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South Western Area Health Board

South Western Area Health Board extends through:

Dublin South City, South County Dublin, County Kildare and West Wicklow.

The Board provides health and personal social services to a population of over 580,000.





Chair's Statement

On behalf of the South Western Area Health Board, I am pleased to present our Annual Report for 2002. The report outlines our achievements and developments during the year, and the challenges that we encountered. The Board incurred an expenditure of €434.532m this year that funded a range of core services, developments in our services and infrastructure. During the year we continued the work of consolidating what is still a comparatively new organisation and we continued to initiate new mechanisms and structures to support policy development and its implementation. As in any budgetary situation there were many developments which we would have liked to extend, enhance, or implement, but which had to be deferred or otherwise delayed due to an increasingly changed and difficult economic situation.

However, anyone reading this report will be struck by the range and extent of our Board's involvement in the provision of health and personal social services in our area. Much was achieved in the year under review, despite the difficult economic climate. Our Board is determined to use all its collective ingenuity to ensure that we continue to deliver as far as is humanly possible, and within available resources, a similar standard in 2003.

What is also apparent to a reader of the report is that, side by side with the high-tech sophistication of modern medicine and services provision, is an approach of innovative simplicity, which can often make good health more attainable. For example, the section on health promotion highlights some imaginative initiatives such as the PALs project, which trains older people to become Physical Activity Leaders, encouraging others to take up gentle, but regular, exercise which promotes a sense of physical and, therefore, mental and emotional well-being.

In common with other health boards, we have had to face the difficult side of health promotion too - our Board this year enhanced and extended its suicide prevention programmes, heightening awareness of the problem, giving training to teachers and tutors and publishing information leaflets which will hopefully help to prevent tragedies of this sort in the future.

One of our successful programmes is the Community Mothers' Programme, in which local volunteer mothers are recruited, trained and guided by Family Development Nurses to

deliver the programme to parents in their own homes. The Programme focuses on health care, nutritional improvement and overall child development.

In our Board's area, 1,079 parents were supported by 63 Community Mothers and 5 Family Development Nurses. These included lone parents, teenage parents, Traveller parents, asylum seekers and refugees. The programme was further developed and 38 new Community Mothers were recruited and trained.

Performance outcomes for the programme are very satisfying: the immunisation rate for the babies of parents who completed it was 97% and 98% of the parents started reading to their child in the first year.

Many communities in our Board's area contain some of the most marginalised neighbourhoods in the State and these have suffered disproportionately from the adverse consequences of drug misuse.

Our Board is committed to working in partnership with all communities to address both the problems and the causes of drug misuse and despite a more challenging funding environment in 2002, the addiction service has sustained all current services and implemented a number of planned developments. These have resulted in a significant reduction - 54% - in the numbers of those awaiting methadone therapy places.

In the area of public health, our Board has seen a 38% reduction in Meningitis Group C cases, indicating the impact of the meningococcal C vaccine campaign.

Cancer is predicted to overtake heart disease as the biggest killer in Ireland within 10 years (National Cancer Registry, 1999). This will have a huge impact on health care services, for which cancer care must be a priority over the next few years.

Improvements in the delivery of health care are noted in the section on Cancer Strategy implementation, with consequent rises in the workload of those delivering such care by a total of 57% over the past four years in our Board's area. Improvements in delivery include a 40% increase in activity in the Symptomatic Breast Cancer Clinics within our

Board's area. There were 1,017 patients reviewed in 2001 and over 1,746 in 2002. The cancer programme in the Board's area has seen many developments reaching fruition in 2002. There is still an enormous amount of work required to fulfil the long-term objectives of the cancer programme, however, the Board is confident that the progress that has occurred to date will provide secure foundations for the long-term goals of providing excellent cancer care to all in the region.

Primary Care is of course at the vital cutting edge of the delivery of services and in 2002, a total of 222 G.P.s were contracted to provide services, with 107 practices operating formal out-of-hours rotas. Partnerships in Primary Care are now operational in several areas, offering an increasingly wider range of services to clients. The Kildare / West Wicklow Partnership in Primary Care was established in 2002. It aims to improve health by fostering and developing an integrated approach to primary care involving General Practitioners, Hospital Professionals, Health Board Professionals and other service providers. Currently there are 38 practices participating, a management team has been established and includes representatives from the Board, G.P.s in the partnership and a Community Nursing representative.

Within the partnership many services are provided. For example, a courier service was set up in December 2002 to transport laboratory material from G.P.s' surgeries to Naas General Hospital and to St. James's Hospital laboratory. This service is utilised by the majority of the practices. A G.P. Liaison Committee has been established with Naas General Hospital facilitating collaboration between the hospital and G.P.s.

Our Board's Primary Care Dental Staff fulfilled almost 75,000 appointments with children, and almost 7,000 with eligible adults during the year. Contracted general dental practitioners working from their own premises provide Primary Care Dental Services from 65 surgeries in 34 locations throughout the South Western Area Health Board.

In 2000 it was reported that 35% of the total elderly population in the Eastern Region now lives in the South Western area. Predictions for the future elderly population in our area anticipate that in 2006 there will be 51,000 older people, an increase of 6,000 since 1996 with a further increase of 4,000 predicted by 2008, bringing the older population to

55,000. The biggest increase in the future is expected to be in the over 75s age group.

In 2002 a programme of work began to review and evaluate current services for older persons and to expand and consolidate current services. New developments were planned to support the National Health Strategy, identify gaps in services and underpin the Board's Organisational Strategy.

Increased day care facilities were provided for older people in several areas, the implementation of a dementia respite service was begun and a joint initiative between the Board, St James's Hospital and Our Lady's Hospice, Harold's Cross, providing a re-enablement unit with 25 beds was opened on a phased basis in December 2002. The project is community-focused and clients in the community may also be referred to the unit.

Over a million hours of home help was provided to older persons during the year. 573 contract beds and 472 subvented beds in nursing homes were funded and 771 health board in-patient beds were provided.

In the area of social inclusion, the South Western Area Health Board manages the delivery of health and social services to Travellers on a regional basis, on behalf of the three Area Health Boards in the Eastern Region. We aim to raise the health status of the Traveller community to the national target levels for the population in general by providing accessible and culturally appropriate services developed with Traveller participation. The publication of the National Traveller Health Strategy in 2002 was a major development. This contains very specific actions to be completed in the period 2002-2005 and is in line with the policy of social inclusion enunciated in the National Health Strategy - *"Quality and Fairness - A Health System For You"*.

A further development in social inclusion has been that previously the Northern Area Health Board managed services for homeless people on a regional basis. In 2002 the South Western Area Health Board received a dedicated stream of funding from the Eastern Regional Health Authority to develop a range of services in the Board's area. The main aim

in relation to homeless services is to ensure that homeless people can access mainstream health services on as equal a basis as the overall population and where necessary to develop targeted initiatives to respond to the many health needs of this group.

Excellent progress was achieved on the construction of Phase 2 of the Naas General Hospital development during 2002. The main Ward Block and the Theatre / ICU / Radiology Block were completed during the year and the following departments were occupied:

- Coronary Care Unit
- 3 General Wards
- Department of Medicine for the Elderly
- Medical Records
- On-Call Accommodation
- Staff Changing Facilities

The remainder of the present phase of construction, including A&E, OPD, Administration and Pathology will be completed in 2003.

The capital funding for the final phases of the hospital development is in place and the detailed design is being finalised.

Towards the end of 2002 planning applications for the next phase, which includes H.S.S.D., Day Surgery Unit, Physical Medicine and two additional wards, has been lodged with Naas Town Council.

The report also details innovative plans for St. Loman's Hospital, the old Meath Hospital building, and the Drogheda Memorial Hospital on the Curragh.

These are just a few of the developments and activities that are detailed in the report. There is much else besides. The fact that there has been so much activity is due in part to the dedication and efficiency of our Board's staff whose commitment and hard work has ensured the continuation and enhancement of our work. I take this opportunity to thank each and every one of them. I would also like to acknowledge and thank our colleagues in the voluntary sector, with whom we work in partnership and who play such an important role in delivering health services in our area.

I want to thank the Eastern Regional Health Authority, Eastern Health Shared Services and our sister Boards in the Northern Area and East Coast Area for their assistance and co-operation during the year.

I must also convey my gratitude to the Minister for Health and Children, Mr. Micheál Martin, T.D., and the Ministers of State at the Department, Mr. Ivor Callely, T.D., Mr. Brian Lenihan, T.D., and Mr. Tim O'Malley, T.D., the Secretary General of the Department, Mr. Michael Kelly, and the officials of the Department, for their continued support of our Board.

It has been a great personal honour for me to be elected Chair of the Board this year, and I want to thank my colleagues for electing me and for their ongoing support and commitment in 2002.

Cllr. Thérèse Ridge
Chair



Ráiteas an Chathaoirligh

Ar son Bhord Sláinte an Limistéir Thiar Theas, tá áthas orm ár dTuarascáil Bhliantúil 2002 a chur i láthair. Déanann an tuarascáil cur síos imlíneach ar a bhfuil bainte amach agus forbartha againn i rith na bliana, agus na dúshláin a raibh orainn aghaidh a thabhairt orthu. Thabhaigh an Bord caiteachas de €434.532m i mbliana lenar maoiníodh raon de sheirbhísí rithábachtacha, forbairtí inár gcuid seirbhísí agus inár n-infrastruchtúr. I rith na bliana leanamar orainn de bheith ag daingniú eagraíochta atá fós cuíosach nuabhunaithe agus leanamar orainn de bheith ag tionscnamh meicníochtaí agus struchtúr nua chun tacú le forbairt pholasaí agus lena cur i bhfeidhm. Mar a bheadh amhlaidh in aon suíomh buiséid b'iomáí forbairt ba mhaith linn síniú amach, feabhsú nó cur i bhfeidhm, ach arbh éigean iad a chur siar ar shlí éigin eile mar gheall ar shuíomh airgeadais athraithe agus níos deacra.

Dá ainneoin sin, tabharfaidh léitheoirí na tuarascála seo faoi deara go raibh ár mBord bainteach le raon mór seirbhísí sláinte agus seirbhísí pearsanta sóisialta inár limistéar. Baineadh cuid mhór amach sa bhliain atá faoi athbhreithniú, d'ainneoin na tosaí airgeadais a bheith níos deacra. Tá sé de rún daingean ag ár mBord, agus leas á bhaint as intleacht bhaill an Bhoird trí chéile, cinntiú go soláthróimid seirbhísí atá ar comhchaighdeán, sa mhéid gur féidir sin a dhéanamh, agus ag cur san áireamh na hacmhainní a bheidh ar fáil, sa bhliain 2003.

Is léir freisin do léitheoirí na tuarascála go bhfuil cur chuige simplí nuálach ann, chomh maith le hardteicneolaíocht shofaisticiúil an leighis nua-aoisigh agus an tsoláthair seirbhísí, agus is féidir leis an gcur chuige seo an tsláinte a chothú. Cuireann, mar shampla, an rannóg a bhaineann le cur chun cinn sláinte, cuireann sé béim ar roinnt tionscnamh samhlaíoch, leithéidí an tionscadail PALs (Cinnirí Aclaíochta Fisiciúla sa Bhéarla), mar a dhéantar daoine aosta a oiliúint le daoine eile a spreagadh le haclaíocht a dhéanamh nach bhfuil ródhian ach a dhéantar go rialta, aclaíocht a chuireann lenár leas fisiciúil, agus mar sin, lenár leas meabhrach agus mothúchánach.

Dálta Boird Sláinte eile, b'éigean dúinn aghaidh a thabhairt ar an ngné dheacair de chur chun cinn na sláinte freisin-i mbliana d'fheabhsaigh agus chuir ár mBord lena gcuid clár coiscithe féinmharaíthe, ag cur na faidhbe ar a súile do níos mó daoine, ag cur oiliúna ar mhúinteoirí agus ar oidí, agus ag foilsiú bileog eolais a chabhróidh, tá súil againn, chun tragóidí den saghas seo a sheachaint amach anseo.

Is é ceann de na cláir is mó a n-éiríonn leis ná Pobalchlár na Máithreacha mar a n-earcaítear, mar a n-oiltear agus mar a dtreoraítear máithreacha deonacha ag Banaltraí Forbartha Teaghlaigh chun an clár a sheachadadh do thuismitheoirí ina mbaile féin. Díríonn an Clár ar chúram sláinte, ar fheabhsú cothaithe agus ar fhorbairt ghinearálta an linbh.

I limistéir ár mBoird thug 63 Máithreacha Pobail agus 5 Bhanaltraí Forbartha an Teaghlaigh tacaíocht do 1,079 thuismitheoirí. San áireamh bhí thuismitheoirí aonair, thuismitheoirí ar déagóirí iad, thuismitheoirí ar den lucht taistil iad, iarrthóirí tearmainn agus teifigh. Cuireadh tuilleadh forbartha ar an gclár agus earcaíodh agus oileadh 38 Máithreacha Pobail eile.

Tá torthaí feidhmíochta an chlár an-sásúil: bhí ráta imdhíonta pháistí na dtuismitheoirí a chríochnaigh an cúrsa ag 97%; níor thángthas ar aon chás ina ndearnadh drochíde ar pháiste agus thosaigh 98% ag léamh dá bpáiste sa chéad bhliain.

Tá cuid de na ceantair is imeallaithe sa Stát le fáil i limistéar ár mBoird agus d'fhulaing pobal na gceantar seo drochiarmhairtí mhí-úsáid dhrugaí as cuimse.

Tá sé de rún daingean ag ár mBord bheith ag obair i gcomhar le gach pobal le haghaidh a thabhairt ar fhadhbanna agus ar chúiseanna mhí-úsáid dhrugaí agus in ainneoin go raibh sé níos deacra maoiniú a fháil i 2002, d'inbhunaigh an tseirbhís andúilíochtaí na seirbhísí uile atá ann faoi láthair agus cuireadh i bhfeidhm roinnt forbairtí a bhí beartaithe. Mar thoradh air seo laghdaíodh go mór líon na ndaoine a bhí ag fanacht le teiripe meiteadóin - tugadh faoi deara laghdú de 54%.

I réimse na sláinte poiblí laghdaíodh 38% cásanna Ghrúpa C i limistéar ár mBoird, rud a thugann le fios gur éirigh leis an bhfeachtas meiningeacocúil C.

