

DÁIL ÉIREANN

TU AIRISC OIFIGIÚIL—*Neamhcheartaithe*
(OFFICIAL REPORT—*Unrevised*)

[illegible]

DÁIL ÉIREANN

Dé Céadaoin, 3 Márta 2004.
Wednesday, 3 March 2004.

Chuaigh an Ceann Comhairle i gceannas ar 10.30 a.m.

Paidir.
Prayer.

Leaders' Questions.

Mr. Kenny: The Government is set to proceed with the process for introducing electronic voting. I respect the fact that the Minister for the Environment, Heritage and Local Government, Deputy Cullen, tried to make contact from Brussels yesterday about the appointment of an independent panel. That was the level of consultation with the leaders of the Opposition parties about this matter. Is the Taoiseach happy with that level of consultation on a matter so fundamental to our democracy as a change in the voting system? Why were the Comptroller and Auditor General and the Ombudsman not appointed to the independent panel? Is it because they had expressed concern about this change to the system of voting? Why were they not appointed to the commission?

Can the Taoiseach verify whether he is prepared to expand the terms of reference of the independent panel? It seems that the panel is now being forced to examine this system only and verify if it is foolproof and can command trust. Can it also consider the different electronic system about which the Taoiseach spoke yesterday, which 400 million Indians used to vote? Why is the panel confined to one system only? Will the Taoiseach confirm that its terms of reference can be broadened to examine other electronic systems to achieve some measure of trust in a system that has now patently become a complete and utter shambles?

Is the Taoiseach prepared to expand the terms of reference? Why were the Comptroller and Auditor General and Ombudsman not appointed to the panel? Is it because they had made statements expressing concern about a process that has become completely politicised in the last few months?

The Taoiseach: Anyone would agree that the independent commission that we have asked to do this job is just that. Its members should be allowed to get on with their work unfettered by

political comment and interference; there will certainly be none from me. I will not question the commission's integrity and we should not do so. The commission's composition includes a High Court judge and members of the Standards in Public Office Commission. The Government considered having the Comptroller and Auditor General as a member, and I would have liked to have had him on it, but he must arbitrate and report on departmental funding and expenditure aspects of the scheme. It seems that a person could not be involved in both positions. However, the Standards in Public Office Commission is involved. The terms of reference are broad enough. We have already decided on the system and there is no point in saying that we have not.

Mr. Allen: The Taoiseach means he has decided.

The Taoiseach: We have used the system since 1999. Deputy Allen did not seem to mind in 2002—

Mr. Allen: We did not even know.

The Taoiseach: —when we used it in the general election or the Nice referendum. One must remember that 400,000 people in this country have used the system.

Over recent weeks the Government has been asked to set up an independent commission, a request to which it has agreed. We said we would do so to verify the secrecy and accuracy of the system; we have agreed to establish that. To allay any possible fears that a ministerial order introducing electronic voting for local and European elections could be faulty, the Government has agreed to introduce legislation to cover that point, which I was asked in the House. In response to concerns raised in this House by people involved in the electoral process, we have undertaken to legislate the conditions under which data can be made available for the electronic voting system. There have been calls for a dual system, and I have answered those. I have been asked to outline the verification of these systems and the procurement process. We know that they need that Powervote system and that it is one of the best available, having been verified by several countries, including Germany and the Netherlands.

Mr. Allen: In local elections.

The Taoiseach: At every turn I have tried to deal with those issues. I repeat once again that this has been in the public domain for five years.

Mr. Durkan: That does not make it right.

The Taoiseach: We have used the system in two elections, and it has been verified by

[The Taoiseach.] international standards bodies in several countries. We have adhered to and tried to take into account all the valid points that have been made.

Mr. Kenny: It is impossible to get an answer from the Taoiseach. He might like to refer to why he abandoned the process on Committee Stage of the Bill if he is as broad-minded as he claims. The Taoiseach says that he believes the terms of reference are broad enough. Is he prepared to allow for an expansion of the terms of reference so that this independent panel can consider other electronic voting systems to which he referred yesterday? Can he explain why the Ombudsman has not been appointed to the independent panel if the Comptroller and Auditor General cannot be appointed? The Taoiseach wanted him on it, and yet he is not there.

I want to be helpful. Voting is of tremendous political importance to all people and shades of opinion in this country, yet it is now a total shambles. For instance, we have the Referendum Commission, the boundary commission and this independent panel. Presidential elections are run by the Department of the Environment, Heritage and Local Government. The European and local elections are separate. This is all over the place. If the Taoiseach wishes to restore some modicum of respect and trust in the system, he should answer these questions. Is he prepared to allow the panel to examine other electronic systems? The Minister for the Environment, Heritage and Local Government, Deputy Cullen, made his calls in desperation from Brussels yesterday.

Mr. Cullen: You wanted Internet voting.

An Ceann Comhairle: The Minister, Deputy Cullen, should allow Deputy Kenny to conclude without interruption.

Mr. Kenny: Deputy Cullen is the director of elections and he gave out a €4.5 million contract to one of his henchmen.

An Ceann Comhairle: Deputy Kenny's minute is concluded.

Mr. Kenny: The best day in your life was the day you handed in your application form to the Fianna Fáil Party after leaving the Progressive Democrats.

Mr. Cullen: Maybe if you had done the same, you would be sitting here too.

An Ceann Comhairle: Deputy Kenny should address his remarks through the Chair.

Mr. Kenny: The Government has lost this public relations battle. There is serious unrest about this.

An Ceann Comhairle: Deputy Kenny's time is concluded.

Mr. Kenny: I have a final question for the Taoiseach. If this independent panel——

An Ceann Comhairle: Sorry, Deputy, we have gone well over the time.

Mr. Kenny: A Cheann Comhairle, you are the person who is to receive this report and you know as much about software code sourcing as I do.

An Ceann Comhairle: The Deputy should not involve the Chair in this debate.

Mr. Kenny: If this panel expresses serious concerns, is the Taoiseach prepared to back away from the system?

The Taoiseach: I was asked a few weeks ago in the House to establish an independent commission. We have set up that independent commission with a High Court judge——

Mr. Allen: Without consulting anybody.

The Taoiseach: I have a minute to answer. I know the Deputy does not really want to know any of the answers but he should give me a minute.

Mr. Allen: It is not independent.

The Taoiseach: If a High Court judge, Justice Matthew P. Smith, is not independent——

Mr. Allen: The Taoiseach did not consult anybody.

An Ceann Comhairle: Deputy Allen will have to leave the House if he continues to interrupt.

The Taoiseach: He is chairman of the Standards in Public Office Commission——

An Ceann Comhairle: Only the party leader can ask supplementary questions.

The Taoiseach: Deputy Allen makes many throwaway remarks. This is a High Court judge who is chairman of the Standards in Public Office Commission. The man is beyond reproach so the Deputy should not make throwaway remarks. I was asked to set up a commission——

Mr. Kenny: Why was there no consultation?

Mr. Kehoe: He is a Fianna Fáil hack.

Mr. Roche: Withdraw that.

The Taoiseach: We appointed independent people, such as the Clerk of the Seanad and the Clerk of the House——

Mr. Glennon: Withdraw that remark.

Mr. Roche: The Deputy should withdraw that remark.

An Ceann Comhairle: The Minister, Deputy Roche, must allow the Taoiseach to answer without interruption.

The Taoiseach: If people——

Mr. Glennon: Withdraw that remark about the judge.

The Taoiseach: We have given the commission broad terms of reference. The commission, which will be independent in the performance of its functions, shall prepare a number of reports for presentation to the Ceann Comhairle on the secrecy and accuracy of the chosen electronic system and the counting system. They were the points of concern put forward by the Opposition parties. One cannot simply wake up the next morning and move off the ground on which one has argued one's case.

Mr. Kenny: There was no consultation, just a phone call from Brussels.

The Taoiseach: Deputy Kenny spoke about looking at another system when an enormous amount of time, more than five years——

Mr. Kenny: You have spent €40 million of the people's money.

The Taoiseach: No, the Government and the Department concerned have.

Mr. Allen: You rushed into it.

The Taoiseach: Over five years and over €40 million have been invested in the best international system we could find. It was verified by the only international bodies which are in the business of doing this, in Germany and the Netherlands. Let us not talk nonsense. I wish to ask one question in return.

Mr. Durkan: Come over here if you want to ask a question.

Mr. Allen: You will get an answer.

The Taoiseach: Is somebody prepared to stand up and say that Fianna Fáil has manipulated this system or that it has changed the software to manipulate the vote?

Mr. Stagg: You would if you got a chance.

Mr. Allen: Not yet.

(Interruptions.)

The Taoiseach: If that is what Members are saying——

Mr. Kenny: I am prepared to stand up——

An Ceann Comhairle: Deputy Kenny should resume his seat and allow the Taoiseach to conclude.

Mr. Allen: It will be said outside the House.

The Taoiseach: Can I ask one question? I have been answering them for six weeks.

(Interruptions.)

An Ceann Comhairle: Allow the Taoiseach to continue. Deputy Kenny must resume his seat.

The Taoiseach: If people are prepared to say that, they should say it outside the House and let the reputable companies involved in this take the necessary action.

Mr. Allen: It will be said outside the House.

Mr. S. Ryan: The Taoiseach asked the question.

Mr. Kenny: I have another question.

An Ceann Comhairle: There is no provision for a further supplementary. Deputy Kenny will have to find another way of asking his question. I call Deputy Rabbitte.

Mr. Allen: People outside the House are saying it.

Mr. Rabbitte: The answer to the Taoiseach's question is yes, if they thought they would get away with it. The Minister for Finance agreed at the weekend that the purpose of decentralisation, in the fashion in which he announced it, was to shore up the political fortunes of the two parties in Government by the time of the next election. Since that announcement, a number of unions, surveys and Departments have detailed the widespread resistance within the Civil Service and public service and the concerns about the adverse implications for governance that will be caused by the manner in which the decision was announced by the Minister.

The survey results show, for example, that out of 424 people in the Department of Communications, Marine and Natural Resources who replied, 29 offered to relocate. In the Department of Transport the number was 19 out of 460, in the Department of Enterprise, Trade and Employment 229 volunteered from the 1050

[Mr. Rabbitte.] staff, in the Department of Agriculture and Food it was 167 out of the 655 personnel and in the Department of Justice, Equality and Law Reform there were 160 volunteers from the 980 staff. The Institute of Engineers, the Planning Institute, the Royal Institute of Architects of Ireland, the Society of Chartered Surveyors have expressed concerns and the Association of Higher Civil Servants said the plan was daft. The association produced a consultant's report which stated that almost 60,000 people are affected in the Minister's relocation plan.

Will the Taoiseach ignore the concerns expressed by people who have loyally served the State and who have pointed out that this is an unplanned and un-negotiated announcement? There was no consultation and it does not even conform to the Government's policy on the spatial strategy. Whereas this House is in agreement on the necessity for planned and balanced regional development, the manner in which the lock, stock and barrel relocation of Departments was announced is bad for the Government. It will lead to the politicisation of the Civil Service and the Minister said as much at the weekend.

The Taoiseach: This Government has fought the case for and implemented balanced regional development for the last number of years. In seeking Objective One status under the last round of Structural Funds we argued for the division of the country into the BMW and south-east regions and we carefully implemented that scheme to good effect. We presented the national spatial strategy and we have now presented our infrastructural programme, the national development plan, which is also being implemented. It will connect infrastructure throughout the country in many ways.

We announced a programme of decentralisation of over 10,000 public servants to 53 locations. We have set up a number of groups to deal with that. The Flynn group presented its first report to the Cabinet sub-committee last week and will present its implementation plan at the end of March. The Office of Public Works is actively engaged and we have received an enormous response from various companies and organisations throughout the country which wish to provide office accommodation and facilities for our public servants.

We understand that this plan must be negotiated, as the previous one was successfully negotiated, with our public and civil servants. We are also aware that there are thousands of civil and public servants who wish to move away from Dublin city for many reasons. We intend to make provision for that. We are also aware that, using modern communications technology, it is good

for Dublin, the regions and the Civil Service. All these points will be negotiated.

I said yesterday in the House that under the Civil Service conciliation and arbitration scheme a sub-committee of the general council has been established to discuss all the issues relating to decentralisation. A meeting with the Congress of Trade Unions takes place next week.

We have said repeatedly that the programme will be entirely voluntary. There will be no compulsion or redundancies. I understand that many people have concerns they want addressed. It is the job of the Government and the various committees working on the matter to address these legitimate concerns. I was through this process in the first round which successfully moved public servants to Donegal, Sligo, Galway, Ennis, Limerick, Killarney, Cork, Tipperary and several other parts of the country. We will follow the same system of negotiations this time.

I assure Deputies that thousands of public servants, mainly at the middle and lower levels, want to move. People at higher levels, for family and other reasons, have some difficulties. We must discuss and deal with these matters. We are now in that process and discussions are under way. Hopefully, we will deal satisfactorily with it, as we did with the previous programme in the early 1990s.

Mr. Rabbitte: I welcome the Taoiseach's remarks that for the first time he is prepared to make concessions to family considerations. How does that fit into the cost of this exercise where the Minister announced that lock, stock and barrel that Departments were to be relocated to different parts of the country? This is not the planned relocation of self-contained agencies and sections of Departments to operate and implement policy. This purports to disintegrate the Civil Service and to avoid the normal interactions that take place in policy making every day. There is no question of cost and the Taoiseach still seems to be hanging on to the belief of the Minister of State, Deputy Parlon, that as soon as there is a stretch in the evenings, they will all move.

The most recent quango we had was the PIAB which the Tánaiste said she had to locate in Dublin because it would not be viable elsewhere.

Ms Harney: That contract was agreed beforehand.

Mr. Rabbitte: This is a political stroke that reminds me of the 1982 advertisement in the Kerry newspaper with a fresh faced young John O'Donoghue who said his policy was to implement the policy of decentralisation by moving the Department of Justice to Killarney. That was 1982.

Mr. McDowell: That is from Fergus Finlay's archive, I would say.

(Interruptions).

An Ceann Comhairle: It is not appropriate to display literature during Question Time.

The Taoiseach: I am glad to see that promise was kept as there are between 160 and 200 civil servants in Killarney in the Department of Justice, Equality and Law Reform. It is good to see that.

Mr. O'Donoghue: I will appoint the Deputy as my election agent next time.

Mr. Timmins: If it takes 22 years to deliver the Minister will need one.

The Taoiseach: All the planning, architecture, engineering associations and others who come to see me point out that they consider the greater Dublin area is effectively Leinster which they say has a population of 2 million people. A number of the centres of whole Departments are within that area. I see people in my own office who are travelling from Drogheda, Mullingar and Kildare. That is happening right across the public service and there is an enormous demand——

Mr. Rabbitte: If the Taoiseach moved against the builders that——

An Ceann Comhairle: The Taoiseach without interruption.

The Taoiseach: Deputies want my minute and their minute every morning. If they want to ask questions they should accept answers. They do not want to hear answers. The second point is that the implementation group has identified the people issues in the programme as being crucial to the success of the whole exercise. This is not the first time I said this. I have said all along that the Government endorses the programme and has put in place structures designed to ensure proper communication between all those involved in the process, particularly those directly involved, namely, the staff. We will do all we can to work with and facilitate the staff on this issue.

Mr. Stagg: What about compensation?

Mr. J. Higgins: The Taoiseach said that he was in favour of balanced regional development. Outside the Teagasc centre in Ballinamore, County Leitrim, this morning a large number of small farmers and members of the local community are protesting peacefully against the removal of the State's herd of cattle from the facility and the closure of the research centre. A large number of gardaí have also been present for the past few days to bludgeon the community into

line with the disastrous decision of the Minister for Agriculture and Food to cut the Teagasc budget in 2002, thereby ending the vital research specific to that particular centre. This research touches on the livelihoods of the small farming community and downstream workers in the more marginalised and disadvantaged areas and involves a band of counties.

Mr. M. Smith: Did they pay their service charges? Unlike the Deputy.

Mr. J. Higgins: The local community in Leitrim is being bullied in exactly the same way as the decent working people of Dublin when they peacefully protested against Government stealth taxes. Millionaire ranchers do not have to worry about surviving on snipe grass; it is not an issue for them. The closure of the research facility and the ending of the research specific to the area have serious implications. It is only two years since €250,000 was invested in this facility. Will the Taoiseach intervene urgently in this situation? Will he instruct the Minister for Agriculture and Food to open talks with the local communities involved and to maintain this centre which is vital to the future economic well-being of the area and of the communities that survive in the area, both working people and small farmers? The centre is an essential part of what the Taoiseach says he favours, namely, balanced regional development.

The Taoiseach: To the best of my knowledge this concerns the Ballinamore field station which is not a research centre. Approximately three people are involved in it on a full-time basis. It is an operational decision.

Mr. S. Ryan: What about the farming community which depends on it?

The Taoiseach: This is an operational decision of the administration and, I understand, the board of Teagasc which is representative of farm interests. Those interests are represented on the board which made the decision. The Teagasc board and administration which deal directly with this believe that moving these people to Carrick-on-Shannon is the proper and better way to provide a proper and functional service. It would not be appropriate for me to direct or act the Minister to interfere with what is a functional decision of the board of Teagasc.

Mr. J. Higgins: When he wishes to do so, the Taoiseach has no problem directing Ministers and Deputies alike out to the plinth to give his side of the story. The Taoiseach is either in charge of the Government or he is not. It is less than two years since the head of the dairy research, Dr. Crosse, stated that the Ballinamore farm was an integral part of the research division of Teagasc.

[Mr. J. Higgins.]

It is not good enough to say that this is an operational decision. This is related to the cutbacks implemented in the past two years by the Minister for Finance which have had implications down the line for ordinary people. The research in this facility is specific to the band of counties around it and to the area. It cannot be replicated elsewhere as the Taoiseach suggests. It would be possible not only to maintain the facility but to carry out research into further sustainable means by which communities and working people who depend on small agriculture can remain in rural Ireland. Will the Taoiseach please ask the Minister for Agriculture and Food to open constructive lines of communication with the local community in the area in order to resolve the issue by maintaining the facility?

The Taoiseach: I am not sure if the Deputy is really interested in my points. He says he does not care if it was an operational issue or a board decision. It was a board decision. Teagasc is not short of resources for research. It has sold its centre in Sandymount Avenue in Dublin and has about €20 million in funds. It is moving to Carlow. There are no farmers left in Sandymount.

Mr. Rabbitte: How can it be moved to Carlow because of the deal on decentralisation?

An Ceann Comhairle: The Taoiseach should be allowed to answer Deputy Higgins's question. No other Member from any other party should intervene under any circumstances.

The Taoiseach: Deputy Joe Higgins inferred that I should be able to direct Teagasc, which I refute. It is a decision of the Teagasc board. He also stated the decision was due to a lack of resources. It is not. Teagasc sold its headquarters in Sandymount Avenue and moved to Carlow.

Mr. Connaughton: It has not moved yet.

The Taoiseach: Teagasc has €20 million for research and development, which must be put to best use. Leitrim has never done as well. Over 1,000 people are working in the MBNA plant alone. Farmers involved in the Teagasc board believed this was the best thing to do. It is a field centre not a research centre.

Mr. Timmins: They did not. The former director opposed it. The Taoiseach is incorrect.

An Ceann Comhairle: The Deputy should allow the Taoiseach without interruption.

The Taoiseach: There are only three people on it.

An Ceann Comhairle: During exchanges across the House when Deputy Kenny submitted his question, I understand a remark was made concerning the chairman of the Standards in Public Office Commission and the e-voting commission. Due to the level of interruption the Chair did not hear the remark and, therefore, I am not in a position to rule on it.

Mr. Rabbitte: Good.

An Ceann Comhairle: In accordance with long standing rules of the House, the Chair deplores any remarks made concerning an eminent member of the Judiciary.

Deputies: Hear, hear.

Ceisteanna — Questions.

Departmental Records.

1. **Mr. Kenny** asked the Taoiseach the files which were released recently by his Department under the National Archives Act 1986; and if he will make a statement on the matter. [1022/04]

2. **Mr. Kenny** asked the Taoiseach the number of files withheld by his Department from the National Archive in respect of 1973; and if he will make a statement on the matter. [1026/04]

3. **Mr. Rabbitte** asked the Taoiseach the files transferred to the National Archives in respect of 1973; the number of files withheld under section 8 (4)(a) of the National Archives Act 1986; the number withheld under section 8(4)(b); the number withheld under section 8(4)(c); and if he will make a statement on the matter. [1191/04]

4. **Caoimhghín Ó Caoláin** asked the Taoiseach the number of files for 1973 in his Department released to the National Archives under the 30-year rule; the number withheld; and the subject matter of the files withheld. [1579/04]

5. **Mr. J. Higgins** asked the Taoiseach the number of files in respect of 1973 withheld by his Department from the National Archives; and if he will make a statement on the matter. [3708/04]

6. **Mr. Sargent** asked the Taoiseach the number of the National Archives files in respect of 1973 which have been withheld by his Department; the subject matter of the files withheld; and if he will make a statement on the matter. [5657/04]

The Taoiseach: I propose to take Questions Nos. 1 to 6, inclusive, together.

The evaluating of files for release to the National Archives is carried out by designated officials in my Department. I have no role in that process. It is usual, as files are processed for release each year, that some are certified by the appropriate official for retention on the grounds set forth in the Act. I am informed that the

number of files certified in this way in respect of the January 2004 release was six. In all, a total of 720 files or file parts were transferred to the National Archives by my Department to be released for public inspection on 1 January 2004.

Of the six files retained, one file was retained under section 8(4)(a) of the Act, four were retained under sections 8(4)(b) and (c) and one under section 8(2) of the Act. It is also the responsibility of the statutorily designated officials to determine the particular subsection in accordance with which files are certified for retention.

Mr. Kenny: The National Archives contains information on myriad topics relating to the past 30 years. I note that one file concerns a paper presented by Defence Forces intelligence which prepared a confidential document entitled, *Military Implications of Ireland's entry to the EEC*. That document predicted that the future development of the then EEC would result in the adoption of a common security or defence policy. It stated that no country can realistically hope to participate in all the activities and benefits of the Community and withhold her contribution in this one field. With the benefit of the passing of 30 years of history, will the Taoiseach comment on this?

In the context of a European constitution with which the Taoiseach is attempting to grapple, we are moving towards a common defence and security entity becoming a reality. Does he consider that as a member of the European Union, Ireland should participate in the discussions that will lead to the setting up of that architecture, whatever it may be, rather than standing idly by and having agreement reached on some form of common security and defence entity without any participation by this country in those discussions or on its make-up?

The Taoiseach: This has nothing to do with the National Archives Act 1986 or the release of papers under the 30-year rule. However, if Deputy Kenny wants a short reply, under the discussions on a European constitution, which took place following the Convention, we did engage in discussion. The paper Deputy Kenny discussed from the archives is the old paper from the Cold War period. I have no comment to make on that. Thankfully, those times are long gone. The Deputy can take it that we will participate in the discussions on a common foreign security and defence policy as we go forward, but it is not relevant.

Mr. Kenny: Can I ask another question?

An Ceann Comhairle: Not on the same line. The Deputy has gone well outside the scope of Questions Nos. 1 to 6.

Mr. Kenny: I did not hear all of the Taoiseach's reply due to the noise of Members leaving the

Chamber. Will he repeat the outline of the contents of the documents withheld from public access and the reasons for this?

The Taoiseach: As I understand it, one was withheld under section 8(4)(a) of the Act; four were withheld under subsections (b) and (c) and; one was withheld under section 8(2). The ground for retention under section 8(4)(a) is public interest; the ground in 8(4)(b) relates to information obtained in confidence; and section 8(4)(c) relates to the stress or danger of defamation. Section 8(2) relates to where a file or files are in regular use in a Department and their transfer to the National Archives would seriously interfere with the administration of the Department. The latter case is rarely used. Perhaps one file a year is retained on that basis.

Some 720 files were released this year and only four were withheld. The grounds for retention always relate to security grounds or where information has been given in confidence, which is the case with all four files retained on this occasion.

Mr. Rabbitte: Will the Taoiseach explain the validation process for documents transferred to the National Archives? Is it the Secretary General of each Department who stamps whatever documents are transferred? Who makes the final call on files that may or may not be transferred? I ask this in the context of the Barron report on the Dublin and Monaghan bombings in regard to documents due to be released next year. Unfortunately some files are inexplicably absent.

I saw the Taoiseach give evidence before the House sub-committee on that grave issue. I do not know if he has any reason to believe that any of the files missing, particularly those from the Department of Justice, Equality and Law Reform, are likely to be found, mislaid or misfiled or if there is any explanation for how files on such a critically important issue are not available.

The Taoiseach: The current position in my Department, which I think is the same as in other Departments, is that certifying officers are in charge of the process. In my Department there are four certifying officers, all of at least principal officer grade, as required by the Act. I am told that other Departments have similar arrangements. The names of certifying officers are published in the annual report of the director of the National Archives. The procedure for many years has been that all files are handed over to the National Archives unless there is a security content.

On the issue of the files referred to in the Barron report, I said in the past that I understood investigations took place in Departments. I said this in the House and before the sub-committee. I probably should not have used the word "investigations". I do not think there was much investigation. This took place a long time ago and

[The Taoiseach.]

there is confusion as to whether the files ever existed. That seems to be the argument. Whatever files exist will be put in the public domain. It leaves a lot to be desired about how things were done during that period. I find it difficult to obtain clear answers as to whether the files ever existed and if they did not exist, why people said they did in the first place. It seems an extraordinary period when loggings of the records were there but there is no clarity as to the actual existence of the files. References suggest that they may have been added to other files, but it is not clear. As I said in the House previously and to the sub-committee, this is an undesirable position. That applies both to the Garda files and those of the Department of Justice, Equality and Law Reform.

Caoimhghín Ó Caoláin: Am I to understand from the Taoiseach's last response that he is now wrestling with the possibility that the files that have gone missing might not have existed at all, despite statements on record to the effect that they existed and have gone missing? In my question, I purposely asked the Taoiseach to outline the subject matter of the files withheld, but he has not done so in his reply. He indicated that six files were retained under a range of sections. Will he outline their subject matter, in line with the practice of the Department of Foreign Affairs, which is one of the few Departments that outlines the subject matter of files withheld?

Given that a number of files in the list of files that other Departments, including the Department of Foreign Affairs, have withheld related to incidents in Border counties, do any of the files withheld by the Taoiseach's Department relate to similar matters, such as the damage to property in Cavan caused by the British Army in 1973? This is one of the indications in the withholding note of the Department of Foreign Affairs. The Department of Defence issued newspaper cuttings recently about the Littlejohn brothers. Given that the Taoiseach's former colleague and former Taoiseach, Jack Lynch, had been briefed on the Littlejohn affair——

An Ceann Comhairle: The Deputy does not have to discuss the files in detail.

Caoimhghín Ó Caoláin: If I finish my sentence, it will become apparent that my question is in order. Are any of the files withheld now or previously by the Department of the Taoiseach relevant to the issues I have directly alluded to, particularly given that these people were involved in clandestine activities on this side of the Border?

Given the renewed focus on collusion, can the Taoiseach tell us if relevant files in his Department have been withheld recently or otherwise that would shed more light on all the various areas of collusion that have been raised

and addressed in this House, not only in recent times? Will the Taoiseach now consider this given the importance of the full exposure of whatever detail he may have at hand?

The Taoiseach: Deputy Ó Caoláin has asked me a number of questions. The procedure in my Department and others is that officials decide what is released under the National Archives Act. As I said, the policy is to release as much as possible. One will see from the figures that this was the case this year and every year. A total of 720 files or parts of files were transferred to the National Archives this year and only six were withheld. I do not see those files and I have no call regarding what is released, but I am given information on the sections of the Act under which the files are withheld.

As I stated, the six files were retained under section 8(4)(a), (b) and (c), which state that an officer may certify that making files available for inspection by the public would be contrary to the public interest, might constitute a breach of statutory duty on the grounds that they contain information obtained in confidence or might cause distress or danger. I am told that almost all the retained files were withheld on security grounds and concerned information given in confidence. The names of the files are not given because this would identify the individuals in question. They are not the subject matter.

Caoimhghín Ó Caoláin: Other Departments——

An Ceann Comhairle: Allow the Taoiseach to continue without interruption.

Caoimhghín Ó Caoláin: He is inviting me——

An Ceann Comhairle: Deputy Ó Caoláin is entitled to contribute only when the Chair calls him.

Caoimhghín Ó Caoláin: Other Departments do.

The Taoiseach: My Department could release a file on a public office, one of the museums or the Royal Hospital, for example, but if a file was on Joe or Mary Bloggs, its release would involve identifying that person. That is the only reason for withholding them.

On the basis of a question I asked, I can say to Deputy Ó Caoláin that all the files withheld in my Department in recent years, including this year, were given to Mr. Justice Barron. Even though they were withheld from the archives, he had total access to them and nothing was withheld from his report. As I replied to Deputies Rabbitte and Ó Caoláin, Mr. Justice Barron has investigated these matters and there is no point in my saying any more about missing files. The Garda and the Department of Justice, Equality and Law Reform have also considered the matter.

The Deputy asked about files released in recent years. Very few files would be withheld. The Jack Lynch files for last year were all released. Nothing from them was withheld and there were no distractions from any of these papers. This brings us to the end of all the Jack Lynch files for this period. The files from 1973 are now all in the public domain.

Mr. Sargent: Does the Taoiseach believe there is a clear likelihood of further problems regarding the National Archives, not unlike those referred to this morning, given that the capacity problem will worsen as the number of State papers doubles, as expected? My figures, which pertain to the years up to 2030, suggest the number will double from 265,000 at present to 600,000. A considerable number of files will be very difficult to keep for 30 years under the 30 year release arrangement because of the lack of space. Does this problem not need to be addressed urgently by the Government?

Does the Taoiseach believe the criteria for the withholding of information need to be re-examined? The Department of Defence has certainly a reputation for restricting many files and there may be justifiable reasons for this. However, is there not a danger that serious injustices will be perpetrated if there is a culture of restricting files? There is a case before the court which I do not want to allude to, but if an Army officer lost a job over 30 years ago and this was left to cloud over——

An Ceann Comhairle: That certainly does not arise out of Questions Nos. 1 to 6.

Mr. Sargent: I am talking about the criteria for releasing files under the National Archives Act, and that does arise. When somebody has not been able to clear his name on the basis of a mysterious decision to restrict files, it is a very serious matter and needs to be dealt with. Will the Taoiseach reconsider the criteria and the culture of restriction of files, particularly on the part of the Department of Defence?

An Ceann Comhairle: The questions deal with the Taoiseach's Department, not the Department of Defence.

The Taoiseach: In my Department, the culture is certainly different. Even in recent years, which have comprised a difficult period in Irish history, my Department has attempted to release as much as possible. One can see that only six files were withheld this year and 720 files or file parts were released. This has also been the order for the past few years.

On the capacity issue, the volume of business of the State and Departments has obviously grown dramatically. Obviously this must be kept under review. The Act is not yet 20 years old but I am sure it will be kept under review.

On personnel matters in my Department, the practice is that former members of staff and certainly current members have access to their own files even without the freedom of information. However, access to files would be linked to the Freedom of Information Act. Except where there is a security ground, there is no difficulty in these issues.

Nally Report.

7. **Mr. Kenny** asked the Taoiseach if he will report on the implementation of the Nally report on the reorganisation of the Chief State Solicitor's Office; and if he will make a statement on the matter. [1023/04]

8. **Mr. Sargent** asked the Taoiseach if he will report on the implementation of the Nally report; and if he will make a statement on the matter. [5658/04]

The Taoiseach: I propose to take Questions Nos. 7 and 8 together.

The recommendations of the Nally report on the reorganisation of the Chief State Solicitor's Office have been largely implemented. Agreement with the Civil Service unions involved was achieved during 2001. The criminal prosecutions functions undertaken by the Office of the Chief State Solicitor were transferred to the Office of Director of Public Prosecutions at the end of 2001. A common promotion pool within the two offices for professional and technical promotion posts formed part of the agreement and this is now operating.

A negotiating process with local State solicitors seeks to agree on the transfer of the service to the Director of Public Prosecutions. Enabling legislation and appropriate legislative provisions are being drafted in the context of the Civil Service Regulation (Amendment) Bill which is due to be published this session.

Mr. Kenny: The Taoiseach has answered this question several times in the past. It was last discussed in mid-October 2003. A key recommendation of the Nally report was the transfer of responsibility for the local State solicitor service from the Attorney General to the Director of Public Prosecutions and that this required legislation. What progress has been made to deal with the preparation of the amending legislation and the consultations between the offices of the Attorney General and the Director of Public Prosecutions to give effect to that?

In 2003, the then Director of Public Prosecutions, Mr. James Hamilton, gave a rare media interview in which he spoke candidly about the workings of his office and difficulties outside his control. In particular, he voiced concern about the inconsistency of sentencing for similar crimes and the backlog of cases that can result in a delay of several years before cases come before the courts. Having regard to the mantra that justice delayed is justice denied, will the Taoiseach

[Mr. Kenny.]

outline the actions taken to clear this backlog which is outside the control of the Director of Public Prosecutions and requires direct action from the Government?

The Taoiseach: The main elements of the report have been implemented. The recommendations of the Nally report based on one of the main findings of the study group was that no major change in the broad structure of the present system would be justified because the acceptability of the system was seen as a potent factor which should not be lightly risked in favour of an untried alternative. The study group addressed the issue of greater cohesion in the criminal justice system. Among the recommendations was the transfer of responsibility for the criminal justice division of the Chief State Solicitor's Office and the local State solicitor's office to the office of the Director of Public Prosecutions, and these issues have been dealt with. In response to Deputy Kenny's point about the legislation, negotiations have continued over recent months with the State solicitors' association and they have been dealt an offer in the negotiation. Discussions are ongoing and they await a detailed response.

The offer made following discussions over several months was intended to achieve agreement on the changes required in transferring responsibility for the State solicitor service to the Director of Public Prosecutions. The main changes advocated in those discussions were that State solicitors should specialise in criminal work for the future, that they would agree to the termination of their existing contracts and a new work programme for the regime would be put in place. The enabling legislation to allow these changes be made will be included in the Civil Service Regulation (Amendment) Bill which is to be published in this session.

Mr. Kenny: Does the Taoiseach know if there are any unfilled positions in the office of the Director of Public Prosecutions given the backlog of work there? Is he in a position to say whether any work is outsourced from the office of the Director of Public Prosecutions to private solicitors and, if so, what the nature of that work might be?

The Taoiseach: Three or four years ago, we had a major difficulty finding staff, but we increased the numbers significantly and now there is an increase of 75 staff, including 66 in the professional technical staff complement in both solicitors' offices. That was part of the agreement and there was a new recruitment scale for solicitors to replace the existing two lower grades. There was a sizeable increase of 14 extra technical staff and recruitment to a series of posts such as legal clerks who are all in place now. The Chief State Solicitor's Office has approved most

of the additional staff and the staff complement averages 225 over the past year. The office now has 17 vacancies comprising nine professional, five technical, and three support posts. While that number is quite high, it is nothing compared with the vacancies a few years ago. There is high turnover in that office because many young solicitors and staff work there for a few years and then move on. There is a continuous movement although this is not as great as it was three or four years ago.

Mr. Sargent: It is chilling to recollect the atrocity that brought about the recommendations of the Nally report. Will the Taoiseach say in the meantime whether any action has been initiated on the recommendations, for example on keeping better records, North-South contacts, production of a written code of instructions, guidelines on intelligence gathering and agent handling and the prospect of introducing legislation on intelligence gathering and agent handling, and whether any action has been taken in regard to any of those matters? Will the Government support litigation being taken by the families against one of the suspects and what type of support will the Government give them whether by way of advice or money? Having regard to the security matters involved, there have been calls for a restricted report. Is there any hope of such a report being released?

An Ceann Comhairle: Is the Deputy referring to a different report?

Mr. Sargent: I am referring to the Nally report.

An Ceann Comhairle: The Taoiseach is discussing the Nally report dealing with the re-organisation of the Chief State Solicitor's Office.

The Taoiseach: To assist the Deputy, I can understand the confusion because there are two Nally reports.

Mr. Sargent: I asked about the Nally report on the question I tabled. It was obviously grouped with another question on the basis of that confusion. The Taoiseach is familiar enough with the circumstances to allow an answer to my question.

The Taoiseach: There are two Nally reports and Question No. 8 was linked with Question No. 7 on the basis that they referred to the report referred to in Deputy Kenny's question. The second Nally report was debated here recently. The Minister for Justice, Equality and Law Reform is dealing with and is answerable to the House on that report. It is more appropriate to address those questions to him.

