | 6pm/9am | | | ON | |
| 20/21 | 9am/9am | | | ON | | Fri/Sat | 6pm/9am | | | ON | ON |
| 21/22 | 9am/9am | | ON | | | Sat/Sun | 9am/9am | | | ON | ON |
| 22/23 | 9am/9am | | | | ON | Sun/Mon | 9am/9am | | | ON | ON |
| 23/24 | 9am/9am | | | ON | | Mon/Tues | 6pm/9am | | | ON | ON |
| 24/25 | 9am/9am | | | | ON | Tues/Weds | 6pm/9am | | | ON | ON |
| 25/26 | 9am/9am | | | | ON | Weds/Thurs | 6pm/9am | | | ON | ON |
| 26/27 | 9am/9am | | | ON | | Thurs/Fri | 6pm/9am | | | ON | ON |
| 27/28 | 9am/9am | | | ON | | Fri/Sat | 6pm/9am | | | ON | ON |
| 28/29 | 9am/9am | | ON | | | Sat/Sun | 9am/9am | | | ON | ON |
| 29/30 | 9am/9am | | | | ON | Sun/Mon | 9am/9am | | | ON | ON |
| 30/31 | 9am/9am | | | | ON | Mon/Tues | 6pm/9am | | | ON | ON |
| 31/1 | 9am/9am | | | | | Tues/Weds | 6pm/9am | | | ON | ON |

DUBLIN NORTH CITY HOSPITALS ACCIDENT AND EMERGENCY SCHEME.
 MONTH: JANUARY. YEAR: 1984.
 DUBLIN SOUTH CITY HOSPITALS ACCIDENT AND EMERGENCY SCHEME TO OPERATE BETWEEN 6.00pm HONDAY TO FRIDAY & FROM 6.00pm FRIDAY TO 9.00pm HONDAY.

DUBLIN HOSPITALS ON CALL ROSTER
 JANUARY 1984.

- 3.4. The plan for the development of general hospital services in the Dublin areas involves a major departure from tradition for many people, hospital staffs, general practitioners, and not least for the public who seek services as hospital out-patients or in-patients. A number of our oldest and most respected hospitals will be affected but the traditional high standards of service built up over the years, will, no doubt, be carried on in their new environments.

Adjustments will be required in patterns of behaviour which have existed for generations. The successful implementation of the catchment area concept with each hospital responsible for serving a particular segment of the population will require much effort and a co-ordinated approach. Apart from problems of co-ordination as between one hospital and another, each hospital within its own catchment area should operate as one component of a comprehensive and integrated range of health care service for that particular population. This will call for the development of the utmost cohesion between the general hospital services and other services which are provided mainly by our Board, i.e. community care, special hospitals, long stay and chronic care services. The development of appropriate relationships with the general hospitals at Board and management levels, and between professional staffs, will be necessary.

The planning and delivery of such services requires a balanced approach taking account of priority needs within and between the different services.

The general hospitals plan for Dublin will take a number of years to come to fruition. The planning environment can change over time. Planning should be a dynamic rather than a static process, requiring continuous up-date and review. It requires to contain within it a mechanism for ensuring that the various forces and components in the system operate in a consistent and cohesive manner to bring about successful implementation of the plan.

Our Board's formal involvement in the formulation of the plan, and in its on-going review, has, at best, been sporadic. This is in contrast to our involvement in the planning and delivery of the other services, the development of which should not be planned in isolation from the general hospital services.

Our Board's decision at its last meeting to request a joint review of the general hospital plan has been conveyed to the Department of Health. Perhaps such a review should be concerned with the types of issues outlined above.

DUBLIN CITY HOSPITALSPOSITION BEFORE IMPLEMENTATION OF PLAN

| | <u>HOSPITAL</u> | <u>BEDS</u> |
|---------------------|-------------------------|-------------|
| <u>NORTH DUBLIN</u> | Mater | 456 |
| | Jervis Street | 334 |
| | St. Laurence's | 386 |
| | James Connolly Memorial | 436 |
| <u>SOUTH DUBLIN</u> | St. James's | 909 |
| | Meath | 267 |
| | Adelaide | 182 |
| | Dr. Steevens | 208 |
| | Baggot Street | 193 |
| | Sir Patrick Dun's | 172 |
| | Mercers | 124 |
| | St. Vincent's | 500 |