Ceaptar go ndéanfaidh ailse galar croí a shárú mar an chúis bháis is mó in Éirinn taobh istigh de 10 mbliana (Clárlann Náisiúnta Ailse, 1999). Rachaidh seo i bhfeidhm go mór ar sheirbhísí cúraim shláinte, agus ní mór do chúram ailse bheith ina thosaíocht dóibh sna blianta amach romhainn.

Tugtar faoi deara feabhsuithe i soláthar cúraim shláinte sa chuid den tuarascáil a bhaineann le cur i bhfeidhm Straitéisí Ailse. Mar gheall air sin méadaíodh go mór ualach oibre na ndaoine a sholáthraíonn a leithéid de chúram-chonacthas méadú de 54% le ceithre bliana anuas i limistéar ár mBoird. I measc na bhfeabhsuithe soláthair tá méadú 40% de ghníomhaíocht i gClinicí Siomtóm Ailse Bhrollaigh taobh istigh de limistéar ár mBoird. Rinneadh athbhreithniú ar 1,017 othar i 2001, agus ar 1,746 othar i 2002. Tá a lán lán oibre le déanamh fós chun cuspóirí fadtéarmacha an chláir ailse a chomhlíonadh, ach tá lucht an Bhoird muiníneach go bhfuil an dul chun cinn a baineadh amach go dtí seo in ann dúshraith dhaingean a chur ar fáil do na cuspóirí fadtéarmacha céanna, i cúram ailse den scoth a sholáthar do chách sa réigiún.

Is é, ar ndóigh, Cúram Príomhúil ceann de phríomhghnéithe soláthar seirbhísí agus i 2002 tugadh conradh do 222 gnáthdhochtúirí le seirbhísí a sholáthar, le 107 cleachtaí ag cur i bhfeidhm rótaí foirmeálta do thréimhsí taobh amuigh de na gnáthuaireanta oibre. Tá Comhpháirtíochtaí i gCúram Príomhúil i bhfeidhm i roinnt ceantar, agus iad ag tairiscint raon seirbhísí do chliaint, raon atá ag dul i méadaíocht. Bunaíodh Comhpháirtíocht Chill Dara / Iarthar Chill Mhanntáin i 2002. Tá sé d'aidhm aige sláinte a fheabhsú trí chur chuige comhtháite a chothú agus a fhorbairt maidir le cúram príomhúil a mbeadh gnáthdhochtúirí, lucht gairmiúil na n-ospidéal, lucht gairmiúil na mBord Sláinte agus soláthróirí seirbhísí eile páirteach ann. Faoi láthair tá 38 chleachtadh rannpháirteach ann, bunaíodh foireann bhainistíochta agus tá i measc bhaill na foirne ionadaithe ón Bhord, gnáthdhochtúirí sa chomhpháirtíocht agus ionadaí Banaltrachta Pobail.

Cuirtear a lán seirbhísí ar fáil taobh istigh den chomhpháirtíocht. Mar shampla, bunaíodh seirbhís teachtaire i Nollaig 2002 le hábhar saotharlainne a iompar ó áiteanna mháinliachta ghnáthdhochtúirí go hOspidéal Ginearálta Nás na Rí agus go saotharlann Ospidéal Naomh Séamas. Úsáideann mórchuid na gcleachtadh an tseirbhís seo. Bunaíodh Coiste Tadhail Ghnáthdhochtúirí le hOspidéal Ginearálta Nás na Rí chun comhoibriú idir an ospidéal agus gnáthdhochtúirí a éascú.

Bhí beagnach 75,000 coinne ag Foireann Fiaclóireachta Cúraim Phríomhúil ár mBoird le páistí, agus bhí coinne acu le beagnach 7,000 duine incháilithe fásta i rith na bliana. Soláthraíonn fiaclóirí ginearálta, agus iad ag obair ar a láthair féin, agus iad ar conradh ag

an mBord, soláthraíonn siad Seirbhísí Fiaclóireachta Cúraim Phríomhúil ó 65 áit mháinliachta in 34 áitreabh ar fud limistéar Bhord Sláinte an Limistéir Thiar Theas.

I 2000 tuairiscíodh go bhfuil 35% de phobal iomlán aosta an Oirthir ina gcónaí i limistéar an Iardheiscirt anois. Táthar ag tuar go mbeidh 51,000 duine aosta inár limistéar i 2006, méadú de 6,000 ó 1996, agus tuartar méadú breise de 4,000 faoi 2008, rud a fhágfaidh daonra don aoisghrúpa seo de 55,000. Ceaptar go mbeidh an méadú is mó le sonrú amach anseo san aoisghrúpa thar 75.

I 2002 tosaíodh ar chlár oibre chun athbhreithniú agus measúnú a dhéanamh ar sheirbhísí reatha do dhaoine aosta agus chun seirbhísí reatha a leathnú agus a dhaingniú. Beartaíodh forbairtí nua chun tacú leis an Straitéis Náisiúnta Sláinte, chun bearnaí i seirbhísí a aimsiú agus chun buntacú le Straitéis Eagraithe an Bhoird.

Cuireadh ar fáil áiseanna méadaithe cúraim lae do dhaoine aosta i roinnt ceantar, tosaíodh ar chur i bhfeidhm seirbhíse faoisimh néaltraithe agus osclaíodh aonad athchumasaithe le 25 leaba ar bhonn céimnithe i Nollaig 2002, comhfhiontar é seo idir an Bhord, Ospidéal Naomh Séamas agus Oispis na Maighdine Muire, Cros Araid. Tá an tionscadal seo dírithe ar an bpobal agus is féidir cliaint sa phobal a chur faoi bhráid an aonaid.

Soláthraíodh breis is milliún uair an chloig de chabhair bhaile do dhaoine aosta i rith na bliana. Maoiníodh 573 leaba chonartha agus 472 leaba fhóirdheonaithe i dteaghlaigh altranais agus soláthraíodh 771 leaba d'othair chónaitheacha an Bhoird Sláinte.

I réimse na cuimsitheachta sóisialta bainistíonn Bord Sláinte an Limistéir Thiar Theas soláthar seirbhísí sláinte agus sóisialta don Lucht Taistil ar bhonn réigiúnda, ar son trí bhord sláinte limistéir Réigiún an Iarthair. Tá sé de chuspóir againn stádas sláinte phobal an lucht taistil a ardú chuig leibhéal náisiúnta an phobail go ginearálta trí seirbhísí inrochtana agus cuí go cultúrtha a sholáthar, iad forbartha le rannpháirtíocht an Lucht Taistil. Céim mhór chun cinn a bhí i bhfoilsiú na Straitéise Náisiúnta um Shláinte an Lucht Taistil i 2002. Tá gníomhartha saineúla le fáil ann atá le cur i bhfeidhm go hiomlán sa tréimhse 2002-2005 agus tagann sé leis an bpolasaí cuimsitheachta sóisialta a fógraíodh sa Straitéis Náisiúnta Sláinte - *"Caighdeán agus Cothromaíocht - Córas Sláinte atá ann Duitse."*

Forbairt eile maidir le cuimsitheacht shóisialta is ea go mbainistíodh Bord Sláinte an Limistéir Thuaidh seirbhísí do dhaoine gan dídean ar bhonn réigiúnda roimhe seo. I 2002 fuair Bord Sláinte an Limistéir Thiar Theas maoiniú dílis ó Údarás Réigiúnda Sláinte an Oirthir chun raon seirbhísí a forbairt i limistéar an bhoird. Is é príomhchuspóir na seirbhísí do dhaoine gan dídean ná cinntiú go bhfuil an teacht céanna ag daoine gan dídean ar ghnáthsheirbhísí sláinte agus a bhíonn ag daoine eile, agus tá sé de chuspóir acu, nuair is gá, tionscnaimh dhíritha a forbairt chun freastal ar ilriachtanais sláinte an ghrúpa seo.

Rinneadh dul chun cinn den scoth ar thógáil Céim 2 d'Ospidéal Ginearálta Nás na Rí le linn 2002. Críochnaíodh an príomhbhloc bardaí agus an Bloc Obrádlann / Aonad Dianchúraim / Raideolaíochta le linn na bliana agus áitíodh na ranna seo a leanas:

- Aonad Cúraim Chroí
- 3 Bharda Ginearálta
- Roinn Leighis do Dhaoine Scothaosta
- Taifid Leighis
- Lóistín Ar Gairm
- Áiseanna Gléasta Foirne

Críochnófar an chuid eile den chéim reatha thógála, T&E, REO, Riarachán agus Paiteolaíocht san áireamh, i 2003.

Tá an maoiniú caipitil do chéimeanna deireanacha an ospidéil i bhfeidhm agus tá an dearadh sonraithe á chríochnú.

I dtreo dheireadh 2002 taisceadh iarratais phleanála don chéad chéim eile le Comhairle Bhaile Nás na Rí, céim ina dtógfar R.S.S.O., Aonad Máinliachta Lae, Leigheas Fisiciúil agus dhá bharda breise, i measc rudaí eile.

Cuirtear síos, leis, sa tuarascáil, ar phleananna nuálacha d'Ospidéal Naomh Lomán, seanfhoirgneamh Ospidéal na Mí agus d'Ospidéal Cuimhneacháin Dhroichead Átha ag an gCurach.

Níl anseo ach cuid de na forbairtí agus de na gníomhaíochtaí a shonraítear sa tuarascáil. Tá cuid mhór eile ann chomh maith. A bhuíochas, cuid mhór, do dhíograis agus d'éifeacht fhoireann ár mBoird gur cuireadh an oiread rudaí i bhfeidhm. Mar gheall ar a ngealltanas agus ar a saothar cinntíodh gur leanadh lenár gcuid oibre agus gur feabhsaíodh é. Tapaím an deis seo chun buíochas a ghabháil le gach uile dhuine acu. Ba mhaith liom freisin aitheantas a thabhairt do agus buíochas a ghabháil lenár gcuid comhghleacaithe san earnáil dheonach, a mbímid ag obair i gcomhar leo, agus a bhfuil ról rithábhachtach le himirt acu i soláthar seirbhísí sláinte inár limistéar.

Is mian liom buíochas a ghabháil le hÚdarás Réigiúnda Sláinte an Oirthir, Seirbhísí Comhroinnte Sláinte an Oirthir agus lenár gComhBhoird sa Limistéar Thuaidh agus i Limistéar an Chósta Thoir, dá gcuid cabhrach agus dá gcuid comhoibrithe le linn na bliana.

Ní mór dom mo bhuíochas a chur in iúl freisin don Aire Sláinte agus Leanaí, An tUasal Micheál Martin, T.D., agus d'Airí Stáit na Roinne, An tUasal Ivor Callely, T.D., An tUasal Brian Lenihan, T.D., agus An tUasal Tim O'Malley, T.D., do Rúnaí Ginearálta na Roinne An tUasal Michael Kelly, agus d'Oifigigh na Roinne, dá dtacaíocht leanúnach dár mBord.

Onóir mhór phearsanta a bhí ann dom gur ceapadh i mo Chathaoirleach ar an mBord mé i mbliana, agus ba mhaith liom mo bhuíochas a ghabháil le mo chuid comhghleacaithe gur thogh siad mé, agus gur léirigh siad tacaíocht leanúnach agus tiomantas dom i 2002.

Cllr. Thérèse Ridge
Cathaoirleach

Board Members and Committees of the Board

The South Western Area Health Board meets on the first Tuesday of each month (except August) at 2.00 p.m. and holds special meetings from time to time to consider particular issues which merit special consideration. In addition, the Annual General Meeting of the Board, at which the Chair and Vice Chair are elected, is held in July each year.

Board Members at 31 December, 2002



Cllr. Thérèse Ridge
Chair

Appointed by South Dublin
County Council



Alderman Mary Mooney
Vice-Chair

Appointed by Dublin
City Council



Cllr. Catherine Byrne

Appointed by Dublin
City Council



Cllr. Eric Byrne

Appointed by Dublin
City Council



Cllr. Charlie O'Connor, T.D.

Appointed by South Dublin
County Council



Cllr. Colm McGrath

Appointed by South Dublin
County Council



Cllr. Don Tipping

Appointed by South Dublin
County Council



Cllr. Jim Reilly

Appointed by Kildare
County Council



Cllr. Martin Miley

Appointed by Kildare
County Council



Cllr. Seán Ó Fearghail, T.D.

Appointed by Kildare
County Council



Cllr. Jack Wall, T.D.

Appointed by Kildare
County Council



Cllr. Tommy Cullen

Appointed by Wicklow
County Council



Dr. Siobhán Barry

Elected by Registered
Medical Practitioners



Dr. Maurice Guéret

Elected by Registered
Medical Practitioners



Dr. Kieran Harkin

Elected by Registered
Medical Practitioners



Dr. Bernard Murphy

Elected by Registered
Dental Surgeons



Mr. Gerard Brady

Representing Voluntary
Hospitals



Ms. Maria Hoban

Elected by Registered
General Nurses



Mr. Patrick Aspell

Appointed by the Minister for
Health and Children



Ms. Anne Harris

Representing Other Voluntary
Service Providers



Mr. Joe Fallon

Representing Voluntary
Intellectual Disability Agencies

*Non-Voting
Members*



Mr. Gerry McGuire

Elected by Registered
Psychiatric Nurses



Ms. Noeleen Harvey

Elected by Registered
Pharmaceutical Chemists

Standing Committees

Section 8 of the Health Act, 1970, empowers a Health Board to establish such committees as it thinks fit and to define the functions and procedures of such committees. The Board has established the following committees:

- Community Services and Continuing Care Standing Committee
- Disabilities, Mental Health & Addiction and Acute Services Standing Committee

The main function of these committees is to consider and advise on such business (mainly policy issues) as may be referred to them by the Board, or which they may wish to refer to the Board. The Standing Committees meet on a monthly basis and the Health Board at its monthly meeting considers their progress reports. From time to time Joint Standing Committee meetings are held to consider and discuss issues of interest to both committees.

