



1333

**AN ROINN SLÁINTE**  
(DEPARTMENT OF HEALTH)

**MOLTAÍ LE HAGHAIDH SEIRBHÍSI  
SLÁINTE D'FHEABHSÚ AGUS A  
LEATHNÚ.**  
Iúil, 1952.

\*\*\*

**PROPOSALS FOR IMPROVED AND  
EXTENDED HEALTH SERVICES.**

**July, 1952.**

\*\*\*

DUBLIN:  
PUBLISHED BY THE STATIONERY OFFICE.



To be purchased directly from the GOVERNMENT PUBLICATIONS SALE  
OFFICE,

G.P.O. ARCADE, DUBLIN,  
or through any Bookseller.

PRICE: ONE SHILLING.

**(Pr. 1333)**



BY ROYAL WARRANT  
1952

ROYAL WARRANT  
1952

1952

PROPOSALS FOR IMPROVED AND  
EXTENDED TRAIL IN SPAIN

July 1952

(P. 133)



# CONTENTS

	<i>Paragraph</i>	<i>Page</i>
INTRODUCTION ... ..		5
EXISTING HEALTH SERVICES		
Public Assistance Service ... ..	2-11	7-9
Infectious Diseases Service ... ..	12-13	9-10
Maternity and Child Welfare Service	14	10-11
School Medical Service ... ..	14	11
Mental Treatment Service ... ..	15	11
Former National Health Insurance Medical Service ... ..	16	11
NEW OR EXTENDED SERVICES		
General ... ..	18-22	12
Hospital and Specialist Services ...	23-26	12-13
Medical Care for Mothers and Infants	27	13
Maternity Cash Grants ... ..	28	13
Child Welfare Service ... ..	29	14
School Medical Service ... ..	30	14
Nursing Service ... ..	31	14
Dental and Ophthalmic Services ...	32	14
MISCELLANEOUS		
Ascertainment of eligibility ... ..	33	14
Abolition of "red ticket" system ...	34	15
Modification of Scheme ... ..	35	15
Voluntary agencies ... ..	36	15
Legislation ... ..	37	15
When Services will be available ...	38	15
Discontinuance of Treatment Benefits administered by the Department of Social Welfare ... ..	39	15
SUMMARY OF EXISTING AND PROPOSED SERVICES WHICH WILL BE AVAILABLE TO DIFFERENT GROUPS ... ..	40	15-16
CHRONIC ILLNESS OR DISABILITY ...	41	16



# CONTENTS

		INTRODUCTION
		EXISTING HEALTH SERVICES
7-9	2-11	Public Assistance Service
9-10	12-13	Infectious Diseases Service
10-11	14	Maternity and Child Welfare Service
11	14	School Medical Service
11	15	Mental Treatment Service
11	16	Former National Health Insurance Medical Service
		NEW OR EXTENDED SERVICES
12	18-23	General
12-13	23-26	Hospital and Specialist Services
13	27	Medical Care for Mothers and Infants
13	28	Maternity Cash Grants
14	29	Child Welfare Service
14	30	School Medical Service
14	31	Training Service
14	32	Dental and Ophthalmic Services
		MISCELLANEOUS
14	33	Assessment of Childbirth
15	34	Abolition of red ticket system
15	35	Modification of Scheme
15	36	Voluntary agencies
15	37	Luxation
15	38	When services will be available
		Discontinuance of Treatment Benefits administered by the Department of Social Welfare
15	39	
		SUMMARY OF EXISTING AND PROPOSED SERVICES WHICH WILL BE AVAILABLE TO DIFFERENT GROUPS
15-16	40	
16	41	CHRONIC ILLNESS OF DISABILITY



## INTRODUCTION

The policy of the Government regarding Health Services was indicated in the following statement issued shortly before they assumed office in June, 1951 :—

“To extend Health Services, including a Mother and Child Service, in accordance with the general intentions of the 1947 Health Act and with the provisions of the Constitution and its social directives.”

Towards the implementation of that policy, the Government now proposes that new or extended health services shall be provided on the lines set out in this Paper.



## INTRODUCTION

The policy of the Government regarding health services was indicated in the following statement issued shortly before they assumed office in July 1953:—

To extend health services including a Mother and Child Service, in accordance with the general intentions of the 1947 Health Act and with the provisions of the Constitution and its social directives.

Towards the implementation of this policy, the Government now proposes that new or extended health services shall be provided on the lines set out in this paper.



