



Health boards - should they stay or should they go?

Dr Liam Twomey: Politicians seem to have a mental block when it comes to the health services

I don't hold out much hope for the future of the health services unless there is significant reform. For that reason, I am almost eagerly awaiting the publication of the Prospectus Report, the Brennan Report and the Medical Staffing Taskforce Report, but will anything change?

There has always been conflict between the rate of change in new developments in health, and in how the legislation is always playing catch up. Embryo research and human reproductive medicine is an example of how science is always ahead of the law.

Politicians also seem to have a mental block when it comes to the health services; they seem to have a fear to respond to any issue unless it is a crisis. Money, or the lack of it, has a role to play in what is wrong in our health services, but inability to change is the greater curse.

County councillors are anxious to maintain the status quo in relation to the health boards. There are only two reasons to get rid of the present health board structure. One, it is not working and after 30 years that fact is hard to dispute; and two, there is no need for them.

The first reason is self-explanatory to anyone with the most basic association with the health services. The second reason needs more explanation; nowadays, the health boards only administer the budget they are

given.

They simply spend the money on what the Department of Health tells them to spend it on; most health boards' budgets are spent on pay and they have little or no leeway on how they might like to spend some of their millions.

Any significant project, and by significant I mean the addition of an inside toilet to the health centre in Cahirciveen, or maybe a few new beds for one of the district hospitals in Sligo, must first get approval from the Department of Health. Therefore, my point is this: why do you need a board of management in the health boards if there is nothing for them to manage?

If we are to justify having at least 25 members of each of the 11 boards drawing generous expenses, why should we expect them to do more than just propose, second and agree the reports from the visit to the relevant centre/hospital/backyard?

We are spending millions and wasting administration time on what is basically a toothless tiger or a white elephant. If the health boards must stay, they must have a purpose that extends beyond giving a county councillor a way of drawing expenses.

The CEO and their officials are accountable to the Minister; there is no need for another layer of powerless contributors to be placed in between.

Recent debates in Dail Eireann are showing a belated acceptance by the Government that hard times and reform are on the cards for the health services. It is very difficult to get the Minister to put anything on the record, unless it slips out. He is certainly going to centralise surgical services and he said any centre with at least 1,000 births per year is safe; I have a feeling this could increase to 1,500 when the grim reaper gets to work on the cut-backs or the more politically acceptable reconfiguration of hospital services.

The GMS Payments Board would also be feeling the heat now, were it not for the fact that GPs provide a great value for money service by not taking all of their State pay. Many GPs don't claim all

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their holiday entitlements, many do not send in their STCs and if they get rejected, we often do not follow it up. The fact that up to eight per cent of medical card patients may be under their care for free is something that bothers few.

This could be the reason the GMS Board seems to be paying more attention to the issue of only allowing generic drugs rather than resolving the outstanding GP issues. It may seem strange that GPs

have to make sure all the 'Is' are dotted and 'Ts' crossed to ensure their valid STCs are paid whereas the pharmacist is paid, whether the medical card is valid or not.

The different system of accountability between pharmacists and doctors has drawn the attention of the boys and girls in Department of Finance. That is why they prefer the generic drug route to improving accuracy in the medical card scheme.

After all, why improve a system that will only pay the GP more?