Membership of Standing Committees from July 2002 - July 2003

Community Services & Continuing Care	Disabilities, Mental Health & Addiction and Acute Services
Aspell, Mr. Paddy	Brady, Mr. Gerard
Barry, Dr. Siobhán	Byrne, Cllr. Catherine
Byrne, Cllr. Eric	Fallon, Mr. Joe
Cullen, Cllr. Tommy (<i>Committee Chair</i>)	Guéret, Dr. Maurice
Harkin, Dr. Kieran	Hoban, Ms. Maria
Harris, Ms. Anne	Mooney, Ald. Mary
McGrath, Cllr. Colm (<i>Committee Vice-Chair</i>)	Murphy, Dr. Bernard (<i>Committee Vice-Chair</i>)
Miley, Cllr. Martin	Reilly, Cllr. Jim (<i>Committee Chair</i>)
Ó Fearghaíl T.D., Cllr. Seán	Tipping, Cllr. Don
O'Connor T.D., Cllr. Charlie	Wall T.D., Cllr. Jack
Ridge, Cllr. Thérèse (<i>Board Chair</i>) - <i>ex-officio</i>	Ridge, Cllr. Thérèse (<i>Board Chair</i>) - <i>ex-officio</i>

Finance and Property Committee

This committee meets every quarter and considers financial and property matters. Its reports are considered at Board meetings. The membership of the committee was as follows:

Finance & Property Committee	
Ex-officio (2)	Rotation Members (4)
Board Chair - Cllr. Thérèse Ridge	Cllr. Catherine Byrne
<i>(Committee Chair)</i>	Cllr. Eric Byrne
Board Vice-Chair - Ald. Mary Mooney	Cllr. Colm McGrath
	Cllr. Martin Miley
Permanent Members (6)	
Mr. Paddy Aspell	Cllr. Charlie O'Connor, T.D.
Dr. Siobhán Barry	Cllr. Jim Reilly <i>(Committee Vice-Chair)</i>
Mr. Joe Fallon	Cllr. Jack Wall, T.D.

Protocol and Procedures Committee

This committee was established to examine and devise protocols and procedures to regulate the conduct and business of the Board. It meets on a regular basis. Its reports are also considered at Board meetings. Membership was as follows:

Protocol & Procedures Committee	
Mr. Gerard Brady	Cllr. Seán Ó Fearghaíl, T.D.
Dr. Maurice Guéret	Cllr. Jim Reilly
Cllr. Colm McGrath (Chair)	Cllr. Thérèse Ridge
Ald. Mary Mooney	Cllr. Don Tipping (Vice-Chair)

Child Care Advisory Committee

A Child Care Advisory Committee was set up in accordance with Section 7 of the Child Care Act 1991. Its role is to assist in ensuring the provisions of the Act are met. The committee is made up of Board Members, representatives of child care services and voluntary organisations. Professionals working in this sector are also represented on this committee. The Board is represented by three of its members:

Child Care Advisory Committee	
Cllr. Seán Ó Fearghaíl, T.D. (Chair)	Cllr. Eric Byrne (Other Board Member)
Cllr. Thérèse Ridge (Vice-Chair)	



Chief Executive Officer's Report

It is sometimes difficult to remember that this year, 2002, is only the second full year of operations for our Board. The past twelve months have been eventful ones, a period in which we overcame many challenges and were confronted by others. As you will note from reading through the report, there were developments and enhancements in many of our services. There were a number of achievements in our infrastructure and in the range of projects that we planned.

It has not been an easy period. The skill scarcities and staff shortages which were experienced in 2001 and which made the planning and provision of some services rather difficult were beginning to be rectified in 2002 when increasing budgetary difficulties constrained recruitment and much else besides. As we face these challenges, it is perhaps useful to remember that each year brings its own problems and that these are all part of managing and developing a worthwhile service. The lessons learned this year will no doubt be a useful tool for coping with whatever the coming years bring.

Strategically, this has been a year when we developed policies on several fronts. For example, we developed an Organisational Strategy - *"Getting Better Together"* which sets out the direction for the planning and development of our services and assists us in delivering on the National Health Strategy - *"Quality and Fairness - A Health System for You"*. Our Strategy has helped us in implementing the National Health Strategy and 2002 saw progress on a number of its 121 actions. Progress was made on actions such as smoking cessation, alcohol (Actions 5, 8, 19), orthodontic services (Action 43), home respite (Action 54), to mention a few. One of the ten national Primary Care Teams as envisaged by the National Health Strategy (Action 53) and the Primary Health Care Strategy was approved for development in our Board's area. Work commenced on implementing this project and this will be continued in 2003.

2002 has also been a year when we took over in our own area services that had been run by other Area Health Boards in the interim since establishment.

For example, in previous years the Northern Area Health Board managed services for homeless people on a regional basis. In line with the 1999 Report of the former Eastern Health Board Multidisciplinary Group, the multidisciplinary primary care team for homeless people was split during 2002, with one team operating in the Northern Area Health Board and the other operating in the South Western Area Health Board. The main aim of the team is to link homeless people into mainstream health services. The team also provides and arranges for nursing, chiropody, dental, counselling and harm reduction measures. The team provides regular sessions in a number of homeless services in the area. In line with the Government Strategy on Homelessness, the South Western Area Health Board provided funding for the care costs in 13 separate projects for homeless people in the Board's area. These consisted of emergency hostels, day centres and supported housing.

During the year we progressed a number of policy documents for our Board including policies on Services for Adult Homeless People, Alcohol-Related Problems and Responding to Suicide. In the coming year we hope to bring a number of other significant policy documents before the Board to improve and build on our other services, in particular the development of Services for Older Persons and Child and Adolescent Psychiatry.

The Chair has already acknowledged the significant contribution that our staff makes to the delivery and development of services in our Board's area. It is very important to acknowledge that contribution, particularly in times of uncertainty. I want to add my thanks to all who work in the South Western Area Health Board for their dedication, commitment and enthusiasm during 2002, particularly when budgetary constraints made some difficult decisions necessary. It is obvious at the time of writing that major changes are inevitable in the structure and organisation of the health services generally. Many people perhaps become anxious and fearful of what is unknown but to them I would say that change is a necessary part of growth, and whatever comes, I believe that our talented and hardworking staff will overcome obstacles and continue to provide sterling service to the people of our area.

I would like also to acknowledge the contribution of our Chair, Cllr. Thérèse Ridge, and to her immediate predecessor, Cllr. Charlie O'Connor, T.D., who fulfilled two terms of office with flair and commitment. I would like to add my thanks to the Regional Chief Executive of the Eastern Regional Health Authority and all the Authority staff, the Chief Officer and staff of Eastern Health Shared Services, the East Coast Area Health Board and the Northern Area Health Board and the voluntary agencies for their collaboration and support in 2002.

On behalf of the management team and staff, I would like to extend our thanks to the Minister for Health and Children, Mr. Micheál Martin, T.D., and the Ministers of State at his Department, Mr. Ivor Callely, T.D., Mr. Brian Lenihan, T.D., and Mr. Tim O'Malley, T.D., the Secretary General, Mr. Michael Kelly, the Assistant Secretaries and their colleagues for their ongoing support.

The challenge for the health services will no doubt continue in 2003 and beyond, but I am certain that with the commitment and enthusiasm of our Board and staff, we will face the challenge together, and that we will work hard to plan and deliver the highest standard of health care to the people we serve.

Pat Donnelly
Chief Executive Officer



Tuarascáil an Phríomhfheidmeannaigh

Uaireanta, is deacair cuimhneamh nach bhfuil sa bhliain 2002 ach dara bliain iomlán feidhmiúcháin ár mBoird. Tharla cuid mhór le dhá mhí déag anuas; tréimhse í sin inar sháraíomar cuid mhór dúshlán agus ina raibh orainn aghaidh a thabhairt ar dhúshlán eile. Mar a thabharfaidh tú faoi deara tríd an tuarascáil a léamh, cuireadh forbairt agus feabhas ar go leor dár gcuid seirbhísí. Baineadh amach roinnt rudaí maidir lenár n-infrastruchtúr agus sa raon tionscadal a bhí beartaithe againn.

Ní tréimhse éasca a bhí ann. Bhíothas ag tosú ar fhadhbanna easpa scileanna agus foirne a bhí ann i 2001 a réiteach nuair a chuir deacrachtaí airgeadais bac le hearcú agus le cuid mhór rudaí eile. Agus muid ag tabhairt aghaidhe ar na dúshlán seo, is féidir gur fiú cuimhneamh go mbíonn a sciar féin d'fhadhbanna ag gach bliain agus gur cuid iad seo de bhainistiú agus d'fhorbairt seirbhíse fiúntaí. Is cinnte go mbeidh a bhfuil foghlamtha againn i mbliana lenár leas agus muid ag iarraidh déileáil le deacrachtaí na mblianta amach romhainn.

Ar bhonn straitéiseach, bliain a bhí ann nuair a forbraíodh polasaithe de chineálacha éagsúla. Mar shampla, d'fhorbraíomar Straitéis Eagraithe - *"Ag Éirí Níos Fearr"* i dTeannta a Chéile a leagann amach treo planála agus forbartha ár seirbhísí agus a chabhraíonn linn an Straitéis Náisiúnta Sláinte a sholáthar - *"Caighdeán agus Cothromaíocht - Córas Sláinte atá ann Duitse."* Chabhraigh ár straitéis linn chun an Straitéis Náisiúnta Sláinte a chur i bhfeidhm agus i 2002 rinneadh dul chun cinn maidir le roinnt de na 121 gníomhartha. Rinneadh dul chun cinn maidir le scor caite tobac, alcól (Gníomhartha 5, 8, 19), seirbhísí ortadontacha (Gníomh 43), faoiseamh baile (Gníomh 54), gan ach cuid acu a lua. Ceadaíodh ceann de na deich gcinn d'Fhoirne náisiúnta Cúraim Phríomhúil, a luaíodh sa Straitéis Náisiúnta Sláinte (Gníomh 53) agus sa Straitéis Chúraim Phríomhúil Shláinte chun forbartha i limistéar ár mBoird. Tosaíodh ar bheith ag obair ar chur i bhfeidhm an tionscadail seo agus leanfar de seo i 2003.

Bliain í freisin 2002 nuair a ghlac muid le reáchtáil seirbhísí inár limistéar féin á bhíodh á reáchtáil ag Boird Limistéir Sláinte eile ó bunaíodh na boird chéanna.

Mar shampla, roimhe seo, bhíodh Bord Sláinte an Limistéir Thuaidh i mbun seirbhísí do dhaoine gan dídean ar bhonn réigiúnda. Le bheith ag teacht le Tuarascáil 1999 d'IarGhrúpa Ildhisciplíneach Údarás Réigiúnda Sláinte an Oirthir, roinneadh dhá chuid d'fhoireann chúraim phríomhúil ildhisciplíneach na ndaoine gan dídean le linn 2002; as seo amach bheadh foireann amháin ag feidhmiú i mBord Sláinte an Limistéir Thuaidh agus an ceann eile ag feidhmiú i mBord Sláinte an Limistéir Thiar Theas. Is é príomhchuspóir na foirne daoine gan dídean a nascadh le gnáthsheirbhísí sláinte. Soláthraíonn agus eagraíonn an fhoireann banaltracht, cosliacht, leigheas fiacloireachta, comhairliú agus bearta laghdaithe dochair. Soláthraíonn an fhoireann seisiúin rialta i roinnt seirbhísí do dhaoine gan dídean sa limistéar. Ag teacht le Straitéis an Rialtais maidir le daoine gan dídean, soláthraíonn Bord Sláinte an Limistéir Thiar Theas maoiniú do chostais chúraim i 13

thionscadal éagsúla do dhaoine gan dídean i limistéar an Bhoird. Brúnna éigeandála, lárionaid lae agus tithíocht a dtugtar tacaíocht di a bhí i gceist anseo.

Le linn na bliana rinneamar dul chun cinn ar roinnt doiciméad polasaí dár mBord, ag cur san áireamh Seirbhísí do Dhaoine Fásta Gan Dídean, Fadhbanna a Bhaineann le hAlcól agus ag Freagairt don Féinmharú. Sa bhliain amach romhainn tá súil againn roinnt doiciméad polasaí tábhachtach eile a chur os comhair an Bhoird lenár gcuid seirbhísí eile a fheabhsú agus a thógáil, go háirithe forbairt Seirbhísí do Dhaoine Aosta agus Síciatracht do Pháistí agus do Dhéagóirí.

D'aithin an Cathaoirleach cheana féin go gcuireann ár bhfoireann go mór le soláthar agus le forbairt seirbhísí i limistéar ár mBoird. Tá sé an-tábhachtach an saothar sin a aithint, go háirithe i dtréimhse seo na neamhchinnteachta. Ba mhaith liom mo bhuíochas a ghabháil le gach duine a bhíonn ag obair le Bord Sláinte an Limistéir Thiar Theas as a ndíograis, as a dtiomantas agus as a saothar le linn 2002, go háirithe ós rud é go raibh gá le socruithe deacra mar gheall ar chonstaicí airgeadúla. Is léir, agus mé á scríobh seo, go bhfuil mórathruithe i struchtúr agus in eagrú na seirbhísí sláinte go ginearálta dosheachanta. Is féidir go bhfuil imní agus eagla ar a lán daoine mar gheall ar nach fios cad a tharlóidh amach anseo ach déarfainn leo go bhfuil gá le hathrú le bheith in ann fás, agus ar aon chuma, creidim go sáróidh ár bhfoireann ildánach agus dhícheallach na constaicí sin agus go leanfaidh siad orthu ag soláthar seirbhís den scoth do phobal ár limistéir.

Ba mhaith liom aitheantas a thabhairt, leis, dár gCathaoirleach, an Comhairleoir Thérèse Ridge agus don té a chuaigh roimpi, an Comhairleoir Charlie O'Connor, T.D., a chomhlíon dhá théarma oifige le bua agus le dua. Ba mhaith liom, freisin, mo bhuíochas a ghabháil le Príomhfheidhmeannach Údarás Réigiúnda Sláinte an Oirthir agus le foireann uile an Údaráis, le Príomhoifigeach agus le foireann Seirbhísí Comhroinnte Sláinte an Oirthir, le Bord Sláinte Limistéar an Chósta Thoir agus le Bord Sláinte an Limistéir Thuaidh, agus leis na háisínteachtaí deonacha dá gcomhoibriú agus dá gcuid tacaíochta i 2002.

