National Health Council minutes of a meeting held on 28th October 1977

NATIONAL HEALTH COUNCIL

A meeting of the National Health Council took place on Friday, 28 October 1977 in O'Connell Bridge House at 2.15 p.m.

Present at the meeting were:

Mr. J. O'Hanrahan, Chairman
Mr. J. McGuire, Vice-Chairman
Mr. J. C. Barrett
Miss A. Boland
Dr. J. G. Cooney
Dr. H. V. Connolly
Dr. A.E.B. de Courcy-Wheeler
Dr. J. G. Devlin
Dr. P. A. Farrelly
Mr. J. Foster
Mr. T. F. Hassett
Mr. J. M. Hillery
Miss K. Keane
Mr. T. Kennedy
Senator M. D. Lyons
Dr. M. Henry McEntagart
Mr. W. MacEvilly
Mr. J. A. Mehigan
Mr. M. Neary
Mr. E. S. Ó Caoimh
Mr. J. O'Neill
Mr. L. P. Pelly
Mr. L. Shalloe
Dr. J. P. Shanley

Apologies for inability to attend were received from: Dr. P. Donnelly, Dr. D. McGrath, Dr. E.S.M. O'Brien-Moran and Dr. H. Raftery.

MINUTES OF MEETING HELD ON 16 SEPTEMBER 1977

There being no amendments, the minutes of the meeting held on 16 September 1977 were approved and signed.

MATTERS ARISING FROM THE MINUTES

Several members expressed concern at the confusion and the inconvenience which had resulted from the changes in the date of the Council's meeting. They pointed out that it was not possible to select a date convenient for everyone and the date once fixed should be adhered to. It was recalled that the Council had previously decided to fix the dates of several meetings in advance but had since departed from that decision. This question should be considered afresh and also the practice of holding meetings on Fridays should be reviewed as it was an inconvenient day for many members.

The Chairman explained that the meeting had been postponed from the 14 to 21 October because certain members, who had a particular contribution to make to the Council's consideration of the Sub-Committee's Report on the Review of the Health Services, were unable to attend on that date. Unfortunately, the second date also proved to be totally unsuitable for a significant number of other members and it was therefore necessary to rearrange the meeting for 28 October. It was felt that the Sub-Committee's report was sufficiently important that these changes should be made to ensure that there would be a representative discussion on the important matters at issue. Regrettably, it had not suited everyone. Dr. Raftery, who was unable to attend the present meeting, had written protesting at the change and had asked that his protest should be brought to the members' attention.

As to changing the practice of holding Council meetings on Fridays, the Chairman suggested that this might be considered at the close of the meeting together with the suggestion that the date of several meetings might be fixed in advance.

SUB-COMMITTEE ON REVIEW OF HEALTH SERVICES

The Chairman reminded members that the Council had not completed consideration of paragraph 16(6) of the Sub-Committee's Report. At the previous meeting, some of the members had expressed the view that the recruitment of doctors to this scheme should be handed over to the Local Appointments Commission. Others had held a contrary view.

Senator Lyons thought that there was a general concensus that paragraph 16(6), as drafted, adequately expressed the general feeling of members about the need to improve the present recruitment arrangements.

Dr. de Courcy-Wheeler said that choosing a doctor with a view to partnership was a very delicate matter. The qualifications of the doctor were not the only matters to be taken into consideration. The degree of compatibility between the partners or prospective partners was of major importance. It was difficult enough to achieve a lasting relationship even with the present system where the principal doctor was involved in the selection. As a compromise, he would suggest that the Local Appointments Commission should set up a panel of doctors from which the principal of the practice could select a doctor of his choice.

Mr. Hillery felt that there was merit in the suggestion put forward by Dr. de Courcy-Wheeler.

Dr. Connolly pointed out that the present system more or less guarantees the selection of the temporary assistant. He agreed with the views of Mr. MacEvilly who had told members at the last meeting that it would not be a satisfactory arrangement to have appointees selected by the Local Appointments Commission. The present system would be acceptable if the principal of the practice were not a member of the selection board.

The Chairman felt that the panel system might in practice prove too difficult to operate.

Mr. MacEvilly agreed with the Chairman. It would, for instance, have to take account of the area preferences of the applicants. In practice

the majority of applicants will succeed in having their names entered on the panel and, in effect, the principal will still get the assistant of his choice regardless of the merits of the other candidates. With the surplus number of doctors now being qualified, it is difficult enough for them to secure appointments without having to contend with the present selection procedure. As to compatibility, it was a fact that the present system was not very successful in this respect. However, the main point he wished to make was that the present system was resulting in fraudulent competitions. If it continued, doctors would cease to compete for posts. The adoption of an acceptable solution is a matter for consideration by the several interests involved. The Council should confine itself to drawing attention to the situation as proposed in paragraph 16(6).