## I.—EXISTING HEALTH SERVICES

1. The existing local authority health services are provided under three separate enactments, viz., the Public Assistance Act, 1939, the Health Act, 1947, and the Mental Treatment Act, 1945. Certain services are also provided under the Social Welfare Act, 1952, for insured persons.

### PUBLIC ASSISTANCE ACT, 1939.

2. So far as numbers are concerned, by far the most important of these enactments is the Public Assistance Act, 1939, which replaced, in consolidated form, the earlier legislation which dealt with medical services for the poor. Under that Act a general medical service is made available by Public Assistance Authorities, free of charge to the recipient, for every person "who is unable to provide by his own industry or other lawful means the medical, surgical or dental treatment or medicines or medical, surgical or dental appliances necessary for himself or any persons whom he is liable under this Act to maintain." It is estimated that this service is availed of by about one-third of the population.

The service provided includes:—

- (a) a general practitioner service ;
- (b) a nursing service ;
- (c) medicines and appliances ;
- (d) a specialist backing for the general practitioner service ;
- (e) a hospital service ; and
- (f) dental and ophthalmic services.

3. The *general practitioner service* is provided by permanent part-time dispensary doctors who conduct clinic sessions at dispensaries for eligible persons who are able to attend such sessions and a domiciliary service for eligible persons unable through illness to attend the clinic sessions. This service includes maternity care, but there is no special provision for ante-natal examination of expectant mothers although such examinations are made whenever circumstances appear to the doctor to warrant them. For the purposes of the service the country is divided into 586 dispensary districts. Most districts are in charge of one doctor, but in some districts (chiefly in the County Boroughs) more than one doctor is employed. Even where there is more than one dispensary doctor in a district a choice of doctor is not available to the patient.

4. Except in a relatively small (although increasing) number of districts the *nursing service* at present provided by public assistance authorities is limited, in general, to the service of a midwife at and immediately subsequent to confinements, although district nurses have also been appointed by local authorities in a few dispensary districts. These nurses provide a general nursing service in addition to catering for maternity cases. Domiciliary nursing services, other than midwifery services, are provided in some districts by voluntary organisations, but these services are not at present integrated with the Public Assistance Service.



5. *Medicines* are available at dispensaries for eligible persons and they are dispensed by the medical officer or, in most of the larger towns, by a compounder of medicine. Essential *appliances* are provided either through the dispensaries or through the hospital service.

6. The *specialist backing* available locally was, up to recently, limited largely to the County Surgeon and the County Physician. In pursuance of the policy of appointing regional specialists in the local authority service, however, an increasing range of specialists is becoming available locally. Thus, Orthopaedic Surgeons now hold clinics in most counties at frequent intervals and the regular services of Radiologists are likewise available in a large number of counties. Various specialists have also been appointed to local authority institutions—particularly to St. Kevin's Hospital, Dublin, and St. Finbarr's Hospital, Cork.

7. The *hospital service* is provided in—

- (a) *District Hospitals.* These, in general, deal with cases of minor surgery, medical conditions requiring medical treatment at general practitioner level and the less abnormal types of maternity. In many of the District Hospitals there are small numbers of long-stay cases (e.g., non-pulmonary tuberculosis) which are not appropriate to such hospitals, but which are admitted pending the provision of accommodation in appropriate institutions. Medical care in the district hospitals is provided by a part-time medical officer and there is an adequate trained nursing staff. The number of district hospitals is 57 and these contain approximately 3,200 beds. These numbers take no account of beds for certain chronically ill persons for whom medical care on district hospital standards is made available in County Homes.
- (b) *County Hospitals.* These provide a fairly full range of surgical, medical and maternity services. The surgical service is provided by a County Surgeon. He is usually employed full-time, but in some cases he has the right to treat a limited number of private patients in the hospital. The medical service is provided by the County Physician. He is usually employed part-time and he, like the County Surgeon, sometimes has the right to a limited private practice in the hospital. The Physician also acts as obstetrician and the services of the surgeon are available to him in his obstetrical work as required. As in the case of the District Hospitals, there is a fully trained nursing staff. There are 29 County Hospitals containing approximately 4,000 beds.
- (c) *Extern Hospitals.* When it is not considered feasible to treat a patient in the District Hospital or the County Hospital, e.g., because the patient requires specialist treatment not normally available in a local authority hospital, the patient may be sent to an Extern Hospital and the cost of maintenance of such patient is paid by the local authority at rates approved by the Minister for Health from time to time.