Ar son na foirne bainistíochta ba mhaith liom ár mbuíochas a ghabháil leis an Aire Sláinte agus Leanaí, An tUasal Micheál Martin, T.D., agus leis na hAí Stáit ina Roinn, an tUasal Ivor Callely, T.D., An tUasal Brian Lenihan, T.D., agus an tUasal Tim O'Malley, T.D., An Rúnaí Ginearálta, An tUasal Michael Kelly, na leasrúnaithe agus a gcuid comhghleacaithe dá dtacaíocht leanúnach.

Is cinnte go mbeidh ar na seirbhísí sláinte aghaidh a thabhairt ar dhúshláin i 2003 agus ina dhiaidh sin, ach tá mé cinnte go sáróimid, le tiomantas agus le díograis ár mBoird agus ár bhfoirne, na dúshláin sin le chéile, agus go n-oibreoidimid go dian leis an gcaighdeán is airde sláinte a phleanáil agus a sholáthar don phobal a ndéanaimid freastal orthu.

Pat Donnelly
Príomhfheidhmeannach

The Management Team



Mr. Pat Donnelly
Chief Executive Officer



Mr. Séamus O'Brien
Assistant Chief Executive,
Special Projects



Ms. Bríd Clarke
Assistant Chief Executive,
Operations



Mr. Pat Bennett
Assistant Chief Executive,
Operations



Mr. Hugh Kane
Assistant Chief Executive,
Operations



Mr. Tony McMahon
Director of Human Resources



Mr. Declan Lyons
Director of Finance



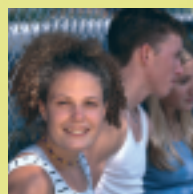
Mr. Ray Mitchell
Director of Communications



Mr. Roger Healy
Secretary

Eastern Health Shared Services

The Eastern Health Shared Services (EHSS) based in Dr. Steevens' Hospital provides a wide range of professional, technical and information support to the Eastern Regional Health Authority and to the three Area Health Boards. The services provided include Financial Processing Services, Regional Materials Management, Employee Services, Information Technology, Estate and Facilities Management and Architectural Services.



Introduction

Our vision

"Providing a responsive network of quality care for people. Building healthy and supportive communities for all"

We are a statutory health and social care organisation serving the people of Dublin South City, South County Dublin, County Kildare and West Wicklow.

As a person-centred organisation, we work with service-users, communities and other service providers to deliver, evaluate and develop quality, responsive services.

Our organisational goals

- To bring about the greatest possible improvement in the health and social well-being of the people in our area.
- To be proactive in involving people in the planning, delivery and evaluation of services.
- To deliver quality integrated services to meet the identified needs of our service-users.
- To build an environment which recognises staff value and encourages their continual development throughout their career.
- To develop and strengthen relationships with our stakeholders.

Our underlying principles

Equity

"Everyone should have a fair opportunity to attain full health potential and more pragmatically no one should be disadvantaged from achieving this potential if it can be avoided" (National Health Strategy - *"Quality and Fairness - A Health System for You"*, 2001). The South Western Area Health Board recognises the unique needs of the individual person and aims to tailor services to that individual within the context of their family circumstances and community. Our Board has 47% of the Eastern region's most deprived populations. There is evidence that socio-economic factors, in particular poverty, have the most powerful influence on health. Our Board will work towards identifying target groups in our most deprived areas, to examine the difference in health status across our Board's area and to ensure equitable access to services based on need.

People-centredness

People are the key focus of any health system - our clients, their families, friends and carers. The South Western Area Health Board is an organisation that listens to its people and upholds what is of value to them. We aim to facilitate the involvement of our clients in planning, delivery and evaluation of services.

To this end, our Board has established a committee to examine the level of service-user involvement in the planning process and to further develop this relationship between users and providers. Peer Advocacy programmes have commenced in our Board's area and will continue to be developed.

Quality

Our Board is determined to provide services to the highest possible evidence-based international standards. "Quality & Fairness", the National Health Strategy, makes a clear commitment to systematically improving service quality and recognises the importance of creating an environment where:

- Evidence-based standards are set in partnership with consumers and are externally validated.
- Continuous improvement is valued.

Our Board will aim to develop a quality culture to ensure the provision of high quality, integrated care at local level. This will involve continuous monitoring and evaluation of services. The National Performance Indicators and monthly activity reports will inform this process.

Accountability

The principles of accountability have a number of strands, financial, professional and organisational. It requires those providing services to take responsibility for the achievement of agreed objectives. The Provider Plan incorporates a number of objectives and acknowledges its responsibility in ensuring that these objectives are met. The introduction of Service Level Agreements will further enhance accountability.

Demographic and health status profile

Disadvantaged Areas

According to SAHRU (Small Areas Health Research Unit) the Board's area is home to

47% of the most deprived areas in the Eastern region. Deprivation has a major impact on health with higher levels of smoking, unhealthy lifestyle practices and a lack of education and awareness of signs and symptoms of cancer. This combination often leads to late presentation by patients and the associated poorer prognosis and outcome.

Seven localities in the South Western Area have been classified by the Government as disadvantaged, with three of them targeted for action under the National Integrated Services Process and four under the Revised Areas for Planning, Investment and Development (RAPID) Programme.

Children

42% of the total child population in the Eastern region resides in the South Western area. The population aged 5 to 9 years is slightly higher at 43%, indicating that the increase in the teenage population will impact most heavily in the Board's area. Combining these high numbers of children with the levels of deprivation in the area, it is likely that child poverty will be significant within the South Western area.

Travellers

The South Western area has a large population of the Eastern region's Traveller population, a community that has particular needs in healthcare, housing, education and occupation. The poor health status of Travellers, as reported in the Task Force Report 1995, must be taken as an indicator of the range of barriers and gaps to accessing existing services.

While the Board already has a number of very successful projects and initiatives aimed at addressing the needs of the Travelling Community, we recognise that continued resources and investment are essential.

Older Persons

The South Western area has a growing elderly population with the over 65 age group comprising 35% of the Eastern region's total elderly population. The Board has the highest population of older persons in the Eastern region. Population and other projections for older persons will continue to inform our strategic planning.

Intellectual Disability

The South Western Area Health Board, in partnership with Voluntary Agencies, provides for the health and personal social service needs of 3,887 people who have intellectual disability. This is equivalent to 47% of all intellectually disabled people in the Eastern region. Consistent with this fact, the South Western Area has the greatest number of intellectual disability service providers in the region and a high percentage of residential care places that give home to 73% of the Eastern region's population of persons with a profound learning disability.

Mental Health

Current information indicates that there will be an increasing demand for community services (including day hospital, day centre, out-patient clinics and hostels). We hope that enhanced community treatment and support options will reduce the demand for in-patient treatment. The Board at the end of 2001 agreed a policy report for the development of mental health services over the next 3-5 years in the South Western Area.

Addiction

Over half of those presenting for treatment in the Eastern region are resident in the South Western Area. Research shows that we have a large and growing number of drug misusers with a high percentage of them being young.

Acute Hospital Service

Naas General Hospital serves the catchment area of Kildare and West Wicklow, an area with a rapidly growing population. The hospital provides in-patient services, out-patient services, accident and emergency services, day procedures, radiology, pathology and physical medicine. Medical, surgical, nursing, paramedical and ancillary staff provide these services.

Infrastructure

The population growth and profile of the South Western Area Health Board requires a coherent planning framework in relation to the provision of employment opportunities, education, training and healthcare. The Strategic Planning Guidelines for the Greater Dublin Area and the 2002 census will give updated information on demographics to inform future planning.

Growth in demand for services

It is important to note that since 2000 there has been a notable growth in the level of activity in our Board's area. This has occurred because of the demand for new and additional services arising from:

- Increase of 11.7% in population - from 520,669 (1996 census) to 581,551 (2002 census).

The Board's catchment area comprises the most densely populated area in the country and has the largest percentage population growth when compared to the other two Area Health Boards in the Eastern region, as indicated in the tables below.

The following table shows the growth in population in the Board's Area since 1996.

Table 1

	1996 Total	2002 Total	2002 Male	2002 Female	Total Change	% Change
E.R.H.A.	1,295,939	1,401,314	683,302	718,012	105,375	8.1
S.W.A.H.B.	520,669	581,551	286,450	295,101	60,882	11.7
Dublin South City	118,396	130,185	62,805	67,380	11,789	10.0
Dublin South West	143,154	145,793	70,895	74,898	2,639	1.8
Dublin West	111,378	126,863	62,521	64,342	15,485	13.9
Kildare / West Wicklow	147,741	178,710	90,229	88,481	30,969	21.0

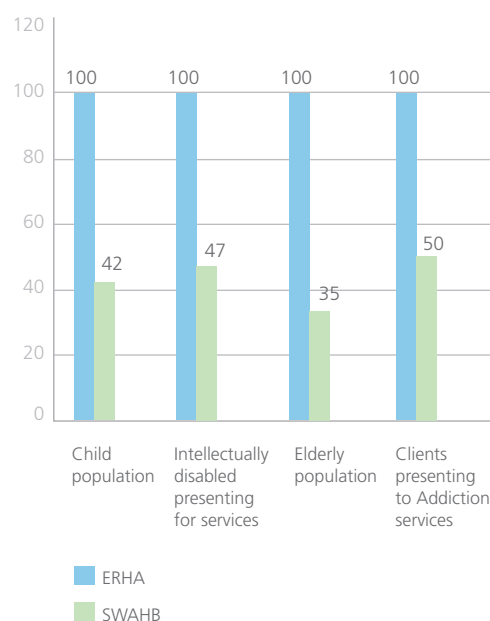
Table 2 below shows the population growth for the Eastern Regional Health Authority and the three Area Health Boards and the percentage change in each Board.

Table 2

	1996 Total	2002 Total	2002 Male	2002 Female	Total Change	% Change
E.R.H.A.	1,295,939	1,401,314	683,302	718,012	105,375	8.1
N.A.H.B.	454,899	486,305	237,356	248,949	31,406	6.9
S.W.A.H.B.	520,669	581,551	286,450	295,101	60,882	11.7
E.C.A.H.B.	320,371	333,458	159,496	173,962	13,087	4.1
CCA 1	127,146	128,443	60,650	67,793	1,297	1.0
CCA 2	103,291	105,011	49,529	55,482	1,720	1.7
CCA 3	118,396	130,185	62,805	67,380	11,789	10.0
CCA 4	143,154	145,793	70,895	74,898	2,639	1.8
CCA 5	111,378	126,863	62,521	64,342	15,485	13.9
CCA 6	142,873	160,346	78,300	82,046	17,473	12.2
CCA 7	118,550	122,154	58,856	63,298	3,604	3.0
CCA 8	193,476	203,805	100,200	103,605	10,329	5.3
CCA 9	147,741	178,710	90,229	88,481	30,969	21.0
CCA 10	89,934	100,004	49,317	50,687	10,070	11.2

- The Board has 47% of the Eastern region's most deprived population. 42% of the child population lives in the Board's area, 47% of intellectually disabled people live in the Board's area, 35% of the elderly population lives in the Board's area and over 50% of clients presenting in the Eastern Region for addiction services live in the Board's area (see Graph 1).

Graph 1



- The requirement to develop services in line with legislation and Government Health Strategic Policy Documents such as:

- Child Care Act 1991
- Children's Act 2001
- National Cancer Strategy
- National Cardiovascular Health Strategy
- National Drugs Strategy
- National Health Promotion Strategy
- National Health Strategy
- National Primary Care Strategy

There is no reason to believe that the demands arising from the above will not continue into the future. It is also important to note that resources have not always matched nor kept pace of the activity growth since 2000.

Communicable Diseases

Communicable diseases are no longer a major cause of death as they were at the turn of the century in Ireland. However, with new emerging organisms, e.g. E.coli 0157 and the development of anti-microbial resistant organisms such as Methicillin Resistant *Staphylococcus Aureus* (MRSA), they still remain a public health priority.

Since the introduction of immunisation programmes, the incidence of many diseases has decreased, including the dramatic decrease in deaths from Haemophilus B influenza meningitis with the introduction of Hib vaccine in the past five years. Nonetheless, the need for continuous efforts to promote and maintain a high level of childhood vaccination is highlighted by the low uptake of the MMR (Measles, Mumps and Rubella) vaccine in some areas of the Board. There has been some improvement in recent months in the uptake, however, there is still considerable room for improvement as the target is 95%. MMR vaccination uptake continues to be a challenge. The Board has planned a number of initiatives that will commence in 2003 including an intensive public awareness campaign.

The uptake of the Meningococcal C vaccine has steadily continued to increase since its introduction in October 2000 as part of the primary immunisation programme. The full implementation of protocols for the control of hospital and community outbreaks of communicable disease continues to be a priority.

Gastroenteritis

Gastroenteritis in childhood is very common and is usually viral in nature. The number of cases of salmonella and other food-borne infections has shown a decrease in many areas on 2001 figures with the exception of campylobacter and E.coli 0157 showing a slight increase on 2001 figures. The following table compares the number of gastroenteritis cases reported from between January and December, 2001 and 2002.

Table 1

Gastrointestinal infections reported in South Western Area Health Board, January-December 2001 and 2002:

	Dublin South City 2001/2002		Dublin South West 2001/2002		South County Dublin 2001/2002		Kildare & West Wicklow 2001/2002		Total 2001/2002	
Gastroenteritis / Food Poisoning Under 2 years of age*	47	49	120	78	149	100	97	81	413	308

*This includes E.coli 0157, Cryptosporidium, Giardia, Shigella and Salmonella

Table 2

Gastrointestinal infections reported in South Western Area Health Board, January-December 2001 and 2002:

	Total	
Gastroenteritis / Food-poisoning / E.coli / Cryptosporidium / Giardia / Shigella / Salmonella Under 2 years of age	2001 413	2002 308
Salmonella	64	52
Campylobacter	200	210
E.coli 0157	12	13
Bacillary Dysentery (Shigella)	6	7

Meningitis

Meningococcal disease, either in the form of meningitis or septicaemia (blood poisoning), accounts for the majority of cases of meningitis. Table 3 outlines the number of cases reported to the South Western Area Health Board between January and December 2001 and 2002.