Mr. Neary supported Mr. MacEvilly's viewpoint. The Council should be wary of involving itself in the details which were the concern of the interests involved.

It was agreed that paragraph 16(6) should remain as drafted.

Paragraph 16(7) - General Medical Services

"The need for GMS doctors to rewrite hospital prescriptions in order to be covered by the scheme should be reviewed".

The Chairman said that there were conflicting views about this matter. It was possible that the patient's GP might not necessarily agree with the medication prescribed by the hospital. The present system also ensured that the GP was kept informed of what was happening to his patient.

Mr. Pelly felt that the inconvenience caused to GMS patients under the present arrangements could be avoided if the hospital doctor were authorised to write prescriptions on GMS Forms.

Dr. McEntagart agreed that the present system could cause considerable inconvenience to the patient and some effort should be made to avoid that situation.

Dr. de Courcy-Wheeler considered the present system had many desirable features. The hospital would not always know the full medical history of the patient and might prescribe unsuitable medication. He was aware of cases where the hospital prescribed drugs to which the patient was allergic. His family doctor would know of this and could correct the situation when rewriting the hospital prescription.

The Chairman suggested that it would meet the situation if the GP were to countersign the hospital prescription.

Mr. Hillery pointed out that this suggestion would still not overcome the inconvenience to the patient.

Mr. MacEvilly understood that patients being discharged from hospital with a prescription were usually given a few days' supply of the medicines in question. In the interval they could arrange to have the hospital prescription rewritten by their own doctor.

Senator Lyons felt that the issue of the hospital's discharge report to the GP should be expedited. The GP would then have early notice of the treatment prescribed for his patient by the hospital and could take corrective action if necessary.

Dr. de Courcy-Wheeler said that most hospitals issue patients with a 3 - 4 days' supply of medication on discharge. The hospital report situation was unsatisfactory. Sometimes they never arrived.

After further discussion, the comment as drafted was agreed.

Paragraph 16(8) - General Medical Services

"The present restrictions on the dispensing of repeat prescriptions should be reviewed".

Mr. Hillery explained that this comment mainly referred to persons on long-term medication. GMS patients in this category required a prescription for each dispensing and must revisit the doctor for this purpose, while private patients and those under the long-term illnesses scheme could get repeat prescriptions covering a period of six months.

Dr. de Courcy-Wheeler pointed out the necessity of monitoring patients on long-term medication for effectiveness of drugs and side effects. Such patients should therefore be seen by their doctor at frequent intervals.

Mr. Hassett considered that the system should give the doctor the option of recalling his patient at such intervals as he thought desirable. The present system did not allow for such discretion.

Dr. McEntagart supported Mr. Hassett's viewpoint.

It was agreed that the comment should be retained as drafted.

Paragraph 17 - Hospital Services

"National specialties should be organised on a regional or central basis, as appropriate, having regard to the demand for them, the nature of the facilities and personnel required and the financial implications".

Paragraph 18 - Hospital Services

"In future, acute general hospitals should have 350 - 400 beds and deal with a full range of specialties. Regional Hospitals should have bed complements of 600 - 750. Separate hospitals dealing with a specific specialty should no longer be provided".

Mr. McGuire objected to the wording of these paragraphs. They gave expression to a narrow professional viewpoint and the convenience of patients was totally ignored. Centralisation was a very neat concept but in practice did not work to the benefit of the patient. In Co. Mayo maternity patients had to go to the County Hospital, Castlebar, where there was gross overcrowding. It was unreasonable to expect people

to travel such long distances or to wait so long for certain treatment. The waiting period for hip operations was as long as 18 months. There was excessive centralisation and this was often accompanied by over-crowded conditions. For the convenience of patients it would be better to develop local units, especially where hospitals were available for this purpose, as in Co. Mayo.

The Chairman said that national specialties, as he understood the term, could only be catered for on a regional or central basis. This was an era of high specialisation. It was of course always possible that this could be overdone.

Dr. Farrelly suggested that the point made by Mr. McGuire could be met by adding the following sentence to paragraph 17:

> "Other specialties should be organised on an area or local basis".

