Minutes of the Eastern Health Board held on 4th August 1983 (183kb)

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting
of the Eastern Health Board held in
the Boardroom, St Brendan's Hospital on
Thursday 4 August 1983 at 6.00 pm.

PRESENT

Mrs B Bonar
Cllr D Browne
Dr J Buttimer
Cllr M Carroll
Mrs D Clune
Cllr E Doyle
Prof J S Doyle
Dr R J Draper
Mr P Finegan
Ald A FitzGerald
Cllr Mrs E Fitzgerald
Cllr A Groome
CllrT Hand
Dr R Hawkins
Cllr P Hickey
Cllr F Hynes
Dr D I Keane
Dr B Powell
Cllr E Stagg
Cllr J Sweeney
Cllr G Timmins TD

APOLOGIES:

Dr M Butler
Mr J Gahan
Cllr Mrs A Glenn TD
Cllr W C Willoughby

IN THE CHAIR
Cllr J Sweeney

OFFICERS IN A TTENDANCE

Mr P BSegrave, Chief Executive Officer
Mr F J Donohue, Programme Manager, Community Care
Mr K J Hickey, Programme Manager, General Hospital Care
Mr F J McCullough, Acting Programme Manager, Special Hospital Care
Mr J F Reynolds, Finance Officer
Mr G Brennan, Technical Services Officer
Mr R Keane, Acting Personnel Officer
Prof B O'Donnell, Dublin Medical Officer of Health

77/83 CONDOLENCE

The Chairman informed the members of the recent death of Dr Edward K Quigley, former Assistant Medical Officer. The members stood in silence as a mark of respect to the deceased.

78/83

CHAIRMAN'S BUSINESS

The Chairman, on his own behalf, and on behalf of the members, congratulated Cllr F Hynes on his election as Vice-Chairman of the General Council of County Councils.

79/83

CONFIRMATION OF MINUTES OF ANNUAL MEETING
HELD ON 7 JULY 1983

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

80/83

CONFIRMATION OF MINUTES OF MONTHLY
MEETING HELD ON 7 JULY 1983

The minutes, having been circulated, were confirmed on a proposal by Cllr Browne, seconded by Cllr Doyle.

(a) Matters arising from the Minutes
In response to an enquiry from Cllr Carroll regarding the provision of out-patient clinics in Tallaght, Mr Hickey, Programme Manager, General Hospital Care, informed the members that following an extensive survey of the Tallaght area, a central site had been selected on which it was proposed to erect a system-type building. Discussions regarding the acquisition of the site are taking place with Dublin Corporation.

(b) Dr Buttimer referred to letter dated 16 June 1983, from the Department of Health regarding the Board's resolution in relation to antibiotic residue in milk in the Eastern Health Board area, and enquired if a report on this matter could be circulated to the members.

81/83

CHIEF EXECUTIVE OFFICER'S REPORT

Tha Chief Executive Officer read the following report which was notad by the Board:

(i) 'I am pleased to inform members that Dr Seamus O'Hici, who held the office of Principal Dental Surgeon since 1 October 1968, has been appointed Chief Dental Officer in the Department of Health.'

(ii) 'I have circulated to the members a memorandum issued by the Irish Public Bodies Mutual Insurances Ltd., on group personal accident schemes for members of local authorities.

A number of members of local authorities and health boards throughout the country have insured themselves under one or other of these schemes. The normal practice is that the local authority or health board pays the total premiums of the members insuring and recoups the premiums from the travelling expenses payable to these members. Members who wish to insure under either schemes should complete the application form attached to the memorandum and send it to the Finance Officer not later than 1 September 1983.'

82783

PROCEEDINGS OF VISITING COMMITTEES

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

(i) No. 3 Visiting Committee meeting held in St John's Day Centre, Clontarf, on 27 June 1983.
On a proposal by Cllr Hickey, seconded by Mrs Clune, the report was noted.

(ii) Community Care Visiting Committee meeting held in Area 8 (Cromcastle Road, Coolock) on 6 July 1983.
On a proposal by Cllr Browne, seconded by Cllr Mrs Fitzgerald, the report was noted.
In response to an enquiry from Dr Hawkins regarding the Board's policy on the provision of community physiotherapy services, Mr Donohue undertook to review this matter and prepare a report.

83/83

GENERAL MEDICAL SERVICES (PAYMENTS) BOARD
REPORT 1982

The following report no. 11/1983 from the Deputy Chief Executive Officer, was submitted:

The report of the General Medical Services (Payments) Board for 1982 has been circulated to the Board. The report shows that a total of £81,215,780 was paid to doctors and pharmacists for the year ended 31 December 1982 compared with a total of £71,103,201 paid the previous year, representing an increase of 14.2%.