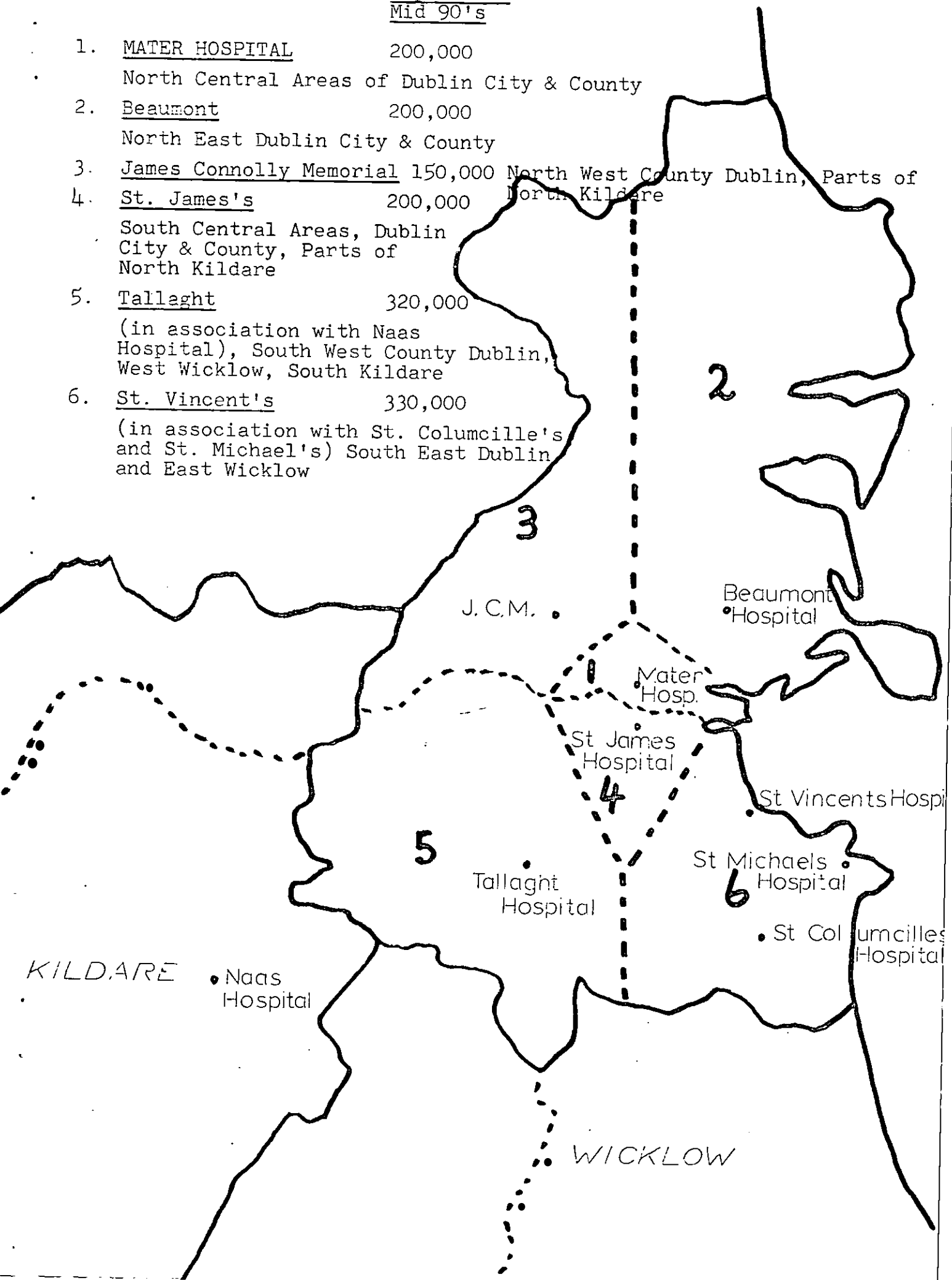
POSITION AFTER FULL IMPLEMENTATION OF PLAN *

| | <u>HOSPITAL</u> | <u>BEDS</u> |
|---------------------|-------------------------|-------------|
| <u>NORTH DUBLIN</u> | Mater | 775 |
| | Beaumont. | 730 |
| | James Connolly Memorial | 498 |
| <u>SOUTH DUBLIN</u> | St. James's | 800 |
| | Tallaght | 765 |
| | St. Vincent's | 700 |

* Some of these figures may still be subject to minor adjustment.

Population
Mid 90's

1. MATER HOSPITAL 200,000
North Central Areas of Dublin City & County
2. Beaumont 200,000
North East Dublin City & County
3. James Connolly Memorial 150,000 North West County Dublin, Parts of North Kildare
4. St. James's 200,000
South Central Areas, Dublin City & County, Parts of North Kildare
5. Tallaght 320,000
(in association with Naas Hospital), South West County Dublin, West Wicklow, South Kildare
6. St. Vincent's 330,000
(in association with St. Columcille's and St. Michael's) South East Dublin and East Wicklow



DUBLIN

PROPOSED SIX MAJOR HOSPITALS