Mr. Foster said that everyone knew that proposals in regard to the provision of health services had financial implications. It was therefore unnecessary for the Council to keep on repeating that financial implications were a limiting factor on the provision of services. Money is not the only deciding criterion. Our health services ~~were inferior to~~ had fallen behind those of other countries and the Council's main concern should be to encourage an improvement in the situation. It was possible that the administration of the services was excessive and more research should be undertaken in that respect.

Mr. Hillery said that consultant staff will work only where facilities are adequate. This will naturally lead to centralisation.

Dr. McEntagart remarked that small local units were fine so long as nothing went wrong.

Mr. MacEvilly pointed out that it was a long-held view of many people that the local maternity hospitals had closed simply because the mothers had refused to use them.

Mr. Mehigan said there was a need for neonatologists but we could only afford to have them at central points. We should not again contemplate setting up cancer, orthopaedic, psychiatric, ENT, maternity and other specialist units in isolation from general hospitals.

Miss Keane felt that each general hospital should have a geriatric assessment unit.

Senator Lyons agreed with this view.

After further discussion it was agreed that paragraphs 17 and 18 should be amended to read as follows:

Paragraph 17

> "..... Other specialties should be organised on an area or local basis".

Paragraph 18

"In future, acute general hospitals should have 350 - 400 beds and deal with a full range of specialties. Regional Hospitals should have bed complements of 600 - 750. Isolated hospitals dealing with a specific specialty should no longer be provided. The provision of assessment clinics should help to bring about a better utilisation of hospital beds".

(Alterations underlined)

Paragraph 19 - Hospital Services

"There is considerable room for improvement in hospital design. It is appreciated that the translation of present needs and possible future requirements into an acceptable design presents considerable difficulty when complicated by financial restraints. Every effort should, however, be made at planning stage to evolve an acceptable hospital design".

Approved as drafted.

Dr. Farrelly expressed some fear that financial restraints might have an unhappy effect on hospitals now being designed. He hoped that the sentiments expressed in the paragraph would be heeded.

Paragraph 20 - Mental Handicap Services

On the proposal of Dr. Cooney it was agreed that:

(1) the provision of additional residential accommodation for adolescents should be treated as a priority and that paragraph 20(1) should be amended accordingly

(2) an additional recommendation should be added as follows:

"(5) beds should be made available for the short-term accommodation of patients so as to relieve families facing a crisis situation or under stress".

Paragraph 20, as amended, was adopted.

Paragraph 21 - Psychiatric Services

On the proposal of Mr. Neary, it was agreed to add the following comment:

"(7) There is need for a revision of the present mental treatment legislation particularly in relation to the admission of patients to hospital".

Dr. de Courcy-Wheeler thought that the present training of psychiatric nurses was excessively orientated towards mental illness. It was desirable that they should also have adequate general medical training as a wide variety of physical illnesses was encountered in psychiatric hospitals.

Mr. Neary said there were different opinions on this issue. Some would take the contrary view that too much emphasis was being placed on physical diseases in the training curriculum.

Miss Keane said there were diverging views on this subject. A proper balance had to be struck. The syllabus for the training of psychiatric nurses was at present being reviewed by An Bord Altranais and views, such as those put forward by Dr. de Courcy-Wheeler, would be given consideration.

Paragraph 21, as amended, was adopted.

Paragraph 22 - ENT and Eye Hospitals

Adopted as drafted.

Paragraph 23 - Paediatrics and Neonatal Services

Mr. Mehigan said there were some well-qualified young doctors who were anxious to specialise in neonatology. This was a very important area which needed well-trained specialist personnel.

Mr. O'Neill felt that, while there may be a possibility of a paediatrician being appointed to a local unit, it was most unlikely that there would be sufficient work to attract a neonatologist.

Dr. Cooney said that a considerable amount of handicap might be prevented by the employment of such consultants. With the increased longevity of handicapped persons this was a major consideration.

It was agreed that recommendation 23(2) should read as follows:

> "(2) No consultant obstetrical unit should be established without adequate provision for paediatric services, including neonatology".

Paragraph 23, as amended, was adopted.

Paragraph 24 - Dental Services

Adopted as drafted.

Paragraph 25 - Ophthalmic Services

On the proposal of Senator Lyons it was agreed that paragraph 25(1) should be amended to read as follows:

> "(1) Continue the existing health board arrangements for examination and assessment at clinics conducted by consultant ophthalmic surgeons. In addition, allow eligible patients to avail themselves of the services of private ophthalmologists or opticians and pay the patients a subsidy towards the costs where they do so.