Table 3

Confirmed cases of meningitis in South Western Area Health Board, Jan-Dec 2001 & 2002:

	Number		%	
	2001	2002	2001	2002
Meningococcal Disease	58	36	85.3	78.3
Streptococcal Pneumonia	4	5	5.9	10.8
Group B Streptococcus	1	1	1.5	2.2
Bacterial Meningitis (organism unidentified)	5	4	7.3	8.7
Total Bacterial Cases	68	46	100.0	100.0

Table 4

Meningococcal Disease by Sub-group 2001 and 2002:

Sub-group	Number	
	2001	2002
B	41	26
C	5	5
W 135	0	1
No Group	12	4
Total	58	36

In the South Western Area Health Board, there were 36 cases of meningococcal meningitis in 2002 compared with 58 cases in 2001 showing a 38% reduction. It is notable that since the introduction of the meningococcal C vaccine there has been a significant reduction in Group C cases. However, it is important that we continue to be vigilant for the disease as there is as yet no vaccination for the B strain. There were five deaths from meningococcal disease in the South Western Area Health Board in 2002.

Measles

Table 5 outlines the number of cases of measles occurring in the South Western Area Health Board from January to December 2001 and 2002.

Table 5

Measles Cases in South Western Area Health Board, January to December 2001 and 2002:

Community Care Area	Number of Cases		% of Cases	
	2001	2002	2001	2002
Dublin South City	11	4	19.3	7.2
Dublin South West	9	11	15.8	19.6
Dublin West	14	13	24.6	23.2
Kildare / West Wicklow	23	28	40.3	50.0
Total	57	56	100.0	100.0

Table 6

Number of cases of measles reported in 2002 compared with previous years:

	1999	2000	2001	2002
No. of cases	14	346	57	56

The number of measles cases is down slightly on last year's. However there is no room for complacency as the uptake rates for the MMR vaccination are very low in some of the Board's geographical areas and this means there is a high risk of an outbreak of measles. The Board would again appeal to parents and carers to have their children vaccinated to avoid getting measles or other contagious diseases and to avoid spreading this highly infectious disease in the wider community.

Tuberculosis

There were 79 cases of TB in the Board's area in 2002 compared with 67 cases in 2001. All children in the area are offered BCG and a national standardised data collection system "NTBSS" is being used to monitor trends of tuberculosis. Table 7 outlines figures for 2001 and 2002 respectively. While there has been an increase in the number of cases of TB and we continue to closely monitor the trends, treatment is available for this disease unlike in the past.

Table 7

TB Cases in South Western Area Health Board, January to December 2001 and 2002:

Community Care Area	Number of Cases		% of Cases	
	2001	2002	2001	2002
Dublin South City	34	30	50.7	38.0
Dublin South West	11	11	16.4	13.9
Dublin West	13	24	19.4	30.4
Kildare / West Wicklow	9	14	13.5	17.7
Total	67	79	100.0	100.0



Health Promotion

The ultimate goal of our Board's health promotion service is to enhance the well-being of individuals and communities in our region through developing healthy public policy, creating supportive environments, building personal skills, strengthening community action and the re-orientation of health services.

All activities of the Health Promotion Department are carried out on the basis of an understanding of health and health promotion, on evidence of best practice from research in Ireland and abroad, and on guidelines articulated in the Ottawa Charter for Health Promotion (WHO 1980). Health is viewed in the broadest terms to include: physical, mental and social well-being and health promotion activity is integrated into all programmes and undertaken by a wide range of staff throughout the region.

Activities & Developments in 2002

In line with national strategies, a settings approach is adopted and in this way a comprehensive approach to tackling a variety of topics and "at risk" population groups is possible. The Health Promotion Team works in partnership with all programmes and functions in our Board to integrate health promotion into all services.

The following range of activities and developments were achieved during 2002 and were developed and delivered in the context of the actions outlined in the National Health Strategy - *"Quality and Fairness - A Health System for You"*.

Schools' Setting

Young people are a priority population group within the South Western Area Health Board. In 2002 we aimed to support and build the capacity of young people in our region to maintain and develop lifestyles that promote and protect their health.

Social, Personal & Health Education Post-Primary Regional Support Service

The partnership between health and education has been fostered locally by the Regional Development Officers appointed by the Department of Education & Science and the Senior Health Promotion Officer for Schools & Young People employed by the South Western Area Health Board. A co-ordinated Social, Personal and Health Education support service has been developed and is available to all post-primary schools in the area.

- 62 out of 85 post-primary schools have engaged with the service.
- 22 Teacher Training days were provided with 152 teachers attending regional training in Kildare and Dublin.
- 6 Introductory SPHE seminars were provided to school staffs.
- 48 school visits were organised to offer support to Principals, Social Personal and Health Education Co-ordinators and individual teachers.

UCD Higher Diploma in Education

During 2002 agreement was reached with the Professor of the Education Department, UCD, that the Senior Health Promotion Officer for

schools and Regional Development Officer will facilitate a 10-week module for 84 student teachers - to commence in January 2003.

Policy on supporting Health Promotion work in schools

A consultation framework for Health Board staff working in schools, SPHE Co-ordinators / Principals and parents (students' views were recorded previously) was developed in 2002. As part of the consultation, a Schools' Forum for staff was held and 55 staff participated. A questionnaire has been sent to 84 SPHE co-ordinators and principals in order to establish their views on a support policy.

Resource Development

The Health Promotion Department's schools' resource library is being updated and extended. The core SPHE resources for primary & post primary curricula will be available to teachers and health board staff in time for the implementation of Social, Personal and Health Education in September 2003.

A number of social, personal and health education resources / materials that support teaching on oral health, adolescent body image, mental health, nutrition and osteoporosis are currently being developed.

Tobacco Control Interventions in Schools, Communities, Health Services and Workplaces

In 2002 we aimed to enhance the well-being of individuals and communities, particularly

those in disadvantaged areas, through the development of personal skills, the creation of supportive environments, provision of information and resources relating to tobacco control. In pursuit of this aim a number of initiatives took place in relation to tobacco control:

- The Regional Tobacco Control Strategy was launched in the South Western Area Health Board on National No Smoking Day.
- A Smoking Cessation Facilitators' Forum was established in the South Western area in 2002 and two meetings were held with 40 staff attending from across the health services. Through this forum, Smoking Cessation services in the area were mapped and needs and gaps identified.
- A one-day training programme on smoking cessation was developed, piloted and evaluated. A pack to support smoking cessation facilitators in the provision of a 6-week course was also developed in 2002.

Health Board Staff

- A survey was carried out to consult with all staff on the development of smoking cessation services.
- A staff smoking policy working group was established to direct policy development across the three Health Board areas.
- Draft Policy and Guidelines were produced for consultation.
- Staff smoking cessation support proposal was developed and actions on proposal

have commenced - development of web-site, materials (posters, leaflets and cards), email and phone line protocols.

- 22 members of staff were trained as Smoking Cessation Facilitators.
- 8 members of staff were trained in refresher skills for group work.
- 7 members of staff were trained as Trainers for Brief Interventions.
- Smoking Cessation Facilitators' Database has been established, monitored and updated - currently there are 60 facilitators on database. Information updates have been extended to all on database.
- A Quit & Win competition for staff was held in 2002.

Primary Care Smoking Cessation Services:

Smoking Cessation clinics have been established for G.P. Partnerships - South Inner City Partnership & Dublin South West Partnership. Service protocols and monitoring and guidelines for smoking cessation were developed.

Dublin South City	Dublin South West
39 referrals	18 referrals
13 clinic days	11 clinic days
9 G.P. Practices visited	Presentation to 30 G.P.s at AGM
45 information packs developed and distributed to G.P. Practices	64 information packs developed and distributed to G.P. Practices

Community Setting

A 12 week smoking cessation course, targeting women in lower socio-economic environments, was developed and delivered to a group of women in Tallaght in conjunction with An Cosán Community Group.

A 6-week smoking cessation group was held in Whitefriar Street. Following the programme, plans for the provision of one-to-one smoking cessation clinics and appropriate health promotion services were prepared.

Smoking Cessation Services

The Smoking Cessation Service had the following range of contacts:

- Smoking Cessation Groups supported 50 attendees
- 131 people contacted the One-to-One Support and Follow-up Service
- 51 people attended the Smoking Cessation Clinics
- 1,065 people contacted the Health Promotion Department about smoking cessation services

Schools

Resources to support teachers in the provision of Social Personal Health Education were identified and work commenced to develop them.

Nutrition Interventions in Schools, Communities, Health Services and Workplaces

Community Setting

In 2002 we aimed to work in partnership with groups in the community, particularly lower socio-economic groups, to promote health through nutrition.

- An external evaluation of the peer-led nutrition project "Healthy Food Made Easy" was carried out in 2002.
- A six-week nutrition course was run and evaluated within Tallaght Primary Health Care for Travellers Project. As a follow-on this group organised healthy eating breaks during National Healthy Eating Week. An introductory nutrition session was held with Rowlagh Primary Care Project.
- Support was given to the co-ordinator of the 12-week emotional eating course in An Cosán.
- The "Healthy Food Made Easy" Programmes were run in :
Drimnagh Family Resource Centre,
Killinarden and Whitefriar Community Centre.

Health Services Setting

- A dietetic service for G.P.s was established with the South Inner City Partnership and Dublin South West Partnership. Diet sheets and referral protocols were developed. Between September and November, 99 referrals were made to the service. Of

these, 57 were new referrals and 42 were review referrals. 63 clients have been seen on a one-to-one basis.

- A clinical dietetic service was provided to the Board's eight long stay units for the elderly.
- Nutrition training for health care staff was provided during the year. 15 catering and nursing staff attended a nutrition training session at Maynooth Community Unit. 20 staff members from the units attended training on Peg feeding. 8 new staff nurses attended training around Nutrition & Peg feeding in St. Brigid's, Crooksling. 10 catering and nursing staff members attended training on the use of thickeners in texture-modified diets for swallowing disorders.

Schools & Young People

In 2002 we aimed to enhance the capacity of young people in our region to develop and maintain good health through nutrition. In order to achieve this aim:

- A database of schools providing breakfast clubs / after school clubs was developed. In order to assess the nutrition training needs of those supporting breakfast / after school clubs in our region, these schools were all contacted individually and invited to complete a needs assessment questionnaire. Based on this assessment, all respondents have been invited to a training session in early 2003.
- In partnership with the Department of Health and Children, Food and Nutrition guidelines for schools and Food and Nutrition guidelines for pre-schools were developed.

Workplace Setting

As stated in the 2002 Service Plan, we aimed to raise awareness among health services staff of the role of nutrition in the promotion of good health and to make the healthier choice the easier choice in health board workplaces.

- During National Healthy Eating Week materials information (e.g. healthy options for lunches) were developed and disseminated to all Health Centres.
- A member of the team participated on the "National Healthy Food Choices" initiative. This committee is looking at developing a self-assessment questionnaire for the provision of healthy options for staff and visitors in the acute hospital setting.
- A Nutrition and Smoking Cessation leaflet was produced. The Smoking Cessation Officers are currently piloting both leaflets with groups and facilitators.
- Staff contributed to Health Awareness Day for staff in Cheeverstown House.
- Heart healthy catering checklist was generated and circulated to health board premises.

Resource Development in 2002 that Supports Nutrition Programmes

- "Food for Young Children" booklet was developed, launched and disseminated to all Health Centres within the Board. This is a resource for use by health professionals to support their work.

- "Weaning - a guide to feeding your baby" booklet was revised, reprinted and disseminated.
- "Eating well on a small appetite" - a new resource for older people was developed and disseminated.
- "Meals in Minutes" was reprinted.
- In association with the Women's Health Unit in the Northern Area Health Board, an Osteoporosis Workbook to support the Osteoporosis video has been developed.

Physical Activity Interventions in Schools, Communities, Health Services and Workplaces

Community Setting

- In 2002 we aimed to develop community-based physical activity initiatives and to promote walking as an easy to do, time-efficient and effective form of physical activity in the community.
- Through the Health Promotion Department, the South Western Area Health Board is represented on the Kildare Local Sports Partnership and is actively involved in drawing together submissions for Sports Partnerships in the City of Dublin and South Dublin.
- Physical Activity Leader (PALs) workshops are designed to empower older people to become physical activity leaders. 17 PALs workshops were completed. 111 leaders

were trained in Kildare, South Dublin and Dublin Inner City. Preliminary evaluation of workshops and subsequent activity was carried out by the senior health promotion officer for physical activity who also contributed to external evaluation of the *Go For Life* programme.

- Group presentations were given in conjunction with *Go For Life*.
- 12 walking leaders were trained in Kildare.
- 2 new walking groups were set up in Rowlagh and an Active Living project will be progressed in An Cosán in 2003.
- We have worked with the Primary Health Care for Travellers Programme in order to include physical activity as a subject on the primary health care training programme.
- Sports equipment was purchased which can be used to support community groups.
- A community walking programme was set up in conjunction with South Dublin County Council in North Clondalkin.

Health Services

In 2002 we aimed to involve health service personnel in initiatives to promote physical activity. Activities undertaken in pursuit of this aim include:

- Slí na Sláinte signage installed in St James's Hospital and the development of a route for Naas General Hospital is in progress. Routes in South Dublin, St. Loman's Hospital, Our

Lady's Hospital for Sick Children, Baltinglass and Kildare are being planned.

- Physical activity training was carried out with Home Helps in Dublin South West and work has commenced on developing a physical activity module for the training of home helps / carers.
- In 2002 Activity in Care Training (ACT) was negotiated with Waterford Institute of Technology. This programme will be offered to 6 long stay units in early 2003.
- Walking / physical activity training was carried out with staff in St Loman's Hospital.
- Physical activity workshop was given to service-users in Ballyfermot Mental Health Centre.
- The walking programme has been adapted for Mental Health service-users.
- Staff attended a physical activity workshop in Athy Health Centre as part of "Solutions for Wellness" programme.
- Physical Activity micro-projects were run in the Mental Health Service.
- A framework was developed in conjunction with Kildare County Council for implementing a G.P. exercise referral programme in Newbridge Sports Centre.

Schools' Setting

In 2002 we aimed to develop a system of leadership for Parents / Guardians / Youth Workers to promote physical activity and play in children aged 0-10 years.

- 9 school training days were held and 1 cluster training day. 200 teachers participated in the training.
- 10 schools were selected for Top Sport programme in Kildare.
- A workshop was developed for parents and piloted in Whitefriar Street. 15 parents participated in the workshop.

The development of a programme for teenage girls, which integrates nutrition, mental health, physical activity and tobacco control commenced in 2002.