Gross Expendtture (Doctors fees and medicines)

	1980	1981	1982	% Increase on
	£	£	£	1981
E.H.B.	13.817,303	17.435,097	20,270,268	16.2%
National	56,616,485	71,103,201	81,215,780*	14.2%

Fees paid to doctors

	1980	1981	1982	% Increase on
	£	£	£	1981
E.H.B.	4,072,791	4,754,552	5,551,297	16.8%
National	18,005,725	20,919.078	23.714.332	13.4%

See over...

Ingredient cost of medicines (Including VAT)

	1980	1981	1982	Increase on
	£	£	£	1981
E.H.B.	7.154.625	9.578,664	11,294.019	17.9%
National	26.118.985	35,034.800	40,770.348	16.4%

Dispensing fees paid to pharmacists

	1980	1981	1982	Increase on
	£	£	£	1981
E.H.B.	2,514.070	3,012.378	3,335.643	10.7%
National	8.640.013	10,343.295	11.404.508	10.3%

Stock orders (ingredient cost of dispensing fee & VAT)

	1980	1981	1982	% Increase on
	£	£	£	1981
E.H.B.	75.780	89.503	89.309	---
National	3.775.620	4.713.953	5.214.613	10.6%

* 'A sum of £111,979 for needles and syringes is included'.

MEDICINES

A significant change in 1982 was the exclusion, from 1 October, of most 'over-the-counter' items from the list of items paid for by the Board. While the rates of consultation and of items prescribed were higher over the first nine months of the year than for the corresponding period of 1981 they were lower in the last three months, resulting in overall lower figures for 1982 compared with 1981.

PARTICIPATING DOCTORS

Table 1 page 11 shows that at the 31 December 1982 there were 471 doctors (including 46 former District Medical Officers) participating in the Scheme in Dublin, Wicklow and Kildare representing 33% of the total number of doctors participating in the Scheme.

PARTICIPATING PHARMACISTS

Table 2 page 12 shows that at the 31 December 1982 there were 386 pharmacists in the Board's area - just over 34% of the total pharmacists participating in the Scheme.

OVERALL PAYMENTS PER ELIGIBLE PATIENT

Table 3 page 12 shows that for the year ended December 1982 the overall payment per eligible patient in the Eastern Health Board area was £70.57 - a breakdown of which shows that medicines accounted for £51.08 and consultations accounted for £19.49. The comparative national figure was £64.69 with medicines accounting for £45.54 and consultations accounting for £19.15.

PERSONS COVERED BY MEDICAL CARDS

The number covered by medical cards in each of the Health Board areas is shown in table 5 page 14. The figure for the Eastern Health Board as at the 31 December 1982 was 300,510 (25% of the total population) as against 271,276 (23% of the total population) as at 31 December 1981.

NUMBER OF CONSULTATIONS BY DOCTORS PAID BY FEE Table 8 page 17 lists the number of consultations by doctors paid by fee in each health board area, ft will be noted that for the year ended 31 December 1982 the number of consultations by doctors in this Board's area was

1,824,960 of which 1,429,550 were surgery consultations and 394,410 were domiciliary visits. The number of consultations in the Eastern Health Board area represents 24.5% of the total (7,439,832) for the country.

VISITING RATES

In table 10 page 19 it will be noted that the average visiting rate of doctors (paid by fee) in the Board's area for year ended 31 December 1982 was 6.41 as against 6.54 for the previous year. The national average visiting rate for 1982 was 6.01. The surgery and domiciliary visiting rates in the Eastern Health Board area together with the Southern Health Board were the highest in the country and were 6% above the national average.

Tables 11 (1) -11 (8) inclusive allow of a comparison of visiting rates of doctors as follows:

Health Boards	Visiting rate of doctors			
	Up to 5.9	6.0- 7.9	8.0 - 9.9	10 and over
Eastern	169	174	57	17
Midland	39	37	3	2
Mid-Western	58	47	3	-
North Eastern	55	46	8	3
North Western	54	33	6	2
South Eastern	95	51	11	1
Southern	79	94	21	5
Western	97	54	5	1

FREQUENCY OF PATIENT CONSULTATION

In table 12 page 26 it will be noted that 233,746 patients in the Eastern Health Board area were seen in 1982. This represents 82% of the persons included on medical cards and of this 82%, 24% received 12 or more consultations.