Dr. Devlin said there was an urgent need for the employment of refractionists. Such appointments would release ophthalmologists

for other essential work and improve the overall situation within the service.

Miss Boland considered it essential that some positive measures be taken to deal with the long waiting lists.

Dr. Connolly and Mr. Pelly felt it was unfair that persons entitled to ophthalmic services under the Social Welfare scheme could attend a refractionist while this facility was not available to medical card holders.

The view that refractionists should be appointed in order to ease the workload on ophthalmologists and improve the waiting list situation was also supported by other members. It was agreed that the comments in paragraph 25 should be expanded accordingly.

Paragraph 25, as amended, was adopted.

Paragraph 26 - Geriatric Services

Dr. Farrelly suggested that paragraph 26 should be accepted as drafted. It was essential that a sufficient number of geriatricians should be appointed throughout the country and he would regard such a step as an implicit consequence of the comments being offered by the Council.

Miss Keane proposed that recommendation 26(4) /Extend the day hospital concept/ should be expanded to include "day centres".

This was agreed.

Dr. Devlin stated that, in some areas, persons suitable for geriatric treatment were being deprived of services on the grounds that they were under 65 years of age. He felt that geriatric services should also be made available to the prematurely aged.

Mr. Mehigan considered that the biological age should be the determining factor rather than the chronological age.

The Chairman agreed with this view. The term geriatric should not be related to a predetermined age but rather to the physical and mental condition of the patient.

Mr. MacEvilly remarked that lay administrators as well as doctors had an inexplicable obsession with the age of 65.

Paragraph 26, as amended, was adopted.

Paragraph 27 - Community Care

Adopted as drafted.

Paragraph 28 - Child Health Services

Adopted as drafted.

Paragraph 29 - General

"Ancillary workers in the fields of medicine and dentistry should be employed on a wider scale where appropriate".

Adopted as drafted.

Dr. de Courcy-Wheeler said that ancillary workers should take their instructions from the patient's doctor.

Mr. O'Neill agreed with this view. As far as Dublin was concerned, it seemed to him that certain conditions are referred from Child Welfare Clinics directly to consultants without any reference to the family doctor. There was not enough liaison with the general practitioner and in consequence there were times when it was not clear who was currently dealing with the case. Continuity of treatment is also affected if clinic doctors rotate and the child is examined by a succession of doctors.

Dr. Connolly said that most GPs appeared unwilling to involve themselves in the Child Health Services.

Mr. Ó Caoimh explained that the Director of Community Care concept was introduced with a view to eliminating the confusion described by Mr. O'Neill.

Dr. de Courcy-Wheeler said that ancillary workers should relate directly to the GP rather than to the Director of Community Care.

Paragraph 30 - Organisation

Adopted as drafted.

Senator Lyons informed members that the Regional Hospital Boards were being continued for a further period.

Paragraph 31 - Full and Limited Eligibility

Mr. Foster said he was opposed to the recommendation that the full and limited eligibility categories should be maintained. The aim should be the provision of services free at the point of service for everyone. The issue should not be confused with the question of funding such services which was a different matter. The trend in the EEC and throughout Europe was towards a free health service for everyone. The Council was acting in a very conservative way. He would not see such a development being achieved overnight but it should be adopted as an objective to be achieved as soon as circumstances permit. Many studies and reports had indicated the desirability of a free-for-all service both as being a fairer system and as a more efficient way of utilising resources. Any savings in the cost of administration could be redirected towards the provision of services for patients. His view was held by a considerable body of people in this country and therefore should be given due consideration by the Council. Some research might be undertaken into the way this aim was being achieved in other EEC countries.

The Chairman felt that the cost of free services would be prohibitive in present circumstances.

Mr. Hillery and Dr. McEntagart said that the case for a free-for-all service would need to be substantiated. They suggested that this matter could be discussed further at the Council's next meeting when Mr. Foster might elaborate on the matter and make available copies of the reports to which he had referred.

Mr. O'Neill said that, while he was willing to be persuaded to Mr. Foster's viewpoint, he felt that some inference must be drawn from the fact that so many people who were eligible for services were insuring with the Voluntary Health Insurance Board for private treatment.

It was agreed to continue the discussion at the next meeting of the Council.

DATE OF NEXT MEETING

The next meeting of the Council was arranged for Thursday, 1 December 1977 at 2.15 p.m.

The meeting then concluded.

D MacSwiney

1st December 1977.