Suicide Prevention and Mental Health Promotion in Schools, Communities, Health Services and Workplaces

In 2002 we aimed to encourage the development of suicide prevention / mental health promotion activities in a range of settings.

- A one-day conference was held during the year entitled 'Mental Health - An Issue for All'.

- A one-day Seminar on 'Facing up to Suicide' was held in Knocklyon and in Kildare.
- A 6 week training course on 'Facing up to Suicide' was held in Newbridge. Bereavement Support Service training was also provided.
- Kildare Community Services has set up a response group to suicide and identified projects for 2003. One of these projects is the development and distribution to all homes of Helpline numbers available locally.
- A Mental Health Group has been set up in Athy to address issues relating to Mental Health & Suicide.
- Guidelines on how to respond to someone in distress have been developed by CASP and the Local Drugs Task Force in Clondalkin.
- To date 300 staff have attended initial assessment of training needs and the development of policy and risk assessment tools for front-line staff in relation to suicide & parasuicide.
- The DUMP campaign - 'Dispose of Unused Medication Properly' - was developed and piloted and will be offered to all pharmacies and G.P.s in the area.

Schools

- Two half-day awareness training sessions on Suicide were provided to the staff in the College of Art & Design.

- 'Concerned About Suicide' leaflets were sent to all schools in South Western Area Health Board.
- Guidelines on Suicide Prevention in Schools were sent to all second level schools in South Western Area Health Board. Teachers of the Social, Personal and Health Education Programme were provided with training on Mental Health & Suicide.
- A training day on developing a Crisis Action Plan in the event of a suicide was provided to teachers from 7 schools.
- An introduction to Suicide & Parasuicide was given to teachers from Post-Primary Schools in Kildare.
- The Regional Development Officer for Schools joined as a member of the steering group for suicide prevention.
- To date 192 primary, post-primary & third level tutors have availed of training in the area of Suicide Prevention.

Health Promotion Interventions for Older Persons

Fire Safety

The Senior Health Promotion Officer for Older Persons worked with the Fire Safety Officer, E.R.H.A., in order to deliver 7 half-day fire prevention information sessions to 79 staff which included P.H.N.s, R.G.N.s and Home Care Assistants in Kildare and West Wicklow.

In Dublin South West, a sub-committee of the National Safety Council was established to implement the Carers' Project. This has representation from statutory and voluntary organisations and includes community groups as well as Fire Officers and Gardai.

The distribution of 5,000 leaflets within the community was also facilitated through the Health Promotion Department during Fire Safety Week.

Falls Prevention Project

In 2002 plans to implement a falls prevention programme in the Board's residential units for older people based on the Baltinglass Hospital project were drawn up and implementation commenced with a series of education workshops for all grades of personnel in community residential care units.

Implementation of a programme of Tai Chi instruction in Brú Chaoimhín Community Residential Unit

In September 2002 a demonstration of Tai Chi instruction was given in Brú Chaoimhín Community Residential Unit. Following this, a series of Tai Chi classes commenced in Brú Chaoimhín in October. Tai Chi classes ran weekly for 8 weeks until December.

Men's Health Project

In 2002, in order to address some of the issues in relation to men's health, work was undertaken with the flexible training unit in Tallaght. 'Being Well', an eight week Health Promotion Programme promoting good health

and well-being, was adapted to the needs of men attending the training unit. Following the eight week period the programme will be evaluated and recommendations made to inform further work in this area.

Community Alcohol Project

In 2002 the Health Promotion Department and the Mental Health Services ran a six week Alcohol Awareness project in partnership with the community of Kilcock.

Health Literacy Awareness

An experiential health and literacy awareness workshop for Health Promotion Department staff was organised to coincide with National Literacy Awareness Week. Posters, leaflets and resources from NALA were circulated.

Workplace Health Promotion

Workshops on stress awareness were run for staff during 2002.

Health Information Distribution

The table below shows the activity in relation to the distribution of health promotion literature in the Board's area.

Level of activity recorded for a half-yearly period from 1 st June 2002-31 st Dec 2002	
Topic	Quantity Distributed
Child Health	65,867
Alcohol	4,037
Tobacco	22,840
Drugs	11,043
Nutrition	13,401
Hygiene	1,890
Women's Health	15,485
General Information	48,120
Posters - general	2,150
Publications	1,131
Drugs Postcards	18,435



Cardiovascular
Health Strategy
2002

During 2002, the Board continued to implement the recommendations of the Cardiovascular Health Strategy (CVHS) *"Building Healthier Hearts"*. Services were organised and implemented in a co-ordinated and cohesive manner striving to achieve the goals, objectives and principles of that strategy along with our Board's Organisational Strategy and the National Health Strategy - *"Quality & Fairness - A Health System For You"*.

Although much progress has been made in this area, mortality rates indicate that much more needs to be done to improve the Heart Health Status of our Board's population.

Activities and Developments in 2002: Primary Care under the CVHS

In 2002 agreement was reached between the various stakeholders, the Health Boards, the Irish College of General Practitioners (I.C.G.P.), in collaboration with the Irish Heart Foundation, on a National Secondary Prevention Programme for Cardiovascular Disease. This programme has been named the Heartwatch Programme.

The main aim of this programme is to implement and evaluate the first phase of a structured programme of secondary prevention of cardiovascular disease in general practice.

An independent National Data Centre has been established for this programme. It is the national primary collection point for all data returned by G.P. practices.

The National Programme Centre, the I.C.G.P. and the Board chose 55 G.P.s from the Board's area to participate in the Heartwatch Programme. It is anticipated that early in 2003 the Board will have signed contracts with the G.P.s to implement the initial phase of the Programme. A G.P. Co-ordinator was appointed by the I.C.G.P. and early in 2003 the Board will appoint a Cardiovascular Nurse Facilitator to support this programme in general practice.

In December 2002, the Board purchased a number of Ambulatory Blood Pressure Monitors for participating practices in the Heartwatch Programme. Training will be provided in 2003 in the use of these devices.

Two Primary Care Clinical Dietitians were appointed in 2002. Their main role is to develop a clinical dietetic service in the primary care setting. In addition, a clinical dietetic support service commenced in the South Inner City Partnership (SICP) in September 2002. It is anticipated that this clinical dietetic service will be expanded to provide support to other general practitioners participating in the programme in 2003. A clinical dietetic support service commenced in the Dublin South West Partnership (DSWP) in October 2002. This service will be extended in 2003 to other G.P.s. Information packs on the nutrition service were developed and disseminated to general practitioners.

Acute Hospital Services under the CVHS

During 2002 acute cardiovascular care continued to be delivered to persons by Naas General Hospital with access to some

diagnostic facilities and tertiary services at Tallaght Hospital.

In 2002, an audit of "door to needle" time and an audit of existing cardiac catheter laboratories were carried out for the Eastern Region by the E.R.H.A. Naas General Hospital participated in these audits.

In December 2002, our Board received approval from Comhairle na nOspidéal for a Consultant Cardiologist. It is envisaged this post will be filled in 2003. This has brought the total number of posts approved under the CVHS for Naas General Hospital to 10.

In 2002, approval was received from E.R.H.A. for the purchase of an Echo machine and Holter Analyser. This equipment and technology will enable Naas General Hospital to improve Cardiac Day Services in 2003. The provision of these services will facilitate early diagnosis, treatment and discharge of patients with cardiovascular disease.

Cardiac Rehabilitation

The cardiac rehabilitation team continued throughout 2002 to deliver Phase I and Phase II cardiac rehabilitation services to patients. Phase 1 involves education of staff and patients within the hospital setting. Phase II is the out-patient component which runs over a six week period for each group of patients.

CVHS Health Promotion

A Health Promotion Staff Nurse was appointed during 2002. The level of health promotion activity provided in 2002 in Naas General Hospital was as follows:

- All national health promotion initiatives were run in the hospital, i.e.:
 - World No Smoking Day (information circulated and carbon monoxide monitoring made available to patients, staff and members of the public)
 - Asthma Day
 - Daffodil Day
 - Breast Cancer Awareness Month
 - In-house Weight Management Programme
 - World No Tobacco Day
 - National Healthy Eating Week
 - Heart Health Week
- Two additional Smoking Cessation Facilitators were trained in 2002 bringing the total trained to 10.
- Smoking Cessation Service:
 - A referral service was established, referral cards printed and distributed throughout the hospital.
 - A monthly smoking cessation clinic for the hospital staff has been introduced.
 - A database has been established in the hospital for smoking cessation (monitoring and evaluation).
 - Six week smoking cessation courses have been ongoing since the recruitment of the Health Promotion Staff Nurse (196 people invited to groups in the hospital).
 - Back to back smoking cessation courses are run for patients (the attendance was around 10 per group on an ongoing basis every six weeks) - 7 groups in the year.
 - Brief intervention was run in the hospital for 153 persons.
 - Progression to bronze stage European Smoke-Free Hospital Initiative commenced.

- Brief intervention training for staff commenced.

In 2002, a Resuscitation Training Officer was appointed to the hospital and among the initiatives carried out were:

- An audit to identify the level of Basic Life Support and ACLS training required for medical staff in the hospital. The training needs for upskilling staff in the area of life support were identified from this audit.
- A designated cardiac arrest team was established.
- Staff were trained on the use of defibrillators.
- 9 basic life support courses were run in the hospital in 2002 (108 staff).
- Staff were supported for ACLS training (3 medical staff and 2 nurses).
- 40 staff received training in CPR.

Training for a member of the hospital staff as a Cardiac technician continued. The technician has been successful in gaining training in Echocardiology which will enhance the cardiac diagnostics available to patients.

CVHS Health Promotion

In September 2002, approval was received for a post for disadvantaged groups to enhance our Board's Health Promotion Team under the CVHS. The Cardiovascular staff and the Health Promotion staff work in collaboration and the range of CVHS health promotion activities held during the year are outlined under the Health Promotion section.



Cancer Strategy

The South Western Area Health Board's Cancer Strategy is managed by the South Western Area Cancer Strategy Group. The cancer programme in the South Western Region of the E.R.H.A. has seen many developments reaching fruition in 2002. There is still an enormous amount of work required to fulfil the long-term objectives of the cancer programme, however, the Board is confident that the progress that has occurred to date will provide secure foundations for the long-term goals of providing excellent cancer care to all in the region.

Cancer is predicted to overtake heart disease as the biggest killer in Ireland within 10 years (National Cancer Registry, 1999). This will have a huge impact on health care services, for which cancer care must be a priority over the next few years.

The South West region includes almost 50% of the most disadvantaged population in the E.R.H.A. area, and therefore, health promotion and liaison with primary care is most important. A major priority for this region is the development of cancer information systems.

Education and health promotion are the keys to prevention; screening and health education to early diagnosis. These need national leadership and direction, from the obvious smoking cessation campaigns to the less obvious, such as the importance of the effective control of severe reflux in reducing the risk of oesophageal cancer.

Activities and Developments in 2002

Opening of Regional Oncology Programme Offices

2002 saw the relocation of the Regional Oncology Programme office for the South Western Area Health Board from the Queen Mary building to St. James's Hospital.

Cancer Services Guidelines Officer

The post of Cancer Services Guidelines Officer was filled in August 2002. This pivotal role will fulfil the need to develop Oncology Pathways of Care to assist practitioner and patient decisions about appropriate healthcare for all types of cancer.

Cancer Services Promotions / Media Officer

The post of Cancer Services Promotions / Media Officer was filled in 2002. This essential role will be central in the organisation and communication of cancer services within the region. The new Clinical Trials facility was launched in 2002 and work commenced on several projects within the region including, the inaugural Cancer Conference 'Cancer 2003' and the All Ireland Nursing Conference in the Adelaide & Meath Hospital, incorporating the National Children's Hospital (AMiNCH), Tallaght.

Cancer Clinical Trials Consortium

The Cancer Clinical Trials Consortium was inaugurated and includes St. James's Hospital, Our Lady's Hospital for Sick Children, St. Luke's Hospital, the Coombe Women's Hospital and the Midland Health Board. The Consortium was awarded a grant of €1.7m by the Health Research Board to further develop and

augment the cancer clinical trials programme. The grant included funding to build a dedicated building for clinical trials staff, the first in the country.

A Cancer Clinical Trials Manager was also appointed to develop a clinical trials infrastructure for cancer services throughout the Board's area.

National Cancer Registry Collaboration - Study

St. James's Hospital and the Adelaide, Meath and National Children's Hospital are working closely with the National Cancer Registry Ireland and the Northern Ireland Cancer Registry on this study. The study will investigate the increase in incidence of oesophageal carcinoma in developed countries in the last three decades. This is a cross border initiative and approximately 40 patients from the Board's area have participated in the study to date.

Development of Cancer Information Systems

The Cancer Clinical Audit System (PATS - Patient Analysis and Tracking System) within St. James's Hospital continued to be developed. These systems document the process of cancer care for all patients, as well as outcomes, and therefore, provide data on the performance indicators of cancer treatments. These include, for instance, waiting times for all aspects of treatment, staging, complications, quality of life, and whether all the appropriate specialists were involved.

Cancer Clinical Audit Systems are essential in the major cancer hospitals to provide the depth of information to guide policy-makers in shaping a new national cancer plan. It is hoped to expand the system to AMiNCH as a regional priority for 2003.

Palliative Care Services

A clinical nurse specialist in palliative care was appointed to Naas General Hospital.

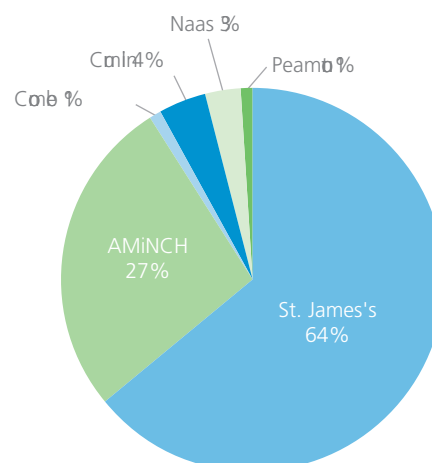
Increasing Cancer Workload within the South Western Area Health Board

The cancer workload has increased dramatically by 57% for the 5 year period 1998 to 2002.