Appointments to State Boards.

9. **Mr. Kenny** asked the Taoiseach the appointments made by him since June 2002 to

State boards or other agencies within his aegis; and if he will make a statement on the matter. [1029/04]

10. **Caoimhghín Ó Caoláin** asked the Taoiseach the appointments he has made to State boards since June 2002; and if he will make a statement on the matter. [5625/04]

11. **Mr. Sargent** asked the Taoiseach the appointments made by him since June 2002 to State boards and other agencies; and if he will make a statement on the matter. [5659/04]

12. **Mr. J. Higgins** asked the Taoiseach the appointments which have been made by him to

State boards and other agencies since June 2002. [6694/04]

The Taoiseach: I propose to take Questions Nos. 9 to 12, inclusive, together.

The bodies under the aegis of my Department are the National Statistics Board, the National Economic and Social Council, NESC, the National Economic and Social Forum, NESF, the Information Society Commission, the National Centre for Partnership and Performance, NCPP, the Law Reform Commission, and the International Financial Services Centre Group.

The appointments made by me to these bodies since June 2002 are set out in the following schedule.

Appointments to bodies under the aegis of the Department of Taoiseach since June 2002.

Body	Appointments	Date of Appointment
National Economic and Social Council	Mr. Jack O'Connor (SIPTU) Ms Aileen O'Donoghue (IBEC) Ms Deirdre Garvey (The Wheel) Mr. John Mark McCafferty (St. Vincent de Paul) Mr. John Dolan (Disability Federation of Ireland) Mr. Niall Callan (Department of the Environment, Heritage and Local Government) Mr. Colin Hunt (Goodbody Stockbrokers) Professor Brigid Laffan (UCD) Professor John Fitzgerald (ESRI) Professor Eithne McLaughlin (Queens University)	All made in September and October 2003
National Centre for Partnership and Performance	Mr. Peter Bacon (Economic Consultant) Mr. John Walsh (Department of Enterprise, Trade and Employment)	July 2002
IFSC Clearing House Group	Mr. Fergus Whelan (ICTU) Mr. Walter Brazil (AIB Capital Markets) Mr. Gavin Caldwell Mr. Denis Casey (Irish Life and Permanent) Mr. Brian Collins (Bank of Ireland Security Services) Mr. Peter Coyne (Dublin Docklands Development Authority) Mr. Colm Doherty (AIB Capital Markets) Mr. Brian Goggin (Bank of Ireland) Mr. John Larkin (William Fry Solicitors) Ms Aileen O'Donoghue (Financial Services Ireland) Mr. Michael Ryan (Merrill Lynch Capital Markets Bank Limited) Mr. Willie Slattery (State Street International Ireland Limited) Mr. Pat Wall (PricewaterhouseCoopers)	November 2003 Reconstituted November 2002
National Economic and Social Forum	Of the 62 NESF members, 50 are appointed by nominating bodies, five members are <i>ex officio</i> and five independent members are appointed by the Government. The five NESF independent appointments are: Dr. Mary P Corcoran (NUI, Maynooth) Cáit Keane (South Dublin County Council) Dr. Colm Harmon (UCD) Dr. Brian Nolan (ESRI) Mr. Paul Tansey (Economist) The Government also appoints the Chair and deputy Chair.	Reconstitution of the NESF has recently been finalised. Members appointed during January and February 2004.

Body	Appointments	Date of Appointment
National Statistics Board	Professor Brendan Walsh (UCD) Chair Dr. Patricia O'Hara (Western Development Commission) Ms Mary Doyle (Assistant Secretary, Department of the Taoiseach) Mr. Derek Moran (Assistant Secretary, Department of Finance) Ms Paula Carey (ICTU Trade Union Pillar nominee) Mr. Ciaran Dolan (ICMSA, Farming Pillar nominee) Mr. Frank Cuneen (Business Pillar nominee) Mr. Donal Garvey, Director General of the Central Statistics Office is a member of the board <i>ex officio</i> .	Reconstituted with effect from 9 February 2004.

Mr. Kenny: I can give the Taoiseach a gem of information. A report by the United Nations Development Fund for Women, published in May 2003, showed that Ireland lags seriously behind in the percentage of women in national Parliament and other representative positions. For instance, sub-Saharan African states such as Eritrea, Uganda and Mozambique have a higher female representation than Ireland.

An Ceann Comhairle: The Deputy must ask a question. It is not appropriate to give information to the Taoiseach. The purpose of Question Time is to elicit information from the Taoiseach, so the Deputy should confine himself to a question.

Mr. Kenny: At this rate it will take 370 years for the percentage of women in the Dáil to reach 50%. I hope the effort on this side of the House will bear some fruit inside a reasonable time. Is the Taoiseach aware that, ten years ago, the then Minister for Equality and Law Reform, Mervyn Taylor of the Labour Party, directed that State boards should appoint women to 40% of their positions? Today the average across Departments is just 29%, well below the target of 40% which is ten years old. Some State boards have no female representation. What action is the Taoiseach taking to address this? Does he plan to implement the recommendations of the National Women's Council of Ireland in its November 2002 report? Does the target of 40% representation by women on State boards still stand? Will the Taoiseach attempt to reach these targets during the course of this Administration?

An Ceann Comhairle: The question refers specifically to the Department of the Taoiseach.

The Taoiseach: I do all I can to enforce the rules and continually press Ministers to do likewise. It is monitored by one of my ministerial colleagues. Women represent 37% of the National Statistics Board; 19% of the National Economic and Social Council, NES; 42% of the National Economic and Social Forum; 40% of the Information Society Commission; 29.5% the National Centre for Partnership and Performance; 60% of the Law Reform Commission; and 14.3% of the International Financial Services Centre Clearing House Group.

As Deputy Kenny is aware my capacity to appoint members to the boards under my aegis is constrained by those selected by nominating

bodies. All I can do is to press them and encourage them as I continually do with some difficulty. In some cases the level of representation by women is good and in others it is not so good. The International Financial Services Centre Clearing House Group represents specialist groups and membership of that board depends on availability of specialists. The women on that board are extremely helpful and give of their time very generously. While their representation at 14% is considerably below what I would like, those people are nominated by the industry.

While appointments are made to other boards not under my aegis, I continually try to ensure the target of 40% is achieved if not exceeded.

Caoimhghín Ó Caoláin: Does the Taoiseach agree that fundamental reform of the method of appointment of people to State boards is long overdue? Is he aware that the Central Bank and Financial Services Authority of Ireland Bill will establish the financial services ombudsman and other related bodies, including consumer panels and industry panels, which will result in an additional 50 or more appointments to State boards? Does the Taoiseach have an estimate of the number of people now serving on State boards? In my view it must run to many hundreds. It is all the more important to have a regularised process.

Would the Taoiseach not agree that we need a system that is open to all citizens with appointments based on suitability, ability and the level of information or application of the person? Would it not be preferable to have such an open and transparent system rather than the current system that is open to the accusation that it is only accessed by those who know somebody or as a sweetener for those who support particular political parties? The Taoiseach will have to agree——

An Ceann Comhairle: It is not appropriate to give your view at this stage.

Caoimhghín Ó Caoláin: I am asking the Taoiseach a question.

An Ceann Comhairle: As I pointed out to Deputy Kenny, the purpose of Question Time is to elicit information from the Taoiseach.

Caoimhghín Ó Caoláin: I am asking the Taoiseach——

An Ceann Comhairle: The Deputy will want to give him time to answer as we are coming to the end of the time for questions to the Taoiseach. The Deputy should not make statements and should confine himself to questions.

Caoimhghín Ó Caoláin: Does the Taoiseach agree that the exposure by the “Prime Time” programme last week of the so-called “prison visiting boards” is a further indication of the type of abuses and shows the concern that exists in the wider public? Would the Taoiseach not agree that we need an advertised system, the criteria of qualification to be published, members of the public to be allowed to apply and suitable candidates interviewed? That is the correct way and I hope the Taoiseach will agree.

The Taoiseach: I can only answer for the boards for which I am responsible. It might help if we were to advertise for members of the National Statistics Board, the Law Reform Commission, the International Financial Services Centre Groups and the Information Society Commission. It might make it somewhat easier to get dedicated busy people with professional competence to give of their time as existing members do. Others who have been in Government before me will know that it is hard enough to get people to serve on the vast majority of boards and this is likely to get harder.

I do not agree with assertions that have been made outside the House, which come from those who are not informed about the knowledge and expertise required and did little to find out. Boards such as the National Statistics Board and the National Economic and Social Council are absolutely transparent as to their members. The State gives them responsibility. The NESC comprises a chairperson, deputy chairperson and approximately 60 members picked by the various pillars. The same applies to the NESF. The National Statistics Board normally comprises professionals. The Information Society Commission mainly comprises non-political people who give of their time. While I am sure they vote on election day, they are people from large companies. The Law Reform Commission is made up of legal experts. Half of the appointees to the International Financial Services Centre Clearing House Group are not from Ireland.

It is getting increasingly harder to get people to serve on boards for effectively nothing or what they would earn in a very short period of time. They are dedicated and give of their time only to get pilloried for their effort.

Mr. Sargent: It is quite frustrating to hear the Taoiseach talk about how difficult it is to get people and then to say he sees no point in advertising. This is a contradiction in terms. Would the Taoiseach agree there is nothing to be lost by advertising the positions? People who are capable, patriotic enough and in any way skilled

should make their names known for a selection procedure. I share the Taoiseach’s belief concerning women or men with family commitments and there may also be other factors. Has there been any evaluation of the factors that give rise to the difficulty people have with involvement in State boards apart from the fact that they are not advertised and kept within a circle of people who know each other? Would the Taoiseach not consider it preferable to have advertising, which would at least provide a cross-section of society who may be unknown to the Government?

The Taoiseach: I do not like saying this but many of these boards comprise Oireachtas Members. It is hard enough to get us to participate in these boards.

Mr. Sargent: The Taoiseach should not mind that.

The Taoiseach: This is an important point. This is totally open and transparent and Oireachtas Members are on these boards when we can get people to participate. Does the Deputy really believe that people who kindly give of their expertise and time to the National Statistics Board, such as Professor Brendan Walsh, the chairman, or Dr. Patricia O’Hara would submit their names following an advertisement for board membership in the newspapers? The Deputy should get real for God’s sake. They will not do so. The same applies to those from AIB Capital Markets or Irish Life who are members of the IFSC Clearing House Group.

Caoimhghín Ó Caoláin: The Taoiseach is nominating them.

The Taoiseach: These are experts in their field who are picked not because of their political persuasion, but because we can get them to do the job. On most State boards where we are increasingly trying to get international and local representatives. I do not think there is much political chicanery regardless of who is in Government. I reject that suggestion. I reject also the suggestion that people who are politicians or who were politicians in the past should not be on boards. The House knows my view on such matters. I believe we would be far better off if there were more politicians or former politicians on boards.

Ms McManus: Would the Taoiseach accept that he is presenting himself as a helpless person on the sidelines? Does he accept that when it comes to participation of women in positions of power and authority, nothing will change unless it is made to change and that part of the reason there is such an imbalance is that there is so much lip service and so little action? Surely the Taoiseach is aware that when it comes to women

[Ms McManus.]

participating on State boards he can instruct Ministers to ensure that this happens?

Second, not only are women willing to go on these boards, databases are being compiled, the most recent of which I am aware being the Irish forum of the International Women's Federation, where women are offering to serve not just on State boards but on the boards of private companies as well. The Taoiseach must either prove he is serious about this or admit that there is no commitment in Government to ensure that inequality regarding women will be addressed.

The Taoiseach: The databases mentioned by the Deputy are used by Government and many good people have been recruited from them. The boards to which I refer, which are representative of the social partners and other agencies, insist on putting forward numbers. We are forever asking them to ensure balance. The national statistic is that 37% of board members are women, but the National Economic and Social Forum statistic is 19%. That is made up of the social partner groups and various organisations within society that nominate a number of people. They do not, in some cases, put forward women, and that is why the proportion of women on these boards is 19%

Ms McManus: That is why the Taoiseach must ask them to do so.

The Taoiseach: It is an endless battle to try to get them to put forward women for appointment to boards. This has happened not only in recent times, it has been going on for years in some organisations. At least when the Government is appointing a board of, say, ten people it can insist on having a balance. It is extremely difficult to get the social partners and pillars in society to put forward the required number of women even when we delay them. We use the database to select women for State boards and commercial semi-State boards, and it is very useful. We have selected several people who would not have been known either personally or in terms of Government, but who had extremely good CVs and who put their names forward, and they have proved themselves. In the past two days the Minister for Transport has done the same, although I am not sure if he has yet announced the board. Nobody knew the person in question, but we are glad to make such appointments.

Requests to move Adjournment of Dáil under Standing Order 31.

An Ceann Comhairle: Before coming to the Order of Business, I propose to deal with a number of notices under Standing Order 31 and I will call Members in the order in which they submitted their notices to my office.

Mr. Sherlock: I seek the adjournment of the Dáil under Standing Order 31 to debate the

following specific and important matter of public interest requiring urgent attention: the urgent need for the Tánaiste and the Minister for Agriculture and Food to intervene regarding the proposed job losses in Dairygold where the company is seeking an additional 500 redundancies in addition to the 500 already agreed. Having regard to the concerns that the company is not adhering to agreed procedures for dealing with such circumstances and the economic and social impact of 1,000 job losses in the Mallow and Mitchelstown areas, I understand that the Labour Court has agreed——

An Ceann Comhairle: It is not appropriate to go beyond the notice submitted to the office.

Mr. Sherlock: I wanted to make the comment that in view of the importance of the issue I hope the Chair will agree to my request.

Mr. Neville: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent importance, namely, the situation which has developed at Galway Hospice where it is alleged there were 17 life-threatening errors in the administration of drugs, where there is alleged careless practice regarding nursing leadership, where referrals to the hospice have ceased, where one patient is now being served by the full staff and where €2.3 million has been allocated in 2004; and the need to publish in full the independent report into the difficulties experienced in the hospice.

Caoimhghín Ó Caoláin: I seek the adjournment of the Dáil under Standing Order 31 to debate the following matter of urgent importance, namely, the closure of the Teagasc farm in Ballinamore, County Leitrim, despite the opposition of the community as shown by the confrontation which ensued yesterday when cattle were removed from the farm and members of the local farming community protested; and the need to revisit the decision to close this facility and to enhance rural development in the marginalised county of Leitrim.

Mr. Ferris: I seek the adjournment of the Dáil under Standing Order 31 to debate the closure of the Teagasc research centre in Ballinamore, County Leitrim, and the serious implications this will have for the immediate locality and for the future of Irish agricultural research.

Ms Harkin: I seek the adjournment of the Dáil under Standing Order 31 to debate a matter of extreme regional importance, namely, the final attempt to close the Teagasc research centre in Ballinamore, County Leitrim. This attempt is not just about the closure of Ballinamore, it is about a State agency, Teagasc, turning its back on research activity that is critical to grass growth in particular in seven western and midland counties,

thereby abandoning the dairy farmers in the west and north-west.

Mr. Sargent: I seek the adjournment of the Dáil under Standing Order 31 to allow for a focus on the need for Government to hear the concerns of many parents and children at the lack of opportunities for parents to spend time with their children; the huge problems of under-resourcing which was revealed in newspapers today when they reported that 400,000 calls, especially from children at risk, to Childline are not being answered; and the general lack of child facilities such as playgrounds in the many new housing estates now being built.

An Ceann Comhairle: I have considered the matters raised and they are not in accordance with Standing Order 31. We will proceed to the Order of Business.

Order of Business.

The Taoiseach: It is proposed to take No. 20, Private Security Services Bill 2001 —Report Stage (resumed) and Final Stage, to adjourn at 1.30 p.m. if not previously concluded; No. 1, Public Service Superannuation (Miscellaneous Provisions) Bill 2004 [*Seanad*] —Second Stage; Private Members' Business shall be No. 41, motion re health care delivery (resumed) to conclude at 8.30 p.m.

An Ceann Comhairle: There are no proposals to put to the House.

Mr. Kenny: When will the Government discuss and approve the heads of the electronic voting Bill? Is it envisaged that the legislation will deal with the change in regard to—

An Ceann Comhairle: It is not appropriate to discuss the content of the legislation.

Mr. Kenny: —presiding officers and those working in the elections from being independent contractors to employees?

An Ceann Comhairle: The Deputy should put down a question on that matter to the Minister for the Environment, Heritage and Local Government.

Mr. Kenny: This will mean they will have to pay emergency tax and this will have to be processed by the returning officers.

An Ceann Comhairle: The Taoiseach, on the legislation before the House.

Mr. Kenny: It is a matter of importance.

An Ceann Comhairle: Of course it is. That is why a question should be submitted to the appropriate Minister.

Mr. Kenny: We cannot get an answer to appropriate questions and the Chair knows that.

The Taoiseach: As I stated yesterday, the principles of the Bill have been cleared by the Government. The heads of the Bill will be cleared next week. The Bill is being drafted simultaneously and it will be ready as soon as possible.

Mr. Rabbitte: Will the Taoiseach not agree that he ought to defer this legislation until such time as there can be consensus in the House about changing the voting system, which is the bedrock of our democracy, and that there is widespread concern outside this House as well? What is the rush?

An Ceann Comhairle: That does not arise on the Order of Business.

Mr. Durkan: It is important.

Mr. Rabbitte: When does the Taoiseach intend to bring this Bill before the House?

An Ceann Comhairle: That question was asked and answered this morning.

Mr. Rabbitte: No, it was not. The question that was asked this morning was when were the heads of the Bill agreed.

The Taoiseach: As soon as possible. I hope in the next few weeks.

Mr. Sargent: I am interested in promised legislation. However, in respect of electronic voting I wish to know if the commission will be made more independent.

An Ceann Comhairle: We cannot have a debate on electronic voting.

Mr. Sargent: The judicial conduct and ethics Bill is obviously not related to that matter but it is important that we should focus on the independence of bodies. We spoke about State boards earlier and the director of elections of Fianna Fáil—

The Taoiseach: The legislation is being worked upon in the Department of Justice, Equality and Law Reform and will come before Government later in the year.

Mr. Naughten: There have been serious rail incidents in recent times, including a train crashing into the Cahir viaduct and reports this morning about overcrowding on trains and platforms. It is 12 months since Committee Stage of the Railway Safety Bill was taken. When will Report Stage be taken?

Mr. G. Mitchell: Will the Taoiseach bring that legislation before the House as a matter of

[Mr. G. Mitchell.]
urgency in view of concerns about the Luas link in my constituency at which two people recently died during a 48-hour period? This issue needs to be addressed.

The Taoiseach: I understand that Report Stage is to be ordered but a substantial number of amendments must be prepared by the Department before this happens. That is the cause of the delay.

Mr. Naughten: The reason for the delay is that the Minister brought forward large tracts of amendments on Committee Stage.

Mr. Gilmore: The Taoiseach stated yesterday that the electronic voting Bill is the Government's top legislative priority. What is the position regarding his top legislative priority last autumn, namely, the national infrastructure board Bill? Has any progress been made on that legislation?

Mr. Naughten: It is caught in the bottleneck.

The Taoiseach: I stated yesterday that the first Bill to which the Deputy refers is one of our priorities. Many Bills are being drafted.

Mr. Allen: The fast-track Bill has moved to the slow lane.

The Taoiseach: The infrastructure Bill is being prepared by the Department

Mr. Gilmore: Is it still a top priority?

Caoimhghín Ó Caoláin: When can we expect the publication of the Irish Medicines Board (miscellaneous provisions) Bill, which seeks to amend, among others, the Misuse of Drugs Acts 1977 and 1984?

The Taoiseach: It will be later in 2004.

Mr. Crawford: Will the Taoiseach indicate the current position regarding the alcohol products (control of advertising, sponsorship and marketing practices/sales promotions) Bill? Will he clarify the statement he made to the effect that, as far as Teagasc is concerned, the situation at Ballinamore does not involve a budgetary situation and that farmers on the board were in favour of it?

An Ceann Comhairle: That does not arise. I call the Taoiseach on the first question on legislation.

Mr. Crawford: Farmers on the board opposed Teagasc—

An Ceann Comhairle: I suggest that the Deputy submit a question to the Minister for Agriculture and Food.

Mr. Crawford: The Taoiseach should take this opportunity to set the record straight.

The Taoiseach: The heads of the Bill were approved last summer and the legislation is currently being drafted. It is scheduled for publication in the middle of this year.

Mr. M. Higgins: What is the current position regarding the continental shelf Bill?

Mr. Durkan: It is gathering dust.

The Taoiseach: This Bill is to update and consolidate the Continental Shelf Act 1968. The position is being reviewed because the Acts do not, as a general rule, provide for the charging of fees and rents on pipelines or commercial activity. The legislation will hopefully be brought forward during 2004. I understand the Bill is being incorporated into the marine services Bill which will provide comprehensive new legislative provisions for the seafood sector and the marine coastal zone.

Mr. M. Higgins: Has the continental shelf Bill been withdrawn in light of the other legislation?

The Taoiseach: No, I understand that it will be merged with the coastal zone management Bill.

Mr. Rabbitte: Let us wait until the Minister of State, Deputy Parlon, hears about that. He will have some task finding office space out there. The Minister for Justice, Equality and Law Reform is only concerned that he will not discover any votes on the continental shelf. Will electronic voting apply to the new—

An Ceann Comhairle: I call Deputy Joe Higgins. He should not allow himself to be distracted by the interruptions from Deputy Rabbitte.

Mr. J. Higgins: I know the Taoiseach will want to extend a warm welcome to Mr. Tom Gilmartin who is in town today. I hope Mr. Gilmartin's visit is not as traumatic as previous ones.

An Ceann Comhairle: Does the Deputy have a question appropriate to the Order of Business?

Mr. J. Higgins: Will the Taoiseach indicate if the electronic voting Bill will come before the House before the Easter recess?

The Taoiseach: I stated that the Bill will be dealt with as a matter of urgency. It is being drafted and it will hopefully come before the House as soon as possible.

Mr. Stanton: Is the Government awaiting the final passage of the Education for Persons with Disabilities Bill or does it intend to wait until after the European and local elections to publish

the disability Bill? What is the delay in this regard?

The Taoiseach: The delay is merely that we are finalising matters. We have been involved in discussions with the committee that has been dealing with this matter and with outside groups. We hope to finalise the legislation as quickly as possible. The discussions are just about complete and we hope to bring forward the Bill as soon as we can.

Mr. Stagg: Under the Merchant Shipping Acts 1992 and 1998, the Minister has promised secondary legislation to deal with the issue of anchors in 18 foot open boats on lakes. On foot of the recent High Court decision, will the Taoiseach indicate if the Minister proposes to proceed with the secondary legislation or whether he intends to introduce primary legislation.

The Taoiseach: As a result of the case to which the Deputy refers, the position must be checked with the Minister. I am not aware of the most recent position.

Mr. Stagg: I presume that, under the regulations of the House, the Taoiseach will convey the decision to me in due course.

Mr. Timmins: When is it proposed to publish the veterinary medicines Bill? With regard to the issue raised by Deputy Crawford, the Taoiseach should clarify that the farm representative on the board of Teagasc did not give the go-ahead for the closure of the centre at Ballinamore. It is being closed due to——

An Ceann Comhairle: The Deputy should submit a question to the relevant Minister. I call the Taoiseach on the question relating to legislation.

The Taoiseach: It is proposed to publish it this session.

Mr. Eamon Ryan: In light of the refusal by the Minister of Transport to accept a question I tabled yesterday regarding when the Government approved the upgrade for the M50, what legislation will allow the Government to have a strategic involvement or say in——

An Ceann Comhairle: We cannot discuss the contents of legislation. Does the Deputy have a particular Bill in mind?

Mr. Eamon Ryan: Will the greater Dublin area boundaries and transport Bill or the critical infrastructure Bill give the Government a say in respect of an investment project worth €500 million? The Minister stated yesterday that the Government has no involvement in this project.

An Ceann Comhairle: We cannot discuss the content of what might be in legislation.

The Taoiseach: If the Deputy puts down a question he will get a reply.

Mr. Eamon Ryan: I did put a question to the Minister.

An Ceann Comhairle: I did not say anything about putting a question to the Minister. I said the Deputy cannot discuss the content of legislation on the Order of Business.

Mr. Eamon Ryan: If the Ceann Comhairle will bear with me, I am referring to a project worth €500 million which was recently approved. I asked the Minister when——

An Ceann Comhairle: There are other ways of raising this matter. We cannot discuss every Bill that is raised on the Order of Business.

Mr. Eamon Ryan: What way is open to me to raise it?

The Taoiseach: Work is in progress on the heads of the critical infrastructure Bill which is aimed at streamlining and accelerating certain procedures and it is expected during 12 o'clock the year. Policy in respect of the greater Dublin area land use and transport Bill is being reviewed and an alternative strategy is being considered to achieve the same objectives. I do not have a date in respect of the latter.

Mr. Eamon Ryan: On a point of order, this is an investment project worth €500 million. How can I find out——

An Ceann Comhairle: If the Deputy contacts the office of the Ceann Comhairle we will be glad to facilitate him.

Mr. Durkan: In view of the sensitivities regarding electronic voting and the potential for a conflict of interest, would it be advisable for the Minister for the Environment, Heritage and Local Government to withdraw from the position of director of elections in the two forthcoming elections——

An Ceann Comhairle: The matter does not arise on the Order of Business.

Mr. Durkan: ——in order to protect himself and the integrity of the voting system?

An Ceann Comhairle: The Deputy is out of order.

Mr. Durkan: The Minister should volunteer the information and I believe he wants to answer the question.

An Ceann Comhairle: I advise the Deputy to resume his seat or the Chair may have to take appropriate action.

Mr. Durkan: He should answer the question.

An Ceann Comhairle: Deputy Durkan is familiar with the Standing Order and the Chair does not want to read it to the House again.

Mr. Durkan: Perhaps the Taoiseach will answer given that the Minister is dumbstruck.

An Ceann Comhairle: The Minister would be out of order if he attempted to answer during the Order of Business.

Ms Lynch: In light of the publication of a recent report by the Pensions Board and its launch of a campaign this morning to persuade more women to take out private pensions, will the Taoiseach encourage the Minister for Finance to include in pending legislation——

An Ceann Comhairle: The matter does not arise.

Ms Lynch: The question relates to pending legislation.

An Ceann Comhairle: To what legislation is the Deputy referring.

Ms Lynch: I refer to the pensions (miscellaneous provisions) Bill on which I wish to——

An Ceann Comhairle: We cannot discuss the contents of the legislation.

Ms Lynch: While I do not intend to discuss the Bill, the Taoiseach should encourage——

An Ceann Comhairle: The Deputy has asked a question and should allow the Taoiseach to answer it.

Ms Lynch: ——the Minister for Finance to facilitate people with special savings incentive accounts to transfer money into pension schemes by providing similar incentives on the basis that women live much longer than men, although I do not understand the reason that is the case.

The Taoiseach: The Public Service Superannuation (Miscellaneous Provisions) Bill 2004, has been ordered for today.

Mr. Hayes: I would like the Taoiseach to give a proper answer to a question I asked previously on one-off rural housing. When does he intend to bring before the House the legislation he, the Minister for Community, Rural and Gaeltacht Affairs, Deputy Ó Cuív, and the whole Cabinet have promised?

An Ceann Comhairle: Legislation is required and work is being done on the guidelines which must be presented.

Mr. Boyle: I have a question about the other electoral Bill. When will the legislation giving effect to the report of the independent commission on constituency boundaries come before the House given that many of the Taoiseach's backbench Deputies are introducing themselves to new constituents, even before the House has had an opportunity to read or approve the Bill?

The Taoiseach: The Electoral (Amendment) (No. 2) Bill came forward this year.

Mr. Broughan: Given that the Government proposes to move income and spending power of approximately €4 billion per annum out of the Dublin region, does the Taoiseach have any concerns about the growing list of——

An Ceann Comhairle: The Deputy must ask a question on legislation.

Mr. Broughan: I ask the Ceann Comhairle to allow me to finish as my question is on legislation.

An Ceann Comhairle: What legislation?

Mr. Broughan: Is the Taoiseach concerned about the growing list of empty factories throughout the north side of Dublin? I ask for a debate on the European Union trans-sectoral rules on regional development?

An Ceann Comhairle: Is a debate promised?

The Taoiseach: No.

Mr. Allen: As regards the legislation on electronic voting due to be published soon, what role has the Ceann Comhairle and——

An Ceann Comhairle: The Deputy may not discuss the contents of legislation.

Mr. Allen: This is a serious issue.

An Ceann Comhairle: That is the reason the Deputy should submit a question to the appropriate Minister.

Mr. Allen: Does the Taoiseach believe it is unwise to involve respected officials of both Houses in what is now an acute political issue?

An Ceann Comhairle: The Deputy is out of order. As regards the role of the Ceann Comhairle, I understand he will accept the report on behalf of Deputy Allen and the other 165 Members of the House.

Mr. Naughten: We do not want to place the Ceann Comhairle in an embarrassing position.

Mr. Allen: Will the Taoiseach answer my question?

An Ceann Comhairle: Deputy Allen has already spoken once and I cannot allow a Member to speak twice.

Mr. Allen: May I have an answer?

An Ceann Comhairle: The Deputy will have an opportunity to speak tomorrow.

Private Security Services Bill 2001: Report Stage (Resumed).

Debate resumed on amendment No. 17:

In page 10, to delete lines 1 and 2 and substitute the following:

“(a) 2 persons who are practicing barristers or practicing solicitors, of not less than 5 years’ standing, at least one of whom has a specialisation in human rights law,”.

— (Deputy Ó Snodaigh).

Aengus Ó Snodaigh: As I had almost concluded when the debate was suspended on the previous occasion, I will not labour my point. The purpose of the amendments is to ensure that the authority becomes more representative of society than is provided for in the Bill.

Amendment No. 17 provides that at least one of the two barristers or solicitors appointed to the authority should specialise in human rights law to ensure that the decisions and practices of the authority and the implementation of the legislation, when enacted, reflect best practice throughout the world and fully protect the rights of employers, employees and the public.

Amendment No. 18 proposes that the two representatives of employees be appointed by the trade unions, as the bodies which would best represent their views. In light of the wide range of areas involved, were only one person to be appointed, he or she might not reflect the views of the trade union movement or employees as a whole, whereas an organised body or bodies—several trade unions are likely to be involved—could properly represent and reflect the views of employees and allow them, through their representative bodies, the trade unions, to feed into the authority information which should be raised, discussed and thrashed out. This will be especially important in the early years of the authority given that teething problems always arise in new structures.

The purpose of amendment No. 19 is to ensure that the community and the general public have a position on the authority in the shape of a person appointed specifically to represent different views on various issues and to ensure that the authority tackles the relevant issues.

Mr. Costello: These three amendments are eminently reasonable and valuable and relate to separate areas, namely, human rights, the trade union movement and community interests. The Bill would be improved if representatives of these sectors were reflected in the composition of the authority given that it must consider a broad range of issues. This would be achieved by appointing a representative from each of these sectors to address the relevant issues.

As regards amendment No. 18, section 7(2)(c) provides that the Minister will appoint two persons each of whom he considers to be representative of employees of private security employers. The phrase “selected and recommended to the Minister by the trade union movement” is missing from the paragraph. Bearing in mind our discussions on Second and Committee Stages and our meetings with representatives of the industry and SIPTU, I assume the Minister supports the idea that the trade union movement recommend a person for appointment. I also assume that his only concern previously was that the trade union movement was not sufficiently reflective in terms of its organisation of members and that once this was rectified he would be happy to accept recommendations from trade unions.

The trade union movement has already indicated its interest in the matter to the Minister. It could be accepted as a given, even though the relevant section does not state it, that a representative recommended by the trade union movement could be a member of the authority.

Mr. Deasy: I see no reason representatives of the trade union movement should become members of the authority. I am aware of Sinn Féin and the Labour Party’s ties to the trade union movement but, with all due respect, I would like to hear a logical reason trade union officials should become members of the authority.

Minister for Justice, Equality and Law Reform

(Mr. McDowell): Section 7 provides for the establishment of a broadly representative authority. A balance must be struck between representation on the one hand and effectiveness on the other. We should try to accommodate relevant interests without sacrificing such effectiveness.

Provision is made in the Schedule 1 to the Bill for the establishment of advisory committees. It may be possible to accommodate certain interests on such committees depending on the subject matter. I will give close consideration to any proposals from the authority on the establishment of such committees.

On the Deputy’s question, I understand SIPTU is already active in the security industry and that it has submitted a proposal in this regard. Without committing myself one way or the other, I would find it difficult to ignore the recommendation of a responsible and competent

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person who had the backing of a trade union which was active in this area. I would have to have a good reason to ignore such a recommendation. That is as far as I can go on this point. I agree with Deputy Deasy that this provision should not be so stitched up in terms of nominations as to make it almost impossible to move.

I point out to those interested that I am preoccupied with ensuring a gender balance on the authority. I frequently find that, when nominating interest groups have completed their nominations, they leave it up to the Minister to pick up the pieces in terms of the establishment of gender balance on bodies of this type. I ask those putting forward nominees for appointment to the authority to bear in mind that I want to establish a degree of gender equality and that they should look outside the usual stereotyped appointments and nominate people broadly reflective of the community at large.

Amendment put and declared lost.

Aengus Ó Snodaigh: I move amendment No. 18:

In page 10, to delete lines 5 and 6 and substitute the following:

“(c) 2 persons selected and recommended to the Minister by trade unions representing employees of such employers.”.

Amendment put and declared lost.

Amendment No. 19 not moved.

An Ceann Comhairle: Amendment No. 20 arises from committee proceedings. Amendments Nos. 21, 22 and 74 to 76, inclusive, are cognate. Amendments Nos. 20 to 22, inclusive, and 74 to 76, inclusive may be taken together by agreement.

Mr. McDowell: I move amendment No. 20:

In page 10, line 34, after “may” to insert “for stated reasons”.

It was pointed out on Committee Stage that the Minister could remove a member of the authority in certain circumstances without giving reasons for doing so. The amendments tabled in my name will ensure the Minister must state reasons whenever he or she removes a member of the authority or the appeal board. I have accepted the spirit of Deputy Costello’s observations and have incorporated them into the amendments tabled in my name.

Mr. Costello: I thank the Minister for accepting my point.

Amendment agreed to.

Mr. McDowell: I move amendment No. 21:

In page 10, line 35, to delete “stated”.

Amendment agreed to.

Amendment No. 22 not moved.

Mr. McDowell: I move amendment No. 23:

In page 11, lines 4 and 5, to delete “of paragraphs (a) to (f)” and substitute “paragraph”.

This is a straightforward amendment which states that a staff member on the authority ceases to be a member of the authority if and when that person ceases to be a member of the staff of the authority. It is logical that a person who is no longer a staff member could not be a member of the authority. There is nothing controversial about this amendment.

Section 7 provides for the election by secret ballot of the staff of the authority of a staff member to the authority. It is appropriate that, when a person ceases to be a member of the staff of the authority, he or she should be replaced by way of election.

Amendment agreed to.

Acting Chairman (Mr. McGinley): Amendments Nos. 24, 25 and 70 are related and may be taken together by agreement.

Mr. Costello: I move amendment No. 24:

In page 11, to delete lines 21 to 24 and substitute the following:

“(7) At least 40 per cent of the members of the Authority (and of the Appeal Board) shall be men and at least 40 per cent shall be women.”.

This amendment seeks to provide that at least 40% of the members of the authority and of the appeal board, to which there is no reference, shall be men and at least 40% shall be women. The legislation gives a nod in that direction in that it states the Minister shall have regard to the extent of which each sex is represented on its membership. That is, however, what one calls an aspiration. The legislation provides no substantial reason the Minister should take action if the nominations do not include members of either sex in reasonable proportion. The Minister indicated he would wish to create gender balance on the authority but he will not be Minister for Justice, Equality and Law Reform forever. There is no mechanism in the Bill to ensure there is fair representation of both sexes on the authority.

The industry concerned made strong representations to the effect that it did not feel it warranted or would be able to find suitable people of both sexes. It felt it would have no problem finding male members but it did not think it would be able to find suitable female

members. Unless the legislation specifically requires that there be a gender balance on the authority, there is not the slightest hope it will be representative of both sexes. The gender equality issue has been around for a long time but there has been little improvement in certain areas.

It was noted recently that we are not to the fore in terms of nominations to the Council of Europe. Our delegation was deprived of its franchise and was no longer entitled to vote because it had no female members. If it is left to the device of individuals and people who are representative of the industry, it will not happen. The Minister should be more proactive in all legislation. A formula of words should be used when we are setting up authorities or appeal mechanisms, but even in section 7(7), which deals with the appeal board, there is no reference to a requirement of this nature.