NUMBER OF PRESCRIPTIONS DISPENSED BY PHARMACISTS In table 14 page 28 it will be noted that while the number of prescription forms dispensed increased in the Eastern Health Board area by 44,707 to 1,586,686 and nationally by 80,648 to 5,825,742 the number of items dispensed decreased by 17.625 to 3,573,004 and by 100,684 to 12,167.270 respectively. The % decrease in the Eastern Health Board was 0.5%.

In the first nine months of 1982 there was an increase in the number of items dispensed compared with the number for the same period in 1981 but in the last three months of 1982 i.e. following the exclusion of most 'over-the-counter' items from the GMS list of prescribable items the number of items dispensed decreased compared with the number dispensed in the same period in 1981.

COST OF PRESCRIPTIONS DIVIDED AS BETWEEN INGREDIENT COST, DISPENSING FEE AND VALUE ADDED TAX

Table 16 page 30 shows a breakdown of the cost of prescriptions and it will be noted that the Eastern Health Board total of £14,629,662 represents 28% of the overall total which was £52,174,856.

ANALYSIS OF PAYMENTS TO PHARMACISTS IN RESPECT OF PRESCRIPTIONS

From table 17 page 31 it will be noted that for the Eastern Health Board area the average cost per prescription item in 1982 was £4.09 as against £4.29 per prescription item for the country.

Consultation fees paid to doctors in Eastern Health Board area In the period from January 1982 to December 1982 inclusive:

Number of doctors	*Income Range*	
	From £	*To* £
93	0	4,000
84	4,001	8,000
84	8,001	12,000
49	12,001	16,000
56	16,001	20,000
34	20,001	24,000
15	24,001	26.000
10	26,001	28,000
11	28,001	30,000
7	30,001	32,000
2	32,001	34,000
4	34.001	36,000
1	36,001	38,000
2	38,001	40,000
1	48,001	50,000
2	52,001	54,000

Income ranges of pharmacists based on dispensing fees paid in the period from 1st January 1982 to 31 December 1982

Number of pharmacists	*Income Range*	
	From £	*To* £
120	0	4,000
131	4,001	8,000
65	8,001	12.000
34	12,001	16.000
23	16,001	20.000
11	20,001	24,000
3	24,001	26,000
1	26,001	28,000
2	28.001	30,000
5	30,001	32,000
2	32,001	34,000
1	36,001	38,000
2	38,001	40,000
1	42,001	44,000
1	76,001	78,000

MOST COMMONLY PRESCRIBED DRUGS
Table 23 page 39 sets out the thirty most commonly prescribed drugs in the order of their prescribing frequency in 1982.

DRUGS OF HIGHEST COST TO THE SCHEME IN 1982
BY REFERENCE TO TOTAL INGREDIENT COST are listed in table 24 page 40.

DISTRIBUTION OF DRUGS AND MEDICINES ACCORDING TO THERAPEUTIC CLASSIFICATION FOR YEAR ENDED 31 DECEMBER 1982 In table 25 (pages 42 to 46 inclusive) the distribution is shown under the headings of therapeutic class, prescribing frequency, % of Scheme total and ingredient cost.

SUMMARY OF STATISTICAL INFORMATION
Table 26 page 47 is a summary of statistical information on the GMS in the eight health board areas for each of the five years ended 31 December 1982.

SCALE OF FEES PAYABLE TO PARTICIPATING
MEDICAL PRACTITIONERS
Table 27 page 48 shows the current range of fees payable to doctors and phannacists.

STATISTICAL INFORMATION RELATING TO THE
10 YEARS OF THE GMS SCHEME 1973 TO 1982 is illustrated on pages 50 to 53 inclusive.

From these illustrations it will be noted that compared with 1973 the 1982 figures show the following percentage increases:

(1)	number of eligible persons:	27%
(2)	number of doctor visits:	64%
(3)	number of prescription items:	65%

Also during the same period the average visiting rate increased from 5.27 to 6.01 and the number of prescription items per panel patient increased from 9.20 to 11.31.

In relation to the above figures it should be noted that based on current costs (i) an increase of 0.1 in the visiting rate per panel patient adds £1.4 million to the annual cost of fees and medicines;
(ii) an increase of 1 in the number of prescription items per panel patient adds £4.6 million to the annual cost of medicines.

ADMINISTRATION
For the year 1982 the cost of administration in the Payments Board was £1,127,629 (1.37 of total administration) of which approximately £281,907 was apportioned to the Eastern Hearth Board. The cost of administration of the service in the offices of the Eastern Health Board was £270,000. The total cost of administration for the service in the Board's area for 1982 was therefore £551,907.

OTHER RELEVANT INFORMATION
The circumstances relating to remuneration claims in the case of six doctors in the Eastern Health Board area were awaiting consideration by an investigating group at the end of the year.