Year	AMiNCH*	St. James's	Coombe	Naas	Crumlin	Peamount†	Total
1998	329	1,399	30	80	109	20	1,967
1999	720	1,590	29	84	97	20	2,540
2000	803	1,743	34	94	119	20	2,813
2001	874	1,880	20	86	135	20	3,015
2002	960	1,888	27	99	121	20	3,115
Total	3,686	8,500	140	443	581	100	13,450

*AMiNCH opened in June 1998. †Peamount figures are an average.

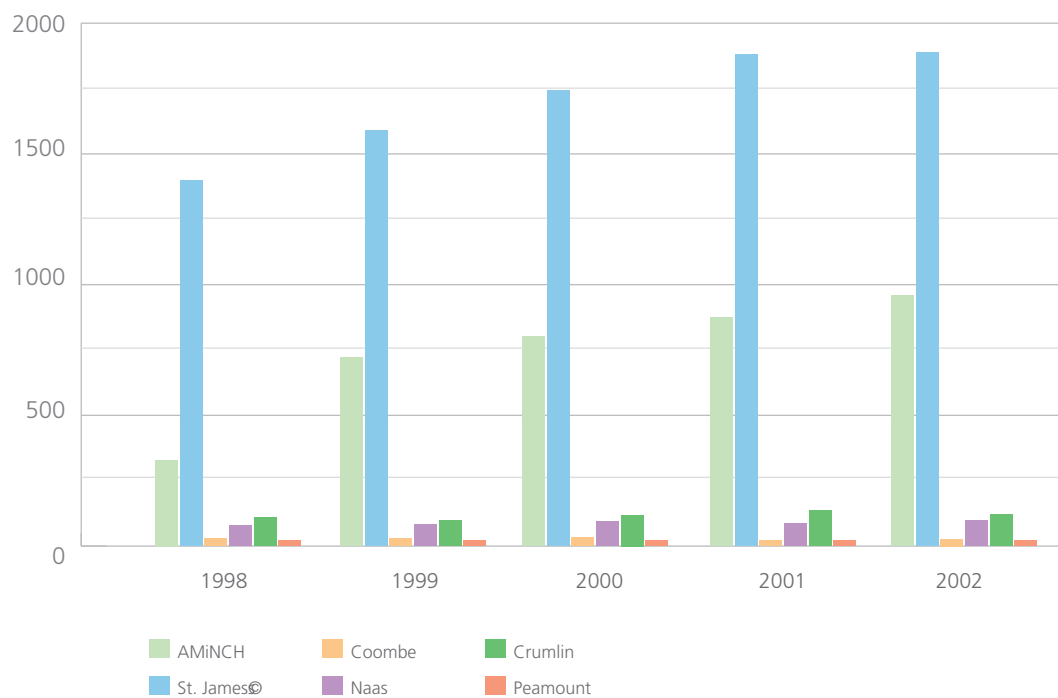
SWAHB Cancer Activity 1998-2002



Cancer Trends 1999 to 2002

AMiNCH has seen a 33.3% increase in cancer workload for period 1999 to 2002. St. James's Hospital has seen an 18% increase, Our Lady's Hospital for Sick Children, Crumlin a 24% increase, the Coombe Women's Hospital a 12.5% increase and Naas General Hospital a 17.8% increase. There have been 13,450 people with cancer treated and diagnosed in the Board's area in the period 1998 to 2002.

SWAHB Cancer Activity 1998-2002



Symptomatic Breast Services

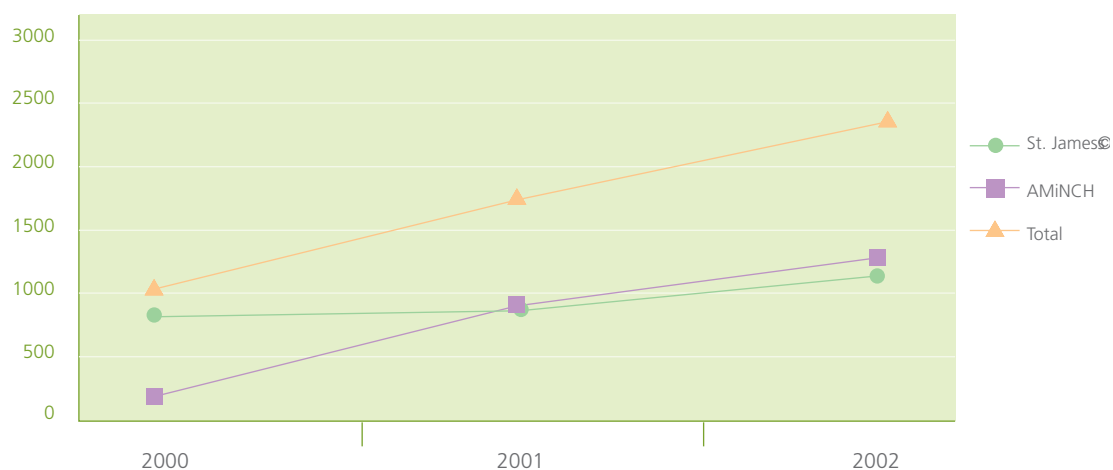
Both St. James's Hospital and AMiNCH have been nominated as locations for Breast Units. Both hospitals run weekly rapid access triple assessment breast clinics. The purpose is to provide a rapid diagnostic service to patients in whom breast cancer is suspected by their G.P. It incorporates triple assessment, i.e. the combination of clinical examination, imaging and fine needle aspiration cytology. The tests are performed immediately and results are available the same morning.

There has been a 40% increase in activity in the Symptomatic Breast Rapid Access Breast Cancer Clinics within the Board. There were 1,017 patients reviewed in 2001 and over 1,746 in 2002

(see table below). If this trend continues there is a need to plan for resources to enable provision of optimal cancer care in the future.

Breast Clinic	2000	2001	2002	Total
St. James's Hospital	813	867	1,136	2,816
AMiNCH	204	879	1,250	2,333
Total	1,017	1,746	2,386	5,149

SWAHB Symptomatic Breast Cancer Clinic Activity 2000-2002



Breast Cancer Statistics

772 patients were diagnosed and treated for breast cancer in the South Western Area Health Board in the last 3 years. This is a 12% increase during this period.

SWAHB Breast Cancer Activity 2000-2002



St. James's Cancer Activity June 1990 to 2002

There was a total of 15,529 patients diagnosed and treated for cancer in St. James's Hospital for the period June 1990 to date. This cancer workload has increased dramatically over this 12 year period.

Cancer Type	Jun-90	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	Total
Bone	1	6	6	4	5	7	13	2	8	6	6	7	7	78
Breast	20	45	21	49	55	63	58	67	104	118	158	141	158	1,057
Colorectal	29	76	58	59	96	73	100	97	109	109	105	105	109	1,125
Endocrine	4	12	4	4	8	9	11	14	15	7	10	8	16	122
Gynaecology	9	15	20	33	28	49	50	52	59	55	106	110	115	701
Haematology	14	24	33	36	51	34	48	65	69	96	98	70	100	738
Head & Neck	17	41	40	61	55	59	86	85	85	135	124	129	140	1,057
Hepatic / Pancreas	8	17	14	17	27	22	30	29	38	38	70	64	50	424
Lung	43	96	125	158	202	250	210	261	254	250	228	288	273	2,638
Lymphoma	20	46	48	45	56	61	72	73	84	101	98	108	100	912
Melanoma	5	13	21	17	26	20	21	36	51	44	51	66	67	438
NMSC	24	91	122	145	191	226	253	249	296	383	405	498	395	3,278
Sarcoma	2	12	6	12	13	16	15	19	21	14	26	27	25	208
Upper GI	62	86	98	113	139	135	126	138	116	124	139	147	130	1,553
Urology	6	32	36	33	49	44	60	59	64	58	69	91	106	707
Exotic / Unknown	20	65	17	39	53	45	18	22	26	52	50	37	49	493
Total	284	677	669	825	1,054	1,113	1,171	1,268	1,399	1,590	1,743	1,896	1,840	15,529

These figures have been compiled from the histopathology and PATS Cancer Registries. Certain cancers such as haematology malignancies are under-represented.

There has been a significant increase in cancer activity since 1990. The average annual cancer activity was 568 in 1990, this has increased to 1,840 in 2002.

St. James's Hospital Cancer Activity June 1990-2002

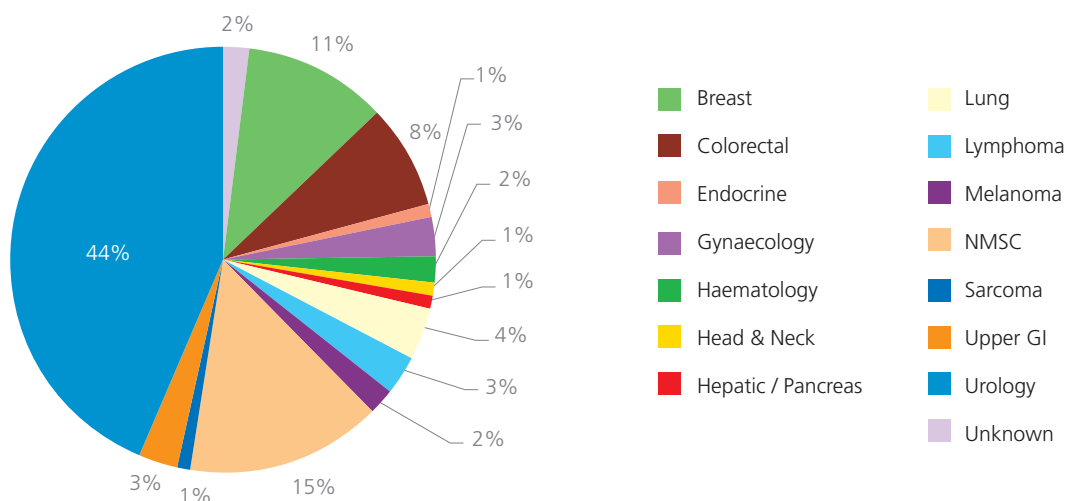
AMiNCH Cancer Activity June 1998 to 2002

There was a total of 3,686 patients diagnosed and treated for cancer in AMiNCH for the period June 1998 to 2002. Urology accounts for over 44% of all cancers treated, followed by Non Melanoma Skin Cancer 15%, Breast 11% and Colorectal at 8%.

AMiNCH Cancers	1998	1999	2000	2001	2002	Total
Bone	0	1	0	0	1	2
Breast	22	75	77	105	110	389
Colorectal	29	54	62	79	75	299
Endocrine	5	3	1	6	6	21
Gynaecology	9	14	18	35	17	93
Haematology	9	16	22	24	17	88
Head & Neck	4	3	4	6	3	20
Hepatic / Pancreas	1	7	5	5	9	27
Lung	18	20	34	29	41	142
Lymphoma	19	29	17	19	32	116
Melanoma	5	14	18	13	13	63
NMSC	30	101	149	133	146	559
Sarcoma	1	3	7	4	4	19
Small Intestine	2	2	3	6	5	18
Upper GI	16	25	25	31	26	123
Urology	151	346	343	360	436	1,636
Unknown	8	7	18	19	19	71
Total	329	720	803	874	960	3,686

Source: Histopathology Department AMiNCH

AMiNCH Cancer Activity June 1998-2002





Primary Care Unit

The Aims and Objectives of the Board's Primary Care Unit is:

- To support and develop to the highest standard the organisation and delivery of general practitioner and primary care services in the South Western Area Health Board using all available resources.
- To promote an integrated approach to primary care delivery involving general practitioners, public health nurses and community health professionals.
- To further develop linkages between primary care and the hospital sector in formal Primary and Secondary Care Partnerships.
- To promote the employment of practice nurses within our Board's region.

Activities and Developments in 2002

General Practices

The number of general practitioners contracted to provide services under the General Medical Services Contract (1970) within the South Western Area Health Board is 222. 107 practices operate formal out-of-hours rotas.

Of the 222 general practitioners, 172 have one centre of practice, 41 have two centres of practice and 9 have 3 centres of practice.

A number of practices consist of partnerships, 34 practices consist of a partnership of 2 G.P.s, 6 practices consist of a partnership of 3 G.P.s and 1 practice consists of a partnership of 5 G.P.s.

Practice Staff

In 2002, 10 practices applied for the practice nurse grant of €3,809.21. 55 practices employ practice nurses. 3 practices employ a secretary. 7 practices employ a practice manager.

G.P. Information Technology (I.T.) Training

The Board provides an I.T. training course in conjunction with the Irish College of General Practitioners (I.C.G.P.). 85% of practices have a computer.

The I.C.G.P. offers the following courses to G.P.s and practice staff:

- Introductory computer and email course which includes basic PC training, software demonstrations and managing the change of computerisation.
- Implementation Course which includes generation of referral notes, consultation notes and legal aspects of practice computerisation.
- Practice Based Computer Courses. The I.C.G.P. is offering on-site computer training to group practices or small groups of G.P.s using the same software. The courses take place in computerised practices and are based on a training needs assessment by the course tutor.
- Internet and email course which provides an introduction to using email and the Internet.
- Computer Courses for Practice Nurses. This is the first term that the I.C.G.P. has run a computer course specifically designed for Practice Nurses. The course emphasises a hands-on approach tailored to the software that the nurse is using in the practice and includes a G.P. practice visit.

Eastern Regional General Practice Training Programme

This scheme continues to enjoy great success. The programme attracts candidates of the highest quality who are greatly appreciated by our hospital colleagues and who go on to be very successful in general practice. This scheme has now moved to a four year programme in line with other schemes around the country. The scheme enjoys the full support of the Board and hopes to have a closer working relationship with the Department of General Practice in Trinity College in the near future.

Indicative Drug Budgeting:

Indicative Drug Budgeting provides for the allocation of an individual drug budget to each general practitioner to enable him / her to pursue the objective of responsible and cost-effective prescribing. General practitioners whose out-turn at year-end is less than their allocated budget are permitted to invest these savings in approved general practice developments. Areas covered include: premises development, purchase of clinical equipment and information technology. Between 2001 and 2002 a total of 22 practices have been upgraded using funding from the indicative drug budget scheme.

Hepatitis C

The Health (Amendment) Act 1996 provides for the Health Boards to make available, without charge, a range of services to persons infected with Hepatitis C through the administration within the State of blood or

blood products (including G.P. services in relation to all medical conditions, drugs and medicines, home nursing service, dental, ophthalmic and aural services and home support services).