I feel strongly about this issue and I may push it to a vote if the Minister is not prepared to take a tougher line to ensure a reasonable representation of both sexes, and 40% would be a reasonable representation.

Mr. Deasy: I do not believe in quotas. The 40% figure goes back to the former Minister, Mervyn Taylor, when the rainbow Government was in office. He used that figure with regard to the Civil Service but sometimes that can indicate a patronising attitude towards women. Deputy Costello made the point that the industry could not find the requisite number of women to fill these positions.

Mr. Costello: It is not that they could not find them.

Mr. Deasy: That was the indication. Deputy Costello is enforcing that by making it an absolute requirement. This section is politically correct. Year after year politicians make the point on Bills like this that there has to be a certain percentage of women on boards, but that is patronising women and it is used by politicians to curry favour with women. I do not believe in quotas. One can be a little too politically correct when it comes to these provisions.

Aengus Ó Snodaigh: I go even further than the Labour Party amendment in my amendment No. 25 which states that the authority should reflect society as a whole, which has a majority of women. We all wish that quotas were not necessary but the groups representing women or working on equality issues have always said that positive discrimination is a way of tackling years of discrimination of women. I propose a figure of 50% because at the very least the State should set a standard to which private and other companies, and society in general, could adhere.

There has been a huge change in our workforce in recent years but that is not reflected in the higher echelons of society. Women should be represented at that level. We wish that could be

achieved without having to specify it in legislation but we will not have achieved it by the time this Bill is enacted. We will have the attitude displayed by the security industry which was to the effect that they would not have enough women of that calibre. We will never have a sufficient number unless we get the ball rolling and ensure that women working in the industry are given opportunities. There are not enough women in the industry and we have to discriminate positively in favour of women until their representation reaches 50% or more, which is the case in society generally. If there were more women working in the security industry it might remove the macho attitude that exists in it. What type of message does a board which is fully composed of men send out to the industry, its employees and the members of the public who have to deal with doormen, security personnel and those providing personal security to dignitaries and others in the industry on a daily basis?

At the very least the Minister should ask the Cabinet to decide on a standard for membership of these boards because every Bill which comes before the House appears to have a different formulation in that regard. One may be appointed by the Minister only and another may be appointed by the Minister and others, but none of them adhere to the 50% criterion in terms of female representation. Deputy Costello's amendment should be accepted because it states that at least 40% shall be women. If the Minister had accepted my earlier amendments we would have had an authority of 12. That would have been easy —six men and six women.

I take the point the Minister made that if all these people are appointed by people other than him it would be difficult for him to reach the quota required. If the Minister accepts this amendment, the question of appointments to the committee can be addressed and the authority could be given some formulation to ensure that would happen.

In Sinn Féin we had a facility in the past whereby our Ard Comhairle had to be made up of 33% of women and if that was not achieved by election, the Ard Comhairle numbers were expanded to ensure that figure was achieved. There are mechanisms available, therefore, and the National Women's Council could give the Minister many examples which would ensure that the 50% representation figure on the authority would be achieved.

I ask the Minister to give serious consideration to amendments Nos. 24 and 25 and to Deputy Costello's subsequent amendment No. 70 because unless the State sets down these standards, we will not set the required example for the public and thereby ensure that in the future this House will be properly representative of society. Regrettably, my party has an all-male representation in this House but I hope after the

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next general election the electorate will have ensured it is properly representative of society and that 50% of our TDs will be female.

Mr. McDowell: The Government's policy is that at least 40% of State board members should be women and at least 40% should be men. As Minister for equality, I am driving that policy right across the departmental horizon. The Minister of State, Deputy O'Dea, is personally charged with ensuring that Ministers take that policy seriously, and he regularly reminds us of our obligations in that regard. That policy has been remarkably successful.

The trend is very much in the right direction. Women as a percentage of the total serving membership on State boards are now at 30% and that figure increases every time there is a rotation of members. Women as a percentage of serving Government ministerial nominees are 36%. The percentage of women as "chairs", however, is much lower; it is 18%. Among the boards for which my Department has responsibility, women account for 45% of the "chair" positions. I am ahead of the norm in that respect. Deputy Costello kindly said that I might not always be the Minister, that other Ministers with less progressive views might succeed me, but there is a way around that. We could amend the Act to provide that I would be the Minister forever.

Mr. Costello: Dictator.

Mr. McDowell: Short of that amendment I think we have to be realistic.

Mr. Costello: I figured that would appeal to the Minister.

Mr. McDowell: Things are going in the right direction now. I am glad Deputy Ó Snodaigh acknowledged this spontaneously. I find it somewhat rich that people who cannot organise their own party on gender equality lines tell the Government how it should act on this matter. The Progressive Democrats said from the beginning it would have no woman's section but rather a party of total equality. Ours was the first party to be led by a woman, which is strange after 80 years of Irish independence. Our party has always had a significant number of women Deputies in its Dáil membership. At present it is 50-50. It is not good enough for Sinn Féin to say it is twiddling around with its Ard Comhairle membership and so on. If the party wants to achieve the number, it must set out to do that, and if its members when selecting candidates want to achieve it, they must go out and do so.

It may be that when a party is coming in from the cold, which has had activists who are predominantly male, it is difficult to suddenly put forward women as candidates in elections. However, Sinn Féin should take a look at the Progressive Democrats and ask how it was

possible to be led by a woman and have 50% of a party's Dáil membership female. The difference is that we take it seriously. We do not posture about it. We do not make noise about it. We just go and do it. Sinn Féin should follow the Progressive Democrats' example and elect a woman leader of the party. I would like to see that. It would be good and it might improve the party.

One of the problems with a rigid formula is that if a board has just reached the 40% quota, one way or another, and somebody resigns or retires, to be told that a good successor cannot be appointed because this would be illegal is the type of inflexibility that is not needed. Suppose, for instance, that an employee representative was eminently suited and was the elected choice of members of staff and he or she resigns and has to be replaced. To tell the staff that their first choice must have to stand aside in deference to quota complexities involving the appointment of a particular male or female board member would be nonsense. I would much prefer to see policy being implemented along the lines I am driving it, which is having dramatic effects. Right across the public service the trend is rapidly moving towards equalisation.

There is a problem with the question I have just raised, which is that women represent 30% in total of board members, but as a percentage of Government ministerial appointees, they are 36%. This means that the Government is well ahead of civic society. It is civic society that is letting us down in this regard. If 36% is the Government figure it is possible to work out through some mathematical formula that civic society is down to somewhere in the mid-20% range in the making of board nominations. The problem does not lie with Government, it lies outside. In future I propose to ask bodies, that traditionally give me nominations, for a male and female nominee so that I can put together a board which is broadly reflective of society as well as the normative interests that have to be represented on it. It may be a culture change for some of the nominating and partnership bodies to be told to put up two people rather than one. It is in their court that the most pronounced problem exists as regards equality.

When I come to appoint this authority Deputies will be pleasantly surprised by the gender balance that is finally struck. I agree with Deputy Deasy that the way to achieve this is not to establish rigid quotas because it can have the extraordinary effect that someone who is the most obvious choice, in effect, for the equivalent of a by-election vacancy has to be rejected on an artificial ground. It may be that on some occasion an obvious substitute is identified and it is decided to restore the gender balance the next time a vacancy arises on the authority in question. However, the effect of a rigid legal requirement of the kind suggested would rule out such an initiative.

There are different approaches to be taken to disparate bodies, for instance, the Judiciary. My aim is to have the Judiciary broadly reflective of the legal professions from which its membership is drawn. The number of women barristers and solicitors at the lower end of the pyramid in terms of age and experience has achieved gender balance, or nearly. With the passing of time, the Judiciary will reflect the gender balance in the legal profession. The same argument applies to the legislation I am currently moving in the Seanad, the Garda Síochána Bill 2004. That Bill provides that at least one of the three members of the Garda ombudsman commission must be of either gender. One could say that with a three person commission, 40% cannot be achieved. There is bound to be a two thirds-one third weighting.

Aengus Ó Snodaigh: It might require a transexual solution.

Mr. McDowell: One of the Members of the other House volunteered for that position. It was done in good humour rather than anything else. I would remind Deputy Ó Snodaigh especially that this matter requires commitment in spirit, not in letter. It requires a determination and hunger for equality in practice, not just on paper. I believe we are going in the right direction and that this proposal would introduce an inflexibility that is inappropriate. Since staff in this model are appointing one member to the authority, they could be forced to reject their own choice because the person would be ineligible by reference to some other criterion. The best thing to do is follow the course I have suggested.

Mr. Costello: I am glad to hear that the Minister hungers for equality. Doubtless the Minister of State, Deputy O'Dea, the man who is to ensure there is equality, has the same hunger. The Progressive Democrats have succeeded admirably in this area by choosing the first female leader of any political party in this State, although the Minister will have something to say about the next leader, and 50% of its TDs are female.

I am still concerned about the situation. It is as if the Minister has inserted section 7(7) as an afterthought. Schedule 1 of the Bill states that the authority shall ensure the maintenance of an appropriate balance as between men and women in an advisory committee's membership. The Minister seeking an appropriate balance in the advisory committees is not as strong as the stipulation in section 7(7) that states that, in making appointments to the authority, the Minister shall have regard to the extent that the authority ensures the maintenance of an appropriate balance. The Minister has no role in the advisory committees so, despite his hunger for equality, he will not be asked to ensure equality in them because that will be done by the authority itself. His hunger for equality, however,

can extend to the authority through the insertion of this provision into the legislation.

There is no requirement for equality or gender balance on the appeal board established under Schedule 2. The legislation does not reflect a sense of urgency about ensuring gender balance if it is not written into the Bill. If the Minister ensured that the same level of regard would extend to the advisory committee and to the appeal board as extends to the authority itself, it might go some way to achieving equality but, as it stands, there is no sense of urgency. The attitude of the industry would make it difficult to get it to arrive at reasonable gender balance on a voluntary basis.

We must move in this direction. There is a 3% disability employment requirement in the public service and that is the only reason we are making progress in that area. The glass ceiling still operates in many areas of the private sector and we are introducing legislation where the Minister has a say in the bodies that will be established to operate and monitor standards in the private security industry and we have an obligation to ensure that we are proactive in achieving equality and gender representation. Despite what the Minister has said, the legislation falls down by not attempting to achieve it. The Minister will not always be in office and, even if he were to be, the advisory committee and the appeal board leave much to be desired. There is nothing in the appeal board mechanism that requires gender balance. If it does not exist across the board, what is the point? The Minister should accept an amendment of this nature.

Mr. Deasy: I agree with the Minister that there is a need for flexibility. Strict quotas do not make sense. This is a case of politicians pandering to the women's vote, something I see repeatedly as people compete with each other to see who has the largest percentage. If we are committed to equality and gender balance, we should get on with it. Everyone has given an example so I will mention Waterford County Council. Fine Gael is running 15 candidates in the local elections, seven of whom are women, many of whom I enrolled in the party and motivated to run in the elections. Many women are offended when male politicians go on about this. The Minister is right in that we need flexibility. This smacks of pandering and political correctness.

Aengus Ó Snodaigh: I am not pandering to anyone or looking for the women's vote.

Mr. Deasy: Pandering is the Deputy's middle name.

Aengus Ó Snodaigh: It was said that anyone who tabled such amendments was pandering to the women's vote, but this is an issue in which I am interested and which I have taken seriously. The Minister is right that, within Sinn Féin, we do not have gender equality, and I admit that. We

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have a process in the party, however, to address the issue, including for candidates running in elections. The Progressive Democrats Party is, for once, a model which other parties should examine because it has 50:50 representation within this House. Political parties should aspire to proper representation and reflection of society. That is why we took the steps which changed the electoral procedure for the Sinn Féin Ard Chomhairle to seek to increase the number of women on it from one third to 50% of its membership.

Over time, we will not need quotas as more women become involved in politics. The majority of parties in this island and throughout the world have problems in attracting women to play a full role within politics, and we should do everything we can to facilitate them to play that full role. The Department of Justice, Equality and Law Reform has taken steps and made money available to encourage further research in this area and that is welcome.

This amendment was not tabled for the sake of it because we have acknowledged that steps are being taken and we welcome the increase in the representation of women on State boards as outlined by the Minister. We should now examine how to increase that representation and, in this initial stage, we should ensure the authority is representative. The Minister's position regarding asking for two nominations should be provided for, regardless of whether the Act stipulates a 50:50 or 40:60 gender balance.

The Minister stated that, in the Judiciary, barristers are representative of the gender of the profession. We do not want the representation based on the gender makeup in the profession, but rather in society, and membership on boards and authorities should reflect that. If the authority established by the Bill reflects the representation of women in the industry at present, only 10% of the board will be female.

Mr. McDowell: It is reasonable that the Judiciary reflects the bodies from which it may legally be drawn. It would be strange indeed if people of high quality were rejected in favour of people of lower quality because of their gender. That is not desirable and we should continue to make merit-based appointments. However, in

that process, we must also put out of our minds the stereotypical approaches that occur frequently, especially in the law. When I was in practice, women barristers were not given a fair deal by solicitors as criminal advocates because it was felt that somehow men were more stereotypical criminal barristers, but that is changing, I am glad to say.

I suggest to the House that the best way to achieve progress is to implement a policy consistently rather than have the kind of situation

I have mentioned whereby a vacancy occurs and one must choose someone whom one does not want in preference simply because one knows that, for 18 months, the number of women would fall below a certain quota. It is better to approach this on a flexible, holistic basis rather than with an inflexible, quota-driven system. I genuinely believe that so much progress has been made on the basis of a policy-driven equalisation strategy that we should not make the mistake of dividing things into quotas.

The same applies to this House. As Deputy Ó Snodaigh has acknowledged, the Progressive Democrats have achieved a 50-50 gender balance among their Deputies. However, one cannot have a situation where one constituency party is told that it may not nominate a certain person because it would infringe on the party's capacity to achieve gender balance. It is simply not acceptable.

Mr. Deasy: It discriminates against men.

Mr. Costello: It is about both genders.

Mr. McDowell: I do not agree with the Swedish proposal that one should simply divide the number of seats in Parliament in two and say that one can run a male or female candidate to achieve that. The Deputies, on reflection, should agree that the policy that I suggest is more appropriate, and that there are significant problems with their amendment. I am amused Deputy Ó Snodaigh's amendment would make it perfectly appropriate for me to appoint an all-female board, which is a slightly odd thing to do if I am the Minister for Justice, Equality and Law Reform.

Question put: "That the words proposed to be deleted stand."

The Dáil divided: Tá, 68; Níl, 28.

Tá

Ahern, Michael.
Ardagh, Seán.
Aylward, Liam.
Blaney, Niall.
Brady, Johnny.
Brady, Martin.
Browne, John.
Callanan, Joe.
Carey, Pat.

Carty, John.
Cassidy, Donie.
Cooper-Flynn, Beverley.
Cregan, John.
Curran, John.
Davern, Noel.
Dempsey, Noel.
Dempsey, Tony.
Dennehy, John.

Tá—continued

Devins, Jimmy.
Ellis, John.
Finneran, Michael.
Fitzpatrick, Dermot.
Fleming, Seán.
Glennon, Jim.
Grealish, Noel.
Hanafin, Mary.
Harney, Mary.
Haughey, Seán.
Hoctor, Máire.
Jacob, Joe.
Keaveney, Cecilia.
Kelleher, Billy.
Kelly, Peter.
Kitt, Tom.
Lenihan, Brian.
Lenihan, Conor.
McCreevy, Charlie.
McDaid, James.
McDowell, Michael.
McEllistrim, Thomas.
McGuinness, John.
Martin, Micheál.
Moloney, John.

Moynihan, Donal.
Moynihan, Michael.
Mulcahy, Michael.
Nolan, M. J.
Ó Cuív, Éamon.
Ó Fearghaíl, Seán.
O'Connor, Charlie.
O'Donoghue, John.
O'Donovan, Denis.
O'Flynn, Noel.
O'Keeffe, Batt.
O'Malley, Fiona.
O'Malley, Tim.
Parlon, Tom.
Power, Peter.
Ryan, Eoin.
Sexton, Mae.
Smith, Brendan.
Treacy, Noel.
Wallace, Dan.
Wallace, Mary.
Walsh, Joe.
Wilkinson, Ollie.
Woods, Michael.
Wright, G. V.

Ní

Broughan, Thomas P.
Burton, Joan.
Connolly, Paudge.
Costello, Joe.
Crowe, Seán.
Gilmore, Eamon.
Harkin, Marian.
Higgins, Joe.
Higgins, Michael D.
Lynch, Kathleen.
McGrath, Finian.
Morgan, Arthur.
Moynihan-Cronin, Breeda.
Ó Caoláin, Caoimhghín.

Ó Snodaigh, Aengus.
O'Sullivan, Jan.
Pattison, Seamus.
Quinn, Ruairí.
Rabbitte, Pat.
Ryan, Eamon.
Ryan, Seán.
Sargent, Trevor.
Sherlock, Joe.
Shortall, Róisín.
Stagg, Emmet.
Twomey, Liam.
Upton, Mary.
Wall, Jack.

Tellers: Tá, Deputies Hanafin and Kelleher; Níl, Deputies Stagg and Ó Snodaigh.

Question declared carried.

Amendment declared lost.

Amendment No. 25 not moved.

Mr. McDowell: I move amendment No. 26:

In page 11, line 33, after “may” to insert
“, and where required by this Act shall”.

It was pointed out on Committee Stage that certain functions of the authority are mandatory and not simply discretionary, for example, the licensing system, but that this was not adequately reflected by the use of the word “may” when introducing the list of authority functions in section 8. The amendment addresses that point, which was raised by Deputy Costello, and the amended section 8(2) will now read: “Without prejudice to the generality of subsection (1), the Authority may, and where required by this Act shall....”.

Mr. Costello: This is a desirable amendment and I am delighted the Minister has seen the light.

Mr. McDowell: I am not as stupid as I look.

Amendment agreed to.

Mr. McDowell: I move amendment No. 27:

In page 14, line 32, to delete “38(5)” and substitute “38(2)”.

This is a drafting amendment which corrects a cross reference to another section.

Amendment agreed to.

Mr. Costello: I move amendment No. 28:

In page 15, to delete lines 3 to 7.

I am concerned that what is described here with regard to where a person has failed under an application to the authority would be regarded by

[Mr. Costello.]
the court “as if it were a contempt in the face of the Court”. The section states: “without reasonable excuse (proof of which shall lie on the person), to comply or comply fully with the order,” made by the court. I fear the court might treat the failure for all purposes as if it was “a contempt in the face of the Court”. This phrase seems to suggest that the failure is an intentional or deliberate insult to the court.

When I tabled the amendment originally, it was in the context of the decision made in the case taken by Fingal County Council regarding the bin charges dispute. The decision then was that while there might have been contempt in the sense that the court order was flouted, it was not deliberate contempt. The judge decided that the county council should clearly indicate and read out the details of what was involved in the order because the people present were not aware of the details of it. While flouting the order might have been seen to be in contempt, it might not have been intentional or deliberate.

My concern is that the manner in which this section is phrased may make it appear as if the failure of a person to comply will be presented as if it was “a contempt in the face of the Court”. It appears harsh and deliberate, but that may not be the case.

Mr. McDowell: The purpose of this section is to ensure compliance with the investigatory powers of the authority. If somebody wilfully refused or simply ignored the authority’s requests and directions, the authority would apply to the District Court for an order pursuant to the provision of this section. The person would then be summoned before the District Court to reply. Effectively the person would be asked whether he or she was going to comply with the order. If the person said “no”, he or she would be dealt with as though he or she was refusing to obey an order of the District Court made within jurisdiction in the course of a court case. I am advised that this is the appropriate way of dealing with this matter. It gives the District Court the power to compel somebody to comply.

The alternative is to provide a criminal sanction of an ordinary kind such as that a person who fails to comply with the direction of the authority shall be guilty of an offence and will be liable on conviction to a fine. If that happens, there is effectively no coercive means of getting investigations going and people who have been engaged in a bad activity will be able to frustrate the operation of the investigations into their activities by ignoring the directions of the authority by going offshore or whatever and by saying they do not want to participate. This will leave the authority with no alternative but to go to the DPP to institute a criminal proceeding, which could take months to filter through the system. This is a ready made system. If people are “messaging the authority around” and refusing to comply with the requirements, the authority

has a quick and simple solution to put it up to those people either to comply or be punished. This is the more appropriate approach.

Mr. Costello: I do not disagree with that. However, is a breach of a court order the same as having “contempt in the face of the Court”? Contempt in the face of the court is like misbehaving in court. What does this language “in the face of the Court” mean? A court order is one thing whereas a court is another. The original issue I mentioned concerned whether the court order was fully understood. The judge decided that although the court order was served, there had been no attempt made to explain the order or its intention to the people there at the time. However, this phrase “contempt in the face of the Court” seems to imply that someone comes into the court and insults the judge. Is the language out of line. It seems to suggest a breach of a court order in the presence of the judge and misbehaviour by the person in court. The section seems confused in that respect.

Mr. McDowell: The subsection reads as follows:

(5) If it appears to the Court, on application by the Authority, that the person has failed, without reasonable excuse (proof of which shall lie on the person), to comply or comply fully with the order, the Court may treat the failure for all purposes as if it were a contempt in the face of the Court.

This is an enabling provision for the District Court. However, it does not require it to automatically jail a person. Under our Constitution, the District Court, like every court, must operate by reference not only to the terms of the statute but by reference to constitutional values. The court cannot just jail people who have a reasonable case to make to it. It must apply its jurisdiction proportionately, reasonably and in a manner which upholds constitutional values. I would not be as afraid of the provision as the Deputy suggests. It is not some kind of automatic guillotine which would immediately send a person to jail for contempt. It puts the District Court in the position that having regard to constitutional values and norms, it can force somebody who is wilfully non-compliant to comply, through the use of the same kind of powers it would have if somebody said directly to the court that he or she would not comply with a court order.

Mr. Costello: The Minister is saying the proof shall lie on the person.

Mr. McDowell: The proof of the reasonable excuse.

Mr. Costello: In the High Court case I mentioned the judge determined that the proof lay with the authority. The section reads if “the

person has failed, without reasonable excuse (proof of which shall lie on the person), to comply or comply fully with the order". In the bin charges case the judge determined that responsibility lay with the authority to make clear the details of the order. He decided that the court order had been implemented without sufficient clarity being provided to the people held to be in contempt of the order. Does this not introduce some dubiousness with regard to the constitutionality of this provision?

Mr. McDowell: Proof of the failure lies on the authority but proof of the reasonable excuse lies on the defendant. One cannot ask an authority which has made an order to bring evidence before the court ruling out the possible existence of every possible reasonable excuse. For example, we cannot ask it to assure the court that the person is not now in hospital, or that on the day, the person was not suffering from delusions. We cannot do that. In order to have a reasonably workable system we must examine the means of knowledge. If the person who has failed to comply is in possession of a reasonable excuse, proof of that should lie on him or her. In any event, I am out of order. I should not be making a third speech.

Mr. Deasy: That is a first.

Question, "That the words proposed to be deleted stand", put and declared carried.

Amendment declared lost.

Mr. Deasy: I move amendment No. 29:

In page 16, lines 34 and 35, after "information" to insert:

“, including any information necessary to enable him or her to furnish a parliamentary reply”.

Each time we establish an authority or body, we devolve power to it, which in some cases makes it largely unaccountable. Some degree of accountability must be preserved. On that basis, the body we are creating and other such bodies must be answerable to the House through the Minister. The legislation specifies that the authority shall give to the Minister such other information regarding such performance as he or she may from time to time require. The purpose of the amendment is to include information that may be sought by means of a parliamentary question.

In some cases when a question is asked of a Minister, he or she gives a reply to the effect that he or she cannot answer the question as it relates to a body outside the remit of the House. It will suffice for the Minister to give assurances in this case.

Mr. McDowell: I fully sympathise with Deputy Deasy's dilemma, especially given the incident

where a fuss was generated when I was in London. I assure him that, in regard to the functions of the authority in respect of which it is not making an independent judgment, my successors and I will be answerable to the Dáil.

If, for instance, a decision is made by the authority or the appeals board that so and so is an unsuitable person to be granted a licence, I cannot be placed in a position to defend that decision in the Dáil. If we create an independent authority and appeals board and they determine that Michael McDowell is not a suitable person to run a security firm, we cannot allow debates in the Dáil where my successor will have to defend what is effectively a quasi-judicial independent decision made by an independent board. That is the kind of fine line we are on.

It is another matter if the question relates to an independent issue. If the Deputy asks how many licences were given out, I agree with him that my successors and I should answer that question. However, if the issue comes down to the reason a decision was arrived at on the suitability of certain applicants, it is not right that a Minister should have to account in the House for a decision made by a statutory body independent of the Minister's responsibility. That is the fine line that exists between the two.

I agree with Deputy Deasy that it is unfortunate if the fact of a body being independent is used in every case to absolve the Minister from responsibility as that effectively means that huge areas of what were formerly departmental or executive responsibilities disappear from the remit of parliamentary accountability. If I can give him that assurance, I will give it to him.

Many people are asking for an independent police authority in regard to the Garda legislation. I would like to see what would be left in terms of the parliamentary accountability of the police if—

Mr. Costello: The Police Ombudsman of Northern Ireland has no communications problem.

Mr. McDowell: The Ombudsman may not, but it would have implications if there were a security minister in Northern Ireland, which we will have when devolution is fully achieved. I would like to see whether it will be regarded as satisfactory that independent decisions made by members of the police authority in Northern Ireland are not subject to accountability in the Northern Ireland Assembly. That is one of the issues that arise. If one says something is in a category of decision independent of ministerial influence, one cannot then ask a Minister why a decision was made.

Mr. Deasy: I accept that. However, a difficulty arises in that this type of provision is being abused. Members on all sides, including those in Fianna Fáil or the Progressive Democrats, ask questions of Ministers. If a question is perceived

[Mr. Deasy.]

to be awkward, the Minister uses the excuse of something being outside his or her responsibility so as not to answer it. We are devolving power outside the House, which weakens it.

When somebody asks a question, whether it is about the National Roads Authority or whatever, it may not be an independent decision under its statutory powers, but this is used as an excuse by Ministers not to answer questions. I accept the commitment expressed by the Minister to answering questions, but the system is being badly abused by the Government and many Departments when bona fide questions are asked of Ministers.

Mr. Costello: I agree with Deputy Deasy. It is reasonable that the amendment is accepted. The legislation states that the authority should provide to the Minister such other information regarding such performance as he or she may from time to time require. It does not refer to information that may be required by the Oireachtas. The Minister will have *carte blanche* to demand any information from the authority which he may require on a whim. This should also include information required to answer bona fide questions tabled in the House.

The point was well-made that we have established many authorities and bodies external to the House. As a result of bodies being set up under their own aegis, we are unable to get replies that are deemed beyond the remit of the Minister. We must establish a link between these bodies and a responsible Minister in each case so that he or she may request the necessary information sought by a Member of the House. The Minister and his colleagues should examine this area. It is a serious complaint that less information is coming to the House, which gives rise to frustration. The public will view the House as becoming increasingly irrelevant.

Aengus Ó Snodaigh: I support Deputy Deasy's amendment. The Minister raised the issue of a police authority. If one asks a question about the Garda Síochána, in many cases one is told that it is an operational matter for the Garda Commissioner. We are already restricted in the type of questions that can be asked. The same is true of questions about the prison service and the courts service. They no longer fall within the remit of ministerial responsibility.

We do not want to delve into specific incidents. The type of answers required in the House about decisions taken do not have to concern specifics. The Minister used the example of information on the number of licences awarded and refused. That is the type of information to which we are entitled. The legislation should specifically refer to this fact to ensure that, in future, a Minister cannot respond that issues of this nature are not within his or her remit as the body in question is independent and provides an annual report. Such bodies must be accountable not only to the

Minister but to committees of the House if required.

I repeat that these bodies should not be required to provide information on the specifics of individual decisions, but in regard to the overall running of the authority. If only one licence is granted and 100 are refused it would be a matter of concern to the Opposition, which would seek to learn the reasons without going into the reason for individual decisions. We must provide for adequate accountability in the way suggested by Deputy Deasy or in a similar manner. Reference must be made in the legislation to the parliamentary duties of the Minister, not just to his ministerial duties.

Debate adjourned.

Message from Seanad.

Acting Chairman: Seanad Éireann has passed the Industrial Relations (Miscellaneous Provisions) Bill 2003 without amendment.

Sitting suspended at 1.30 p.m. and resumed at 2.30 p.m.

Ceisteanna — Questions (Resumed).

Priority Questions.

Ms O. Mitchell: On a point of order, my priority question was removed from the Order Paper at the instigation of the Ceann Comhairle's office. The excuse or reason given was that the Technical Group had submitted a Private Members' motion that would allow this question to be addressed. When I complained about this, I was told I could submit a substitute question. I could have done so but it would have been turned down for precisely the same reason.

Every aspect of health was covered by my question and I am very annoyed that it was refused. As the Minister will be aware, the health questions were moved today to facilitate him. I readily agreed to this but did not do so on the understanding that I would not be allowed a priority question this month. It is very strange that two questions of mine were disallowed while nobody else's were, although they all deal with health and could have been dealt with under the terms of the motion. I realise nothing can be done about this but I am very annoyed.

An Leas-Cheann Comhairle: I assure the Deputy that it is in accordance with long-standing practice.

Ms O. Mitchell: I appreciate that. I object to the fact that I was singled out for this treatment, whereas every other health question was permitted despite the fact that they could all have been covered under the terms of the motion.

An Leas-Cheann Comhairle: There was nothing unusual in——

Ms O. Mitchell: It would have been possible for the questions office to telephone my office with an explanation, particularly because health questions were moved with my agreement to facilitate the Minister. I realise it is not the Minister's fault. Nevertheless, I want to place on record my annoyance.

Mr. Durkan: On a point of order, I strongly protest at this development, for which there is no precedent. If such a precedent were to be applied, all questions would have been ruled out of order and there would be no health questions. This has happened three or four times during my time in this House, but with increasing frequency recently. It is totally unacceptable. It cannot be accepted by the Opposition because it may be of benefit to one side today and to another side tomorrow. If this continues, we will have to seek other means of redress.

An Leas-Cheann Comhairle: As I assured Deputy Olivia Mitchell, the decision on this matter was in accordance with long-standing practice. It probably can be raised in another forum. We should proceed. We cannot have a debate on the matter——

Mr. Durkan: We could have a debate on it.

An Leas-Cheann Comhairle: Already, some Member has lost the opportunity to ask a question because the Deputies are eating into the time allowed for doing so. The longer this discussion proceeds, the fewer the questions that can be dealt with today.

Ms McManus: I support Deputy Olivia Mitchell. I have lost three questions as a result of this decision. It is grossly unfair.

Mr. Durkan: Hear, hear.

Ms McManus: It does not matter whether it happened before, it should not happen now. Deputy Olivia Mitchell in particular has a grievance because hers was a priority question. This problem must be sorted out. It is simply unfair.

An Leas-Cheann Comhairle: The place to sort it out is the Sub-Committee on Dáil Reform, not on the floor of the House.

Mr. Durkan: No, it is not.

An Leas-Cheann Comhairle: It cannot be sorted out today. All the Members are accomplishing by prolonging the discussion is that fewer questions will be attended to today.

Mr. Durkan: If this occurs again, we will reconsider the position of co-operation with the

Government. It is as simple as that. It is not a matter for the Sub-Committee on Dáil Reform.

Suicide Incidence.

90. **Mr. Neville** asked the Minister for Health and Children his strategy to reduce the number of attempted suicides—parasuicides—presenting at accident and emergency departments of hospitals from the 2003 figure of 10,537; and his views on whether the rate among 15 to 19 year old women at 626 per 100,000 and the rate among 20 to 24 year old males at 407 per 100,000 presents a serious public health crisis requiring immediate and urgent intervention by him.
[7124/04]

Minister for Health and Children (Mr. Martin):

The second annual report of the National Parasuicide Registry, which I launched last month, indicates that there were 10,537 presentations to hospitals due to deliberate self-harm in 2002. These presentations involved 8,421 individuals. The report provides a wealth of information on the general characteristics of people who attempt suicide and reveals, for example, that the parasuicide rate for females is approximately 40% higher than that for males. The report also highlights the high incidence of attempted suicide in young people, bearing in mind that 90% of all recorded self-harm presentations to hospital involve individuals under 50 years old.

The findings of this important report will help to identify groups which are particularly vulnerable to self-harm and will assist my Department and the health boards in evaluating the impact of the preventative and clinical services being provided. The analysis of the information it contains will be vital in the development of policies and the implementation of measures aimed at preventing suicide.

My Department has paid special attention over the past few years to the resourcing of suicide prevention initiatives. Since the publication of the report of the national task force on suicide in 1998, a cumulative total of more than €17.5 million has been provided for suicide prevention programmes and research. This year, more than €4.5 million is available to the various agencies to reduce the level of suicide and attempted suicide.

This includes funding to support the work of the health boards, the National Suicide Review Group, the Irish Association of Suicidology and the National Suicide Research Foundation for its work in the development of a national parasuicide register.

Significant additional funding has also been made available in recent years to further develop liaison psychiatry, child and adolescent psychiatry, adult psychiatry and old age psychiatry services to assist in the early identification of suicidal behaviour and to provide the necessary support and treatment to individuals at risk. In this regard, figures recently published by Comhairle na nOspidéal indicate

[Mr. Martin.]

that 72 additional consultant psychiatric posts have been approved since 1998. My Department also supports the ongoing work of many organisations such as Mental Health Ireland, Grow, AWARE and Schizophrenia Ireland in raising public awareness of mental health issues. This year more than €3.8 million is available to the voluntary organisations for their work in this field.

Since the publication of the report of the National Task Force on Suicide in 1998, there has been a positive and committed response from both the statutory and voluntary sectors to finding ways of tackling this problem. In response to the recommendations of the task force, the National Suicide Review Group was established by the health boards and membership of the group includes experts in the areas of mental health, public health and research. Resource officers have been appointed in all the health boards with specific responsibility for implementing the task force's recommendations. The presence of a liaison psychiatric nurse in the accident and emergency departments of many general hospitals to deal with people who present following attempted suicide is also an important development.

Additional information not given on the floor of the House.

The provision of this service ensures that psychological problems in general hospital patients are dealt with promptly. This benefits the patient but also ensures a more efficient use of medical and surgical services. There are also numerous regional initiatives currently being run by the health boards in conjunction with non-statutory organisations, which focus on mental health issues like stress management, depression, stigma reduction and suicide-related matters. These are issues of paramount importance which require further attention to ensure that positive mental health and the well-being of people is promoted.

My Department also allocates funding, through the National Suicide Review Group, for voluntary and statutory groups engaged in suicide prevention initiatives, many of which are aimed at improving the mental health of the younger age groups. These projects include life-skills courses for high-risk youth, school-based personal development modules and mental health promotion campaigns.

With regard to the further development of suicide prevention programmes, the Health Boards Executive in partnership with the National Suicide Review Group, and supported by the Department of Health and Children, have commenced preparation of a new strategic action plan for suicide reduction. It is important to stress that this plan will be action-based from the outset, as it will build on existing policy as outlined in the national task force report in 1998. All measures aimed at reducing the number of

deaths by suicide will be considered in the context of the preparation of this action plan.

I share the public concern about the level of parasuicides and suicides in this country. It is a worrying trend and I am fully committed to the further implementation of suicide prevention initiatives and the further development of our mental health services.

Mr. Neville: Bearing in mind that the figure of 10,537 for those who attempt to take their lives quoted by the Minister refers to those who present at accident and emergency departments, has he any proposals to identify the full extent of the problem and include attempted suicides who present at GPs only, and those who do not seek any help? Given that Irish parasuicide rates are 60% higher than the European average, would the Minister agree that there is urgent need for research into why this is happening and to develop effective suicide and parasuicide prevention programmes?

Mr. Martin: This is just the second report of the national parasuicide registry for which I provided funding. Of course there is a need for further research and this will be critical for our proper understanding of the causes of suicide, parasuicide and the various trends emerging. This exercise and project have been a fundamental intervention by the Department and the State in terms of funding the carrying out of a national parasuicide registry. The tools involved in the compilation of that registry will be expanded but one must proceed in a proper scientific way in terms of international comparisons. The figure indicating a 60% difference between Ireland and the rest of Europe was not mentioned in the context of the report's launch. We must be careful when establishing figures and so forth.

Mr. Neville: The resources of the National Suicide Research Foundation are my source.