8. In connection with the hospital services, it may be mentioned that a person not eligible for medical assistance may be admitted to a public assistance hospital under Paying Patients Regulations provided there is available for such person in the hospital at the time of his admission accommodation not required for persons eligible for public assistance and admissible to the hospital.

9. *Dental services* are provided at clinics conducted by dentists engaged on a full-time, part-time or sessional basis. The service is in process of expansion but, up to the present, the amount of treatment afforded is inadequate.

10. *Ophthalmic services* are provided by part-time Ophthalmic Surgeons who conduct clinics in the larger centres of population. Spectacles, where needed, are supplied.

11. Eligibility for services under the Public Assistance Act, 1939, involves an investigation of means by an agent of the public assistance authority. For the basic service (treatment at general practitioner level), the evidence of eligibility takes the form of a ticket, white for clinic (dispensary) treatment and red for domiciliary treatment. Such tickets are issued by Home Assistance Officers, by members of the local authority, or by wardens who have satisfied themselves of the eligibility of the patient to avail of the service.

#### HEALTH ACT, 1947.

12. Under the Health Act, 1947, a complete hospital service is available free of charge to everybody suffering, or suspected to be suffering, from any of 43 specified infectious diseases, without investigation of the means of the person concerned. The more common of these diseases are

Acute anterior poliomyelitis	Scabies
Diphtheria	Scarlet Fever
Epidemic diarrhoea and enteritis	Tuberculosis
Influenzal pneumonia	Typhoid
Measles	Venereal Diseases
	Whooping Cough

Certain facilities for diagnosis are also provided free of charge. These vary according to the disease but, in general, all laboratory tests needed by the doctor are paid for by the health authority. In addition, preventive services are provided. Thus, vaccination against smallpox and immunisation against diphtheria are provided, free of charge to the patient, by District Medical Officers. These services are also provided through the Chief Medical Officer, mainly in the larger centres of population, at special clinics arranged by him. Approved therapeutic substances for the treatment of cases of venereal disease and prophylactic for diphtheria immunisation are supplied on request, free of charge, to private medical practitioners. Persons whose means are limited may receive cash allowances under the Infectious Diseases (Maintenance) Regulations for the maintenance of themselves (and their dependants) while they are undergoing treatment for certain infectious diseases (e.g., tuberculosis, acute anterior poliomyelitis, typhoid, etc.)



13. The following is a brief description of the range of services provided for patients suffering from tuberculosis:—

*Prevention:* B.C.G. Vaccination is provided for persons seeking it, either directly, as part of the county health service, or through the medium of the National B.C.G. Committee. Campaigns designed to encourage members of the public to avail of the service are also carried out. Particular stress is laid on the groups most vulnerable to the disease.

*Diagnosis:* Full X-ray facilities are provided at the request of any doctor, including a private practitioner, or on direct application to the health authority, for persons seeking them. In addition, mass miniature X-ray facilities are provided directly by two health authorities and by all health authorities (excluding one of the foregoing) through the National Mass Radiography Association. Apart from organised sessions for groups (e.g., workers in factories, school children, etc.) public sessions are held at regular intervals in each area and all members of the public are encouraged to avail of the service.

*Treatment:* A complete range of sanatorium treatment is available in 40 local authority sanatoria, containing approximately 3,870 beds and in 6 voluntary institutions—either sanatoria or tuberculosis sections of general hospitals—containing approximately 1,500 beds. Where patients are sent by a health authority to these voluntary institutions a payment for the maintenance of such patients is made by the health authority as in the case of public assistance patients sent to other voluntary institutions. A treatment service is provided at tuberculosis clinics in each area for patients awaiting admission to a sanatorium for treatment and for patients who have been discharged from a sanatorium. There is also a limited amount of domiciliary treatment for such patients.

All the foregoing services, as already mentioned, are provided without charge—irrespective of means. In addition to cash allowances under the Infectious Diseases (Maintenance) Regulations (see paragraph 12) persons of limited means may be provided with nutrients while undergoing treatment at home.

14. Regulations made under the Health Act, 1947, continued in operation the following schemes of medical care which were provided under earlier Acts:

(a) *Maternity and Child Welfare.*

Under the Notification of Births (Extension) Act, 1915, health authorities were empowered to provide a maternity and child welfare service, but it was not mandatory for them to do so. Generally speaking, any service could be provided under the Act, subject to the sanction of the Minister for Health, for expectant or nursing mothers and for children under 5 years of age, but the Regulations which were made specified that the provision of the services of a midwife, or a doctor at a confinement, or of hospital treatment for women, or of food for women or children should be subject to a means test. Medical supervision and advice and dental care at health centres, hospital



treatment for children, convalescent home care for nursing mothers and for children and the services of health visitors could be provided without a means test. A service under the Act was provided in Dublin City and certain other large centres of population.