An appeal by one doctor from the Board's area against the findings of an investigating group was awaiting hearing at the end of the year.

At the end of 1981 the supply by some pharmacists, at patients' requests, of non-prescribable items in substitution for certain prescribed items principally.

the substitution for incontinence sheets, was being investigated. Following completion of investigation in a number of these cases, the Gardai were advised of the situation. Garda investigation was still continuing at the end of 1982.

In March 1982 a District Court Order gave possession to the GMS (Payments) Board of items with an ingredient value i.e. exclusive of doctors' and pharmacists' fees of approximately £1,500 which had been offered for sale in street trading after being obtained through GMS prescription.'

In tha course of a discussion to which Cltrs Hynas and Stagg, Prof Doyta, Mrs Bonar, Dr Hawkins, Dr Butthnar, and CBr Mrs Fitzgerald
contributed, and to which Mr Donohuc, Programme Manager, Community Care Service, and Chief Executive Officer, replied, tha
following points ware made by members?

the Board should be facilitated in making its views known on the list of items prescribable under the General Medical Services Scheme.

If the savings which have been so far achieved by the withdrawal of the 900 items from the GMS list are to be maintained, it may be necessary to arrange a joint education programme for doctors and pharmacists on the subject of drug prescribing and dispensing.

A co-ordinated health education campaign should be mounted by the Health Boards and Health Education Bureau on drug-taking and prescribing, ft should be mounted nationally on television and radio and, at the same time, should be re-inforced at local level by involving general practitioners, health education co-ordinators and other health professionals.

Prescriptions written for medical card holders while in hospital have to be re-written by their general practitioners.

Every opportunity should be taken to encourage the prescribing of generic drugs.

On the suggestion of the Chairman it was agreed that the members' observations should bo conveyed to the Department of Health.

84/83

JOINT COMMITTEE ON CHILDREN SLEEPING ROUGH

It was agreed that the correspondence which had been circulated should be considered at a meeting of the Community Care visiting Committee to be held during the month of September in Wicklow, prior to which Mr Donohue, Programme Manager, Community Care Service, would circulate to the members a summary of the principal recommendations contained in the report of the Review Body on Travelling People.

86/83

ORGANISATION OF GENERAL HOSPITAL SERVICES IN SOUTH-EAST DUBLIN AND EAST WICKLOW

The following report no. 12/1983 from the Chief Executive Officer was submitted:

'I have circulated to our members a copy of a letter from the Department of Health dated 11 July 1983 which states that the Minister has been considering further the recommendations of the Working Group established in August 1980 and which reported in May 1981 on the organisation of general hospital services in south east Dublin and east County Wicklow.

Following this consideration "he is not prepared to approve of the establishment of a statutory body to administer St Columcille's Hospital" as recommended in the Working Party report. The letter states further that our Board, in light of its statutory responsibilities, should "continue to have a direct administrative role in the delivery of general hospital services."

The Department's letter was considered at a meeting of the No. 1 Visiting Committee held in St Columcille's Hospital, Loughlinstown on Thursday 28 July and, at the request of the Chairman of the Visiting Committee, I am enclosing the Committee's recommendations in the matter for consideration by the Board.

Members will be aware that the future role of the hospital has been under consideration for a very long time. It is essential, in the interests of patients for whom we provide services there, that the uncertainty surrounding the hospital be finally ended. If the Board accepts the Minister's decision that the hospital will continue as one of three general hospitals in the area it is essential that steps be taken as a matter of urgency to make permanent consultant appointments, particularly in key disciplines. This will involve additional funding by the Department of Health for consultant staff and adequate facilities, particularly theatre, pathology, radiology and out-patient facilities, applications to and approvals by Comhairle na nOspideal for the posts concerned and recommendation of candidates for appointment in due course by the Local Appointments Commission.

An essential ingredient to a high level of patient care in any hospital is the morale of its staff. In my judgement it is essential that the staff morale in St Columcille's Hospital, which could be affected by any further delay in determining the future of the hospital should not be put at risk. This can only be achieved by the early regularisation of the consultant staffing in the hospital and the provision of essential facilities.

Secondly, if we are to proceed in the context of the Minister's decision, it is essential that we continue discussions with St Vincent's and St Michael's Hospitals against the background of the Working Party report, the agreements reached in report no. 35/1982 and adopted by our Board and the Minister's letter on the role of such a co-ordinating body.

These discussions, however, should not preclude the early regularisation of initial and key consultant appointments.'