Mr. Martin: In terms of the compilation of data we can go back 20 years. People could argue that the level of reporting of suicide cases then was different to what it is today.

Mr. Neville: No, it was not.

Mr. Martin: It was.

Mr. Neville: It has been the same since the High Court hearing in the 1960s with respect to the compilation of statistics.

Mr. Martin: With respect to the Deputy, a variety of factors can be considered but we get far more accurate reporting today than we did a decade ago. Others in the field support this view. The fact that we have established and helped to fund the research foundation and that we have funded and assisted the suicide registry provides

us with the type of statistical data we did not have before to analyse this issue properly.

Mr. Neville: That is the case for parasuicide, but not for suicide.

Mr. Martin: I agree with the Deputy that research is particularly important for the future. We are anxious to work with the foundation and the parasuicide registry. At the launch I had discussions on how we can move on to research other aspects of the tragic issue of suicide.

Mr. Neville: Why does the Minister feel it necessary to establish a suicide strategy group in view of the fact that 86 recommendations of this national task force of 1998 is a strategy in itself and the National Suicide Review Group was the engine to introduce the strategy outlined by the task force? Why must he now establish a strategy to review suicide when the strategy has been waiting to be implemented since 1998?

Mr. Martin: A significant degree of that has been implemented but it would be remiss of any organisation not to continue to update recommendations and task forces. The task force of 1998 reported and the Department is working with the various parties to produce a strategic action plan to give greater effect to suicide reduction.

Mr. Neville: The National Suicide Review Group was supposed to do that.

Mr. Martin: The amount of money spent by successive Governments on suicide before 1999 was negligible.

Mr. Neville: The Minister is now quoting 7% for all —

Mr. Martin: The Deputy is wrong. I am saying we have gone from €160,000 in 1999 to €4.3 million today.

Mr. Neville: The Minister is equating suicide prevention with——

Mr. Martin: There are many intersectoral issues which the Deputy would appreciate. The evidence that emerged from the registry is interesting, for example, in terms of the impact of alcohol consumption and the use of paracetamol. Our decision to restrict the sale of paracetamol in 2001 could have a beneficial impact and hopefully the register may pick that up in time.

Mr. Neville: Why does the Minister not restrict its sale to pharmacies?

Hospital Staff.

91. **Ms McManus** asked the Minister for Health and Children the steps being taken to address the continuing serious shortage of nurses; the number

of nursing positions unfilled at the latest date for which figures are available; the steps, in particular, being taken to ensure that qualified nurses remain in the hospital service; the steps being taken to reduce the over reliance on agency nurses; and if he will make a statement on the matter. [7164/04]

Mr. Martin: The Health Service Employers Agency undertakes quarterly surveys of nursing vacancies, the latest of which is for the year ending 31 December 2003, a copy of which will be forwarded directly to the Deputy. The survey shows that there were 994 extra nurses employed in the health service in the year ending 31 December 2003 and 788 nurses were recruited from abroad. The vacancy rate now stands at 1.73%, nationally.

While all sectors reported that recruitment was well ahead of resignations and retirements, employers reported that 675 vacancies existed at 31 December 2003, a decrease from 1,021 vacancies in December 2002. However, the combination of utilising agency nurses and overtime adequately compensates for this shortfall. Since the surveys began, the number of vacancies on 31 December 2003 is the lowest recorded. The highest was at the end of September 2000, when employers reported 1,388 vacancies. The latest figure represents a reduction of 51% on September 2000.

The current vacancy rate of 1.73% has been declining steadily in recent years and could be considered to be a normal frictional rate, given that there will always be some level of movement due to resignations, retirements and nurses availing of opportunities to change employment and locations. The recruitment and retention of adequate numbers of nursing staff has been a concern of this Government for some time and a number of substantial measures have been introduced in recent years. The number of nurse training places has been increased by 70% since 1998 to 1,640 from 2002 onwards. A comprehensive range of financial supports has been introduced to support nurses in pursuing part-time degrees and specialist courses, including back to practise courses. Since 1998 nurses have been paid for overtime. Previously they were given time off in lieu and the introduction of payment represents a further significant financial incentive for them.

I introduced a scheme of flexible working arrangements for nurses and midwives in February 2001. Under the scheme, individual nurses and midwives may apply to work between eight and 39 hours per week on a permanent, part-time basis. The figure of 33,442 whole-time equivalent nurses working in the health service translates into 39,119 individual nurses. Of these, some 28,366 work full time, and 10,753 work job-sharing or other atypical patterns. Thus, over one quarter of the nursing workforce avails of family-friendly work patterns.

[Mr. Martin.]

There have been very substantial improvements in nursing pay since 1997. For example, a staff nurse on the maximum point of the scale has seen a 51% increase in basic pay up to 1 January 2004. There is an increase of over 8,200 during the period from 1997 to the present.

Additional information not given on the floor of the House.

It is clear from these figures that the recruitment and retention measures I introduced are proving very effective. The promotional structure within nursing, including the introduction of a clinical career pathway, has been substantially improved on foot of the recommendations of the Commission on Nursing and the 1999 nurses' pay settlement. The National Council for the Professional Development of Nursing and Midwifery has been especially active in this area and, to date, 1,522 clinical nurse specialist and advanced nurse practitioner posts have been created. Figures from An Bord Altranais for the same period indicate that there is a steady stream of new entrants into the profession, over and above those graduating from the Irish system, thus further increasing the potential recruitment pool. Since 1998, the total number of nurses newly registered by An Bord Altranais is 19,945. Of this number, 13,658 were overseas nurses.

The continuing attractiveness of nursing as a career for school leavers and mature code applicants alike is clearly evident from the number of applicants for such courses. For example, there were 7,507 applications for 1,640 places in the autumn 2003 intake. This means that applications for courses were oversubscribed by a factor of 4.6. This is most encouraging, given that our third level education system provides an ever-increasing array of attractive alternatives. My Department recently gave approval to the roll-out, on a national basis, of the health care assistant training programme. This fulfils a key recommendation of the Commission on Nursing. The main objective of the programme is to upskill health care assistants so that, working under the supervision of nurses, they are enabled to take on a wider range of duties, thereby freeing up nursing resources to concentrate on exclusively nursing tasks.

The HSEA surveys to which I have referred also contain data on the use of agency nurses. The average number of agency nurses used per day in 2001, 2002 and 2003 was 434, 401 and 312, respectively. These figures demonstrate a continuous and substantial downward trend in the use of agency nurses. I am confident that the extensive range of measures I have outlined, including the substantial increase in training places, the recruitment of overseas nurses, the more effective utilisation of the professional skills of nurses and midwives, in addition to close monitoring and assessment of the situation on an ongoing basis, will continue to prove effective in

addressing the nursing workforce needs of the health services.

Ms McManus: Would the Minister not accept, despite the spin he is applying to make the figures look good, that there are approximately 700 vacancies in nursing posts? Is it not true that by 2005 the 1,500 nurses will not be qualifying yet the Minister is not preparing for or making changes to meet that shortfall next year? Does he not accept that we are not going to be able to depend on overseas nurses coming here? In the Philippines, Ireland is no longer seen as an attractive option. It does not compare well with other countries now who are effectively attracting overseas nurses much more than we are. Would he not accept that the employment ceiling on health boards is having a negative effect on filling nursing posts and that because of it, health boards are being forced to use much more costly agency nurses? Would he not also accept that the promise to open more than 190 beds to deal with the accident and emergency crisis has not been fulfilled partly if not solely because there are no nurses to look after patients in these beds, particularly elderly ones, and therefore beds remain closed?

Mr. Martin: I am not applying spin. I am stating the facts. These can be ascertained objectively and independently —they are not my figures. Since 2000 there has been a dramatic improvement with a reduction in the nursing vacancies. There has been a dramatic increase in the numbers of nurses in the service by 8,200. In addition there are now only 675 vacancies, or less than 2%.

Ms McManus: The Minister should answer my question.

Mr. Martin: All the partners were anxious to have a degree programme for which we provided substantial funding. While we will work to prevent problems, if such a problem occurs, it should manifest itself in spring 2006. The window of difficulty will occur between spring 2006 and autumn 2006. Under the new degree programme nursing students will be employed in the health service for a 12-month period during their training and will receive a salary. They will commence their rostered service from spring 2005 until spring 2006. They will make a significant contribution to the health services and will help to address some of the difficulties. In addition there will be a cohort of graduates available by autumn 2006. We are working with the Health Service Employers Agency and the employers to ensure that we make provision for that period.

The Deputy is incorrect in suggesting we are not competitive in attracting nurses from abroad particularly from the Philippines. We have attracted substantial numbers of overseas nurses last year and will do so again this year, mainly from other countries.

Ms McManus: It is unreal for the Minister to think that is the case. Everybody knows there are difficulties concerning Filipino nurses and that those problems will increase. Is the Minister aware that the nurses qualifying this year are not being given guarantees of work even though the vacancies exist and even though hospital beds remain closed? Due to the employment ceiling, health boards and hospitals are not able to offer any guarantee of work to people who are soon to qualify and who we want to retain in the system despite the great need that exists even though the Minister does not seem to be fully aware of the shortage in meeting the needs of patients in hospitals.

Mr. Martin: The facts do not bear that out. Almost 1,000 extra nurses were appointed last year alone.

Ms McManus: How many extra beds have opened?

Mr. Martin: The ERHA is working to commitments it has made in this regard. For example the Dublin teaching hospitals recently succeeded in recruiting 135 nurses from India.

Ms McManus: We had to go the Philippines and now we have to go to India.

Mr. Martin: The Deputy is wrong in what she said about the Philippines.

Ms McManus: They cannot do without nurses in India.

Ms O. Mitchell: It is completely unethical.

Mr. Martin: That has been checked with the Indian authorities and the Deputy is wrong in that regard.

Ms O. Mitchell: I am sure.

Mr. Martin: While there has been considerable polemic, comment and campaigning, nursing in this country has been transformed in the past five years because of the implementation of the recommendations of the commission on nursing and because of new practices that have been introduced. We have worked with the partners to achieve this. We have made it a profession by introducing a degree programme and have committed in excess of €250 million towards it.

Ms McManus: However we have no nurses.

Mr. Martin: It is time some of this was acknowledged by all concerned. Back in the early 1990s when Fine Gael and Labour were in power they did not provide adequately in their nursing manpower policies.

Ms O. Mitchell: The Minister always wants to blame somebody else.

Ms McManus: The Government should just open the beds and employ the nurses.

Hospital Services.

92. **Dr. Twomey** asked the Minister for Health and Children his views on a report compiled by the ERHA detailing the use of elective beds in acute hospitals by patients who were not resident within the region; and if he will focus his views on the SEHB region. [7123/04]

Mr. Martin: I presume the Deputy is referring to a report compiled by the Eastern Regional Health Authority and presented to its board last year. The report dealt with the extent of referrals of elective patients resident outside of the region to hospitals in the eastern region. The report concluded that protocols were required in the referral of patients from other health board areas for elective services in hospitals in the eastern region.

Analysis also carried out in 2003 by the South Eastern Health Board found that approximately 60% of elective patients from the south east who are referred to the eastern region each year come from the counties of Wexford and Carlow. Such use of eastern region facilities may reflect individual choice or perhaps the traditional referral patterns of local GPs. The case mix analysis carried out by the South Eastern Health Board demonstrates that the complexity of the South Eastern Health Board residents receiving treatment in the east is of a higher complexity than those of the ERHA.

The proportion of South Eastern Health Board residents being admitted to hospitals in the eastern region has decreased in recent years. This has come about as a result of the development of specialist regional services. This development of regional services in the south east is reflected in the 30% increase in consultant posts in the period 1999 to 2004.

Successive Governments have pursued a policy of regional self-sufficiency in the provision of hospital services to ensure that patients are in a better position to access services locally. The benefits of this policy are evident through a series of major infrastructural developments in hospitals around the country, which has resulted in the availability of more services and new specialities on a regional basis. However, for reasons of complexity, a number of specialised services are concentrated in the eastern region. The ERHA has acknowledged that the referral of patients from outside the region to avail of tertiary and super-regional services in the eastern region remains appropriate given the range and specialised nature of the services provided.

In this regard, my Department has been informed by the authority that it intends to have discussions with hospitals in the eastern region and other health boards during 2004 with a view to the implementation of protocols regarding referral of patients from outside the region. The intention is to secure greater transparency,

[Mr. Martin.]

agreement and understanding of the referral process for utilisation of services in the east. The South Eastern Health Board will, therefore, have the opportunity of discussing and agreeing protocols for referral of patients from the south east to specialist services in the eastern region. Having regard to the potential service and budgetary implications of any change in traditional referral patterns, my Department has requested the ERHA to inform the Department before any revised protocols are implemented.

Dr. Twomey: The Minister indicated he believed there is a natural inclination for patients to go to the hospitals in the ERHA region. In some respects this is because the services are still not available in the south east. The number of inpatient beds in the ERHA region occupied by patients from the South Eastern Health Board region reduced from 15% to 11%. There has been no corresponding increase in the South Eastern Health Board budget to reflect that it is doing more work in the south east and it remains the second lowest per capita budget in the country.

Why are more than half the consultants appointed to the ERHA? There is a deficit in the services that need to be provided in the south east. While the Minister said the number of consultants appointed to the south east has increased there are considerable deficits in the service.

The Minister mentioned that some patients still go to Dublin. In the south east it takes five years to get regional services such as an ENT or orthopaedic outpatient appointment. The South Eastern Health Board has the perfect structure with a regional hospital and a number of local hospitals working around it. It is not working as efficiently as we would like because of insufficient funding. It is not a question of the Hanly report and all the silly recommendations coming from that. For instance, the Hanly report did not refer to the tertiary services offered by Dublin hospitals to any great extent, considering the cost involved.

Does the Minister not believe we should start to appoint consultants in the south east to embed these services in the south eastern region so that we have some hope of providing the

3 o'clock

services for the 400,000 patients in the region? I would like a commitment from the Minister to increase the funding to the South Eastern Health Board region. The presentation to the Oireachtas Joint Committee on Health and Children last Friday made it clear that the South Eastern Health Board is very efficient in dealing with the money it receives. However, it is also aware that huge capital expenditure will be required because its buildings are becoming run down. In the Dublin region there are too many consultants and not enough beds. Outside that major region there is a deficiency of consultant numbers. That is the

problem with the Hanly report. Unfortunately there seems to be a sense that the best way of complying with the European Working Time Directive is not to bother with the consultants' contracts but instead to withdraw services from hospitals, such as the hospital I support, Wexford General Hospital. There should be a way around the directive which does not require the radical closing of services proposed by Hanly.

This is not the time to go into this. I am much more interested in hearing the Minister's views on why the South Eastern Health Board, no matter what it does, still seems to receive a poor share of resources, despite all the talk of equality.

Mr. Martin: There are elements of contradictory commentary in terms of what should happen in the south-east. Much of what the Deputy has said is what the Hanly report is about, namely, regional self-sufficiency and a dramatic increase in the number of consultants in the region. I support that. The essence of the Hanly report is to move from a consultant-led to a consultant-provided service. In the mid-west, for example, it is estimated that the number of consultants will be doubled. The same will probably happen in the south-east although the region has not been examined yet. That is ultimately the way to take a number of services back to the east.

At one level there has been a decrease in the traffic going to Dublin from the south-east, especially since the appointment of consultants in oncology, rheumatology haematology, pathology and dermatology. More cardiologists will be coming on board. All that has succeeded in bringing many services back within the geographic areas of the south-east which perhaps heretofore were located in Dublin. There has been an improvement.

That said, there is still evidence of high rates of referral to the east for routine treatments which are available in local health board areas as a result of significant development of services. I could give some statistics regarding the numbers of patients who are still travelling. Some people are still travelling for routine treatments which are available within the south-east. However, in the areas to which I referred, especially oncology, there has been a significant reduction in traffic to the east because of the appointment of additional consultants. Since 1999 about 35 additional consultants have been appointed to the south-east.

We should engage. We are not interested in downgrading services in the south-east. Leaving elections out of the equation, the issue is how to make the region as self-sufficient as possible in terms of consultant manpower, which means additional specialties and strong critical mass in those specialties. This will ultimately mean that the majority of people will be treated in their own region. That is what I am about.

Dr. Twomey: I agree with those sentiments.

An Leas-Cheann Comhairle: We have exceeded the allotted time.

Dr. Twomey: The best way to implement Hanly is to recruit consultants and provide services because patients drift towards where the quality service is available.

An Leas-Cheann Comhairle: We are way over the time limit.

Dr. Twomey: Our argument throughout the debate since I was elected to this House and since the Hanly report was published in September has always been about the report's approach towards acute services, not towards what we are talking about here on which we are in agreement.

Mr. Martin: It is related. There will be no diminution of acute services.

Ms McManus: Of course there will be. That is rubbish. The Hanly report spells it out and the Minister accepted it. The Minister is misleading the House.

Mr. Martin: There will not.

Ms McManus: Tell it to the marines.

Allergies Incidence.

93. **Mr. Gormley** asked the Minister for Health and Children if his attention has been drawn to recent studies which show that Ireland has a very high rate of allergies; if his Department has undertaken studies to find the reasons for such a high rate; and if he will make a statement on the matter. [7126/04]

Mr. Martin: My Department has been aware in recent years of a number of references both in the general media and in the medical literature to an increase in the prevalence of conditions which may be related to allergies. These conditions affect a number of systems such as food allergies resulting in gastrointestinal symptoms, allergies to substances in the environment which may lead to a variety of skin conditions, and the one which has been most widely researched and reported, that of an apparent increase in the prevalence of asthma in both children and adults.

Some of these phenomena may be explained by more sophisticated diagnostic and investigative techniques which allow for the more frequent identification of conditions whose pathology and causation were previously unknown. However, it is generally accepted, not only in Ireland but in the Western world in general, that there appears to have been a real increase in the incidence of asthma which is not solely explained by reference to diagnostic techniques. This was confirmed in a study which was carried out on asthma in Ireland by Allen & Hanburys in conjunction with the Asthma Society of Ireland in 2001. This research extended a

previous study which was carried out in seven countries in Europe in 1999 which confirmed that, among the European Union countries, there are also variations in asthma prevalence.

It is accepted that some of the factors which may influence this situation include environmental factors, not only smoking and workplace exposure to respiratory irritants, but also a more general level of exposure to environmental substances which cause allergies to occur. The Deputy may wish to note that the EU is developing an action plan on environment and health which is expected to be adopted later this year. The plan is intended to reduce the disease burden caused by environmental factors in the EU, with special emphasis on children and other vulnerable groups in society, to identify and to prevent new health threats caused by environmental factors and to strengthen EU capacity for policy-making in this area. Officials of my Department and of the Department of the Environment, Heritage and Local Government are involved in the preparation of this action plan.

Additionally, an expert workshop on childhood asthma organised by the Joint Research Centre of the European Commission will be held in Cork on 22 and 23 April 2004. This will examine approaches to research on childhood asthma from a genetic and environmental perspective, which is part of a major research initiative ongoing at EU level. It is hoped to agree Council conclusions on this issue at the June meeting of the Employment, Social Protection, Health and Consumer Affairs Council.

The Deputy may wish to note that, at the meeting of the Competitiveness (Internal Market, Industry and Research) Council on 22 September 2003, a directive was approved regarding the labelling of the ingredients present in foodstuffs. The new labelling rules in particular aim to ensure that consumers suffering from food allergies or who wish to avoid eating certain ingredients for any other reason are informed. They foresee that all ingredients in foodstuffs will have to be included on the label and abolish the 25% rule which up to now meant that it was not obligatory to label the components of compound ingredients that make up less than 25% of the final food product. The new directive also establishes a list of ingredients liable to cause allergies or intolerances. It will also be obligatory to mention allergens on the labels on alcoholic beverages.

Additional information not given on the floor of the House.

At the forthcoming meeting of the European Union chief medical officers, the chief medical officer of my Department has placed the issues of food and asthma on the agenda so that we can share experiences, information and knowledge with our EU partners on this issue. In addition, my Department has contacted the Health Research Board to discuss the issue of research

[Mr. Martin.] into the incidence of asthma in the Irish population, and the establishment of an asthma register is under discussion between professionals dealing with asthma and the Eastern Regional Health Authority. These initiatives should help to elucidate more clearly some of the causative factors relating to these conditions and, more specifically, to identify factors which contribute to the allergic component of this and other conditions. Thus, preventative and treatment strategies can be more effectively developed and implemented.

Mr. Gormley: I thank the Minister for his comprehensive reply. I take it from the reply that he accepts that this is a serious problem in Ireland. The latest statistics available to me show the percentage of teenagers aged 13 to 14 years in Europe reported to be wheezing in a 12 month period. It was 30% for Irish children. In terms of the league table, does the Minister accept that the United Kingdom and Ireland come off worst? Can he explain why we come out so badly in the asthma league table? In 1983 only 4% of children suffered from asthma, so there has been a dramatic increase in the rates of asthma. There is evidence of this in my constituency. Schools in Ringsend, Sandymount and Rathgar have a box full of inhalers. Can the Minister identify or does he hope to identify why Ireland has such a poor record in this regard? Does he accept the hypothesis that the rise in allergies could be directly linked to the way we live now, in bacteria-free homes, eating semi-sterile food, and that all the evidence shows that children exposed to more infections in early life are less prone to allergies? Will research in this area focus on that?

I have a number of specific questions. There is no dedicated provision for the identification and treatment of allergies in the public health system in Ireland. When does the Minister intend to make provision to address the allergy epidemic and direct his Department or the Central Statistics Office to begin collecting data that will inform his decision-making on adequate service provision in this area? What guidelines are being issued to general practitioners and accident and emergency units where they are confronted with someone with an allergy? There are those who believe—and they are well-informed individuals—that people are not properly informed and that we could have fatalities as a consequence. Is the Department issuing guidelines to people at the coalface dealing with this and to people in schools? Many children have allergies to various foodstuffs and teachers do not know how to deal with them.

Mr. Martin: Having spoken to those involved in the area and to consultants, clinicians and researchers, I am aware that there are still a number of theories regarding the prevalence of asthma in developed countries such as Ireland. It is argued by some that it is a condition of the

developed world and not one that affects those in the developing world. Many clinicians have articulated that explanation but it is yet not definitive in terms of evidence and some people question it.

I recently met the head of the European Union joint research centre and discussed his plans for a major European research study of which the workshop in Cork will be a part. This study will provide an opportunity for Irish researchers to tap into information from across the Continent. The individual who heads the centre happens to be Irish and he was anxious to involve the country in this medium-term project.

Mr. Gormley: To whom is the Minister referring?

Mr. Martin: I do not want to name the individual involved. He is head of the joint research centre of the European Union. The project will be a substantial, multi-partner research initiative and we hope to put it forward at the June meeting in Budapest which will deal with children and environmental factors. The idea is to carry out genuine research on the linkage between environment exposure and genetic make-up. There could be an interplay between both factors and some may be more exposed and run higher risks in respect of certain environmental considerations than others.

In respect of the specific case of Ireland, I have been involved in discussions with certain professionals. My chief medical officer and his team are currently in discussions about the establishment of a specific asthmatic register so that we can obtain data about the prevalence of asthma in this country. The United Kingdom and other countries in Europe have rates similar to those which obtain here. I take the point that we have lacked infrastructure for development.

Mr. Gormley: When will the register be ready?

Mr. Martin: It will take time to get it up and running. I hope that the discussions to which I refer will soon reach a conclusion. Dr. Manning has been a tireless advocate for the establishment of such a register. I hope I will be in a position to put in place the machinery to facilitate this.

Other Questions.

An Leas-Cheann Comhairle: I remind the House that supplementary questions and answers relating to ordinary questions are subject to a maximum duration of one minute.

Ms O. Mitchell: Will the Minister be taking Question No. 98 with Question No. 94?

Mr. Martin: I am not responsible for making such decisions.

An Leas-Cheann Comhairle: We are taking Question No. 94.

Water Fluoridation.

94. **Mr. Hogan** asked the Minister for Health and Children if the expert body recommended by the forum on fluoridation to advise the Minister has been set up; and, if so, the advice he has received to date. [6886/04]

Mr. Martin: The use of fluoride technology is known to manifest a positive oral health outcome. Local and national surveys and studies conducted since the introduction of fluoridation in this country attest to the reduced dental decay levels of children and teenagers in fluoridated areas compared to those residing in non-fluoridated areas. The safety and effectiveness of water fluoridation has been endorsed by a number of international and reputable bodies such as the World Health Organisation, the Centre for Disease Control and Prevention, the United States Public Health Service and the United States Surgeon General.

I established the forum on fluoridation to review the fluoridation of public piped water supplies in Ireland. The main conclusion in the forum's report was that the fluoridation of public piped water supplies should continue as a public health measure. The forum also concluded that: water fluoridation has been very effective in improving the oral health of the Irish population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that at the maximum permitted level of fluoride in drinking water at one part per million, human health is not adversely affected; and dental fluorosis, a form of discoloration of the tooth enamel, is a well recognised condition and an indicator of overall fluoride absorption, whether from natural sources or fluoridated water, or from the inappropriate use of fluoride toothpaste at a young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

The forum consisted of people with expert knowledge spanning the areas of public health, biochemistry, dental health, bone health, food safety and so forth. It took an evidence-based approach to its examination of water fluoridation. In its report, the forum made 33 recommendations, including the establishment of an expert body. The latter is now well under way.

The terms of reference of the expert body are: to oversee the recommendations of the forum on fluoridation; to advise the Minister and evaluate ongoing research, including new emerging issues, on all aspects of fluoride, its delivery methods and as an established health technology; and to report to the Minister on matters of concern. The expert body will have broad representation, including from the areas of dentistry, public health medicine, toxicology, engineering, management, environment and the public, as identified within the report of the forum on

fluoridation. Letters of invitation have been issued to prospective members of the body. I am pleased to say that, based on the acceptances which have been received, the body will have a strong consumer input in terms of members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs. My Department is in discussions regarding the chairmanship of the expert body and I expect to be able to announce a decision on that matter in the near future.

Additional information not given on the floor of the House

I am pleased to announce that the secretariat of the body will be provided by the Irish Dental Health Foundation, an independent charitable trust which has been very much to the fore in securing co-operation between private and public dentistry and the oral health care industry in relation to joint oral health promotion initiatives. The foundation's stature and expertise place it in an excellent position to support the work of the forum in its initial stage.

As the House is aware, the forum's report envisages that the work of the expert body may be subsumed into the health information quality authority in due course. The support of the foundation allows us to press ahead now with the establishment of the expert body in advance of the establishment of the HIQA. I understand that the intention is to have an inaugural meeting of the expert body in early April.

Ms O. Mitchell: Do I take it that 18 months after he received the report of the forum, he has not implemented any of its recommendations and that, despite the fact that he said that it is well under way, the expert body has not yet been set up? One of the most significant recommendations was to the effect that the optimal level of fluoride should be lower than that which had been added to water in the past. I do not know whether the Minister or the Minister for the Environment, Heritage and Local Government is responsible, but the Fluoridation of Water Supplies Regulation 1965 requires that a regulation be introduced to change the amount of fluoride to be added to water.

The forum clearly believed that too much fluoride was being added, particularly in light of the fact that people were obtaining fluoride from so many other sources. Does the Minister not consider that the recommendation to which I refer is absolutely critical and that it should be implemented immediately. Does he not consider that the level of fluoride is damaging to people and that he has left himself open to challenge if anyone is so damaged? Apart from anything else, adding fluoride to the water supply is costing the health service a great deal of money. In consultation with some of the health boards, I have calculated that it cost up to €750,000 over and above what it should cost to fluoridate water

[Ms O. Mitchell.]

for a period of 18 months. Fluoride is extremely expensive and the health boards pay for that which is ordered by local authorities. Fluoridating water in the range of 0.6 to 0.8 to one part per million is costing almost €750,000. The health service could do with that money.

Is there any possibility that the Minister will move quickly to ensure that the regulations to which I refer are signed and that the level of fluoride in our water will be reduced? I know that he has no concerns but I have seen the impact of overdosing on fluoride and it is not a pretty sight.

Mr. Martin: We have already acted upon a number of the recommendations. A research project on fluoride delivery systems has been undertaken. The contract for this project was awarded by the health boards and the Department to the ERHA under the various lots of the dental epidemiology contracts. Its aim is to evaluate the quality and performance of the fluoridation of public water supplies and to develop best practice methodologies appropriate to all aspects of water fluoridation.

There has been some delay in establishing the expert group. However, in the context of the Deputy's final point regarding the reduction from 0.8 to one part per million to 0.6 to one part per million, with a target level of 0.7 to one part per million, the recommendation in question came among a number concerning the use of fluoride technology in the country. Redefining the optimal level of fluoride in drinking water was one of the recommendations as part of a long-term strategy to reduce levels of mild dental fluorosis. That existing levels of fluoride are damaging to health was not the basis of the report.

Ms O. Mitchell: Of course the forum did not say that. How could it do so? Nevertheless, there was a recommendation and the Minister has ignored it.

Mr. Martin: It will be implemented. However, we must consider the logistics involved. It is important not to make statements about something which the forum did not do.

Ms O. Mitchell: When? A year and a half has passed.

Mr. Martin: The forum was clear that it was not damaging to health.

Ms O. Mitchell: It was clear that the forum recommended a reduction in the amount of fluoride in our water and the Minister has not taken action in this regard.

Mr. Gormley: The Minister's reply does not inspire confidence. What inspires less confidence is that under the original Fluoridation Act, health studies were to be carried out on the population. However, no such studies have ever been carried

out. Would it not make sense for the Department to carry out some sort of monitoring on the public to see what is the level of fluoride in their bones and their blood? I know for a fact that he would discover that people in this country exceed the safe level of fluoride ingestion. It makes no sense to continue with fluoridation.

I also draw the Minister's attention to a recommendation on page 134 of the forum on fluoridation's report which states: "An increase in the rate of breast-feeding in this country would contribute significantly to a reduction of the occurrence of dental fluorosis."

An Leas-Cheann Comhairle: Deputies may not quote during Question Time.

Mr. Gormley: We know from the Joint Committee on Health and Children that the Food Safety Authority's original recommendation not to use fluoridated water for baby formula was overturned in mysterious circumstances. Does the Minister agree that on the basis of that development alone, the forum appears to have been a complete whitewash?

Mr. Martin: No, I do not agree with the Deputy whose consistent position has been to oppose fluoridation, irrespective of the views of the forum. It was regrettable that people who took an anti-fluoridation stance did not accept my invitation to join the forum.

Mr. Gormley: That is not true. Dr. Paul Connett was a member.

Mr. Martin: He made a submission. I am referring to the membership of the forum. I invited people who had an anti-fluoridation stance to become members of the forum and they refused.

Mr. Gormley: They knew it would be a whitewash.

Mr. Martin: In a democracy, people have different views on issues and decisions are taken on the basis of evidence-based research. I appointed people from different disciplines as members of the forum. They did not have pre-determined views and they were not yes men.

Mr. Gormley: They were yes men. The forum did not include an expert on toxicology.

Mr. Martin: With respect, the Deputy opted out which was a deliberate weakness.

An Leas-Cheann Comhairle: Order, please.

Mr. Gormley: I am not opting out.

Mr. Martin: The Deputy wants to reserve the right to criticise.

Mr. Gormley: The Minister should watch this space.

Mr. Martin: The local elections again.

Mr. Neville: What does this have to do with elections?

Mr. Martin: It has nothing to do with elections. The Deputy must have heard me muttering under my breath.

Services for People with Disabilities.

95. **Mr. Stanton** asked the Minister for Health and Children the progress that has been made in developing national standards for disability services; and if he will make a statement on the matter. [7003/04]

Mr. Martin: My Department, in partnership with the National Disability Authority, is developing national standards for disability services in consultation with people with disabilities, their families, carers, service providers and other stakeholders. These standards are being designed to ensure that services are provided to an agreed level of quality and that this level is consistent on a national basis. It is proposed that the standards will initially apply to day, residential, respite, training and home support services for people with disabilities, as funded by my Department.

The project began with a call for submissions on people's views on standards and quality in services. More than 500 submissions were received. These were analysed and reviewed and assisted in the development of the first draft standards. The draft standards focus primarily on attainment by service providers of generic quality standards such as governance, human resources and management information.

My Department and the NDA agreed to a pilot project to test and evaluate the application of the assessment process of the draft standards, including the use of an audit tool. The principal aim of the pilot project was to evaluate the draft standards. This evaluation process included an internal and external assessment of the services. The pilot project was undertaken in 20 participating organisations in the final quarter of 2003 and was followed by an independent evaluation of that exercise. The pilot was useful in that it raised a number of important issues which need to be further addressed. To that end, work is progressing with a view to finalising national standards for health services for people with disabilities.

Mr. Stanton: When does the Minister expect the project to be completed given the promise in the national health strategy of 2001 that it would be completed in 2003? When does he propose to extend the remit of the social services inspectorate to include residential care for people with disabilities? When funding is allocated to

service providers for the provision of services to people with disabilities, what checks are in place to ensure that the service being paid for is actually provided and the State receives value for money? Does the Minister and the Government intend to fully support the National Disability Authority in its efforts to establish reasonable standards for services for people with disabilities?

What is the Minister's view of reports that the draft report, the independent evaluation to which he referred, showed that 75% of services provided to people with disabilities failed to reach the standards set by his Department and the National Disability Authority? Does he have in mind a new date by which the report will be placed on a statutory footing? When will the national standards and protocols for quality, care, patient safety and risk management be drawn up?

Mr. Martin: The Deputy has asked many questions. In terms of a timeframe, the Department works with the National Disability Authority in drawing up the standards. Various reports have emerged during the process, particularly with regard to the pilot programme. The Department is not entirely happy with the recent outcome of the sector report which indicated certain inadequacies, including in key areas. It has also been in contact with some of the service providers to obtain their analyses of the evaluation.

Once the formal evaluation has been received from the consultant, it will provide useful data and the Department will work with the National Disability Authority in progressing the next phase of developing national standards, an outcome to which we are committed. It is important, however, that we get these standards right because they will ultimately constitute the template against which disability services will be benchmarked.

Contrary to the impression which recent reports may have given, the pilot project was not designed to evaluate the quality of services provided by any particular service provider, but rather to evaluate the draft standards and the monitoring tool which would help to inform the ongoing process of developing national standards. I have been asked to stress that references to services not meeting Department standards are not accurate. The 20 services involved volunteered to take part in the project and for this reason one cannot conclude that a true representation of overall services can be gleaned from the analysis of the services selected.

With regard to the expansion of the remit of the social services inspectorate, it will take some time before it is extended to cover care of the elderly and disability services. Forthcoming disability legislation may have a role to play in this regard.

Mr. Stanton: When funding is allocated to a service provider, what checks are in place to ensure that the service being paid for is

[Mr. Stanton.]

delivered? These funds are transferred from the Department to the health boards to the service provider. For several months, I have been trying to find out what happened to the €50 million the Minister distributed last July but have still not received a response. What checks are in place to track the money and how and where it is spent? Does the Minister agree that we are ripping people off if services for people with disabilities, for which provision is being made, are not being provided?

Mr. Martin: This is an important point. Since 1997, approximately €643 million in additional funding has been allocated for health-funded support services for people with disabilities. Of this sum, €388 million was allocated for people with intellectual disabilities and some €230 million for people with physical and sensory disabilities. The Department checks with the health boards to ensure that these allocations are used for ring-fenced projects. However, accountability legislation has consistently caused certain difficulties to arise. For example, when a chief executive officer of a health board wants to break even at the end of a year in order to comply with this legislation, does the acute service remove additionality from primary care, continuing care and care for elderly and disabled people? We have been anxious to avoid such circumstances developing?

We also work with the service providers, particularly in the non-statutory sector, with whom we meet to ensure that funding is channelled into their services. Some of the difficulties which have arisen in recent years have been in the area of pay awards, with some of the non-statutory service providers arguing that they are not often compensated for complying with the terms of benchmarking, Sustaining Progress and various agreements concluded from time to time. In terms of the Health Services Executive and primary continuing care —the non-acute side—the new reform programme is designed to ring-fence budgets for the future to ensure budgets for disability will not be eroded or redirected to other sectors.

Health Board Services.