(b) *Medical examination and treatment of certain school children.*

Under the Public Health (Medical Treatment of Children) (Ireland) Act, 1919, all health authorities were obliged to make arrangements for attending to the health of pupils of national and certain other elementary schools. The service includes the periodic medical examination of all children attending such schools and the provision of treatment (other than a general domiciliary medical service—specifically excluded by the Act) for such children. In practice, the treatment afforded consists in most areas of dental and ophthalmic care and the treatment of ear, nose and throat complaints. The service is afforded without regard to the means of the families concerned.

**MENTAL TREATMENT ACT, 1945.**

15. Under the Mental Treatment Act, 1945, local authorities are obliged to provide a diagnostic and treatment service, at clinics or in mental hospitals, for persons suffering from mental illness. A charge is made for the service in respect of persons who are able to pay.

**FORMER NATIONAL HEALTH INSURANCE MEDICAL SERVICE.**

16. Under the former National Health Insurance Acts, whenever the periodical actuarial valuation of the National Health Insurance Funds disclosed an excess over the amount required for the payment of the statutory cash benefits, that excess might be applied in the provision of health benefits, other than general practitioner treatment, for insured persons. In recent years surpluses disclosed on valuation were applied to provide

Dental Treatment,  
Hospital and Convalescent Home Treatment,  
Medical and Surgical Appliances,  
Optical Treatment and Appliances,  
Specialist Medical and Specialist Surgical Treatment,

for persons who fulfilled certain conditions as to period in insurance, contributions paid, etc. The service suffered from the defects that there was no provision for dependants of insured persons, that there was no guarantee of continuance after the current valuation period and, that even within that period, owing to the limitation of the amount available, benefits might be available for portion of a year only. The relevant provisions of the National Health Insurance Acts were superseded by the Social Welfare Act, 1950, and provision was made, as a temporary measure, for the continuance of the benefits until they could be replaced by a more comprehensive health service for other sections of the community as well as insured persons.

17. The foregoing review is confined to health services provided by or through local authorities. It does not cover the activities of private or voluntary agencies of various kinds.



## II.—PROPOSALS FOR NEW OR EXTENDED HEALTH SERVICES.

18. *Under the Government's proposals for new or extended health services, the services already provided under the Public Assistance Act, the Health Act and the Mental Treatment Act will be continued, with changes in certain respects designed to improve them. These changes will not deprive any person of any portion of the services to which he is at present entitled or impose a charge where none is now payable.*

19. The Government proposes that the following new or extended services should be provided:—

- (a) Hospital and Specialist Services ;
- (b) Medical Care for Mothers and Infants ;
- (c) Maternity Cash Grants ;
- (d) Child Welfare Service ;
- (e) School Medical Service ;
- (f) Nursing Service ;
- (g) Dental and Ophthalmic Services ;
- (h) Medicines and Nutrients.

20. *There will be no compulsion on any person to avail of any of the services.* Eligible persons may use the services or make other arrangements as they think fit. The position in that respect will be similar to the position in regard to the present Public Assistance and Infectious Diseases Services.

21. The services will be provided through the local authorities and will be without charge to the recipients unless otherwise stated.

22. In order to facilitate references to eligibility in the following paragraphs it is proposed to refer as follows to persons in particular groups:—

*Lower Income Group:* Persons in the present public assistance class, as defined in the Public Assistance Act, 1939 (see Paragraph 2).

*Middle Income Group:* Persons outside the lower income group who are—

- (a) persons compulsorily insurable under the Social Welfare Act, 1952, or dependants of such persons, or
- (b) persons whose main income is derived from farming and the rateable valuation of whose holdings (land and buildings) does not exceed £50, or dependants of such persons, or
- (c) persons whose family income does not exceed £600 a year, or dependants of such persons.

### **Hospital and Specialist Services.**

23. These services will include maintenance and treatment in local authority hospitals (including mental hospitals) and in other hospitals participating in the scheme, examination, diagnosis and treatment at specialist level in such hospitals and in local authority clinics, and X-rays, laboratory tests and essential medical and surgical appliances. Separate arrangements as detailed in paragraph 32 for dental and ophthalmic services are proposed.