The Primary Care Manager is the designated responsible person for ensuring the provision of seamless primary care services. In May 2002 a Hepatitis C Liaison Officer was appointed to assist the Primary Care Manager in respect of this function.

South Western Area Health Board Statistics 2002

New Hepatitis C Cards Issued	12
Replacement Cards	3
Total No. of Cardholders	239

Dub Doc

The Dub Doc out-of-hours G.P. Service has now been in operation since October 1998 and is located within the Out-Patients Department of St. James's Hospital.

Dub Doc is Ireland's first out-of-hours G.P. Co-op and continues to thrive. There are now 64 G.P. members providing care for approximately 150,000 patients. Audit and research indicates a very high satisfaction level among both service providers and consumers. Co-Ops are the way of the future for emergency primary care.

K.Doc

The K.Doc out-of-hours G.P. Service has now been in operation in Kildare and West Wicklow since March 2001. 64 doctors currently participate in the K.Doc out-of-hours Co-op. The service operates from 6pm to 8am weekdays and from 12 noon on Saturday through to 8am on Monday morning. The call centre is based in Newbridge. Main treatment centres are located in Celbridge and Newbridge and secondary centres are located in Health Board premises in Athy, Naas and Blessington.

- Total number of calls received in 2002 was 25,238.
- Number of patients seen in Newbridge / Celbridge / Naas / Athy Treatment Centres was 14,295.
- Number of patients seen in own homes was 3,053.
- Number of patients dealt with by advice was 7,028.

During 2002, S.I.C.P. has worked to further develop existing clinical services including:

- Community Anticoagulation Clinics
- Shared Care in Diabetes Programme (including Dietetic and Podiatry Service)
- Wound Clinic
- Direct Access Physiotherapy Service
- Direct Access Dietetic Service
- Phlebotomy Transport Service
- Direct Access Transvaginal Ultrasound

Three new services commenced during 2002:

- Continence Promotion Clinic
- Secondary Prevention of Cardiovascular Disease Dietetic Service
- Smoking Cessation Clinic

The number of referrals made to all services during 2002 increased. This could be attributed to an increase in the number of practices participating in the shared care diabetes programme and an increase in the number of community anticoagulation clinics provided.

Primary Care Partnerships

South Inner City of Dublin Partnership in Primary Care

The South Inner City of Dublin Partnership in Primary Care (S.I.C.P.) is a Partnership between 29 G.P. practices (52 G.P.s) and the South Western Area Health Board, which has now been in operation for over four years. With an emphasis on the development of quality-based services, S.I.C.P. aims to work in collaboration with the local hospitals, St. James's Hospital and the Coombe Women's Hospital, and community-based service providers.

S.I.C.P. Clinical Service Statistics January to December 2002

	New Referrals	Appointments	Discharges
Physiotherapy	526	2,899	297
Wound Clinic	66	1,438	66
Dietetic Service	186	870	41
Shared Care Diabetes CSN	73	449	1
Chiropody	46	185	0
Smoking Cessation	20	42	10
Continence Promotion	10	21	0

Throughout the year, S.I.C.P. has also been working closely with St James's Hospital to develop a secure messaging initiative. This initiative has enabled practices to refer patients to the hospital and S.I.C.P. services using secure email and to receive discharge summaries in the same way. An extension of this initiative to the local community nursing service also commenced during 2002, following a successful joint funding bid made by the S.I.C.P., E.H.S.S. and St James's Hospital.

South Inner City Primary Care Team

The South Inner City Primary Care Team was selected by the Primary Care Task Force as one of the ten projects nationally under the National Health Strategy.

The need for a primary care team in this area was identified as a result of the high level of deprivation within the South Inner City Area and the resulting need for a model of service delivery that could aim to meet the complex needs of the local population.

The project involves three practices already established in the area who will be coming together to work under one roof along with their practice nurses, secretarial staff, South Western Area Health Board administrative and nursing staff and allied health professionals. Approximately 7,000 people attend these practices at present.

Within the area, there is a strong commitment to the development of services in collaboration with local community health service providers. The practices all participate in the South Inner City of Dublin Partnership in Primary Care and

as a result have access to a wide range of direct access G.P. services. The Partnership has also been working with the local community nursing service to improve communication and develop links and work is currently underway to identify patients who attend the local community nursing service from these practices.

A Primary Care Project Team was established and this team will work as a steering group to guide the development of the Primary Care Team. To date, much of the work undertaken has been in relation to capital development, however the Project Team is now starting to address the many operational issues involved in bringing the practices, community nursing and allied health professionals together.

The project is also one of the four in the country to pilot community and voluntary pillar involvement. With this in mind, a consultative forum, representative of all community and voluntary groups in the area, has been established.

Dublin South West Partnership in Primary Care

This project was established in 2002 and the aim of the project is to improve primary care provision through integrated local planning between the South Western Area Health Board, the G.P.s in the partnership and other service providers. Currently there are 37 practices with 68 G.P.s participating in the partnership. A management team has been established and has representatives from the South Western Area Health Board, G.P.s in the partnership and a Community Nursing representative.

Within the partnership the following services are provided:

- A courier service was set up in December 2001 to transport laboratory material from surgeries to St James's Hospital laboratory in a safe and secure manner, complying with the legislation that governs the transportation of Dangerous Goods by Road. This service is utilised by 26 of the practices.
- Two senior physiotherapists provide a direct access physiotherapy service for G.P.s in the partnership. They provide mainly a musculoskeletal service at primary care level, and are located in Cherry Orchard Hospital and St James's Hospital to serve G.P.s in the partnership.
- A full time dietitian has been appointed to the partnership. She is responsible for a secondary prevention programme for cardiovascular disease in primary care and will also be involved in health promotion.
- A Smoking Cessation Officer has been appointed to the partnership and offers a one to one, intensive, client-centred approach to smoking cessation, providing behavioural support and education regarding various strategies for quitting (including Nicotine Replacement Therapy).
- Plans are at an advanced stage to provide a wound clinic and an outreach vascular clinic serving G.P.s in the partnership. This will enhance the current service being provided by community nursing.

Kildare / West Wicklow Partnership in Primary Care

The aim of the Kildare / West Wicklow Partnership in Primary Care is to improve people's health by fostering and developing an integrated approach to primary care involving general practitioners, hospital professionals, health board professionals and other service providers.

Currently there are 38 practices participating in the partnership. At present, members of K.Doc comprise the membership of the partnership. A management team has been established and has representatives from the Board, G.P.s in the partnership and a Community Nursing representative.

Within the partnership the following services are provided:

- A courier service was set up in December 2002 to transport laboratory material from surgeries to Naas General Hospital and to St James's Hospital laboratory in a safe, secure manner, complying with the legislation that governs the transportation of Dangerous Goods by Road. This service is utilised by the majority of the practices.
- A G.P. Liaison Committee has been established with Naas General Hospital facilitating collaboration between the hospital and G.P.s.
- Plans are in place to develop health promotion initiatives in Kildare / West Wicklow, in conjunction with the Health Promotion Department. This will include dietetic services and smoking cessation services.



Dental
Services

The aims and objectives of the South Western Area Health Board Dental Service are:

- To improve the oral health status of the population of our area through preventive and treatment services that are delivered in a planned and targeted manner.
- To promote an environment conducive to good oral health, while maximising the efficient use of resources.
- To provide an efficient, effective and accessible service of high quality to all eligible children and adults in the area covered by the South Western Area Health Board.

Primary Care Dental Services are provided from 65 surgeries in 34 Health Board locations throughout the South Western Area Health Board and by contracted general dental practitioners working from their own premises.

There are a number of core components to the service:

- Education, assessment and treatment programmes for children.
- Adult choice-of-dentist scheme through the Dental Treatment Services Scheme.
- Services to patients with special needs.
- Hospital-based provision of treatment under general anaesthetic.
- Referral to secondary-care orthodontic services using needs-based Department of Health & Children guidelines.
- Oral Health promotion for children, patients with Special Needs and parent / carer groups.
- Fluoridation of public water supplies.

Activities and Developments in 2002

Screening of children in targeted classes

In the academic year 2001 / 2002

(1 September 2001 to 31 August 2002), 93% of schoolchildren in designated classes in National Schools were targeted and 80% were screened or examined. 47% of 2nd year post-primary school children were examined.

Fluoridation of Water Supplies

There are 14 public water fluoridation schemes in the Eastern Regional Health Authority area. The Report of the Forum on Fluoridation published recently recommends an amended statutory range of 0.6 - 0.8 ppm. A Ministerial Order is required to amend the statutory limit and we will be referring this matter to the E.R.H.A. for attention.

Dental Service to Homeless Persons

As part of the initiative on Services to the Homeless, a dental surgery has been established in the Primary Healthcare Unit on Merchants' Quay. A Senior Dental Surgeon has been appointed to this Unit and a competition has been arranged to appoint a Senior Dental Nurse.

Recruitment

A Senior Dental Surgeon has been appointed to work full-time in the Advanced Restorative Dentistry Clinic, based in Cornmarket. This clinic supplies a regional service to patients who require complex oral restorative treatment.

Audit on Failed Appointments

An audit of rates of failed appointments for attendance at clinics has been completed. Recommendations from this audit are currently being piloted in one Dental Area.

Continuing Dental Education

All dentists, dental nurses, hygienists and oral health promoters participate in a programme of lectures run throughout the year on dental topics, both clinical and non-clinical. In addition, staff are sponsored on training

programmes leading to further qualifications.

For example:

- One dentist has commenced a part-time Course leading to a Master's Degree in Dental Public Health at UCC
- Four dental nurses have achieved Certificates in Health Services, through the IPA
- One Oral Health Promoter has achieved a Specialist's Certificate in Oral Health Promotion through NUI Galway
- One dentist has received a Diploma in Health and Safety through UCD
- Two dental nurses have received Certificates in Oral Radiology through Dublin Dental Hospital

Special Needs

A dental chair has been sited in a special school, thus facilitating more efficient on-site screening and minor procedures.

Emergency GA Service (St James's Hospital)

An audit has been completed on this service. Changes in data collection and patient information will be implemented in 2003 that will improve the quality of the information available on this service.

Waste Disposal

A pilot scheme for disposal of waste amalgam and used X-ray solutions was commenced in the Kildare Area and a report will be completed on this scheme during 2003.

Autoclaves and Sterilisation

An area-wide audit of autoclaves and sterilisation practices was completed in 2002. Recommendations from this audit will be implemented in 2003.

2002 Summary Activity Out-Turn

2002		
	Children	Adults
Attendances with appt.	61,698	6,309
Attendances without appt.	12,016	371
Failed appointments	25,795	2,009
Fillings	23,576	1,851
Extractions	14,485*	702
Fissure Sealants	44,702	131
Scale and Polish	5,343	1,213
Endodontic treatments	259	62
Dentures fitted	704	
Crown / bridge fit	80	174
Other treatment (X Ray, Specialist referral, Dressings, Orthodontic adjustments, Fluoride application, Oral hygiene instruction, Drugs prescribed)	50,008	4,619

* Includes Regional (E.R.H.A.) GA Extraction Clinic



Orthodontic Services

The South Western Area Health Board provides orthodontic treatment for eligible patients referred from the primary dental care service. The orthodontic department is located on the St. James's Hospital campus.

Activities and Developments in 2002

Following a review of the existing orthodontic service during 2001 a number of goals were set out for 2002:

- All Category 1 patients should be assessed within three months of referral from Primary Care.
- The existing Category 2 assessment waiting list included patients placed on the list in 1996 to be validated at the earliest possible date.
- A reduction from five to three years waiting time for patients on Category 2 assessment waiting list to be achieved in 2002.
- Communication with patients on assessment waiting lists to be improved.
- Recruitment of additional specialist staff.
- Recording of service activity to be improved.

Validation

Letters were issued during 2002 to all patients placed on the Category 2 assessment list during the year 1996. Assessment appointments were issued to those patients who indicated that they remained interested in an assessment appointment.

Assessment for Orthodontic Treatment

Significant progress was achieved during 2002. The Category 2 assessment target set for 2002 was 1,200 assessment appointments. However a total of 3,180 assessment appointments were issued during the year. 1,504 assessments were undertaken during normal hours and a further 1,368 assessments were undertaken on an out-of-hours basis. As a result of 2,872 assessments being undertaken in 2002 the waiting time for Category 2 assessments was reduced to 12 months.

Staffing

Two qualified orthodontists commenced work in the orthodontic department on a part-time basis at the end of 2002.

Orthodontic Activity during 2002

Activity	Total for 2002
Assessments completed during 2002	2,872
Number of patients who commenced treatment during 2002	715
Number of Discharges - Treatment Completed	358



Children & Family Services

In 2002 Children and Families continued to strive to make our services more needs-led, in line with national, regional and Health Board policy, in particular the National Health Strategy - *"Quality and Fairness - A Health System for You"*; the National Children's Strategy - *"Our Children - Their Lives"*; the South Western Area Health Board Organisational Strategy 2002-2007 - *"Getting Better Together"*; and the Regional Child Care Framework.

Under the South Western Area Health Board Organisational Strategy Implementation Plan for Children and Families, our mission is "To provide services that support and empower children and families, that are there when needed, that can be trusted, are fair, that listen and ensure that the views of children and their families are taken into account."

The following are our objectives for the years 2002-2007:

- To deliver an accessible needs-led service for children and families.
- To develop and implement mechanisms to integrate existing and future services and to ensure quality service delivery.
- To promote a culture and establish a system for involving all stakeholders in the service planning, delivery and evaluation process.
- To develop principles of best practice specific to children and families to promote health and social gain in our area.

- To develop recruitment structures that are effective, efficient and responsive from initial contact by applicants.
- To create an environment that recognises and develops the potential of all staff through continuous training and development.

These objectives will be delivered by the following high-level actions:

- A Board-wide holistic and comprehensive children and families needs assessment that builds on existing work and develops services to meet needs identified as a result of this assessment.
- The development and implementation of mechanisms to integrate existing and future services to ensure a quality service delivery to children and families.
- The recruitment, training and retention of human resources to ensure good quality service provision.

We propose to implement these high-level actions by establishing seven Board-wide key groups, which will co-ordinate the delivery of agreed main tasks and projects and link to each other and to other relevant groups.

These groups are as follows:

- I. Cross-sectoral Needs and Resources Forum.
This is a multi-agency and multi-professional forum that will oversee the needs assessment and the matching of needs and resources at a local level.