96. **Ms Shortall** asked the Minister for Health and Children the steps being taken to ensure that the Ballymun health centre will be brought into operation and made available to the people of the area, in view of the fact that it has remained unused, although completed, for a year at an estimated cost of €3.5 million; if he has received an application for funding to allow the centre to be fitted out; if he intends to make this money available; and if he will make a statement on the matter. [7060/04]

Mr. Martin: The identification, prioritisation and provision of health centres to meet the health and personal social service needs of local

communities are matters for the health boards or the Eastern Regional Health Authority, ERHA. Prior to proceeding with the development of such facilities, however, a number of requirements must be satisfied. Of fundamental importance in informing a decision to allow a health board or the ERHA to proceed with a particular development is the availability of sufficient funding to meet the full cost involved. Additionally, all health boards and agencies are required to follow the Department's guidance documentation for capital projects, together with national and EU capital procurement procedures. It is a requirement, in the first instance, for the health agency involved to submit to the Department project details for agreement such as assessment of need, option appraisal, design brief, cost estimates and cashflow projections.

The former Eastern Health Board and its successors, the ERHA and the Northern Area Health Board (NAHB), in conjunction with Ballymun Regeneration Limited, a wholly-owned subsidiary of Dublin City Council established for the purpose of advancing the regeneration of the area, proceeded with the development of the project in hand, involving a new health centre and community care headquarters as part of the new civic office development which was to be the centrepiece of the redevelopment of Ballymun town centre. The project was not pursued with either the involvement or approval of my Department.

The latest estimates provided by the ERHA indicate a funding requirement in excess of €60 million for the provision of the facilities. The authority said the Northern Area Health Board intends to acquire its share of the building on a lease-purchase basis over a 14-year period. The indicative annual cost of this proposal over the 14-year period is approximately €4.02 million. The authority has further indicated that the proposed financing arrangement will mean that the Northern Area Health Board or its successors will own the relevant portion of the building after this period.

Additionally, the fit-out of the NAHB's portion of the building has been estimated at €6.35 million and the provision of furniture and fittings is estimated at an additional €2.8 million. Further clarifications to allow my Department to complete its evaluation of the project are required from the ERHA and the NAHB on various aspects of this project, in particular those relating to the overall scope of the project, funding, procurement procedures and value for money.

Ms Shortall: The fact is that 14 months after the completion of this fine facility to provide for a health centre and health board offices at a cost of €46 million, it remains idle. The Minister says he has not received all the relevant information from the Northern Area Health Board and Eastern Regional Health Authority, yet they say they have given it to him and have kept his

officials up to date on developments during the past three years.

Someone is not telling the truth. A major public building has been completed without, it appears, proper approval first being sought. This matter should be referred to the Comptroller and Auditor General. A great deal was spent on this project and moneys committed are not forthcoming. I raised this matter on the Adjournment with the Minister one month ago on 3 February and he told me he was seeking information and further clarification from the ERHA and the Northern Area Health Board. Has the Minister received that information? Does he require further information? When is he likely to take a decision on the substantial amount of money committed to this project?

Mr. Martin: The Deputy hit the nail on the head when she said this matter could be one for a committee of the House or for the Comptroller and Auditor General to investigate.

Very often the Department is attacked for simply rubber-stamping such projects. I have raised this matter with my officials who are clear the project proceeded without approval or involvement by the Department of Health and Children. That issue needs to be teased out. My officials told me as late as today, during preparations on the reply to the Deputy's question, that further clarifications to allow the Department to complete its evaluation of the project are required on various aspects of it, in particular those relating to its overall scope, funding, procurement procedures and value for money.

I take the Deputy's point that the centre is ready for occupation. There is a desire among all the parties involved that the centre be put to use. The Department has, however, raised fundamental issues in terms of accountability and is proceeding with a degree of caution in that regard.

Ms Shortall: When is the Minister likely to reach a decision on this matter? Proper procedures may have been breached but the facility has been completed and has remained idle for 14 months. There is an urgent need for proper health care facilities in the Ballymun area. It is up to the Minister to take a decision on the matter. He knows what is required. The facility needs to be fitted out and the rent needs to be paid, a burden which another State agency is carrying while awaiting funding from the Department of Health and Children. The city council has paid approximately €6 million in rent during the past year. There is a sense of urgency about this matter, not least because people in the Ballymun area are awaiting the provision of decent health services. When will the Minister bring this project to fruition?

Ms O. Mitchell: If the reason this facility is not being commissioned is that it proceeded without

departmental approval, what then is the explanation for the failure to open Mullingar General Hospital; the 90-bed community unit in Birr; large parts of Blanchardstown Hospital, including the ICU and surgical blocks, and the part commissioning of the accident and emergency unit at Naas General Hospital? Do these projects remain unopened for the same reason or is there another explanation for the Minister's failure to commission them?

Mr. Martin: They are separate issues.

Ms O. Mitchell: I know.

Mr. Martin: We have sanctioned the 90-bed development in Birr.

Ms O. Mitchell: When was that sanction given?

Mr. Martin: Approximately one month ago.

Mr. Naughten: It was a long time coming.

Mr. Martin: We work with the boards on such issues. The Department will not roll-over, accept whatever estimates it receives, pay out the money and everything will be hunky-dory. That is not the way things are done.

Ms O. Mitchell: What about Blanchardstown Hospital?

Mr. Martin: That is a separate matter.

Ms O. Mitchell: I know.

Mr. Martin: There are a number of issues involved, such as ongoing funding. There was a great deal of criticism of the Brennan report. My Department provided information to the Brennan commission regarding significant overexpenditure across many health boards on capital projects not approved by it. The general system came in for criticism in that regard. The Department must draw a line somewhere. I accept there is a dispute on this issue which arose under the auspices of the previous authority, the Eastern Health Board. The matter is now being dealt with the Northern Area Health Board and the ERHA. The view of the Department is that this very significant project proceeded without its approval.

Ms O. Mitchell: A project that has received approval has not received funding.

Mr. Martin: There has been a great deal of criticism of how this project has been handled but everyone accepts there has to be accountability.

Ms Shortall: What is the Minister going to do about it now?

Mr. Martin: I do not have a date for the completion of the process but I will undertake to

[Mr. Martin.]
keep the Deputy up to date on progress. The Department is endeavouring to bring this matter to a conclusion.

Health Service Reform.

97. **Mr. Naughten** asked the Minister for Health and Children the structures and roles of the main groups involved in the implementation of health reform; and if he will make a statement on the matter. [6893/04]

107. **Mr. Kehoe** asked the Minister for Health and Children if he will clarify the next step in moving to the new health structures; and the measures that are being taken to ensure that there is no diminution of services during the transition for either organisation or financial reasons. [6927/04]

140. **Ms McManus** asked the Minister for Health and Children if his attention has been drawn to the potential conflict of interest arising from the appointment of the managing director of a major pharmaceutical company; the steps he intends to take to deal with this situation and ensure that the public interest is protected; and if he will make a statement on the matter. [7005/04]

170. **Mr. Gogarty** asked the Minister for Health and Children if those appointed to the interim health executive will have no conflicts of interest; the steps he will take to ensure there are no such conflicts of interest; and if he will make a statement on the matter. [7086/04]

Mr. Martin: I propose to take Questions Nos. 97, 107, 140 and 170 together.

The implementation of the Government's health service reform programme centres around a number of bodies including the programme's national steering committee, the Interim Health Service Executive, the Department of Health and Children and the existing health boards/ERHA.

I announced the establishment of the board of the Interim Health Service Executive last November and it held its first meeting in January. The members of the board were selected on the basis of their respective competencies and experience in areas which are directly relevant to the governance role to be exercised by the board. I am satisfied that all board members share a strong commitment to the successful establishment and functioning of the Health Service Executive and that they act with total integrity, motivated solely by the public interest. The membership of the board of the Interim Health Service Executive is set out later in this reply.

The interim HSE has been assigned responsibility for ensuring that all necessary measures are in place to ensure an orderly transfer from existing statutory agencies of authority, responsibility and accountability for the management and delivery of publicly-funded

health services. In particular, the board of the interim HSE will have responsibility for: recommending the senior management structure for the new executive; recommending regional boundaries and location of regional headquarters for primary, community and continuing care services and appropriate management structures for consideration by the Government; and within approved parameters, selection and appointment of a chief executive officer to the HSE and subsequent appointments at senior management level.

The work to be undertaken by the interim HSE is one of four distinct but interrelated strands of activity taking place under the reform programme during 2004. The other three strands are: the legislative, mainstreaming, human resource and industrial relations aspects of the reform programme for which the Department of Health and Children will continue to have lead responsibility; the work of the Acute Hospitals Review Group chaired by Mr. David Hanly; and the ongoing management of the health system and internal preparations for the new organisation and governance arrangements being led by the chief executive officers of health boards/ERHA and the Health Boards Executive.

The Government has also appointed a national steering committee to oversee the implementation reform programme and to provide a co-ordinating forum and ensure overall consistency with the Government's decision. It will report on a regular basis to the Cabinet committee on the health strategy, ensuring that the Government is kept fully informed on all important issues. It will liaise with the health reform project office in the Department of Health and Children and the Interim Health Service Executive in the implementation process.

The membership of the national steering committee is also set out later in this reply. I am satisfied that the members of the committee reflect the appropriate mix of competencies and experience to support their role in the implementation of the health reform programme. The committee is made up of the executive chair of the interim HSE, chairman; heads of the Departments involved; the chair of the Acute Hospitals Review Group; the director of the Health Boards Executive and chief executive officer of a health board; and two external members with personal experience of large-scale change management in a private sector context.

I am satisfied that all members of the group share a strong commitment to the successful implementation of the health reform programme and act with total integrity motivated by the public interest. In particular, I am satisfied that, given the specific role of the national steering committee, no conflict of interest arises for any member of the group.

Both bodies are subject to the usual norms in regard to all public bodies, including the adoption of formal procedures to address any particular

instance where a conflict of interest might arise for a particular member or members.

I would like to take this opportunity to express the Government's appreciation to the members of both bodies for their agreement to take on the demanding roles assigned to them and I look forward to working closely with both over the months and years ahead.

In regard to continuity of services in 2004, each of the health boards and the ERHA have submitted service plans to me setting out the quantum of service to be provided during 2004 for the funding received. All of the services plans were adopted by their boards/ERHA and I am assured that services will be provided in accordance with the service plans. My Department will continue to monitor performance in regard to service plans during 2004 in the usual manner.

The changes on which we are embarking put emphasis on the improvement and enhancement of patient/client experience as well as improving the experience of staff working in the health system and overall value for money. Various measures are being put in place during 2004 to ensure an orderly transition to the new structures and this will be the subject of ongoing discussions with the health boards/ERHA during 2004.

Additional information not given on the floor of the House

Board members of the Interim Health Services Executive:

1. Mr Kevin Kelly (chair)
2. Professor Niamh Brennan
3. Professor John A. Murray
4. Dr Donal de Buitléir
5. Professor Michael Murphy
6. Mr Liam Downey
7. Professor Anne Scott
8. Mr P.J. Fitzpatrick
9. Mr Michael McLoone
10. Mr Eugene McCague
11. Dr Maureen Gaffney

National Steering Committee Health Service Reform Programme Members:

Mr Kevin Kelly —Chair (Mr Kelly has also been appointed as Executive Chair of the Board of the Interim Health Service Executive)

Mr David Hanly —(Mr Hanly Chair the Acute Hospitals Review Group)

Mr Michael Kelly —Secretary General, Department of Health and Children

Mr Dermot McCarthy —Secretary General, Department of the Taoiseach

Mr David Doyle —Second Secretary General, Public Expenditure, Department of Finance

Mr Denis Doherty —Chairman, Health Boards Executive

Mr Seán Hurley —Chief Executive Officer, Southern Health Board

Mr Michael Dempsey —Managing Director, Bristol-Myers Squibb

Ms Maura McGrath —McGrath Associates, Management Consultant.

Mr. Naughten: I thank the Minister for his comprehensive reply. I want to focus on one element of the Minister's response, namely, the Acute Hospitals Review Group. Does he not regard it as unusual that there is a lack of representation from small hospitals on the group, with only one representative out of the 21 members? Will the Minister not agree that the sole objective of the review group is to close the smaller accident and emergency units throughout the country such as the one in Portiuncula Hospital in Ballinasloe and the county hospital in Roscommon? In a few years from now will the pupils who are in the Gallery from Boyle, County Roscommon——

An Leas-Cheann Comhairle: It is not in order to refer to people in the Public Gallery.

Mr. Naughten: ——have no service in County Roscommon or adjoining counties?

Mr. Martin: I have great respect for Deputy Naughten but he has some nerve to attack me about Roscommon because I am the one who provided the additional millions of euro to provide a decent——

Mr. Naughten: The Minister might provide the staff and then we will be very happy.

Mr. Martin: ——accident and emergency department in Roscommon. Let us be fair about this and stop the scaremongering. Let us forget about the doomsday scenarios. Last year we invested significantly in an accident and emergency department in Roscommon. It will not close.

Mr. Naughten: It will not have staff.

Mr. Martin: We will not downgrade services and we will continue to enhance and add services to the regions. That is the bottom line. The Acute Hospitals Review Group is made up of people from a wide range of backgrounds, particularly from rural Ireland, to give a specific remit for demographic issues and rural peripherality in the consideration of the remainder of the country.

Mr. Naughten: One member.

Mr. Martin: I do not know the Deputy's definition of "major hospitals" but I respectfully suggest there is a significant representation from the west in particular and the north-west because of its particular geographic topography——

Mr. Naughten: Galway city is not rural Ireland.

Mr. Martin: ——and a person with a remit in terms of national spatial planning. We have given clear terms of reference. For example, we have asked the group to make sure there will be

[Mr. Martin.]
continuing medical cover in acute hospitals going forward.

Ms O. Mitchell: What does “medical cover” mean in Hanly speak?

Mr. Naughten: A nurse.

Mr. Martin: It does not mean nurses.

Ms O. Mitchell: The Minister should be honest. What does “medical cover” mean in Hanly speak?

An Leas-Cheann Comhairle: Order, please.

Mr. Martin: What does the Deputy think it means?

Ms O. Mitchell: It means everything except a doctor.

Mr. Martin: The Deputy is wrong. That is not what it means. We are talking about doctors.

Ms O. Mitchell: It could include a doctor but it does not guarantee a doctor, and the Minister knows that.

Mr. Martin: That is what we have asked. We have asked them to give consideration to that because——

An Leas-Cheann Comhairle: I call Deputy McManus.

Ms McManus: First, does the Minister not accept that in setting up these new bodies we now have a situation which is characterised by confusion as to who is responsible, for example, for dealing with the issue of public private mix and equality in the health service? Second, on costs that are already building up we now know that it is likely that two jobs alone in these new structures —the CEO for the Health Service Executive and the chairman —will come to a total of approximately €500,000. Third, there is a conflict of interest which is inherent in the structures the Minister has created. In the national steering committee alone, apart from the chairman the only other people on the committee are civil servants. Interestingly, for the first time the Department of Finance has now got a powerful role in running the health service, but that is by the by. The only other person is the managing director of a major pharmaceutical company. How can the Minister stand over that? He has opened up a direct conflict of interest in regard to the most powerful body that will steer health reform in this country, and no explanation or justification has been given. No matter how often one protests, the reality is that in regard to a person now at the centre of the health reform programme, and I cast no aspersions on the individual involved——

Mr. Martin: That is what the Deputy is doing.

Ms McManus: ——his background, role and current job as managing director of a major pharmaceutical company, raise the issue of a conflict of interest that the Minister has not addressed.

Mr. Martin: With respect, it does not. That is a wrong assertion to make. It is ridiculous to assert that someone who happens to have significant experience in the area of change management in a particular industry is thereby debarred from any role in terms of structural reform, overseeing the Government decision and changing structures, represents a conflict of interest. The individual concerned made a significant contribution on the health strategy, for example, from a management perspective and so on.

Ms McManus: The Minister is making people more anxious.

Mr. Martin: We should not try to create a cloud over people. That is wrong.

Written Answers follow Adjournment Debate.

Adjournment Debate Matters.

An Leas-Cheann Comhairle: I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 21 and the name of the Member in each case: (1) Deputy Murphy —the reason for the delays in giving the go-ahead to build a national school at Aghina, Macroom, County Cork; (2) Deputy Hayes —the difficulty experienced by aspiring job applicants, especially in the education and social care areas, in obtaining character clearance certificates at local Garda Síochána level and if the Minister would indicate what measures he proposes to introduce to resolve this most unsatisfactory situation; (3) Deputy Sargent —the report of the Minister for Education and Science on his visit to Loreto secondary school, Balbriggan, and the actions the Minister now proposes to take in addressing the wholly inadequate opportunities for PE and sport at this fast-growing school of 1,027 students in this European Year for Education Through Sport; (4) Deputy Sean Ryan —the alleged abuse of the scheme of community support for older people by certain commercial groups who are using community-based organisations as a cover to breach the guidelines to become the dominant suppliers and/or installers throughout the country; (5) Deputy Michael Higgins —the importance of enabling the residential beds at the Galway Hospice to be reopened; (6) Deputy Neville —the situation which has developed at Galway Hospice and the need to publish in full the independent report into the difficulties experienced in the hospice; and (7) Deputies Eamon Ryan and Cuffe —the reasons for the

instruction to Dún Laoghaire-Rathdown County Council to rezone additional green belt land for housing as part of their new development plan.

The matters raised by Deputies Murphy, Michael Higgins, Neville and Eamon Ryan and Cuffe have been selected for discussion.

Public Service Superannuation (Miscellaneous Provisions) Bill 2004 [Seanad]: Second Stage.

Minister for Finance (Mr. McCreavy): I move: "That the Bill be now read a Second Time."

The Government is bringing forward this Bill to give effect to the age-related pension reforms for new entrants to the public service announced in budget 2004. These important reforms are aimed at securing the proper evolution of Exchequer spending on public service pensions over the longer term, while also ensuring that future public servants are provided with an acceptable and fair income at retirement.

In accordance with these objectives, the Bill introduces two key changes which will affect most new entrants to the public service from 1 April 2004. First, it raises the standard minimum pension age for new entrants in the public service from 60 to 65 years and, second, it abolishes the link for new entrants between age and compulsory retirement in most areas of the public service.

These changes will affect new entrants to the Civil Service, local government, teaching, the health sector, non-commercial State bodies, the Dáil and the Seanad and ministerial office. As recommended by the Commission on Public Service Pensions, the special nature of the duties of the Permanent Defence Force, gardaí, prison officers and fire-fighters means that maximum retirement ages will continue to apply in these areas. The Bill does, however, raise minimum pension ages for new entrants to the Garda Síochána and the Prison Service, as well as providing for new pension arrangements to be put in place for new entrants to the Permanent Defence Force.

I would emphasise that the measures in the Bill apply to new entrants only; neither serving staff nor existing pensioners are affected in any way.

The changes set out in the Bill have been decided on by Government following consideration of the report of the Commission on Public Service Pensions. On foot of the commission's report, there were extensive discussions between the Government and trade unions and staff representative organisations in the public service. Despite our best efforts, full agreement was not reached in the course of this dialogue. Following its own examination of the position, the Government took the policy decisions announced in the budget and presented here in this Bill. This is something I will return to later in my speech. I want to make the point now, however, that while the changes in this Bill are urgently needed, they have evolved from a background of lengthy consideration and

extensive consultation. Demographic change dictates the urgent need to act to ensure the long-term budgetary sustainability of public service occupational pensions. In particular, the clear and definite trend toward greater longevity is central to the need for appropriate reform now.

We have grown accustomed to thinking of ourselves as a predominately young population with the advantages that come from that. We are fortunate that, while we still have one of the younger populations in the EU, we can learn from the experience of other EU countries now facing immediate "pension time bomb" problems. Significant demographic change will occur in Ireland over the coming decades and decisions on change must be taken now. Either we take moderate, reasonable steps now to secure the future or, like our EU partners, we must face the need for more radical changes in the years to come.

The demographic changes are striking. Since the foundation of the State, life expectancy has risen sharply. In the case of men, it has increased by about 15 years and, in the case of women, it has increased by more than 20 years. It is generally agreed that there will be continued improvement in life expectancy in the years ahead. While this is a welcome development, it will have the effect of significantly increasing the cost to the taxpayer of financing public service pensions in future unless appropriate reforms are put in place now.

Most forecasters agree that pension numbers are likely to treble over the next 50 years. While it is difficult to be certain about the likely size of the labour force at mid-century, especially given the size of immigration in recent years, the labour force would, in effect, have to treble to keep the pensioner support ratio at its present level.

A recent study published by the Department of Social and Family Affairs projected that the number of people of pension age in Ireland will rise from 430,000 currently to 673,000 in 2021, and then to 1.2 million in 2056. This means that our current ratio of five people of working age to every pensioner can be expected to fall steeply to fewer than two people of working age to every pensioner by 2056. The projected increase in life expectancy, combined with a declining birth rate, underlines the necessity for action now to forestall unsustainable impositions on the Exchequer in the future.

It would be irresponsible to ignore the following facts. Public service and social welfare pensions now cost the Exchequer about 5% of gross national product, GNP. Maintaining the present level of provision is expected to cost about 12.5% of GNP in 2056. Over the same period, the public service pension component of this spending is set to rise from 1.4% to 2.5% of GNP.

As Minister for Finance, I have been concerned to ensure that we do everything possible now to prepare for the challenges ahead.

[Mr. McCreevy.]

This Government has adopted a proactive approach in this area through initiatives such as the establishment of the national pension reserve fund, targeted taxation adjustments and the introduction of personal retirement savings accounts, PRSAs, to foster responsible pension planning by individuals in the workforce generally.

Public service pensions are paid on a pay-as-you-go basis as part of current expenditure at an estimated cost in 2003 of some €1.5 billion. With cost containment over the medium to longer term clearly posing a major challenge, the Bill is directed at lessening the Exchequer burden in years to come through the implementation of moderate and well-founded changes which, in the long-run, are expected to achieve annual savings of some €300 million at current prices. The need for reform of public service pensions has long been acknowledged. This was clearly recognised by the Commission on Public Service Pensions which was set up by Government in 1996 and which issued its report in 2001.

The commission's membership included the social partners, academic experts, pensions industry professionals and departmental representatives. Its terms of reference required it to examine the pension terms of public servants in the light of changes in their working environment and conditions of employment, claims for improvements in existing terms, emerging costs and the operational requirements of the public service. It recommended its package of measures as representing an integrated strategy aimed at securing the long-term viability and stability of public service pensions. In this context, it cited as key aspects the growth in long-term pensions expenditure, changes in the nature of public service employment, the issue of retirement age and claims for early retirement.

In 2001, the Government accepted the bulk of the commission's proposals, including those related to pension age. It is worth emphasising that the provisions of the Bill about increasing minimum pension age for new entrants are a direct implementation of specific recommendations by the commission. In endorsing such actions, the commission took a thorough approach. It examined all relevant factors, including in particular the demands placed on the different occupational groups, and cited increased life expectancy as a key factor in its decisions. The Government agreed with the commission's conclusions.

The commission made no general recommendation as such concerning compulsory retirement ages which the Bill will abolish for most new entrant public servants. In my view, however, this is an appropriate accompanying measure to the change in minimum retirement age for new entrants and will facilitate future public servants in continuing to make a

productive contribution in the workplace at older ages.

From a pensions perspective, I believe that the forecast decline in the dependency or support ratio as the first half of this century unfolds makes it especially opportune to dispense with mandatory age-based retirement for most new entrant public servants. As the worker to pensioner ratio falls in the decades ahead, people will live longer. In the context of the major impact these changes will have on the labour force, it makes sense to allow people to continue to work and contribute for so long as they are able and willing to do so. The benefit for the Exchequer should be a reduction in pension costs.

In September 2001, the Government agreed the recommendations of the commission in principle and set up a working group with the public service unions to advise on their implementation. The group was established in January 2002 and reported in October 2003. Parallel groups with similar remits were set up in respect of the Permanent Defence Force and the Garda Síochána, and the Government also had the benefit of reports from these groups in informing its decision making.

In addition, individual meetings were held between officials of relevant Departments and representatives of the Irish Hospital Consultants' Association, the Irish Medical Organisation and the Psychiatric Nurses' Association of Ireland. Bilateral discussions were held with SIPTU, the Prison Officers Association and the teachers' unions, ASTI, INTO and TUI, on specific commission recommendations.

Although the trade union and employer participants on the main working group were able to make good progress on several important aspects of the commission reform package, agreement was not reached on some other critical items, notably the raising of minimum pension age for new entrants. Every opportunity was given for agreement to be arrived at in the course of these talks, but this did not prove possible.

Against this background, I considered that action was urgently required following the prolonged phase of study and consultation. To delay further risked missing the opportunity for reform created by the commission's work. The Government agreed that change had become a pressing priority.

Accordingly, I announced in my Budget Statement last December that the Government had decided to implement the bulk of the recommendations of the commission. More specifically, I announced the intention of bringing forward legislation, as now embodied in the Bill, to increase minimum pension age and remove compulsory age-based retirement for most new entrants to the public service.

Given the value to public servants of a guaranteed system of pay-related pension increases, the commission recommended that all

serving public servants should make an additional explicit 1% contribution towards the cost of pay-related pension increases. However, in line with the Government's concern to secure a balanced reform package which would not have implications for pay negotiations, I announced in my Budget Statement that the Government would not proceed with this recommendation. Similarly, I decided not to proceed with the commission proposal for the use of a new index for the purpose of determining public service pension increases, a proposal which was generally opposed by both pensioner groups and public service unions.

In addition, I announced my intention of drawing up a further set of pension changes arising from the commission's recommendations in respect of existing public servants. These changes, which are not part of the Bill, may include amendment of the formula used for integrating public service and social welfare pensions to make better provision for current and future staff on lower pay levels, a new single additional voluntary contribution type of scheme for the public service, and the possibility of optional early retirement on the basis of actuarially reduced benefits. It is proposed to examine the feasibility of implementing the commission's recommendation for the payment of survivors' pensions to non-spousal partners. These further changes are the subject of ongoing discussion with the public service unions.

I am sure that this outline of the recent background will have impressed on members that the Bill has its roots in a lengthy and thorough deliberative process and is a measured timely response to the challenges that lie ahead. The provisions of the Bill are in no way rushed or improvised but instead have been developed by the Government in the context of expert independent analysis and appropriate consultation with all the interested parties. I will now deal with the structure of the Bill.

Some public service pension schemes, such as the scheme for established civil servants, are provided for in primary legislation. Others, such as the pension scheme for unestablished civil servants, are provided for by administrative arrangements. However, the majority of public service pension schemes, for example the local government superannuation scheme, are provided for by means of secondary legislation. To ensure that the pension reforms for new entrants have effect across the public service on the same day, this Bill amends the relevant primary legislation and overrides the relevant secondary legislation and administrative arrangements as appropriate.

The first two sections of the Bill deal with definitions, including the definition of "new entrant". These are followed by sections which remove, raise or leave unchanged compulsory retirement ages for new entrants to the public service. The Bill then deals with the design of new

superannuation arrangements that will be introduced for the Permanent Defence Force and provides for the chaplaincy service to the Permanent Defence Force. The next sections provide for the increase in the minimum age at which pension may be paid. The concluding sections are essentially technical in nature, covering matters such as removal of doubts and collective citation.

The Bill contains two Schedules. The First Schedule is a list of State bodies, mainly commercial, which do not come within the definition of public service body in this Bill, but the employees of which, in certain circumstances, will not be deemed new entrants on assuming posts in the public service. The Second Schedule lists those areas of primary legislation which the Bill is intended to amend.

To clarify some issues raised in the Seanad debate on this Bill, I point out that the first Schedule is an exclusion list and identifies those commercial State bodies that might, by virtue of the definition of "public service body" used in the Bill, be deemed to come within the ambit of its provisions. It is intended that such bodies be excluded from the terms of the Bill. As noted, however, employees of these bodies will not be deemed new entrants on entering the public service. The Second Schedule, as outlined earlier, amends those areas of primary legislation which state pension and retirement ages.

Members will acknowledge that I, as Minister for Finance, and the Government have been very proactive in securing reasonable entitlements for those who find themselves on the benches of either House.

Mr. Ring: Good man.

Mr. P. McGrath: That is correct and the Minister is going to undo much of the good work now.

Mr. McCreevy: We have been concerned, in particular, that those who embark on very demanding careers as public representatives are properly and reasonably remunerated.

Members will note that the Bill's provisions on minimum pension age extend to new Members of the Oireachtas and office holders, including Ministers and Ministers of State. Although the Pension Commission's remit did not cover Members of the Oireachtas and office holders and, hence, the commission did not make recommendations regarding their pension terms, the Government nevertheless considered that they should be encompassed by the current change.

The reason for including Oireachtas Members, Ministers and other office holders within the scope of this change in minimum pension age is that we are public servants who serve the public in a most fundamental way. Unlike most public servants, however, we do not have security of tenure —this is the nature of the job. We are

4 o'clock

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subject to the will of the electorate from time to time and there can be a considerable change in Oireachtas membership from one Dáil or Seanad to the next. It goes without saying that, in many cases, these changes are involuntary, but this does not change the basic position that we are public servants and, to that extent, should be part of a pension reform package.

The requirement to be re-elected from time to time means that Oireachtas Members are different from the general body of public servants. I consider it appropriate that this special factor should be taken into account in the Bill for serving or former Oireachtas Members and Ministers. Accordingly, the definition of “new entrant” in the case of Members of the Oireachtas and office holders does not include any Member of the Oireachtas or any office holder who was first elected or appointed before 1 April 2004.

This is a reasonable exception on the basis that even the most effective TD, Senator or Minister may not be re-elected and does not have the same security of tenure as other public servants. This is not a voluntary matter and, accordingly, having been once elected or appointed as an office holder before 1 April 2004 should be sufficient to take the person out of the “new entrant” category when he is elected or appointed an office holder in the future.

Persons being elected for the first time after 1 April 2004 will be subject to the “new entrant” age limits. This is entirely consistent and reasonable as individuals going forward for Dáil or Seanad election for the first time in future will be aware of the new age limits and will be in a position to take this into account in considering their circumstances.

Members may also notice that Taoisigh who are first elected to the Oireachtas after 1 April 2004 will be exempt from “new entrant” status. This exemption relates only to the pension in respect of holding the office of Taoiseach—it will not extend to the person’s entitlement under the Oireachtas Members’ pension scheme. The existing provisions for office holder pensions recognise the status of the post of Taoiseach as leader of the Government. It is appropriate therefore that the respect accorded to the post and to former holders of the post should be preserved.

In the Pension Commission’s view, the operational requirements of the gardaí, prison officers, military personnel and fire fighters continue to warrant special treatment in terms of minimum pension age and retirement age provision for these groups. Notwithstanding this, the commission recommended certain changes for these groups, and these changes are being proposed for implementation in this Bill.

In the case of gardaí and staff in the Prison Service, the Bill sets a minimum pension age of 55 for new entrants. Currently, staff in both those

groups may retire at age 50 subject to meeting certain service criteria. The Bill retains the current compulsory retirement age of 60 for new entrants to the Prison Service and provides a single compulsory retirement age of 60 for new entrant gardaí, with service in the Garda between ages 55 and 60 being subject to certain health, fitness and competence criteria. At present, gardaí up to and including the rank of inspector have a compulsory retirement age of 57—for gardaí above that rank, the compulsory retirement age is 60.

For new entrants to the Permanent Defence Force, the commission recommended that payment of pension should be dependent on age and service, rather than on service alone, and that the earliest age at which a pension would be paid would be 50 years. The Bill legislates to implement this recommendation of minimum pension age, as well as providing for the making of an appropriate pension scheme on this basis for new entrants to the Permanent Defence Force.

The commission considered that there should be no change in the minimum pension age of 55 or the compulsory retirement age, also 55, of fire fighters, and the Bill reflects this. The commission did, however, recommend that new entrant officers in the fire brigade should have standard public service terms and, accordingly, the Bill provides for them to have a minimum pension age of 65 and no compulsory retirement age. Fire fighters are defined in the Bill as “specified fire brigade employees” and an explanation of that term is given in section 1 of the Bill.

The guiding principle adopted in the Bill is that a new entrant is a person who is appointed as a public servant, as defined in the Bill, on or after 1 April 2004. The new arrangements do not apply to public servants who are serving on 31 March 2004. A broad scope has been given to the term “serving” in the context of this Bill. The general principle is that anyone who has an employment relationship with the public service as of 31 March 2004 will not be deemed to be a new entrant.

This means that staff on paid or unpaid leave or on secondment from public service bodies on 31 March 2004 will not be regarded as new entrants on their return. A person who has received a written offer of employment prior to 1 April 2004 but has not yet taken up duty will not be regarded as a new entrant. Persons training in the Garda Training College who were admitted to training prior to 1 April 2004 will not be regarded as new entrants on completion of their training.

Mr. P. McGrath: What about the teachers?

Mr. McCreevy: Staff who were employed in a temporary or seasonal capacity will not be regarded as new entrants if they resume duty in the public service within the same employment relationship. Provision has been made that any

current public servant who leaves employment but subsequently returns, within a period of 26 weeks, to a public service job will not be regarded as a new entrant. The stipulated period of 26 weeks in this case reflects similar provisions in employment law generally. For purposes of mobility within the public sector, staff who are serving in the public sector on 31 March 2004 and who subsequently take up appointment in the public service will not be regarded as new entrants.

I am fully aware of the views of the public service unions. There have been discussions between officials of my Department and the unions on this issue. In drafting the legislation, I have been as sensitive as possible to the unions' concerns about the definition of "new entrant". I am confident that the definition contained in this Bill is fair, sensible and workable. The approach adopted is a balanced one, allowing a reasonable interim period within the overall context of a clear and practical definition. In this context also, account has been taken of existing part-time, temporary, seasonal and contract staff.

I remind the House of what this Bill sets out to achieve. The removal of compulsory retirement ages will heighten the necessity for strong management and performance control in the public service, and, in this regard, guidelines on these issues are in preparation for the Civil Service in the broader context of human resource modernisation in the public service. The proposed measures in this Bill will not only lighten the burden on the Exchequer over the decades to come, but they will also ensure that the pension packages on offer to potential new recruits to the public service will continue to be a very attractive feature of public service employment.

The Bill therefore offers a win-win outcome when viewed in its entirety. Although it does not make a major contribution towards fiscal soundness, by making future pension outlays manageable it is a vital component in making it possible for the State, as a good employer, to provide a reasonable income for its employees at retirement. Seen in that light, I am sure Members will conclude that the case for change is incontrovertible, and as such this Bill is the right means of delivering that change. I commend the Bill to the House.

Mr. P. McGrath: I welcome the opportunity of addressing the House on the Public Service Superannuation (Miscellaneous Provisions) Bill 2004. Fine Gael and I recognise the need to plan for the future and examine pensions provisions and how we look after our population as it gets older. The Pensions Board was set up to do that. However, I disagree with some of its conclusions. It seems the Minister has accepted everything the Pensions Board has said and gone ahead to implement it with a few small exceptions including the 1% provision about which he talked. However, he has accepted the general

principle that, by the year 2050, we will have serious problems and a serious pensions crisis. I want to make it clear that I disagree with that. Not all the researchers and people who have looked into the question agree with that pessimistic forecast.

I will give a blunt reason we must be careful in how we assess it. If one is to set up research into pensions provision in 20, 40 or 60 years, one can predict with reasonable accuracy what will happen in 20 years, with less accuracy what will happen in 30 or 40 years, but the predictions for 50 or 60 years are to a great extent a shot in the dark. Why is that? If we examine society and how it has changed so dramatically in a short period, we can see that many of those projections will depend on where one starts from. It reminds me of the countryman who was asked how one gets to Dublin and replied that he would not start from his current location.

Imagine one is starting pensions projections, taking as one's base data the early 1980s. Consider the high level of unemployment we had, our economic prospects at the time, the high number of children at school and the population of elderly people. It was very different from the situation even a short time later, for example, in 1987. In the period between 1987 and 1991, there was enormous emigration. We were sending tens of thousands of our best young people abroad. The year 1987 sticks in my mind, since 43,000 young people left this country in that year to go elsewhere and find work. They were economic migrants. If one takes that year as one's starting point, or even together with the early 1980s, what results will one get?

Then we entered the 1990s, with economic growth, a declining birth rate, an increase in the number of elderly people, and huge numbers of Irish people returning here to live. If one takes that as one's starting point, one has a totally different set of figures. I direct the Minister to a report compiled by Tony Fahy of the ESRI for what was then the Oireachtas Joint Committee on the Family. It was published in 1997. Dr. Fahy is an eminent researcher who put tremendous work into the report, and the truth of many of the predictions that he included in it in 1996 is being borne out now. He predicted that, in general terms, there would be a huge increase in the numbers employed, and that has proved correct. He also said there would be a decrease in the number of dependent children and an increase in the number of elderly people. He said that, because so many additional people were going to work, the dependency ratio would improve dramatically. He further predicted how that would improve over the next 20 to 25 years.