No.1 Visiting Committee meeting held at St Columcille's Hospital, Loughlinstown, on Thursday 28 July 1983 at 3.00 pm

The No.1 Visiting Committee at a meeting in St Columcille's Hospital, Loughlinstown on 28 July 1983, considered the letter of 11 July from the

Department of Health and made the following recommendations to the Board:

"That the Eastern Health Board -

(i) notes and accepts the letter from the Minister for Health dated 11 July 1983;

(ii) urges the Minister to give immediate clearance to the funding required for the necessary permanent staffing and improvements in facilities so urgently required to put the services at St Columcille's Hospital on a sound footing;

(iii) re-affirms its desire to work in close co-operation with the other interests involved in the co-ordination and provision of the highest possible level of general hospital services for south east Dublin and east Wicklow."

Department of Health Custom House, Dublin 1
Mr B Segrave Chief Executive Officer 11 July 1983
Eastern Health Board 1 James's
Street, Dublin 8

Dear Mr Segrave

I am directed by the Minister for Health to say that he has been considering further the recommendations of the working group on the organisation of general hospital services in south-east Dublin and east County Wicklow. In particular, he has been considering the recommendation that the Eastern Health Board should relinquish the administration of St Columcille's Hospital, Loughlinstown, and a new board should be established to administer the hospital.

While the Minister fully accepts the urgent need to co-ordinate the general hospital services provided by the hospitals in the area and the need to provide the consultant staffing and facilities required at St Columcille's Hospital, he cannot accept that the establishment of another statutory body is a prerequisite to the implementation of the various proposals for the area.

The Minister believes that it is important that the Eastern Health Board, as the body with the statutory responsibility for the provision of health services in its area, should continue to have a direct administrative role in the delivery of general hospital services. The Minister appreciates that the membership of the proposed body to administer St Columcille's Hospital would have a majority of members nominated by the health board; nevertheless, he feels that this is not the manner in which the health board should undertake its statutory function in relation to the delivery of hospital services.

The Minister has also asked me to point out that in his consideration of the matter, he had to have regard to the existing unfavourable economic climate for the financing of the health services and in these circumstances, even if he were disposed to the concept of the establishment of a statutory board to administer St Columcille's Hospital, he would find it difficult to justify the likely additional administrative costs arising.

Therefore, the Minister has asked me to inform you that he is not prepared to approve of the establishment of a statutory body to administer St Columcille's Hospital. However, he feels that it would be possible to agree to the setting up

of a body, representative of all the interests involved, which would be responsible for the co-ordination of the services provided by the three general hospitals in the area while leaving the direct administration of St Columcille's Hospital with the Eastern Health Board.

The Minister would like to have your board's views on these proposals. If necessary a meeting with you to discuss the matter can be arranged.

Yours sincerely

P W Flanagan Assistant
Secretary'

In the course of a discussion to which Cllrs Carroll, Hickey, Hynes, Stagg, Browne, Hand, Ald Fitzgerald, Mr Finegan, Dr Powell and Dr Hawkins contributed, and to which the Chief Executive Officer replied, the members welcomed the final decision of the Minister regarding the future management of St Columcille's Hospital and his acceptance of the need to provide the consultant staffing and required facilities at the Hospital.

On a proposal by Cllr Carroll, seconded by Cllr Hickey, it was agreed that

It was also agreed to ask the Minister for Health to receive a deputation consisting of the following members to seek immediate clearance to the funding required for the necessary permanent staffing and improvements in facilities so urgently required at St Columcille's
Hospital:

Cllr P Hickey	Cllr M Carroll
Cllr T Hand	Cllr E Doyle
Cllr J Sweeney	Dr R Hawkins
Cllr G Timmins TD	Cllr F Hynes
Prof J S Doyle	

It was also agreed that a statement of the board's requirements should be prepared for discussion with the Minister, setting out the costings relating to the employment of consultants, support staff and other non-pay costs.

86783

PROCEEDINGS OF LOCAL COMMITTEES

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

(i) Dun Laoghaire Local Committee meeting held on 12 July 1983.

On a proposal by Cllr Carroll, seconded by Cllr Mrs Fitzgerald, the report was noted.

(ii) Dublin County Local Committee meeting held on 14 July 1983.

On a proposal by Cllr Hickey, seconded by Cllr Carroll the report was noted.

87/83

NOTICE OF MOTION

In the absence of Ald B Ahem it was agreed to adjourn the motion in his name to the next meeting of the Board.

88/83 CORRESPONDENCE

Letter dated 21 July 1983 from the Department of Health, requesting the results of the proposed review of the Food Allergy Clinic, which had been circulated, was noted.

The meeting concluded at 7.30 pm

Correct: P B Segrave
Chief Executive Officer

Chairman