24. The hospital and specialist services will be available for—

- (a) All persons in the lower income group.
- (b) All persons in the middle income group.
- (c) All women outside the lower and middle income group (already provided for under (a) and (b)) in respect of motherhood. It will be necessary to give priority in admission to hospital for maternity to cases requiring hospital attention on medical grounds or on grounds of social need.
- (d) All children under the age of 6 weeks not already provided for under (a) or (b).
- (e) All pupils of national schools outside the lower income group and the middle income group (already provided for under (a) or (b)), for defects discovered at school medical examinations.
- (f) Persons not included in the foregoing categories whose family income exceeds £600 a year and who, in the opinion of the local authority, because of the long term nature of the illness or for other reasons, would suffer severe hardship compared with persons in the middle income group if not regarded as eligible. The conditions governing this service (including conditions as to partial payment) will be laid down in Regulations to be made by the Minister for Health.

25. In the case of mentally defective persons, crippled persons and similar classes, hospital services will include care and maintenance in any institution approved by the Minister for Health for the care of such persons.

26. Payments to the voluntary hospitals at an agreed rate, in respect of the cost of examination, diagnosis and treatment and (where necessary) the cost of maintenance, will be made by local authorities. Services provided by voluntary hospitals will be on a contract basis and the autonomy of the hospitals will not be affected. In general it is visualised that services will be provided in public wards only. Persons desiring to obtain private or semi-private accommodation must make their own arrangements regarding their maintenance and treatment in such accommodation and no payment in respect of them will be made.

#### **Medical Care for Mothers and Infants.**

27. Medical care will be available for all women in respect of motherhood. A woman may make arrangements for maternity care, at her own choice, with any doctor participating in the Scheme who is willing to accept her as a patient. All qualified medical practitioners will be eligible to participate and will be remunerated by a capitation fee. The fee will cover care of the mother before, at (if necessary) and after the confinement and care of the child up to the age of six weeks. A dispensary medical officer will be eligible for payment of the capitation fee in respect of any woman, even in the lower income group, who chooses him as her doctor. Medicines and essential nutrients will be issued free to persons in the lower income group. The position regarding hospital and specialist care is covered in paragraphs 23 and 24.

#### **Maternity Cash Grants.**

28. A cash grant of £4, additional to any grant or allowance payable under the Social Welfare Act, 1952, will be paid in respect of every confinement to persons in the lower income group.



#### Child Welfare Service.

29. Child Welfare Clinics similar to those already in existence in Dublin and some other centres will be established generally. A start will be made in the towns but some time must elapse before centres can be provided in rural areas. Medical care and advice will be available for all pre-school children at the clinics. Hospital and Specialist Services will be provided as already indicated (Paragraphs 23-25). Medicines and essential nutrients will be issued at Child Welfare Clinics for children in the lower income group.

#### School Medical Service.

30. The existing system of school medical service, reorganised on an adequate basis, will be continued. Additional staff will be recruited and examinations will be carried out much more frequently than at present. The medical examination service will be available to all schools. Hospital and specialist treatment will, as already stated, be provided for pupils of national schools for defects discovered at school medical examinations.

#### Nursing Services.

31. Nurses will be available to assist at the clinics conducted in connection with the Public Assistance, the Child Welfare, the School Medical and the Infectious Diseases Services and to carry out follow-up work in connection with these services. They will also be available to provide, when required, a general advisory service in connection with the home nursing of persons in the lower and middle income groups.

#### Dental and Ophthalmic Services.

32. Improved Dental and Ophthalmic Services will be made available, free of charge for—

- (a) The lower income group ;
- (b) Children attending Child Welfare Clinics (in respect of defects discovered at the clinics);
- (c) Pupils of National Schools (in respect of defects discovered at School Medical examinations).

It is intended, at a later date, to extend by stages the scope of the dental and ophthalmic services and to make them available to all persons in the middle income group. A charge not normally exceeding half the cost may be made in certain cases. It will not, however, be possible to extend these services to the classes not now enjoying them until suitable arrangements have been made and the local authority in each case has adequate personnel and facilities available.

#### MISCELLANEOUS.

33. In the case of persons whose eligibility is not readily ascertainable it is proposed to provide the services for which they may be eligible, on production of a declaration by them that their incomes are within the specified limits. Provision will be made in legislation for the imposition of penalties and for recovery of the cost of services given in the case of persons found to have made false declarations.