I will move away from that, but I want the Minister to bear that in mind. I will quote three pieces from Dr. Fahy's report. I refer to the interim report of the Joint Committee on the Family, The Elderly, The Family and the State in Ireland, published in January 1997. The final

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paragraph on page A.6 addresses the issue of whether we are facing a crisis and must do something about pensions. It says:

Nobody denies that population ageing will be a continuing trend in the future, but many consider that when a number of other trends are taken into account (such as growth in economic output and productivity, the fall in the child population, the fall in unemployment consequent on a stable or shrinking labour force), the consequences of population ageing appear much less threatening.

On page A.8, under the heading “Distinctiveness of the Irish case”, Dr. Fahy says:

However, there are a number of grounds for arguing that anxiety and pessimism along these lines are not warranted, at least for the foreseeable future.

He was commenting on people saying that we face a major problem. I quote further from page A.9, whose first paragraph reads:

However, recovery from past adverse circumstances, including population decline, has been a feature of the past thirty years in Ireland and is continuing with new vigour in the 1990s. This recovery is likely to yield positive results for the elderly population, both in the short-term and the long-term.

The Minister has heard one view from the Pensions Board, and, being the independent man that he is, perhaps he should examine other available research and material before he swallows, hook, line and sinker what has been put to him. We on this side of the House recognise that it is important to examine developments relevant to pensions. We recognise the need for flexibility. What one proposes for one group may not suit another. One must be able to change course in one's career. I am one of those who were very lucky in that, aged approximately 40, I got an opportunity to change course and career. I am enjoying it —thanks be to God —and look forward to the day when I can put my feet up. In that regard, it is very important that there be flexibility.

The very first line of the explanatory memorandum says:

The purpose of this Bill is to give effect to the age related pension reforms for the public service announced in Budget 2004.

That is not correct. I will read from page B.16 of the budget document of December 2003. The third part of that document says that “the minimum pension age will be increased to 65 for members of the Oireachtas and Office Holders elected or appointed on or after 1 April 2004”. I put it to the Minister that this Bill contains a change to what was announced on budget day in that regard. He changed it, and I know why; I agree with the change. He was approached by

many people in his and other parties who pointed out that we Members of the House, if ever lucky enough to be appointed Ministers or Ministers of State, would not get a pension accruing from that until 65. I am thankful that, when the Minister introduced the legislation, he had changed it. I must express an interest here. It might be interpreted by journalists or others that I am feathering my own nest and looking after myself, but I am not. Nothing in this Bill affects me at all, either as a politician or in regard to my former career as a teacher. It is entirely for new entrants. We may all talk about it here, since it will not affect us, and it is important that we say so.

It is also important to point out that the changes proposed by the Minister, especially with regard to politicians, are far-reaching. He should reconsider them. The pension arrangements up to 1992 for Members of the House were that Members could get a pension on retiring if they had eight years of service. In 1992 there was a change in the pension provisions when the Oireachtas (Allowances to Members) and Ministerial and Parliamentary Offices (Amendment) Act 1992 was passed. Members had the option of remaining in the old scheme or changing to the new scheme. The new scheme was much better than the old scheme for many people and most Members opted for it. Some younger Members, however, remained in the old scheme.

The new scheme provided that pensions would not be paid to Oireachtas Members until they had reached the age of 50 years. There was some murmuring about it at the time so some of the younger Members joined the old scheme. The age of 50 would be considered fair enough where Members had a number of years' service. What the Minister is doing now will not apply to us but it will apply to future Members. We speak for them and it would be negligent not to do so. It is unlikely that it will affect my family. I do not believe they will become a political dynasty so I cannot be accused of having that consideration in mind. However, many Members of the House will probably start political dynasties and this will affect their families in future. The pension scheme will change for new entrants.

The change is dramatic. Take the example of some younger Members of the House such as Deputy English, who is 25 years of age, Deputy Peter Power or Deputy Andrews. I hope they do not mind me using their names in this context. They are young men and are in their first term as Members. If new Members in the same age group are elected in the next general election, they might work as Members for 20 years but, if they leave or are not re-elected by the public, they might have to wait another 20 years until they draw their pension. Is that fair?

Mr. Ring: It is not right.

Mr. P. McGrath: The Minister said earlier that Members are public servants and, as such, must

face up to their responsibilities and so forth. However, we are special public servants, if one can use that term. We are special because our work rate and efforts are reviewed, on average, every four years. Every four years we return to the interview board and it puts us through the wringer. If one is not doing one's bit, it is a case of "Goodnight, Irene". Does that happen to other public servants? Does it happen to the gardaí, whose retirement age is also being changed, Defence Forces personnel or teachers? It does not.

Mr. Ring: They are rewarded.

Mr. P. McGrath: They are in a different situation and do not have the same insecurity. Does the Minister know the average length of time served by Oireachtas Members? I asked that question of some civil servants yesterday and I was not surprised to discover that they did not know. The figure for average length of service by Members of this House is 11.4 years.

Mr. Ring: It is dropping.

Mr. P. McGrath: If one removes from the calculation some of the senior citizens who have been Members for a long time, such as the Ceann Comhairle —fair play to him, the figure is nearer to 9.5 years. This must be taken into account when considering pension provisions for Members of the House.

What has the Minister done? I must acknowledge, as I have done previously, that the Minister has been good to Members.

Mr. Ring: The best.

Mr. P. McGrath: Yes. I have previously told the funny story about a certain Deputy from this side of the House who said, as the election approached, that he did not mind who won as long as Deputy McCreevy was Minister for Finance afterwards.

Mr. Ring: That was unanimous.

Mr. P. McGrath: He believed the Minister had looked after the Members. Now, however, the Minister will undo much of that good. Changing the pension terms by 15 years for future Members of the House is too much. It is being changed from 50 to 65 years of age. The Minister is changing the retirement age for gardaí from 50 to 55 years. I agree with that and I told the Joint Committee on Justice, Equality, Defence and Women's Rights that the Garda retirement age should be increased to 57 years. The change in that case is five years. The Minister is also changing the retirement age for prison officers by five years.

An interesting situation will arise in this area and it is not dealt with in the legislation. The Minister will be aware that the first 20 years of

service by gardaí count as single years for the pension. The next ten years, from 20 to 30, are counted as double years. A garda who serves for 30 years, therefore, is deemed to have served 40 years for pension purposes. That is not covered in this legislation. What will the Minister do to resolve this? Will a garda with 35 years' service receive the same pension as a garda with 30 years' service? Will the Minister change the structure of the pension scheme?

The same applies to prison officers. They can retire after the same amount of time and in the same manner. What about psychiatric nurses? The Minister did not refer to them. Psychiatric nurses can also retire after 30 years of service and, I understand, a number of the later years of service are also counted as double years. Why are they omitted by the Minister? If he is to take the broad brush approach, that everybody must be brought to the same standard, why is he ignoring some sections of the public service and lashing others, such as the politicians?

Then there are the arrangements for the teachers. Again, I must proclaim a disinterest, as it were, in that I was a teacher for a number of years before, thankfully, getting a career break at the age of 40. I am stating that now in case I am accused of seeking to feather my nest. Any changes in the pension arrangements for teachers will only affect new entrants. None of my children is in the teaching profession so I cannot be accused of looking after their interests. The Minister's proposals for the teaching profession, to change the retirement age from 55 to 65 years, are unacceptable.

I do not know if the Minister has been in a classroom recently but I occasionally return to the school in which I taught. I only left teaching 15 years ago but the atmosphere in the schools now is different from then. The job of teaching has become much more difficult. There are extreme difficulties in some classrooms. Years ago there were ways of dealing with those difficulties but, unfortunately, that has changed. The Minister is forcing teachers to stay working until they are 65 years of age.

Can the Minister imagine a 64 year old man or woman in an infant class of 35 pupils? Those of us with families know how hard it is to cope with three or four children at a time and can only imagine what it is like for the older teacher in that situation. At the other end of the scale, can he imagine the same teacher going in to teach honours chemistry or physical education? The Minister is not being realistic. Some people would be able to cope and would be willing to go to the age of 70 if allowed, and it is good that the Minister will allow that. Those people love teaching and are able to continue. However, what about the teachers who are burned out or cannot cope? What about the teachers who would do the State a service by not going into class at all?

As a teacher, I have come across teachers who would be better off finding another job and

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getting out of the classroom. However, no provisions exist for them so what can they do except stay? If they walk away the Department waves goodbye to them and they have nothing until they can claim their pension. The Department now says that it will wave goodbye to them unless they stay until they are 65 years of age and only then will they get their pension.

What about the proviso in the public service for a full pension after 40 years' service? That proviso remains. Most primary school teachers enter the classroom at approximately 21 or 22 years of age and by the time they reach 62 years of age have 40 years' service. Now they will be told that they must work another three years to ensure they get their pension. Is that fair? It is not. It is an over-the-top reaction by the Minister to the Pensions Board and he should do something about it.

I will help the Minister by suggesting a way for him to alleviate the difficulties of some of the people mentioned in the Bill. The pension age for politicians is to change by 15 years, teachers by ten years and members of the Garda and the Army by five years. I suggest he makes an across-the-board change of five years for everybody. That would be fair as he would not be picking out a particular sector of the community, pointing the finger at a particular group or making it unduly difficult for any particular group to continue working for a reasonable length of time.

I talked to people on all sides of the House and found most people turned off by the Minister's proposals. They feel the change is unnecessary, unwarranted and an attack on certain professions, including the Minister's. If he talked to backbenchers, front benchers or even some Ministers, he would discover much support for changing what he is doing.

In the teaching profession the proposal is seen as an attack on teachers. They see themselves as being singled out for the Minister's ire and cannot understand why. It is strange that the Minister, or somebody on his behalf, was in negotiation with teachers until just before Christmas but although the negotiations broke down the Minister has ploughed ahead. Is it not strange that there were no negotiations with the politicians?

Mr. Ring: We cannot go on strike. We cannot get the red or blue flu or anything.

Mr. P. McGrath: The matter was never mentioned at the Members' services committee, nor discussed in advance, and the first we saw of it was the Minister's announcement on budget day. As I pointed out earlier, he rowed back on part of his budget day announcement, probably in response to pressure from some of his colleagues. Perhaps the Minister will comment on that later or perhaps it will be part of his next best-seller about which he often talks.

The Minister proposes the change in pension age for all new entrants but he has declared that

trainee gardaí will not be deemed new entrants. Why then are trainee teachers deemed new entrants? Are they different from trainee gardaí in Templemore or why are they treated differently? They are in college training for their chosen career in the same manner as a trainee garda in Templemore. Why is the Minister changing the goalposts for them and treating them differently from trainee gardaí? I do not know how he can justify it.

Again, I offer help to the Minister. The solution is to push out the goalposts and cover all the students in college, thereby getting rid of the anomaly which they would have to carry round their necks for the rest of their lives. When the time comes for the teachers currently in training to collect their pension, they will be angry that their next door neighbour who is a garda and who was in Templemore at the same time as they were in teacher training college can retire earlier because of what the Minister has done in this legislation. Teachers will be hung out to dry because of this unfair legislation. The Minister has the opportunity to do something about it and I hope he will. He should bring forward a suitable amendment to change the proposal in this regard.

Politicians of this House have a good record of public service. Over the years many career politicians gave their lives working in the House. I respect those who have managed to get elected, who have gone before their peers and managed to get between 8,000 and 11,000 votes. They deserve respect. We are now changing the goalposts. We need people of ability who are prepared to give good public service. However, young able people who might be tempted to go into politics will now stand back and ask whether they should set aside their chosen career, give up their business interests or career and go into politics and then find themselves on the scrap heap and have to go back to work some place else to feed their hungry family because the Minister has changed pension conditions.

The Minister can make a change and he should consider seriously the suggestion I made regarding a change of five years. I live in hope that he will bring forward these amendments on Committee Stage.

Ms Burton: Only time will tell whether the Minister's announcement in the budget concerning changes in public service pensions was one of his most significant decisions as Minister or a ball of smoke which will never be sustained. It is difficult to say which. At this point it is difficult to make any accurate forecast about the rate of pension numbers or what the desirable rates of compensation and so on should be.

When Deputy McCreevy was Minister for Social Welfare some 12 years ago, figures were bandied about on the impending explosion of costs in regard to certain areas. At that time there was a fear that classrooms would soon be empty of schoolchildren and concern existed about what to do with the surplus of teachers. Thankfully the

demographic forecasts proved to be completely inaccurate.

While the work of the Pensions Board is necessary, I have not yet reached a conclusion on the quality of its performance. It has promoted the pensions industry, which is charging a fair old whack for as yet unproven services to people who are anxious to make additional provision for their retirement, which they should be.

The various tax breaks available to pension scheme arrangements are costing the Exchequer a fortune in tax foregone. The impetus for many people is not only due to general doom and gloom pensions talk, but also the lucrative and attractive tax breaks the Minister has provided. The associated costs are significant, but there has been little cost benefit analysis of the actual value they will have in the long run.

The announcement in the Budget Statement on the restrictions in pension entitlements for certain categories of worker struck the wrong note in the context of our society's move to a high-wage, high-skill economy. Such an economy also implies good pension entitlements. Most people who choose to work in the service areas of the public service such as teaching and nursing tend not to be high-income earners. Even a school principal who does a tough job earns a relatively modest salary in view of the level of responsibility involved compared to the proprietor of a small to medium-sized business. People who go into what used to be called the caring professions still provide a great deal of care and attention in their jobs for a much smaller reward than the comparative financial reward they would get in the financial services sector. In a sense that is the gain for the Minister for Finance, but it is an issue we need to address. In the long run, young people will get a message that if one chooses to be a doctor, teacher or nurse one had better like those jobs because for the most part one will not be as well paid, especially those working in the public service, as one's classmates who opted for a job in the private sector. People make those decisions all the time.

I am not sure why the Minister should choose to worsen the conditions, except perhaps as a mark of the Government's lack of means for the public service, or the notion of the public service not being entirely determined by monetary reward in regard to a chosen occupation or career. It is foolish to decide to unilaterally disimprove significant conditions of service for people on the essential caring side of the public service and not to offer them an incentivised *quid pro quo* for what they give up. This may be due to a failure of imagination on the part of the Minister. Ideologically it is of a piece with what we have become used to from the Government, the relentlessly downward drive of public service pay and conditions, especially on the caring side. These people who work, effectively, in a vocational capacity rather than simply being employees, are expected to accept this without

any objections. I pointed out to the Minister and other ministerial colleagues of his that the legislation should come with a toxic legislation warning. The purpose of the Bill is to give effect to the age-related pension reforms.

In future the minimum age for receiving a pension will generally be 65 with no upper limit, which we welcome. I heard a journalist refer to the notion of supercops at 80 patrolling the streets of the inner city and coping with the drugs menace. It was also said that we will have nonagenarian doctors zipping around to nursing homes. This is a great vision of the future. Let us hope we will even have some octogenarian Deputies —or perhaps not, that may be too much.

The Bill refers to superannuation benefits, pensions, gratuities and other allowances payable on resignation, retirement, discharge or death or in respect of a member or former member of a public service pension scheme. A public service pension scheme, in turn, but subject to certain scheduled exclusions, means an occupational pension scheme or pension arrangement for any part of the public service which is provided for under the Superannuation Acts 1834 to 1963 and other similar enactments. The Superannuation Acts are the governing legislation for most public service pensions. There is a significant number of these Acts as well as implementing regulations.

The Superannuation and Pensions Act 1976 was described as an Act to amend or repeal certain provisions of the Superannuation Acts 1834 to 1963. Section 3 of the 1976 Act provides that the Minister may by regulation provide for the cesser of, or otherwise amend, any enactments relating to the superannuation of civil servants.

The Minister can also provide by regulation for the cesser of, or otherwise amend, any provision in any statute or statutory instrument where it appears to him that the provision is inconsistent with, or has become unnecessary or requires to be adapted, modified or otherwise amended in consequence of, any provision of his regulations. That must be where the Minister got his budget authorisation from.

The Civil Service Superannuation Regulations 1980 set out the bulk of the amendments purportedly made to primary legislation in the exercise of this power to amend statutes by ministerial order. Unfortunately we have too often been in this territory before. However, having regard to the judgments in the recent Carrickmines case and the case which dealt with the Aliens Act, this power to amend primary legislation by order is challengeable as unconstitutional. The Minister is aware of this, as are his officials, but he has decided to take a flyer on this.

The legislation vests power in a Minister to amend a statute by order. Even if that is permissible —and the recent court decisions implies that the Judiciary no longer smile on this

[Ms Burton.]

idea—the exercise of the power is not limited by references to guiding principles and policies set out in the parent Act. Effectively, the Minister is at large and is able to act as a legislature, with power to override Acts of the Oireachtas. The problem with this Bill is not that it repeats the error in the cases to which I have referred and in other recent cases but that the Minister has decided to ignore the issue. Sooner or later, the problem with the 1976 Act and the 1980 regulations will be stumbled upon and someone will litigate and have the rules struck down.

I do not know if the Minister has had an opportunity to discuss this in any detail with the Office of the Attorney General, but he would be well advised to do so. It is wrong to come into the House yet again and put Members to the trouble, in terms of time and intellectual effort, of developing a response to his legislation when the legal advice is that it is flawed to such an extent that it is more than likely to be struck down by the courts at the first opportunity.

The Minister is a great one for talking about value for money in the public service. It is time that the Government treated the Opposition with a little respect and gave us a proper opportunity to address fundamental issues regarding the likely unconstitutionality of proposed legislation. As I stated, the reason we have no idea whether all this stuff is a ball of smoke is because there is no certainty and because the Minister has not addressed any questions about his legal advice from the Attorney General or other sources on how this Bill will stand up. I am sure the Minister's response will be that it will be the job of whoever is Minister for Finance at the time to address the problem, should he or she so wish. This is not good enough.

The minor difficulties associated with the State's temporary loss of power to have the Garda ask non-nationals for their papers will be insignificant in comparison with the State's loss of the power to pay pensions to its retired civil servants in accordance with their pension schemes. Will the Minister outline in some detail his legal advice on the constitutionality of this legislation? Deputy Paul McGrath and the Ceann Comhairle will be thankful to hear that the pensions of Oireachtas Members fall under separate legislation. While others may be out on their ear, former Members of the Oireachtas will not.

Mr. P. McGrath: We have a long way to go before we look for our pensions.

Ms Burton: A Bill that fails to deal with such a major structural flaw in the public service superannuation scheme should be withdrawn and rewritten.

I have a number of questions on the Minister's speech because the provisions in the Bill are obviously quite technical. He spoke about the definition of the new entrant. I do not fully

understand his logic in this regard but maybe he will send me a note on it or talk about it on Committee Stage. He stated that staff on paid or unpaid leave or on secondment from the public service bodies on 31 March will not be regarded as new entrants on their return. This is good news because it is contrary to what people had understood. However, later in his speech, the Minister stated that provision has also been made that any current public servant who leaves employment but subsequently returns to a public service job within a period of 26 weeks, which is a very short period, will not be regarded as a new entrant. Can we imply from this statement that, if the leave-taking period is more than 26 weeks, one's permanent employment status will be compromised?

Mr. P. McGrath: A career break or study break.

Ms Burton: Yes. The Minister will recall that I spent three years on a career break with my husband working on an Irish development project in Africa in the 1980s. Many Members and their children have done so. The ability to take such leave has been of much benefit to organisations such as Concern and Trócaire which are able to benefit from the skills of those on career breaks, especially those in local government, such as engineers, whose skills are important in times of disaster. When I took my career break, I lost my pension entitlements but did so with my eyes wide open. During the term of the Fianna Fáil-Labour Government, this anomaly was corrected, partly at my request, to copperfasten the entitlements of people who took career breaks. All sorts of mechanisms were created to pay people's pension contributions while they were away, either through their original Department, local government body or the Department of Foreign Affairs and the Irish Aid programme.

I do not believe the Minister has thought through the implications of what he has said. As a country, we did something simple to enable something we are good at, namely, the transfer of certain kinds of technology, medicine and engineering skills to the Third World for periods of three to five years. This is all upended by the Bill. Will the Minister address this on Committee Stage?

I believe the Minister wanted to encourage the principle of going on a career break because he wanted to encourage a more flexible public service. I believe he wanted to offer a different career path to those who began teaching in their early 20s, for example, and found that they did not like the profession by the time they reached their 30s. The ultimate cost of closing down options will be more expensive than that of having a more flexible approach. Therefore, this legislation is to be regretted.

I hesitate to mention the word "women" to the Minister any more because I have done so frequently in recent times. It is perhaps no

accident that some of the careers most affected by the changes being introduced are dominated by women. Those affected include teachers, some doctors, psychiatric nurses and, to a lesser extent, gardaí. The majority of nurses, doctors and teachers are women. There is a problem of gender balance in that we lack male participation in these professions rather than female participation. Is it because sectors of employment with significant numbers of women are regarded as a softer touch in the sense that women may be less militant and because of their desire to have a balance between work and family life?

Women in their mid-20s often consider stepping down from work for some years to have a family. We need to ensure young people can afford to have children and bring them up in a reasonable attractive family environment, yet every provision in the Bill is retrogressive in this regard. One would probably need to take time out to have three or more children, but a mother or caring parent could not do so unless she or he was quite wealthy because she or he could not afford the child care costs. Is the Minister saying a woman in one of those professions must choose between having one child and bearing the cost of stepping out of her profession for a time and losing entitlements if she has two or three children? That is the wrong approach. I hope in the detailed debate on this Bill the Minister will share his thoughts on how women with families in the next decades will participate in the workforce, as we want them to, and have a reasonable amount of time to spend with their families.

The Minister's decision to treat people in training for some jobs differently from others is regrettable. The most obvious example is the difference between people in training for the medical, nursing and teaching professions who will not qualify as new entrants even if they are in training. Someone training to be a doctor may train for five or six years, someone training to be a teacher will train for four years and it will not be taken into account. However, a trainee in the Garda college will have the training period taken into account as part of the new entrants period. Those training as teachers, doctors and nurses will be consciously discriminated against, as opposed to gardaí. Why? I agree with Deputy McGrath that this will cause the most bitter resentment. In families of five or six children, each entering a different job, the one training to be a garda will have a favoured arrangement lasting into old age as a consequence of the Minister's decision to privilege the gardaí over everyone else.

We are often keen to attract older entrants to teaching particularly in disadvantaged areas because they may have other valuable life experiences. For instance, someone with experience of work in theatre may turn to teaching children with disabilities. By the time that person has travelled for a time, done a few courses, tried various jobs, he or she might be 25

or 28 years old when starting to teach. Many applicants for graduate entrance into primary teaching are 24 or 25. We are delighted they are entering the profession yet they will suffer discrimination. All agree these people are necessary yet the Minister has not offered them any additional scheme by which we could boost their contributions. The teaching unions and the INTO have looked for something similar to the scheme for public employees additional retirement savings but despite all the consultations there is no sign of this.

Although the teaching and other professions have enhanced early retirement provisions for someone no longer able to cope with the job these are not widely adopted. Could the Minister tell the Dáil how many members of the Garda force, and the teaching and nursing professions take part in the enhanced early retirement schemes, either through illness or an incapacity to perform a job they once did? I am not sure whether many doctors avail of this option. In a large office, corporation or civil service department it can be easy to move someone for whom the job has become too tough into a less stressful job. That is not possible in teaching or psychiatric nursing because these are one-to-one jobs involving an intimate service delivery. There is no room in such a job for someone who cannot function. It disturbs the team, the patients in the ward or the children in the classroom. Recent efforts through the partnership process to provide schemes and means for dealing with such people have been quite helpful and expensive but the cost to the children of having a non-functioning teacher, for example in a primary school, where a class might be unlucky enough to have such a teacher from second class through to fifth class, is incalculable. Although schools and good principals try to make up for it, there is little they can do to fully compensate those children. Downgrading those schemes or limiting their capacity is wrong. I hope on Committee Stage we will receive detailed information about this.

It is amusing that the Minister for Education and Science, who gave us electronic voting as one of his bright ideas told the teachers unions this week that it was time for him to stop going to their conferences. He seems unable to talk to the teachers' unions about these extremely sensitive changes and with regard to whether schools function well.

I received very detailed submissions from the Irish Medical Organisation about the impact of this on doctors who train abroad and therefore enter service in Irish hospitals later than they might otherwise do. The same applies to foreign doctors working in Ireland who, if they return to their home countries, reclaim their superannuation and use it as a form of saving. The Bill seems to have disastrous consequences for those people. I would like the Minister to comment in detail on those implications.

Dr. Twomey: I wish to share time with Deputies Connolly, Boyle and Ó Caoláin.

An Leas-Cheann Comhairle: Is that agreed? Agreed.

Dr. Twomey: There are good and bad points in this legislation, the main thrust of which addresses the future financial burden on the State. Many years ago 65 was chosen as the retirement age as that was the average age at which people died. Now people live longer. On average a woman lives for 17 years beyond the retirement age and a man lives for 13 years beyond the retirement age. This longevity arises from better health care and nutrition. One of the good points about the Bill is that it addresses ageism in Irish society and eliminates compulsory retirement in the vast majority of cases. It has been statistically proven that those who work longer live longer. Those who retire early die sooner. There are benefits to staying longer in the workforce, if possible.

The Minister spoke about non-spousal partners being able to draw the pension of the civil or public servant involved, which is a progressive move. We have maintained the restrictions on members of the Defence Forces and the fire brigade because of the very physical nature of their jobs. It is good that retirement age is open ended for members of the Garda Síochána. Much operational and investigative expertise is lost from the Garda Síochána when members retire too early.

This legislation looks way into the future—some 30 years down the road. In 30 years I too will be 65. I see no reason I should not be able to work as much as I do today. This legislation covers that eventuality to a degree. What could go wrong? If the issue of teacher training were applied to doctors, it would take six years in medical school and ten years postgraduate training. On average, 16 years of a doctor's life would be taken up before he or she could become a fully pensionable member of the health care system. This is a significant length of time and explains why the IMO is concerned about the removal of the ten-year rule.

Some doctors in the GMS have contracts which oblige them to work up to the age of 70. This is not new and it applied 30 years ago. Why should this not be the case? I know of a doctor in County Wexford in his 80s who still does night calls. While he is the exception to the rule, he should be allowed to continue as long as he is able. However, what of those who are not able to work? This is very important for teachers, gardaí and anybody in the Civil Service. Some people burn out, get sick or are unable to cope physically or mentally with the rigours of their jobs. We must consider these people and not shut them out because we are looking at the bigger picture.

Most other issues have been addressed such as transfers within the Civil Service without loss of entitlements. Career breaks are very important.

For families with both parents working, we already seem to be making it difficult for the second individual in the household to work. As my wife also works I see the burdens of trying to keep two jobs going with a young family.

While at one level membership of the Oireachtas is just a job, it is a privilege bestowed on us by the people. We should not have greater entitlements than those we represent. If everybody else is expected to work to 65, I do not see why we should be able to draw down pensions earlier than that. As Members of the Oireachtas we need to remember how important our role is. The Government must recognise the importance of Opposition Members of the House. All Members should refrain from making statements that negatively impact on our role. I remember one comment being made in this House to the effect that we somehow urinate on the public. I completely disagree with such remarks.

Time restrains me from commenting on the weaknesses in this Bill. We have only a brief opportunity to outline them. These should be considered by the Government and should be discussed in detail on Committee Stage.

Mr. Connolly: Last September members of the Society of Actuaries in Ireland put on their thinking caps and recommended to a conference on ageing that the retirement age for new entrants to the public service should be raised to 75 by 2050. They suggested it should be phased in over 46 years with retirement age rising to 70 by 2025 and hitting 75 by 2050. The object of this exercise was to cut the cost of State pensions, which the society projected would double by 2050. So what? No reference was made to inflation, which would easily treble or quadruple in that time leaving public service pensioners as the poor relations. There was no reference to the Bible's projected lifespan of three score years and ten. The bulk of public service workers will have passed on to their rewards before their pensions become due. In reality, actuaries are bookies or the tic tac people of the insurance industry. They work out the pension plans and calculate the risk odds in reaching their projections and conclusions about our lifespan. They could give Paddy Power or Barney Curley a good run for their money.

One of the more colourful premises is in devising pension plans for teachers. A teacher who enters the profession at 20 and who reaches retirement at 65 will on average live for a further two years and eight months. This is the finest argument possible for early retirement for teachers. In September, just two months before the budget, the Minister for Social and Family Affairs vigorously and vehemently denied the Government had any intention of raising the retirement age. I also recall the Tánaiste acknowledging the right of people to have time after their working lives to enjoy themselves.

I also agree with her in saying that people should only work after retirement age on the basis of free choice. What about those who reach

burnout around that stage? While employers have said they would live with it for a few years, this problem will become exacerbated in years to come. However, Lord McCreevy of Punchestown started with characteristic alacrity on his cost saving measure to shore up his 2004 budget and has embarked on the first stage of the actuaries' 75-year pension timescale by raising the retirement age to 65. This amounts to euthanasia by stealth with the Minister forcing public servants to surrender pensions back to the State.

Public service pensions used to be earned within a 40-year period. This has now been extended to 45 years. Will any benefits go with the additional years one must work in the public service? Pension contributions are made up of money that workers have earned. These additional years will mean workers having to pay an extra 5.5% superannuation, between 2% and 6% PRSI, 1.5% widow's and orphans' contribution and 1% employment, which is about 10% extra. Workers get no benefit for working these additional years. A worker should be able to get, for example, fifty eightieths of a pension after this period of time or these years should be regarded as a doubling of years of service after that point.

Will pension entitlement now be based on 45 years service? Deputy Burton mentioned the psychiatric nursing profession. Those nurses earned their pension after 30 years of service. They will now have to work an extra 50% or 45 years in the service. This is unbelievable and grossly unfair as it targets one section of the service which will take a particularly savage blow under this scheme. The Government will save on the double. It will save on the pensions it will not have to pay and it will take in additional revenue. This additional benefit should be considered.

Public service staff who have contributed to superannuation schemes and PRSI should be entitled to a legitimate expectation of an adequate pension in time to enjoy it. They also deserve to have the expectation of a reasonable number of retirement years in which to enjoy the fruits of their labour. A psychiatric nurse, for example, working in the service has at 65 years of age gone through a stressful life of one-to-one counselling. As Deputy Burton stated earlier, that is stressful and burnout does occur. There is no evidence in the Bill of any awareness of that. Deputy Paul McGrath said, and I agree, that the idea of a 65 year old teacher doing cartwheels or vaulting over a horse in a school gymnasium defies common sense. This legislation is designed in a way that means many people can expect to work into their latter years, paying into a pension fund from which they will never collect.

Mr. Boyle: I note that the Minister for Finance has retired early from the debate. I assume he still has the opportunity and it is his prerogative. However, it is a neat ironic touch to what we are discussing here.

The announcement by the Minister during his budget speech on the change in the pensionable age struck me on the day as something that might cause political difficulties in the future. The Minister covered himself by making the change applicable only to new entrants after 1 April 2004. I would argue that it is always unwise to suggest that any legislation come into operation on All Fools Day. The Minister seems to be putting in place a first, second and third division for the public service, which is obviously causing discontent among particular professions, and we have a responsibility to address that issue within this debate.

The pensions time bomb referred to in the Minister's opening contribution is a matter for debate. We are experiencing an increase in the birth rate. We are now a country of net migration. The population of the country has increased by 20% over a 40 year period. What we are really talking about is the dependency ratio between those in employment and those in need of pension provision and other forms of social support. In this context, it is ironic that the Minister for Social and Family Affairs is suggesting measures to discourage people from coming into this country when we need people coming in to improve our dependency ratio. We need younger people who are likely to form families and increase the number of young people.

What strikes me is the contradictory nature of Government policy where, on the one hand, it speaks of the need to protect against risks in terms of future pension payments while, at the same time, closes doors that would give us the means of increasing, through economic growth and increased economic activity, the population that would help us with our dependency ratio in future. This is being done on the same day that the Minister for Foreign Affairs is in Washington, cap in hand, saying that Irish illegal immigrants should be treated compassionately and with pragmatism by the US Government. Three different sets of signals are being sent out by the same Government on the same day. I do not expect consistency from this Government and the futility of expecting such is something that rings loudly from the Government side of the House. These are the messages that come from three members of the Cabinet, and the public is meant to react to them in some way that satisfies their curiosity.

The national pensions reserve fund has not earned one penny in the three years since it was established. It has lost money since it was created. If that continues, we will have no more money than we would have had by investing in other sources. The public service component of pensions will rise from 1.4% to 2.5% of gross national produce, GNP, over the period to which the Minister refers. In terms of the overall pension provision, that is minuscule. All these pieces of information are at cross-purposes with

[Mr. Boyle.]

each other. It suggests that the Government is not very good at acquiring information that can be properly distributed. We have no national actuarial service. There are two actuaries working within the Civil Service, one within the Department of Finance and one within the Department of Enterprise, Trade and Employment. No full-time actuary works with the Pensions Board or the Department of Social and Family Affairs which has a direct responsibility for pension provision for many citizens. This is the climate in which we put intelligence together on the need for future pension provision and try to put legislation together to meet those needs. It is not satisfactory and the Minister has not provided a satisfactory Bill.

I also share the concern of Deputy Burton that including a clause providing that aspects of this legislation can be amended by ministerial order in the future is foolish. It will turn out to be unconstitutional in light of the Carrickmines and Aliens Act decisions. We should not enact legislation that will be subsequently struck down as unconstitutional.

The most contentious aspect of the Bill is that it puts in place a first, second and third division of public service pension entitlement, despite the commission's recommendation on the need to have a standardised and raised pensionable age for those within the public service. It subsequently recognised that some public servants, for example, the Garda, the Permanent Defence Force and firefighters, should be treated differently. Their pensionable age will rise but it will still be below the new average. Teachers and psychiatric nurses are being treated differently. Their pensionable age is to be raised by the full amount.

Members of the Oireachtas are to have their pensionable age raised as well. Deputy Paul McGrath said that is probably most unfair. I have no difficulty with it. The Minister seems to be thinking of many of us on this side of the House in that those of us who are elected and subsequently attain ministerial office are somehow covered by this Bill. In future, the ministerial aspect of a pension in the case of someone who has been elected but has yet to be appointed a Minister is covered by this Bill. It is unwise for legislators to pass laws from which they benefit directly. There is also a clause providing that future Taoisigh who have yet to be elected to this House will be exempt in terms of their future pension provisions. Those of us who are elected by and serve the public should not confer a status upon ourselves that we have not gained through other forms of public dialogue and debate. It is a flaw in this legislation and one I hope can be corrected by way of amendment on Committee Stage.

A more serious aspect of this legislation is that some professions within the public service, such as teaching and psychiatric nursing, carry high

levels of stress, both physical and psychological, and this is not recognised in this legislation. The Minister stated that public service unions were approached on the formulation of the Bill and on the findings of the commission. It is unsatisfactory that the degree of consultation extended only to what was going to happen. The public service unions have expressed disquiet about what is proposed in this Bill. It does not say much for the current state of the social partnership process that legislation of this nature can be introduced in this way. Much of the communication that I, as an Opposition spokesperson, receive from public service unions is an expression of disquiet not only regarding this legislation but regarding the effect legislation of this nature is having on the partnership process.

The Bill is obviously technical legislation providing for some of the changes to be put in place. However, the principles involved are quite simple. To go back to the report of the Society of Actuaries, I would not take it on the level that other Members have taken it. It was strictly a mathematical exercise. All other things being equal, and not taking account of the birth rate or migration patterns, our current dependency ratio and existing trends indicate that if people retire at 70 or 75, the State would save a great deal of money. I do not believe anyone in the House would agree with such an approach.

The reality is that we need to achieve a balance in terms of work and pension provisions. There are professions which have a short shelf life, which have a high burn-out factor and from which people need to retire earlier than the standard retirement age. On the other hand, however, there are professions to which people can continue to contribute on a voluntary basis beyond the ages of 60 or 65. There are many people with experience and ability who should be allowed to do so. They could possibly be facilitated through the tax system and other aspects of the welfare system.

The Bill represents a missed opportunity. It will ignite a debate on the wrong level about what needs to be taken into account in this area.

Caoimhghn Ó Caoláin: Providing for pensions in the long term is a hugely important matter and it has been set out as a key Government priority. That is only right. The State has a direct responsibility for public service pensions and the purpose of this Bill is to significantly alter pension arrangements for new entrants to the public service after 1 April 2004. What an ironic choice of date.

The Minister's attempts to justify these far-reaching changes on the basis of savings cannot alter the reality that workers will enter the public service after 1 April on much less favourable terms than would have been the case if they joined on 31 March. That is an inescapable fact. The pensionable age is being increased from 60 to 65. This was a benefit that was hard-won by public servants in the past through tough

negotiation, pressing their case and improving their conditions of employment. It is now being taken away by virtue of this legislation. With it may also be taken many potential recruits to the public service. This is something which must give rise to real concern for everyone.

On previous occasions I raised the disgracefully poor levels of pay that currently obtain for the lower grades in the public service. As Members of the Oireachtas, we are all conscious of the disgracefully low levels of remuneration paid to our parliamentary assistants which are *pari passu* with those of all other public servants. Their salaries are outrageously low. New entrants must know that not only will they start off at this very low base but they will no longer be in a position to retire at 60. They will be required to work until they are 65 years of age to qualify for full pension.

This new disincentive is not confined to the lower grades. It will also impact on the public service in general. It will be a contributory factor to making the option of joining the Civil Service at any particular point in one's career a less attractive option. That is unfortunate, particularly at a time when the public service often loses out to the private sector in terms of recruiting the most talented staff.

The changes set out in the Bill were announced by the Minister for Finance in Budget 2004. He also made an announcement which did not belong in the budget but which concerned public servants. I refer here to the Minister's unveiling of his decentralisation proposals. The Minister of State will note that I did not use the phrase "decentralisation plan" because we have since learned how little research, consultation and planning were invested in this matter. The botched and highly politicised handling of decentralisation by the Minister and the Government have adversely affected morale within the public service and the Civil Service. The Bill adds to that and it does not augur well for the Civil Service of the future that we have been given a further indication of the lack of consideration and regard the Government has for those involved in the public service.

Many questions that have been raised about the new methods of recruitment in the Public Service Management (Recruitment and Appointments) Bill. Such methods are a cause for concern, not only to those involved in the sector but to everyone who depends on them for many of the services they receive.

The matters I have outlined show that we should be wary of the Government's approach to the public service. The Minister for Finance took the unusual step of writing to us in advance of taking Second Stage of the Bill before us and lobbying against the proposals put forward by those organisations which represent teachers, particularly the INTO. His reassurances in the text of the letter and the associated documentation have done nothing to address the real concerns raised not only by the INTO but by

the public services committee of the Irish Congress of Trade Unions. As the Minister admits in his briefing, a working group was set up under the Sustaining Progress partnership process but it failed to reach agreement. In other words, the Minister does not have the trade union movement on board for these far-reaching changes.

I turn now to the specific concerns raised by the unions, many of which relate to people who have a break in service and who will return to the public service on or after 1 April when they will be treated as new entrants. These individuals will then lose the right or entitlement that they may perhaps have won in the earlier part of their career to retire at the age of 60. The unions are seeking a more flexible approach and I agree with them in that regard. Compromises can be made. Union members have indicated a willingness to make such compromises and it is up to the Minister to show such a willingness on Committee Stage.

A fairer approach would be to give people currently out of service a six-month window of opportunity to return to service. I agree with the public services committee of congress that public servants currently out of service who return to the public service after 1 April next should not be regarded as new entrants if they have previously given lengthy service to the State.

I share concerns about student teachers and I do not understand why they cannot be treated in the same way as Garda trainees. It would be extremely unfair if the 1,000 students who are currently in training and who will graduate in May of this year should be covered by the Bill. After all, these people entered into training on the understanding that after graduation they would benefit from the terms and conditions of primary teaching which applied when they made their career choice. They will now be faced with an increase of ten years, from 55 to 65, in the retirement age. That is an outrageous proposition, particularly in light of the strenuous demands of teaching. We must recognise that it is a special profession which requires particular address. Not only are teachers involved, so also are the recipients of their teaching methods, namely, the young people and children who are the future of society. There is a great and bounden need to ensure continual freshness, vigour and updating which the diktat handed down with regard to the retirement age will not in any way accommodate.

I urge the Minister to treat these concerns seriously and introduce amendments on Committee Stage to address them comprehensively. I note that we were given notice this afternoon that the Select Committee on Finance and the Public Service will consider Committee Stage of the Bill from 9:30 a.m. on Tuesday next week, which leaves little time to prepare amendments. I hope the Minister, with the resources available to him, will accommodate

[Caoimhghín Ó Caoláin.]

the Opposition in producing the required amendments to ensure justice and equity for the various sectors involved.

The Minister stated that there should be no compulsion to retire at 65 years, but the Bill, in effect, introduces a compulsion to work until at least 65 years for most civil servants or face a reduced pension, which is an important point. The legislation represents a crude approach to the complex problem of future pension provision and the demographic consequences of ageing. It is a step backwards for workers in the public service and should not be proceeded with in its current form. I urge that it should not be proceeded with in the absence of agreement from the workers concerned. I strongly commend the amendments already flagged as necessary by the INTO and the other interested groups which in recent times made submissions to the Minister and his Department.

Mr. Dennehy: Like other speakers, I welcome the opportunity to say a few words on the Public Service Superannuation (Miscellaneous Provisions) Bill 2004. This legislation is just one of several steps needed in our efforts to address an issue which has loomed on the horizon for a long time, but has been consistently put on the long finger. In recent years, a barrage of warnings has been issued by many sources, especially in the financial and related sectors, pointing out that we and our European partners face difficulties with state pensions.

The most common phrase used, and one which grabbed headlines, was “the pensions time bomb”. Dire pictures have been painted of the possible outcome if we do not take corrective action, one of which was the prospect of State bankruptcy. Since I first heard the pensions issue being addressed seriously some 20 years ago, economists and others, including the odd politician, have repeatedly raised it, with some spelling out various actions they believe necessary to address it. Nothing was done, however, until the current Minister for Finance, Deputy McCreevy, took action on the issue.

Mr. Callely: Hear, hear.

Mr. Dennehy: I will touch later on some of the steps he took. We can all identify with some of the concerns raised by previous speakers and I hope to address several of them later. I am certain the Minister will also respond to them. On the other hand, I cannot understand the approach taken by several Deputies, specifically Deputy Boyle, who appeared to indicate that we do not have a pensions problem. They also appear to believe that the Commission on Public Service Pensions was wrong. Some of the Deputies in question consider themselves to be well briefed on European affairs, yet they seem to be blinkered on this issue.

At least four European Council meetings, including the Lisbon and Gothenburg Councils, specifically drew the attention of member states to the issue of pensions and requested that they take action as a matter of urgency. Reference was made to safeguarding the capacity of national systems to meet their social obligations. It is amazing that the Deputies in question appear to believe that Ireland is the only country concerned about this issue or that pensions do not present a problem. While we are probably in a much better position than most of our European counterparts in that only 5% of our gross domestic product, GDP, is spent on State pensions against a European Union average closer to 10%, our position will approach the EU average if we are not careful and fail to take action.

The various proposals made to address the pensions issue have ranged from the unthinkable, such as not paying pensions or raising the threshold to 75 years, to alternatives such as cutting pension rates, increasing the contributions levied on workers or reducing the number of public service personnel. Other options are available, some of which require political courage and some of which have been introduced already. One of these was the courageous political decision taken in April 2001 to put aside billions of euro to ensure that people will have pensions in 25 years. This was the initial and crucial step which required considerable political bottle to take. The Minister would have gained widespread political kudos if the money allocated to the national pension reserve fund had been allocated for current purposes, but he set it aside because we needed to look to the future.

An earlier speaker scoffed at the decision to look ahead to 2065. One of the traps these Houses have fallen into in the past is that we have decided to play for today and to hell with tomorrow. A major problem with pensions is that they are structured on a pay-as-you-go basis and successive Governments have accepted this and refused to do anything about it. This Government is changing that position and I am glad to be involved in some way in encouraging it to do so. The decision to put aside money was morally correct.

Deputy Boyle, with his limited knowledge of the issue, was incorrect to suggest that the pensions fund was losing money. While funds briefly went through a rough period on the international markets, if the Deputy bothered to look at the bottom line, he would see that his statement is incorrect.

In ensuring that we safeguard pensions, action can be taken in many areas, which is what the Minister is doing. Anybody with even a slight interest in the issue will be aware that the current level of contributions cannot be sustained when combined with the current system of providing pensions for life after a certain length of service, as is the case with Members of the Houses and in many other areas of the public service.

It is never easy to change a person's conditions of employment or expectations for the future. I have heard various professions and Members criticise the decision to set the minimum age for pensions at 65 years for Members and 55 years for gardaí, members of the fire service and so forth. I will address these criticisms in more detail later and the Minister will respond to them as well. It needs to be spelt out that the Bill does not impose changes on the conditions enjoyed by people who have already entered service. They will be paid and their conditions will stand. It is important to point out that things will only change from 1 April. It will not be a case of pulling up the ladder once we are up. This change had to be made.

The formula for the future is being changed. The alternative to making this change was to increase the current rate paid with further increases in the future. The 1% provision would not have been enough and would have had to be altered in the future. We must have positive thinkers and positive action in this area.

There must be a relationship between the amount contributed and the duration of time a pension is paid. Many factors will affect that formula, some of them quite complicated but there are people available to work them out. The facts indicate the current situation is not sustainable. Saying there are only two people within a Department working on the problem is the kind of rubbish we hear by way of excuse for taking no action on any issue. The reaction from commentators, including contributors to this debate, has been that something should and must be done yet such people, other than the Minister for Finance, Deputy McCreevy, are not prepared to take any responsibility in that regard. Deputy McCreevy is a Minister who is willing to bell the cat on this issue and to take decisions and action.

Approximately 5% of GNP is used to pay public service and social welfare pensions. Maintaining the status quo, that figure will increase to 8% by 2026 and 12.5% by 2056. That may seem a long time away. It is the duty of this Government to ensure we have sufficient money to meet demand. Many people will scoff at the Government's concern for the population at that time. Deputy Paul McGrath is of that mind. I do not want to misquote him but he said the Minister should look at other sources of information and advice available to him rather than take action. He went on to argue against taking positive action based on a report by Dr. Fahy. Deputy McGrath advised the Minister not to listen too closely to the commission on public service pensions, not to take note of the EU or anything in the Stability Pact. He said the Minister should ignore everyone but Dr. Fahy who published his paper three or four years ago, long before people began returning to Ireland.

Deputy McGrath is correct in saying changes can and do take place. He said the year which stuck out in his mind was 1987 when 47,000

people emigrated. Having checked that figure, the Deputy was very accurate. Among the changes that took place in 1987 was the return of Fianna Fáil to Government. The changes brought about by that Government started the wheels turning. The wheels have turned full circle in recent years with the return of the same number of people to Ireland. Positive action provides people with opportunities, alternatives and, most importantly, safety and security.

Deputy McGrath is correct when he says things change but they do not change by accident, decisions taken bring about change. The current Minister is making things happen in the area of pensions.

Mr. Callely: Hear, hear.

Mr. Dennehy: This provision does not stand alone, it is coupled with tax incentives, pension funds, options for people to invest as they wish and the money put aside by the Minister to deal with this issue. The Minister for Finance has removed the restrictions which were binding up pensions.

Deputy McGrath expressed concern for Members of the Oireachtas. He made points similar to those I heard last week and the week before during the debate on the introduction of the smoking regulations. The point was that we should find a way around the regulations and should be subject to a different regime than everyone else. That is not on. Those days are gone. That is how we operated years ago in terms of income tax and other issues. We cannot go back to operating that way.

Deputy McGrath also said the Pensions Board reaction was over the top, but I disagree with him on that. It took a balanced view and campaigned for a five-year review. Let us not offend anybody, let us go along with all good things. Deputy McGrath said everyone to whom he spoke had been turned off by this proposal. While it may be all right to say that in terms of people outside this House, he went on to say that backbenchers, frontbenchers and Ministers were against it. That is not true. I eat, converse and work with these people and what the Deputy says is a blatant misrepresentation. One or two individuals may have expressed concern about the proposal but there is not widespread condemnation of it. Every Member of the Dáil and Seanad will say the Minister for Finance has done well by them.

Deputy McGrath is quite right in saying the Minister for Finance brought the standard of pay and conditions in this House to a high standard. He has been fair and has been willing to walk the walk. He has not been afraid to sanction and pay what he saw as the correct amounts in terms of remuneration or expenses. He has been honest and forthright in that regard. The Minister for Finance stands over his decisions. He would not hide behind legislation which would afford Deputies special privileges. It would be unreasonable to ask him to do as Deputy

[Mr. Dennehy.]

McGrath asked and to legislate to provide Deputies with preferential treatment in regard to this or any other universal benefit.

There is a perception among the public that we enjoy special privileges. I will argue the point regarding travel and overnight expenses. The public believes we get special treatment in terms of tax and so on. It is that type of thinking that puts us in a rut. With this Bill the Minister has directly affected the 430,000 pensioners in Ireland by way of providing discretion to pension fund managers and individuals in terms of investing their own money and in making benefits available. More importantly, he has looked to the future when the population will be approximately 1.2 million in 2056. People can talk all they wish about what might happen and say we might be hit by a plague and so on but the Minister has to deal with facts. Regardless of how many people return to Ireland, that is a good estimate. The Minister for Finance has to work to provide for that number of people. The Government is aware that the ratio of people working to the number of dependants will drop and will legislate for that.

The Government can only do so by removing the objections and difficulties and by taking positive action to encourage people to take care of themselves and look to the future rather than living for the day. It is becoming harder to get young people to look to the future but once they settle down and, perhaps, get married reality kicks in and they become more responsible. We must encourage our youth to think of the future. We could use old advertisements such as those which showed people like me moving from the hair colouring of Deputy Callely to grey.

We get a little greyer and we start to worry a little more about the pension.

Mr. Callely: Speak for yourself.

Mr. Dennehy: We need to encourage young people like the Deputy to become concerned at a much younger age but to do that we need an incentive.

Mr. Callely: Very much so.

Mr. Dennehy: On the European context, we have projections on where we and Europe are going in this area. These people went to the bother of going into conclave and producing various reports. For instance, in December 2001 the European Council in Laeken called for the use of the open method of co-ordination in the area of pensions to help member states progressively develop their own policies to safeguard the adequacy of pensions while maintaining their financial sustainability and facing the challenge of changing social needs. In 2002 the Barcelona Council called for the reform of pension systems to be accelerated to ensure they are both financially sustainable and meet

their social objectives. They have been doing that since 2000 or even before that. The European Council has worked at the challenge of an ageing population and in particular its implication for maintaining adequate and sustainable pensions.

The Lisbon Council in 2000 stressed the need to study the future evolution of social protection from a long-term point of view, giving particular attention to the sustainability of pension systems in different time frameworks up to 2020 and beyond, where necessary. That was followed by the endorsement at the Gothenburg Council of 2001 of three broad principles for modernising pension systems, namely, safeguarding the capacity of systems to meet their social objectives, maintaining their financial sustainability and meeting the changing social needs.

There was also the joint report, and we might refer this to the Green Party and others, by the social protection committee and the economic policy committee, both of which look after workers' rights. They addressed the European Council and expressed major concern about this area.

On the Green Party's approach to this area, last week I read into the Official Report a letter from the Communications Workers' Union which was circulated to every Oireachtas Member which more or less stated that if the Green Party wished to get involved in areas such as this which affects workers, it should make itself aware of the issues that will affect their members and their workers. The same is true in regard to pensions. The party needs to make itself much more aware of the real issues in terms of what is needed for the future.

We need clear economic thinking. We know we need a certain amount of funding. I do not know what the Minister, Deputy McCreevy has put aside, but if my memory serves me correctly his courageous decision will meet approximately one third of the requirement. He is making alterations that will meet another aspect of it and there are also the incentives for people to put the extra benefits aside. Through all of his actions the Minister will have done a great job for all pensioners for the future. I commend the Bill to the House and I wish the Minister, Deputy McCreevy, and his colleagues in Government every success with it.

Mr. Callely: Hear, hear.

Mr. R. Bruton: In approaching any issue like this which looks at the long term we have to take a visionary approach as to what we are trying to achieve in the public service. What we need is a pension system that is affordable but we also need one that encourages high performance and mobility and which forces decision makers to examine the true cost of employment when making decisions to recruit. Against those criteria this Minister has disappointed in terms of identifying the changes needed in the pensions area.

The pensions commission did very useful work. It provided, for the first time, a firm estimate of the cost of funding the public service pension bill. It came up with a figure, based on 1997, of just over £25 billion, which represented 54% of GNP at the time. That is only the start of it in terms of the provision for pensions that the taxpayer must make. We also must fund social welfare provisions and I estimate, given that nearly four times as many people are eligible for social welfare pensions, although they get much lower pay, that when that is added in we are probably talking about 140% of GNP. That is the total pension liability facing the taxpayer, which is about four and a half times the national debt. The taxpayer is right to be concerned about the sustainability of this burden because it will be a significant drain on resources in years to come. We all know that people are living longer and they also have shorter working lives because they spend more time in education or in other activities, and the standard working life is shortening.

The commission has given us a useful insight into this in that it shows that the proportion of the public service pay bill that will have to be devoted to pensions, which is now around 16%, will reach a peak of about 38% in about 20 years' time. In terms of GNP that does not sound so dramatic—I think it will go from 1.6% to 2.4% of GNP—but the pensions commission pointed out, and it is important to bear this in mind, that to fund the extra cost of public service pensions on the basis of the tax base as of now, on a pay as you go basis, would require two points on the standard tax rate and an additional three points on the top rate. We are talking about fairly substantial increases in the tax bases to fund these pension burdens. It is right that we have to look at reform in this area and in that regard many people will agree with the work of the commission and that the Government has to act on this issue.

The pension board put forward four major changes it would like to see made but what disappoints me is that only one of those areas is seriously reflected in the Bill before the House. The four areas it put forward are, first, to raise the pension age; second, introduce a more adaptable pension system which would encourage a better approach to working and to retirement; third, levy an additional 1% contribution on those of us who work in the public service and, fourth, require all Government bodies to carry the full cost of pensions in their budgets. Only the first of those has been addressed in the Minister's proposal before the House. That is seriously short-selling both the taxpayer and the public servant in addressing the long-term issues about pensions.

The most fundamental flaw is the failure to address the recommendation that individual bodies in the public service must bear the full cost of pensions. They must fund pensions on an

accrual basis. This is one of the key recommendations of the pensions commission which has not been taken up by Government. Why do I say that is important? It is crucial that when Ministers of State like those on the opposite side of the House decide to recruit more people into the public service—and in the past two years they took on 40,000 extra recruits—the true long-term cost is evaluated at the time the decisions are made. If they ignore the pension cost they are understating the extent to which they are committing public funds.

The reality is that this Government expanded the public service radically, failed to deliver value for money and hid from the taxpayers the true cost in terms of pensions. The taxpayer was done on the double by the Government's approach to the last election. Money was wasted in a foolish spending spree but, crucially, the long-term costs will be there for the next 50 or 60 years.

The second reason it is important that we adopt this accruals based approach to funding pensions is that it forces Ministers for Finance to make savings on their budgets to provide for the long-term pension liability. That is crucial because if we want to create an economy that is capable of paying public service and other pensions in the long term, we have to save and invest wisely. We know the Government has difficulties in investing wisely. We also know, sadly, that it has difficulty saving. In the past three years it cut its rate of public saving from more than 7% of GNP, a substantial amount, to a small 2%.

The Minister would have us believe he should get plaudits for his idea of putting money into the national pensions reserve fund but the money going into that fund this year is borrowed money. We are doing what any stockbroker would tell us is madness. We are borrowing money. We are then buying foreign shares. We are creating a liability on future taxpayers and having a gamble on shares. That is not prudent. It is not a provision for future liabilities. What is crucial is that savings must be increased.

I heard Deputy Dennehy make heavy play of how prudent the Minister was in setting up the national pensions reserve fund. I wish to quote from the Commission on Public Service Pensions on the issue of funding public servants' pensions: "It would not, of itself, reduce the cost of pensions schemes, except to the extent that the returns on the money lodged with the fund would be greater than the returns which the Government would otherwise achieve".

Now we are in the situation where a Government, strapped for cash for funding infrastructural investment, is buying shares overseas. According to the pensions commission, that is wise only if we can be sure that the investment on these foreign stock markets will give a better long-term yield than dealing with some of the chronic infrastructural scarcities that face the county. There is no such confidence. I would assert the opposite viewpoint: if we want

[Mr. R. Bruton.]

to have an economy capable of paying pensions into the long-term, we must identify and resolve our infrastructural needs. The greatest criticism I would make of the Minister for Finance is that he has allowed the opportunity to slip by, namely, to put the funding of pensions on a basis that those who make the spending decisions must bear the full cost in their budgets. That was an important recommendation.

Also missing from this Bill is any of the interesting and innovative changes the pensions commission put forward. To build a modern approach to both working and retirement, the commission put forward interesting ideas that would help people to work more years. It had the idea that people in the "greying years" might take posts of lesser responsibility or perhaps reduce their working hours in later years and that the pension scheme would adapt to deal with that. It also wanted to have a pension scheme that would promote more movement in and out of the public service. It wanted flexibilities that would allow public bodies to restructure and remove people whose competence failed to reach the required standard and who needed to be moved on. None of these matters is reflected in the Bill. They have all fallen by the wayside.

It is significant that the Minister mentions the specific proposals for additional voluntary contributions, AVCs, in the category of "This may be done". There is no reference to new *pro rata* arrangements for work-sharing in the public service. The changes from the rigid link of pensions to pay at the point of retirement, which is crucial for allowing people to decide they will not hang on as their competence declines, has not been addressed. The Government insists that people still be locked in by these rules. The capacity to have pension entitlements comprised of a mixture of preserved benefits from disparate occupations as a worker moves through different phases of his or her working life has failed to appear in the Bill. Instead of vigorously pursuing these initiatives which should have been at the heart of creating a more adaptable and more flexible public service, the Government has introduced its own idea: to simply abolish the compulsory retirement age.

That is an important idea and is needed. What is crucial, however, is the context within which it is done. It must be accompanied by this new system that allows people to make changes throughout their working lives and to adapt the amount and type of work they do in line with their changing individual capacities. The danger is that the present proposal will encourage the people who should be leaving at age 65 to stay on instead of making way for younger and newer talent. The people with other options who would be especially dynamic and should stay on will go elsewhere. That will not create the sort of dynamism needed.

If that is to be avoided, alternative ways need to be examined. These are to be found in other elements of the approach to public service pay. There needs to be a much more rigorous system of assessment so that people, as they change through their working years, are properly assessed. People should not remain in posts where they no longer perform to the high standards required just because they can stay on. We do not need that approach to pensions. That is not the way to cope with the problem of people growing older, more people living longer and the burden of pensions. A dynamic public service needs to be created, but the Government has no interest in that agenda. This is evident from the way it approached the benchmarking debate.

Benchmarking was an extraordinary opportunity for Government to begin reforming the public service. There was €900 million available to pay for a package of serious public service reform, yet nothing happened. The Government did not put forward any reform package, no trade union was pushed beyond any negotiating position, there was no dispute and this all flowed through. It was all business as usual, it was all wrapped up, and this resulted in a failure to address reform. The people who lose out in that are those who are ambitious to see a high quality public service in this country. It is they who have been let down by the Government's failure on benchmarking.

Mobility within and outside the public service is a crucial element that should be encouraged. Far from encouraging that in this Bill, the Government is doing the opposite. People do not realise the weakness of mobility that pertains within the public service. We should be trying to get the best talent and dynamic leadership at the top. Of the 75 top level civil service positions filled in the past five years, one might expect that a third of the incumbents would have come from the private sector, a third from other Departments and a third from within the particular Department. That might indicate that the best available talent was being recruited. The reality is that only 20% of these posts were filled from outside individual Departments and no one was recruited from the private sector. Only one out of 75 was from the wider public service.

We have a closed system that does not promote mobility. People get into their grooves, there is a system that promotes them within the individual Department and the level of competition from outside is minimised. That is true of middle management as well, if one looks at higher executive, administrative and principal officer recruitment. Fewer than 20% come from outside the individual Department. A system of dynamic mobility is not being created throughout the public service. We have made no effort to do that and we should be accompanying reform in pensions with a serious effort to promote this type of mobility to get the best quality of employee within the public service. That is not

what is happening and the result is an embedded scarcity of promotion opportunities for young talent. That is what deters people and why young talented people leave the public service to go elsewhere. We are not creating the opportunities for them to come up through the system to become the leaders of the future within the public service. That is what needs to happen if we are to reform the public service seriously to make it an efficient organisation to be able to afford to pay the pensions which are richly deserved.

There are equity issues as well which the Minister has quite happily swept aside and not faced. There is clearly the equity between this and future generations to be considered. A number of recommendations to address that have been ignored. That is allied to the issue of the equity between people who work in the public sector and those in the private sector. The commission is clear that the value of pensions in the public service is much better than in the private sector, especially because of indexation to employee grades and not, as in the private sector, to the consumer price index where growth is much slower. There was a proposal for an additional 1% contribution from all of us who work in the public service. That disappeared without trace.

The working groups all comprised public servants. To some extent both the management and worker representatives in those groups were on the same side in this issue and it was swept off the board. It was an important issue because these are valuable pensions to which people such as us are entitled. When a serious commission such as this comes up with a proposal of that nature, it deserves serious debate. There has been none. It was dismissed by the Minister by one line in his speech.

This is not a populist issue. To listen to Deputy Dennehy, however, Deputy McCreevy was the great courageous Minister for Finance who faced up to difficult issues. Here was a difficult issue and he swept it under the carpet before any debate on it occurred. That may be popular in the short term but, in the longer term, it could be a Trojan horse for those of us who work in the public service. One of the features of the public service pension is that it is a defined benefit scheme with this valuable indexation approach. The *quid pro quo* the pension commission offered for the increase in our contribution was that there would be a proper pension fund with trustees managing it on behalf of the public service. Those of us who work in the public service would then have more say about the direction of public service pension policy. That has been thrown out without proper debate.

Where is the proper comparison between public and private sector? That was swept under the carpet. It was to be addressed in the report on benchmarking and the commission set it aside as a result. As we all know, however, the benchmarking evidence was shredded, we never

saw the report and the issue was never addressed. There are genuine issues of equity between our generation and the next and between those in the public sector and the private sector that were raised by the commission and that the Government has chosen to sweep under the carpet for short-term political considerations. So much for the courage that Deputy Dennehy said was a characteristic of the Minister for Finance.

There are also important issues of equity within the public service. The commission produced interesting evidence about the value of a fully funded pension to a new entrant to the public service and how much he could expect to pay. Those figures were not referred to in the Minister's speech or anywhere else. A person entering the public service as an unestablished or industrial officer in the low paid grades, who pays 6.5%, receives total pension contributions of 8% between employer and employee. At the other end of the scale, the value of a hospital consultant's pension on an actuarial basis is 21% or three times those at the bottom of the scale, and he also pays just 6.5%. We are telling the lowest paid people in the public service that they must pay the same contribution as everyone else but will get a pension worth a tiny fraction of the pensions that are available to those at the top end of the scale.

The further up the tree a person is, the better his pension entitlements. He gets it on the double. He gets higher pay and a much more valuable pension contribution paid with a huge bonus. That important issue is not being debated. The commission decided not to kick this sleeping dog but it is plain that we have built a pension system that is inequitable and those who are losing out are at the bottom of the pile.

There should have been a proper examination of the pension structure to address this. It is not surprising that many people are frustrated at the way in which the general five year increases have been increased to ten years for teachers, 12 years for military personnel and 18 years for other areas. Even with the narrow canvas of this Bill, issues have been left hanging. The definition of new entrants is crucial and we should look at flexibility to deal with the difficult issues faced by groups that have not had their needs heard.

Ms M. Wallace: Pensions and their funding are critical to society. We must be aware that the pension policy we put in place today will have a major bearing on our long-term development. It is imperative that we have a comprehensive debate now to secure proper pension provision and the future growth of the economy. The Minister for Finance believes that pensions and long-term provision do not get the profile they merit. It is good to hear it being addressed in the media today and there should be more media coverage of the issue to ensure the public is involved in and aware of the provision of pensions.

[Ms M. Wallace.]

We do not face the severe demographic problems that confront our European partners, and the experience of France and Italy should encourage us to act now. The absence of preparation in the good times, combined with an unwillingness to face unpalatable decisions, means that those countries must now implement drastic fundamental reforms to curtail the spiralling cost of pension provision. Unsurprisingly, these late and enforced changes have resulted in strident protests and street demonstrations.

It is easy to be complacent about pensions. The current levels of provision and the increases the Minister for Finance has granted in recent years contribute to such an attitude. As legislators we have a duty of care to people, especially those who cannot afford to be complacent or to take the short-term view. It is only by making correct policy decisions now that we will avoid the difficulties being experienced by some of our European partners.

Only 20 years ago, a well known fact about Ireland was that 50% of the population was under 25. While our European partners enjoyed a post-war population boom, it was different in Ireland in that it was not until the 1960s and 1970s that the population grew rapidly. In south County Meath, we could see this as it progressively hit primary schools, post-primary schools, the jobs market and housing. All the time we appeared to be lagging behind the necessary policy changes. The Bill prepares the ground in pension terms for those who were educated in prefabs because we did not prepare a school building programme and for those who had to wait for housing because there was no housing programme. We must look ahead.

We should recognise that, after 1987, the economic turnaround was ultimately assisted by the large numbers of young people. As they pass through the age patterns, we must also recognise that, before long, we will no longer be able to regard ourselves as a country with a predominantly young population. The structure of the population has already changed. Family sizes are smaller, more women work outside the home and couples are having children later in life. We must address the economy and the cost of pensions. All these social changes mean that the cost of pensions borne by the economy in the middle of the 21st century will increase dramatically.

This is not news to the Government. It has been preparing for this with the establishment of the national pensions reserve fund, which underlines the Government's seriousness about long-term planning. The fund was established to create a mechanism to ease these increased pension costs. It involved setting aside moneys, investing them and drawing them down in future when growth rates may be slower and the age dependency burden increased. The fund will ease

over the long-term the Exchequer burden arising from our additional pension commitments and avoid a sudden rise in a short period.

The Government is committed under legislation to make statutory payments of 1% of gross national product, GNP, to the fund each year. In 2003, that was worth €1.1 billion. The Government kick-started by allocating €6.5 billion to it on its establishment in 2001. This is a departure regarding the management of public finances and, in particular, regarding introducing a new, strategic, long-term element into budgetary planning. Its establishment shows that the Government recognises the importance of the pensions issue and has put in place a very practical mechanism to deal with it. The provision of 1% of GNP was a reasonable start, yet many felt that it should have been abandoned or suspended. It is important that people recognise that we cannot have a short-term attitude to this important issue. We must be aware of the pensions position, and the figures brought to our attention make that clear, particularly the fact that today's public service and social welfare pensions cost the Exchequer approximately 5% of GNP, and maintaining that level of provision is expected to cost 8% of GNP in 2026 and a remarkable 12.5% of GNP in 2056.

According to the Department of Social and Family Affairs, in 2001 there were 430,000 people of pensionable age in Ireland, but it is amazing to consider the expected increases to 673,000 in 2021 and 1.2 million in 2056. All that means that the ratio of people at work versus people on pensions falls from more than 5:1 in 2001 to fewer than 2:1 in 2056. Once again, if we did not already know about it from talking and listening to the Government and others on this issue, the figures alone remove any grounds for complacency about pensions. We cannot simply presume that our economy will be able to bear the additional costs without difficulty.

The Government has also demonstrated its serious concern for pensions in other ways, such as the taxation incentive, the personal retirement savings accounts, and the Finance Act 2002, which made significant changes to tax relief for pension contributions. These also sought to encourage employees to take up and improve pension cover. Overall, the Government has two main roles regarding pensions. It must set pensions policy for society as a whole, and, as the largest employer in the State, it must provide pensions for its own employees. The increasing pensions burden faced by society is also reflected in the significant direct costs confronting the Government regarding public service pensions. The decisions that we make on public service pensions have the potential to determine the future of budgetary policy, as a general increase in pensions costs can affect the future shape of society.

The commission's report has been discussed at length during the debate. It very much set the

agenda regarding what must be done on public service pensions and forms the basis of the Bill that we are debating today. It set out a realistic and progressive framework for public service pensions. It is to be welcomed that the Government is determined to avail of the opportunity created by the commission's report to put in place reasonable measures to secure proper evolution of public spending on pensions in the longer term. Our challenge now is to deliver a system which ensures budgetary sustainability in the long run while providing acceptable income in retirement.

To meet those challenges, the Bill introduces two fundamental changes, and it is important to state that they will have an impact on the majority of new entrants to the public service from 1 April 2004. The standard minimum pension age in the public service will rise from 60 to 65. The other significant change is the abolition of the maximum retirement age in most areas of the public service. It is important to recognise that the Equal Status Act 2000 prevented discrimination on age grounds, and it would have been helpful in the changes that we have seen in recent years. It is important to say in this debate that, if people wish to work to 70 or beyond, that is a personal choice that should be respected.

Savings anticipated from the Bill are estimated at €300 million annually in today's values. That may not seem a great deal, but it is approximately 20% of the current public sector pensions bill, and a reduction of 20% on the bill anticipated in 50 years will be no small saving. We can be glad that we have a Government that takes a long-term view on the issue and that we are learning from other countries' mistakes. It may turn out that the Minister for Finance has overestimated the extent of the demographic challenge; patterns of population growth can be difficult to predict. However, we must deal with the facts as we find them and not as we wish them to be. I am happy to support this far-sighted Bill.

Dr. Devins: I am delighted at this opportunity to speak on this very important legislation, the Public Service Superannuation (Miscellaneous Provisions) Bill 2004. The Bill is very timely and follows the report of the Commission on Public Service Pensions. The demographics of this country are changing, and it has been obvious for some time that people are living longer. Not only that: the general well-being of the population is improving. As a result, whereas some years ago "old age" was considered to be post-65, it is now obvious that many people are in very good physical and mental health after that age. Those changes in life expectancy have many causes, which I do not propose to discuss.

However, they have two direct consequences which are very important. The first is that the cost of funding the public service pensions bill is rising all the time, and it will reach an unacceptable level quite soon. I can think of nothing worse than people reaching pensionable age with the

expectation of receiving their pension only to be told that the State does not have the necessary funds available. As more and more people live to reach that age, and as those people are now living longer while receiving a pension, the demands on the State to provide are growing all the time. It would be disastrous if money were not available to meet peoples' pension needs. With the fall in the birth rate that has occurred during the past 20 years or so, the number of people working and therefore paying tax will also decline. We might quite conceivably have a situation where ever fewer workers are paying ever more to fund the pensions bill.

The Minister for Finance, Deputy McCreevy, has recognised that emerging problem for some time, and he has taken steps to ensure that the pensions time bomb, as it has been termed, is defused and does not explode in ten to 20 years. This Bill is a further step in helping to deal with that growing crisis. All new entrants to the public service from 1 April 2004 shall start to receive their pensions only after they have reached the age of 65. In certain categories, such as the Garda Síochána, prison officers and members of the Permanent Defence Force, lower minimum pension ages are identified. Recognising that people are generally fitter and healthier than in past generations, it is right and proper that pensions should only be paid to people who have reached an age where they are incapable of working as well as they could when in their 30s and 40s. The Minister, in making these changes, is recognising the fact that people are healthier now than in the past.

However, this Bill goes a step further, and that is where the Minister has shown great foresight. There is a growing band of people who do not feel they need to retire at the age of 65. Before this Bill, if one worked in the public service, one was compelled to do so. That does not happen in the private sector, and there are many examples of situations where people have done some of their finest work after the age of 65. I know of many who did not want to retire at 65, as they felt they had many years of active working life ahead. To tell someone who is keen to continue working and who wants to continue working for the State that he or she must retire at 65 does not make sense. Moreover, it is an insult to those people to throw them out of work if they feel that they can continue.

This Bill gives them the choice, and choice in life confers dignity. From now on, there will be no compulsion for anyone in the public service to retire at 65 if fit and willing to remain in employment. That is the really exciting aspect of the Bill, and it will have the most profound influence on people's lives in future. I am sure there are many people who will have cause to praise the Minister, Deputy McCreevy, as they continue working past the age of 65, with all the benefits and dignity that work confers. The labour market participation of older people

[Dr. Devins.]

differs from country to country, and it is interesting to note that those countries with high participation rates generally have high employment rates. In that regard, I note that some of the most advanced industrial countries in the world, such as the USA and Japan, have retirement ages of over 65. For this to occur, there must be training of older workers. The policy of lifelong learning is a move in the right direction. Many of our third level institutions, especially the institutes of technology, provide courses where workers can engage in re-training or re-skilling. It is important that workers have a choice about whether they continue to work after 65 years of age. The provision of lifelong training will be an important determinant in whether one opts to continue working after that age.