34. As indicated at paragraph 11 tickets (white and red) are issued to eligible persons who desire to obtain medical treatment under the Public Assistance Act. Each time a ticket is issued there is an investigation, in theory at any rate, into means. Such investigation is regarded as objectionable and is unnecessary in regard to many classes and it is proposed to abolish the system and to have substituted a system under which cards will be issued, on application, to eligible persons entitling them and their dependants to receive medical assistance during the period of validity of the card.

35. Modification of the Scheme to meet local requirements may be necessary.

36. Voluntary Health Agencies will be encouraged and assisted. Instead of providing a service, local authorities will, in certain circumstances, make arrangements for its provision by a voluntary agency.

37. Before the Scheme can be fully implemented the Oireachtas will be asked to agree to proposals for legislation which will include certain amendments of the Health Act, 1947.

38. The full additional benefits proposed in the Scheme can be made available gradually only. The enactment of legislation, the recruitment of staff, the provision of clinic buildings and other facilities are steps which must be taken before the full services can be made available.

39. The new Services will replace the Scheme of Treatment Benefits administered by the Department of Social Welfare (see Paragraph 16).

#### SUMMARY.

40. When the Government's proposals are fully implemented (see Paragraph 38) the health services which will be available, without charge to the recipients except where otherwise stated, for different classes may be summarised broadly as follows:—

##### (A) LOWER INCOME GROUP (*see paragraph 22*)

- (a) General medical practitioner service.
- (b) Hospital and Specialist Services.
- (c) Medical and Nursing care for mothers and infants (with choice of doctor).
- (d) Maternity Cash Grants.
- (e) Medicines and essential nutrients.
- (f) Child Welfare and School Medical Services (including appropriate nursing services).
- (g) Dental and Ophthalmic Services.
- (h) Infectious Diseases Service.
- (j) Infectious Diseases Maintenance Allowances.



(B) *MIDDLE INCOME GROUP (see paragraph 22)*

- (a) Hospital and Specialist Services.
- (b) Medical and Nursing care for mothers and infants (with choice of doctor).
- (c) Child Welfare and School Medical Services (including appropriate nursing services).
- (d) Dental and Ophthalmic Services (a charge not normally exceeding half the cost may be made except in the case of the Child Welfare and School Medical Services).
- (e) Infectious Diseases Service.

(C) *PERSONS OUTSIDE THE LOWER INCOME AND MIDDLE INCOME GROUPS*

- (a) Hospital and Specialist Services for—
  - (i) Women in respect of motherhood and for infants up to 6 weeks of age.
  - (ii) Persons whose family income exceeds £600 a year, who would suffer severe hardship if not regarded as eligible (see paragraph 24(f)).
  - (iii) All pupils of national schools in respect of defects discovered at school medical examinations.
- (b) Medical and nursing care for mothers and infants (with choice of doctor).
- (c) Child Welfare and School Medical Services (including appropriate nursing services).
- (d) Dental and Ophthalmic Services for children attending Child Welfare Clinics and for pupils of national schools in respect of defects discovered at Child Welfare Clinics and at School Medical examinations.
- (e) Infectious Diseases Service.

---

**CHRONIC ILLNESS OR DISABILITY.**

41. The Government has under consideration the special problem presented by the cases of persons over 16 years of age who are without means and unable by reason of chronic illness or disability to provide for their own maintenance.



29/7 ✓

PAIPEIR ATA LE TIOLACADH DON DÁIL AGUS DON TSEANAD  
PAPERS TO BE PRESENTED TO THE DAIL AND SEANAD.

1. An Roinn atá ag déanamh an tíolactha  
Department making presentation ...

Health

2. Teideal an Pháipéir atá le tíolacadh ...  
Title of Paper to be presented ...

White Paper on Proposals for Improved

and Extended Health Services

3. Más do réir Reachta atá an tíolacadh á  
dhéanamh, luaitear Teideal agus Alt  
an Achta a údaraíonn an tíolacadh ...

If presented pursuant to Statute, state  
authority for presentation, giving Title  
and Section of Act ...

4. Más gá é bheith ar taspáint ar an  
mBord ar feadh tréimhse áirithe,  
luaitear :

If required to be on the Table for a  
specified period, state :

(1) An tréimhse ...

Period ...

(2) Cé acu tréimhse de laethe siosóin no  
de laethe suí í ...

Whether days of session or sitting  
days ...

5. An gá tairgsin ag lorg aontuithe gach  
Tighe? ...

If motion of approval by each House  
necessary ...



Sinithe  
Signed

Ceann na Roinne.  
Head of Department.