The Minister should give greater consideration to one aspect of the Bill. It concerns the position of doctors who decide to pursue a career in hospital medicine. At present, the average age of qualification from medical school is 24 or 25 years of age. If a newly qualified doctor decides to pursue a career in hospital medicine, he or she has a minimum of five and in most cases seven to eight years' training to undertake as senior house officer, registrar and senior registrar. In addition, most pursue a period of research leading to a masters degree in surgery medicine or their choice of discipline. It is also recommended that a doctor should spend a period of training abroad, usually in a centre of excellence such as Oxford or Harvard.

The average age of starting work as a consultant in the Irish hospital service is between 36 and 38 years of age. In recognition of this, present regulations permit years spent abroad to be recognised for pension purposes as years which can be added on when the number of years spent working in Ireland are calculated for pension. As it is necessary to have 40 years' service to qualify for maximum pension, this facility exists so consultants employed in the service have exposure to the newest procedures while abroad. The abolition of this facility would discourage Irish doctors from going abroad during their training and act as a disincentive to the return of Irish medical personnel working abroad. The Medical Council estimates that more than 4,000 Irish trained doctors work abroad.

With the implementation of the Hanly report, there will be a need for a massive increase in consultant numbers. It will be necessary to encourage as many consultants as possible to return. I fear that the abolition of the add-on years will act as a disincentive to those doctors to return and work in the public health service.

A further anomaly exists with regard to nurses and doctors working in the psychiatric sector. In recognition of the difficult nature of this work and the resultant high levels of stress for some personnel, special arrangements exist for the calculation of the pension rights of this dedicated

group of health professionals. I urge the Minister to ensure that these conditions remain so that this important service can continue to attract the best and most dedicated personnel, as exemplified by those currently working as psychiatric nurses and medics.

I congratulate the Minister on his innovative approach to this important issue and commend the Bill to the House.

Mr. Connaughton: I wish to share my time with Deputy Finian McGrath. A career in the public service as a nurse, teacher or worker in the health sector or in the non-commercial State bodies will be a different proposition from what it was previously. While there are good points in the Bill, it must be acknowledged that people in the categories to which I have referred will have to work until they are 65 years of age to get a pension.

I noted the pensions commission's report when it was published. It was the result of a major, in-depth investigation into the many and varied aspects of pensions. The Government backbenchers have complimented the Minister, which is what Government backbenchers usually do, on being courageous and taking vital and necessary decisions. There is no question that there are positive aspects to the Bill, but the Minister has taken the course of least resistance. We are discussing what will happen in the next 30 or 40 years. Imagine the reaction if the Minister announced that this change would apply to current workers in the public service. Imagine trying to convince teachers and psychiatric nurses, for example, that they would have to work until they were 65 years of age before they would claim their pension. We would certainly see demonstrations outside the gates of Leinster House.

There is an element of burnout in every walk of life. Let us take the case of psychiatric nurses with which I am a little familiar. There was a good reason for calculating their pension entitlements differently. They have an extremely difficult job. If one told a psychiatric nurse now that he or she would have to work until he or she was 65 years of age to get a pension, one would get a strong reaction.

No Member of the House knows exactly what will happen in 30 or 40 years. Down through the years, the system for predicting these matters was not always correct. However, I do not blame the Minister for trying to do it. He is the Minister for Finance and all Governments must do such things. Ultimately, however, there is something inequitable about what is happening. My colleague, Deputy Richard Bruton, showed in his contribution that pensions depend on the scale of the salary one earns in the public service. There will be more from the existing scheme, not to speak of the proposed scheme, for a hospital consultant than for a low paid worker in the public service. Both pay the same 6.5% contribution but the return from it over a lifetime

is truly astonishing. The Minister said he could not get agreement on this from the various stakeholders. It is easy to see why. There are aspects to this legislation which they just could not swallow.

There are a number of other matters which are worth referring to on an occasion such as this. It was said that there were other ways of dealing with this issue. I share many of the views expressed by the contributors to this debate. There is no doubt that people who reach the age of 65 years and are blessed with good health and the mental ability to continue working have a great deal to offer. It is a wonderful situation in which to find oneself at that age. There is an important place in society for such people and, when the time comes, they will congratulate the Minister for Finance for providing them with the opportunity.

However, there is a series of checks and balances in this area. I remember the 1980s, a time when it was extraordinarily difficult for young people to find jobs. In a hospital, for example, I even saw the resentment of a granddaughter that her grandmother was a staff nurse at that age. She wondered why she had not retired to give her granddaughter a chance to get a job. Many people will remember that time and that attitude. I sincerely hope we do not return to such times, but we do not know what will happen.

It is important that a pension scheme does not result in massive displacement of people. People who have the ability to continue working, who do not want to retire and whose talents are needed should be looked after. At the same time we must ensure that the young bright sparks around whom the world ticks are given the opportunity to progress in the system. Irrespective of what we do we should not trip those bright young professionals on their way up. We must maintain the balance.

As many Deputies have pointed out, we are fortunate that people live longer, for reasons I do not have time to examine. It is good that the graph is going up but it creates a problem which we are lucky to have, rather than the problem besetting many emerging nations.

I see this whole Bill as a kind of fire brigade action which takes the path of least resistance. We had to do something. The pensions commission put people thinking and its report was a talking point around the country. It mentioned that in order to get it right, people would have to work until they were 75 years of age. I heard many people around the country say that the way they were going they would never make it to 75 years of age. This legislation had to be tailor made into what would be acceptable.

I cannot understand why Departments do not make provision for the pension needs of a particular civil servant when that person is first employed. Pension provisions are part and parcel of the employment of the person. It is a bit like the way the Government side-stepped the

benefits that could accrue to benchmarking, when it would not pay benchmarking in the local authorities. The only way it could be paid was on the back of the people using the services in the various areas. Against that background I am disappointed this aspect of the pension was not included in the legislation.

One never knows how the pension provisions work or how successful they will be. For instance, many thousands of people in private business on private pensions have gone through a terrible time. I know people who had their pensions invested in blue chip investments and shares who expected to retire in recent years. Some of those who had to retire had paid more into their pension fund than they got out of it. This points out the difference between public and private pensions. Any Government should try to create a balance in the area.

The Minister referred to a voluntary pension contribution for public servants although he did not make clear what he meant by it. What is it and what does he intend to do in this area? Many bright-eyed and bushy-tailed young civil servants are not worried about pension entitlements when they join the service at 23 or 24 years of age. This is changing and people must now take all pension entitlements seriously. The pensions commission said that people in the private sector who passed 30 years of age without having a substantial pension in place were likely to have a huge shortfall by the time they reached 60 years of age. Many 30 year olds do not even think about making pension provisions. There is much hard thinking to be done on the matter.

On Committee Stage many Deputies will want to know how the Minister will handle the various sectors such as teachers and psychiatric nurses, given the problems over the years and the reasons specific regulations were introduced on their account. I hope the Minister will be receptive to what has been said and what will be said on Committee Stage.

Mr. F. McGrath: I thank Deputy Connaughton for sharing his time. I also wish Caltra well in the all-Ireland club final on 17 March.

I thank the Chair for the opportunity to speak on the Public Service Superannuation (Miscellaneous Provisions) Bill 2004. I declare a special interest in the issue. I was a teacher and member of the INTO for more than 20 years.

I have major concerns with regard to some aspects of the proposed changes to public service pensions. I strongly support the amendments put forward by my colleague Senator Joe O'Toole, particularly those relating to the definition of re-entrant, people with significant years of public service, student teachers, retirement age of 60 years and the provisions for students in the colleges of education. I am open and honest in saying that I fully support the INTO position on these issues. I want to be a voice for teachers, future generations of teachers and public sector workers. We should pay tribute to the great work

[Mr. F. McGrath.]

done by public service staff. I commend their efforts. We should not lose sight of their work, particularly that of teachers who work in disadvantaged schools.

With regard to the definition of re-entrant and the gap in service of 26 weeks, section 2 (4)(b)(ii) provides that where a person was serving in the public service prior to 31 March 2004 and returns on or after 1 April 2004, that person will not be categorised as a re-entrant provided he or she returns no later than 26 weeks following the last day of service prior to 31 March 2004. Though the thrust of this provision—discounting breaks of 26 weeks or less—is welcome, it does not go far enough. In effect, it means that a public servant currently out of service who returns to the public service on or after 1 April 2004 will not be categorised as a re-entrant provided he or she returns within six months of his or her last day of service. The provision as written brings no benefit to a public servant who is, or who will be by 1 April next, already out of service for a period longer than six months. In some respects it applies legislation retrospectively. People who have served in the public service are not aware that such a provision is about to be introduced.

A more equitable approach would be to give people currently out of service a six-month window of opportunity to return to service, starting on 1 April and running until 30 September next. The Bill should be amended to allow a person who was serving in the public service prior to 31 March 2004 an opportunity to return to service no later than 26 weeks following 31 March 2004.

With regard to people with significant years of public service, I support the position of the public services committee of congress that public servants currently out of service who return to the public service after 1 April next should not be regarded as new entrants if they have previously given lengthy service to the State. If the new terms are applied to experienced public servants, they will be dissuaded from returning.

Many teachers currently out of service are women teachers who have temporarily left the service due to family circumstances. There could be a potential problem regarding equality legislation if these women are to be treated less favourably in terms of the ultimate pension age than men or other people who are not *de facto* required to leave the public service for these reasons.

The Bill should be amended to exclude people who have been employed in the public service for a period of not less than 15 years from being categorised as re-entrants if they return to service on or after 1 April next.

On the issue of student teachers, the Bill specifically provides that persons admitted to the Garda training college before 1 April 2004 will not be regarded as new entrants although their period of training may extend beyond 1 April

2004. The INTO seeks a similar provision for the student teachers in the colleges of education. While I accept that there is not a direct contractual comparison between the position of trainee gardaí and trainee teachers, the relationship between student teachers and the State is special.

In summary, I urge caution on points such as age of retirement, the definition of re-entrant and provisions for students in colleges of education. I support the public services committee of congress. I urge the Minister and his colleagues to take on board the views of the Irish National Teachers Organisation and the other public sector unions.

Private Members' Business.

Health Care: Motion (Resumed).

The following motion was moved by Deputy Ó Caoláin on Tuesday, 2 March 2004:

That Dáil Éireann,

— recalling:

— the promise by the Fianna Fáil Party prior to the 2002 general election to eliminate hospital waiting lists within two years;

— its promise to extend medical card entitlement to a further 200,000 people;

— that action 89 of the Government's health strategy promised greater equity for public patients in acute hospital services in a revised contract for hospital consultants to be delivered by the end of 2002;

— the promised delivery in the health strategy of a new model of primary care throughout the State;

— noting that:

— according to most recent figures there are 27,212 people on hospital waiting lists;

— while 36% of the population was entitled to a medical card a decade ago less than 30% are so entitled today;

— the consultants' contract has not been renegotiated nor revised;

— there has been minimal progress on primary care since 2001;

— views with concern the continuing drive towards over-centralisation of hospital services including the closure of maternity, accident and emergency and other acute services at hospitals around the State and calls for the restoration of said services at those hospitals affected;

— deplores the continuing failure to reform and resource mental health services resulting in continuing hardship for people with mental illness and the failure of the State to meet

international human rights standards in this regard;

— urges a reconsideration of the planned configuration of radiation oncology units in Dublin, Galway and Cork only and calls for the acceleration of plans for the overall improvement in cancer treatment services;

— deplores the mismanagement of our health services at central Government and health board level as shown by the number of investigations into serious incidents, including fatalities, in a number of health board areas, and the delayed and unsatisfactory nature of those investigations;

— considers that reform of health administration structures as proposed by Government will create a democratic deficit;

— affirms that the two-tier, public-private system is inherently inequitable and inefficient and, after decades of underfunding of our health services, the two-tier structure is now causing increased resources to be used in an ineffective manner;

— supports an all-Ireland approach to health care delivery to harmonise and maximise resources on an island-wide basis and urges greater priority for this approach by Government;

— asserts the basic right of equal access to the best health services for all regardless of ability to pay and seeks the phasing out of the current two-tier public-private system which subsidises the private health care business at the expense of the public system, to be replaced by a truly reformed health service with care free at the point of delivery and funded from general taxation;

— calls for the establishment of a Cabinet committee on health chaired by the Taoiseach to spearhead the phasing in of a reformed health service; and

— demands the resignation of the Minister for Health and Children.

Debate resumed on amendment No. 1:

To delete all words after “Dáil Éireann” and substitute the following:

“commends the Government and its commitment to provide a high quality health service directed at those most in need and acknowledges:

—that equity of access is one of the key objectives which underlines the health strategy;

—recognises the extensive additional resources, both capital and revenue, which have been allocated to the health services since 1997 and welcomes the increase of over

200,000 patients treated in acute hospitals in that period;

—endorses the innovative health service reform programme which has been initiated by the Government as reflected in the health strategy, Quality and Fairness —A Health System for You, and in its consideration of the Brennan and Prospectus reports;

—welcomes the report of the national task force on medical staffing, the Hanly report, which outlines a blueprint for the reduction in the working hours of non-consultant hospital doctors and provides a model for developing services in the regions around the country which includes doubling the number of consultants;

—notes the reduction in waiting lists, and in particular notes the significant reductions achieved in the last year in the number of adults waiting more than 12 months for in-patient treatment in certain specialities, e.g., cardiac surgery down by 78%, gynaecology down by 65%, vascular surgery down by 60%;

—commends the national treatment purchase fund for arranging treatment for over 11,000 patients since July 2002;

—acknowledges the 34% increase from 1,292 to 1,731 in consultant numbers which has taken place in the last six years;

—notes the 32% increase in the number of nurses since 1997;

—endorses the Government's investment in providing an extra 568 beds for public patients only;

—acknowledges the investment of €46 million into GP co-ops which has provided 24 hour GP availability around the country;

—notes the investment of €400 million in the development of appropriate treatment and care services for people with cancer. This includes an additional 85 consultants;

—commends the €54 million investment in the cardiovascular strategy which has resulted in a 200% increase in cardiology procedures and the recruitment of 109 cardiac rehab staff, 139 health promotion officers and 17 consultant cardiologists around the country; and

—commends and supports the Minister for Health and Children in his approach to modernising the health system through the development and implementation of strategies underpinned by solid investment.”

—(Minister for Health and Children).

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I wish to share time with the Minister of State, Deputy Callely,

[Mr. T. O'Malley.]

and Deputies Nolan, Dennehy, O'Connor and Devins.

I welcome the opportunity to reply to the motion. I commend the strategic and forward-looking approach of the Minister, Deputy Martin, who spelt out a series of major initiatives and improvements in health care that have been implemented since 1997. I wish to address some specific issues to further illustrate the commitment the Government has shown to developing health services.

Deputies opposite raised a number of issues in regard to mental health and I wish to respond to some of them. Deputy Neville spoke at length on the issue of suicide, which is a serious social problem in this country. In 2002, 451 deaths were due to suicide, an increase of three on the 2001 figure of 448. The high incidence of suicide in the general population is not confined to Ireland, it is a growing global problem. Apart from the increase in the overall rate of suicide here, a disturbing feature is the significant rise in the male suicide rate. Young males have shown a significant increase in the rate of suicide. These are worrying trends which require further research so that better strategies are developed to help those particularly at risk.

The Department of Health and Children has given special attention in recent years to the resourcing of suicide prevention initiatives. Since the publication of the report of the national task force on suicide in 1998, a cumulative total of more than €17.5 million has been provided towards suicide prevention programmes and for research. This year more than €4.5 million is available to the various agencies working towards reducing the level of suicide and attempted suicide. This includes funding to support the work of the health boards, the national suicide review group, the Irish Association of Suicidology and the National Suicide Research Foundation for its work in the development of a national parasuicide register.

Contrary to what Deputy Neville suggested, considerable progress has been made in the implementation of the recommendations contained in the report of the task force on suicide. Ongoing strategies and prevention programmes across the health boards are continuously reviewed by the national suicide review group and are reported annually in its annual report. This report is laid before the Oireachtas each year and meets the requirement of the Health (Miscellaneous Provisions) Act 2001, which provides that the Minister for Health and Children will make a report each year to each House of the Oireachtas on the measures taken by health boards in the preceding year to address the problem of suicide.

To further develop suicide prevention programmes, the Health Boards Executive, HeBE, in partnership with the national suicide review group and supported by the Department

of Health and Children, has commenced work on the preparation of a new strategic action plan for suicide reduction. This plan will be action-based from the outset and will build on existing policy as outlined in the national task force report in 1998. All measures aimed at reducing the number of deaths by suicide will be considered in the context of the preparation of this action plan.

The issue of mental health services for prisoners was also raised, which is of particular concern to the Government. As the prison population has expanded in recent years, the services of the Central Mental Hospital have come under increasing pressure, resulting in delays in the transfer of mentally ill prisoners to the hospital. In 2002, the Government established a special committee to draw up a service level agreement on the admission of mentally ill prisoners to the Central Mental Hospital with a view to eliminating these delays. The committee comprised representatives from the Department of Health and Children, the Irish Prison Service, the East Coast Area Health Board and the Department of Justice, Equality and Law Reform. The service level agreement was finalised in 2003. This year, additional funding of €1 million and capital funding of €1 million is being provided to the Central Mental Hospital to allow measures to be taken to increase the hospital's capacity to admit prisoners with a mental illness.

A project team on the redevelopment of the Central Mental Hospital held its inaugural meeting in February 2003. The team's remit is to critically examine all options for the redevelopment of the hospital. Representatives from the Department of Health and Children and the Irish Prison Service are on the project team and they participate in the team's meetings. The project team is due to report in the coming months.

Since 1997, in excess of €80 million in additional revenue has been invested in mental health services. The total annual revenue spent on mental health services is now over €600 million. This has allowed for developments in programmes such as child and adolescent psychiatry, psychiatry of later life, liaison psychiatry, rehabilitation psychiatry and suicide prevention programmes and support for the voluntary sector.

Under the national development plan, capital funding of €190 million is being provided to develop mental health facilities. This will aid the development of acute psychiatric units linked to general hospitals as a replacement for services previously provided in psychiatric hospitals. The plan will also provide for more community facilities such as mental health centres and community residences, which will accelerate the phasing out of the old psychiatric institutions.

The national health strategy, Quality and Fairness — A Health System for You, recognised the need to update mental health policy to take

account of recent legislative reform, developments in the care and treatment of mental illness and current best practice. In fulfilment of this commitment, an expert group on mental health policy was established in 2003 to prepare a national policy framework for the further modernisation of the mental health services, updating the 1984 policy document, *Planning for the Future*. The expert group will examine all aspects of mental health care and treatment, including many of the issues raised by Deputy Neville. The group requested submissions from interested organisations, individuals and the general public in October 2003. In excess of 140 submissions were received. These submissions are now being considered by the members of the group. The expert group is expected to complete its report by June 2005.

I emphasise the Government's commitment and my personal commitment to the further development and improvement of the mental health and suicide prevention services in the coming years. The Government's record to date in investing in services for people with disabilities is concrete evidence of its ongoing commitment to improving access to the necessary supports for these individuals and their carers. It is our intention to continue this commitment.

Mr. Nolan: It is easy for a party on the Opposition benches to table a populist motion on health. It is one we could debate every day of every week in the House, but this would involve much repetition. I compliment the Minister and the Ministers of State for their work in improving the health service. There is no substitute for a sustained programme of investment and reform in the Department of Health and Children. The Government parties are the only ones interested in developing the health services rather than just using it as a political football, which has been the case to date with the Opposition.

Mr. Sherlock: That is provocative stuff. Who wrote it for the Deputy?

Mr. Nolan: The sole object of the Government's policy is to develop a basic service where employees are enabled to work to the best of their abilities and where every patient has equal access to high quality care. Every Deputy and public representative comes across individual cases where services are not available as quickly as they would like. That will always be the case. Deputies on the other side of the House should not fool themselves in thinking things would change overnight if they got into Government. They should not fool the public either.

Caoimhghín Ó Caoláin: No, but it will not take seven years.

Mr. Nolan: The Government has increased the level of health spending by over 188% since 1997 and it will continue with this unprecedented

investment. The ten-year health strategy that was announced should be read repeatedly by some of the Deputies. One area in which there was much progress was the out-of-hours doctor service, of which I have first-hand knowledge. It was a pilot scheme introduced in the South Eastern Health Board region and has expanded throughout that region. There is some out-of-hours doctor service in each health board area at present. I understand that the scheme has full coverage in the North Western Health Board area.

The ten-year health strategy sets out a programme of investment and reform that will stretch over the next decade. It provides for the largest bed capacity expansion in the history of the health service. A sum of €118 million was provided—both capital and revenue—to meet the first phase of the programme, which will provide a total of 3,000 acute beds over the period to 2011. The Department has been informed by the Eastern Health Authority and the health boards that 568 additional beds have been commissioned to date. Funding is in place to support the commissioning of over 700 beds under this initiative.

As I stated, we could talk about this issue every day and still not make progress. The Government has shown its commitment by investing heavily in the health services. I compliment the Minister and the Ministers of State on the work they are doing.

Mr. Dennehy: There are 18 subsections in this motion and I can only consider one or two of them in the five minutes allowed to me. I will touch on the all-Ireland approach and the issue of waiting lists. When I deal with performance-related issues in the House and when I speak on motions, I try to make comparisons between office holders, but I cannot do so in respect of Sinn Féin Members of the Oireachtas because they have not had ministerial portfolios in the State. However, the days of Sinn Féin members being critics on the sideline are over. They have held ministerial portfolios in the North and therefore they are now open to comparison.

For obvious reasons, one of the politicians I study most and with whom I am most *au fait* is my constituency colleague, the Minister for Health and Children, Deputy Martin. I am a great admirer of his work. I compared him with his counterpart in the North, the Sinn Féin MP, Bairbre de Brún, to see how both had handled their health portfolios.

As Deputy Nolan stated, when others come into office they may make promises. Bairbre de Brún held her Ministry for almost four years, from November 1998 to October 2002—obviously, this period allows for a fair comparison—and while Ms de Brún was Minister for Health, she presided over what I saw as a real rather than a fictional health crisis, which involved waiting lists at record levels, the closure of acute services at local hospitals and the imposition of severe budgetary limits.

[Mr. Dennehy.]

In 2002 there were 58,000 patients on hospital waiting lists in Northern Ireland, which was more than double the number on the waiting list in the South at the time. The waiting period for treatment in the North was the longest in the European Union. In 2001, there were just over 50,000 on the waiting list. Bairbre de Brún promised she would reduce this to 48,000, which is a modest target by anyone's admission. However, instead of a reduction there was a rise of about 8,000.

The number waiting for more than 12 months for cardiac surgery and for more than 18 months for other specialities rose by 2,124 when Sinn Féin was in office. When asked about these disastrous figures during the last election—I remember the interview—Ms de Brún seemed to be very complacent and stated her target for the next year was to prevent waiting lists becoming longer by keeping them as they were.

We can make comparisons. I have more figures, which are publicly available if people wish to know how different parties compare.

Caoimhghín Ó Caoláin: They are, but the Deputy is not comparing like with like.

An Ceann Comhairle: Allow the Deputy to continue without interruption.

Mr. Dennehy: I must be hitting some target as some shots are going home. The Deputy is getting a bit worried.

Caoimhghín Ó Caoláin: I have no problem with the Deputy's contribution but he should tell the whole story.

Mr. Dennehy: I heard Bairbre de Brún place all the blame for the crisis in the health service on the decisions of the Tories in the 1980s. This sounds fairly familiar. The private profiteers certainly milked the health system and most people are aware of the private finance initiative, which really milked it. There was chronic bed shortage in the hospitals. In the South, people got elected on the hospital issue but the most recent election on the island was in the North. Amazingly, in that election Sinn Féin lost a seat to a hospital candidate.

Caoimhghín Ó Caoláin: That is wrong. On a point of information, Sinn Féin did not lose a seat—

An Ceann Comhairle: No points of information are allowed. The Deputy will have an opportunity to contribute at the end of the debate.

Mr. Dennehy: As a member of the British-Irish Interparliamentary Body and a chairman of a sub-committee—

Caoimhghín Ó Caoláin: The Deputy should state the facts.

Mr. Dennehy: Deputy Ó Caoláin's party shouted people down for 30 years, but he will not do it now. As a member of the British-Irish Interparliamentary Body and a chairman of a sub-committee, I drew attention to the need to have an all-Irish practice. I mentioned the issue of tourism in this respect last week as I was chairing one of the three committees. Not everybody participated but we encouraged those who did to get involved.

I know the Minister was very strong regarding the all-Ireland approach, which was mentioned specifically. It is interesting to note that Sinn Féin always calls for this, but when in power the Minister for Health in the North, Bairbre de Brún, was accused publicly of failing to engage with the Government to create cross-Border health services. This is a fact.

Caoimhghín Ó Caoláin: It is not true.

Mr. Dennehy: Now the centralisation of hospital services is on the agenda, as well as health care for all.

Caoimhghín Ó Caoláin: The Minister, Deputy Martin—

An Ceann Comhairle: Allow Deputy Dennehy to continue.

Mr. Dennehy: There was plenty of consultation but no decisions were made. This is why I would like to compare like with like. The days of sitting on the sideline and saying improvements would be made if one held ministerial office are over. Sinn Féin has elected representatives in this House, regardless of whether it likes it. More importantly, it was at the ministerial table in the North and its record on health is open to examination.

If Sinn Féin tables more motions, we will be able to examine its other ministerial portfolio in the North and we will be delighted to make similar comparisons. Sinn Féin failed badly and when it attained a position of power it did not use it, as the figures suggest.

Caoimhghín Ó Caoláin: Wrong again.

Mr. Dennehy: I was tempted at one stage to second the motion in the belief that I might get Sinn Féin out of my way. I am sure that would not have worked out either. I commend the Minister, Deputy Martin. He has done a great job, far better than his Sinn Féin counterpart in the North. I wish him well and long may he continue the work he is doing.

Ms O. Mitchell: Full marks for the Fianna Fáil researchers.

Mr. O'Connor: Having listened to the debate, I am happy to say I must be the only person who has a perfect relationship with the Deputy's party colleague in my constituency. I thank our Sinn Féin colleagues for tabling this motion, as the Minister did last night. I am very sad Sinn Féin spoiled what might have been a decent enough motion by demanding the resignation of the Minister. That was uncalled for. I believe very strongly that the Minister, Deputy Martin, is doing a tremendous job for this country. We should be wishing him well and encouraging him to do the job we all want him to do.

I remind my Sinn Féin colleagues and Deputy James Breen that I am a sensitive soul and I hope they will not heckle me too much but let me get through my four and a half minutes.

I speak as somebody with experience of the health service. I had a heart attack five years ago and thank God I survived it. I was treated well in Tallaght hospital. I had a little problem a few months ago and ended up on a trolley for the best part of two days in that hospital and therefore I can speak with experience other than my experience as a public representative. I am not a bit afraid to speak about my experiences and raise issues on behalf of my constituents in Dáil Éireann, as I do every day. I try to do so in a positive way, but I am not afraid to admit, as did the Minister last night, that there are difficulties, and we should proceed with that in mind.

It is a shame I have only a few minutes, but I want to talk about the hospital in Tallaght. Some will know that, with other colleagues, including Deputy Crowe, whom I am happy to see in the House, I represent the Tallaght area. We campaigned for a long time for a first-class hospital. It was opened in June 1998 and has made a tremendous contribution to the health and well-being of a wide catchment area. For those who do not know much about Tallaght and the surrounding area, not only does the hospital, which is an amalgamation of the Adelaide, Meath and National Children's Hospitals, cater for Tallaght, which is the third largest population centre in the country, but for the catchment area which stretches all the way down through Wicklow, into Carnew. It caters for a wide area, is doing an excellent job and has rendered good service to the country in the six years since it opened. The hospital treated 183,000 patients in 2000 in comparison with 163,000 who attended when it first opened in 1998. The Ceann Comhairle knows a great deal about the hospital because as Minister for Health he was one of the enlightened Ministers who in the early days of the administration of 1987 backed the hospital when many people said the people should go to Blanchardstown.

Tallaght hospital is a success. Recent developments there include very positive progress in urology, the breast treatment clinic, which deals with 1,200 new patients annually, the new Ulysses pain management programme, the

back pain clinic, the diabetes shared care project, the patient first project, which was very exciting, the National Children's Hospital and the adult accident and emergency department which, as other colleagues will testify, is very busy but is doing its job in a positive way.

A patient liaison officer was recently appointed to Tallaght hospital, which many colleagues will welcome and which hopefully will be taken up in other hospitals. The hospital has shown the way in patient development and we should applaud the work done there. Whatever is happening in the background in regard to the proposed merger between St. James's Hospital and Tallaght hospital, it would be positive for Tallaght hospital. It is very important Tallaght hospital is not downgraded and those negotiations should take account of the concerns of patients and the staff who manage the hospital. I look forward to the Minister keeping us informed in that regard.

Dr. Devins: I am delighted to have the opportunity to speak on this motion. It is somewhat amazing that the proposers of the motion should be so out of touch with what is happening in the health service that they would put down such a motion. It is all the more amazing when one considers the performance of their party's Minister for Health in the last Northern Ireland Assembly. She was the Minister from November 1998 to October 2002 during which time she presided over the lengthening of waiting lists from 50,000 in 2001 to 58,000 in 2002, making it one of the longest queues in the European Union. They must live in never never land, with their eyes and ears closed to the real improvements that have occurred in the health service in the Republic.

Two aspects of the health service indicate clearly the dramatic improvements which have occurred. In 1999 the Government launched its cardiovascular health strategy. Since then €54 million has been invested in its implementation, 800 new staff have been employed of which 17 are additional consultant cardiologists. This has resulted in a very real and substantial increase in heart diagnostic and treatment service. It has also resulted in more accessible, equitable and better quality care for patients with cardiac conditions. Heart disease has been a major cause of mortality and morbidity in Ireland for far too long. The Government is committed to dealing with this growing scourge. The announcement on Monday of the appointment of two additional cardiologists and a cardio-thoracic surgeon to University Hospital Galway is an example of this commitment.

The proposers of the motion do not want to acknowledge these dramatic improvements but the people in the west are delighted with the new services. No longer must patients travel to Dublin for invasive investigations and very soon cardiac surgery will be undertaken in the west. Great work is being done in Galway and Sligo hospitals in the field of cardiology, particularly by Dr.

[Dr. Devins.]

Kieran Daly who, since his appointment as cardiologist in Galway, has spearheaded the drive to make University Hospital Galway a leading institution for cardiac disease prevention and treatment. Craoi too has played an important role and is an example of people supporting their local hospital's quest to provide the best possible service.

Until recently waiting lists were on an upward curve but that has been reversed and now, in most cases, any adult waiting longer than six months and any child waiting longer than three months for surgery will be facilitated by the national treatment purchase fund. The Minister provided approximately €31 million for the fund in 2003 to help reduce waiting lists. That and active intervention at local level have resulted in this dramatic improvement which contrasts sharply with the experience in Northern Ireland under the tenure of the Sinn Féin Minister for Health. The Opposition does not want to acknowledge these improvements and many others that have occurred in the health service during the reign of Deputy Martin as Minister for Health and Children. I reject the motion and commend the amendment to the House.

Minister of State at the Department of Health and Children (Mr. Callely): I am happy to have the opportunity to speak on the provision of services for older people. When I travel the country I meet thousands of people who bring to my attention the good work and services that most people appreciate. Despite all the Opposition has said there is a good and bright side to the picture. There are gaps in services and variances between the regions but we can and will address these problems. We have outlined how best to address this in our health strategy document, *Quality and Fairness — a Health System for You*. Every Irish person wants to see a first-class health service in place. While most people lead an active and healthy life, there is a sizeable minority who will require some service at some time, and we all want the comfort of having that service available when and where it is required. The health strategy makes clear the Government's commitment to continuing to reshape service delivery and further develop services to reflect the strategy's underlying principles.

Our health strategy is of particular significance in the development of services to older people. The principles of service delivery are the provision of community supports and strengthening primary health services to allow people remain in their own homes for as long as practical, with dignity, independence and a good quality of life. This also requires provision of high quality, non-acute residential services for older people offering the full spectrum of services and involving older people and their representatives in the planning and development of services for them.

The Government demonstrates its commitment to services and these principles by the actions and resources made available in recent years for service development. Community supports are vital to maintain older people in their own homes for as long as possible. Long-stay residential care should be a last option in care planning for older people, with the real community supports for older people who wish to live in their own homes. Numerous studies have highlighted that older people would prefer to remain living at home rather than go into long-stay care. The Government is committed to developing the various community needs and home support schemes required.

Since my appointment as Minister of State, I have been encouraging service providers to introduce personal care packages and home subvention for older people as an alternative to long-stay residential care. Personal care packages are specifically tailored to meet the individual's needs and will prove to be hugely beneficial as they are rolled out.

Members will also be aware that I established and chair the interdepartmental group on the needs of older people. This group is to examine a range of issues that impact on the lives of older people. Its goal is to bring a positive influence to bear on the various services provided to older people.

I am proud to stand over our record. Since 1997 the Fianna Fáil led Administrations have increased spending on care services for older people by nearly €300 million. It is a pity I have run out of time as I had considerably more to say.

Caoimhghín Ó Caoláin: The Minister was enjoying it.

Dr. Twomey: I wish to share my time with Deputies James Breen, Harkin and Gregory.

An Leas-Cheann Comhairle: Is that agreed? Agreed.

Dr. Twomey: I will cover four major topics. In 1997 some 30% of the population had medical cards. While this figure is now below 30%, when allowance is made for those over 70, fewer than one in four people have a medical card on income grounds alone. A further 200,000 medical cards would cost the Exchequer approximately €140 million per year. If we were to give medical cards to additional patients even in 2005, we would need to make allowance for that in this year's budget. Due to the huge costs involved, this issue must be addressed now. It will not be addressed on a whim some time next year. This issue has gone on for far too long. It is a matter of major urgency for all our patients that we are depriving so many people of medical cards. It is a disgraceful service.

Members on the Government side have referred to the good things that are supposed to have happened in the health services. While

certain good things have happened, under development of specialist services in the regions outside Dublin, Cork and Galway persist. While the media mainly focus on accident and emergency departments and maternity services, there is under development of services across all specialities. Given that even the Hanly report indicates where these deficits occur, it should be blatantly obvious to anybody in the Department of Health and Children.

How will the recommendations of the Hanly report be implemented if we do not discuss industrial relations issues? I will overlook the GP issues, which will be a problem in five years time. I will forget about trying to train the ambulance service and just focus on the consultant's contract. If there is no change, the *status quo* will remain. If more than half the consultants work in Dublin, Cork and Galway, there is no reason for them to help the Department of Health and Children in changing their contracts to implement the Hanly recommendations. I do not see how the Hanly recommendations will be implemented purely on the consultant contract issue alone, forgetting about GPs and the ambulance service.

Objection to the two-tier health system seems to have cross-party support. Last week during the debate on the Finance Bill, the Minister for Finance, Deputy McCreevy, said he would welcome a meaningful discussion on altering this system especially when the taxpayer is paying for the public service and the Minister is giving tax concessions to the private sector. We know it is responsible for gross inequality in our health care system and people are being disadvantaged. The chairmen of the Oireachtas committees on Finance and the Public Service, and Health and Children should initiate an urgent discussion on this fundamental policy matter as to how we organise our health services. I am surprised the Government has not taken the initiative to have some discussion on the issue at this level.

Dublin has five public hospitals and we are told there is a bed crisis. However, 30% of those beds are given to private patients. There are three private hospitals in Dublin alone. This matter does not seem to come up for discussion and certainly was not addressed in the Hanly report. I discussed this matter earlier with the Minister for Health and Children, Deputy Martin, during Priority Questions.

I am resigned to acknowledging that there will be no radiotherapy unit in the south east in the next 15 to 20 years at least. I will have to encourage the people in the south east to establish a charity foundation as has been done in the Mid-Western Health Board region and encourage the health board to allocate a site at Waterford Regional Hospital. Like many services provided by voluntary organisations, we will have to reach out to the generosity of the people to see if this service can be provided for the patients in this region.

Much has been made of the improvements in the health services. However, we lack a policy to take us through the 21st century outlining how we will organise our health services. The present system of depriving the most needy of a medical card and the disjointed way of running public service hospitals with consultants with private contracts in other hospitals, and public beds used for private patients with no system of accountability as to how this is organised is a recipe for disaster and it results in inequality.

Mr. J. Breen: I am glad to have the opportunity to speak on this motion, which has my full support. I have listened to the Minister trot out figures indicating the billions that have been spent on health since 1997. I ask the Minister to come clean and acknowledge that this money has been unwisely spent and squandered. During my youth I read Lewis Carroll's *Alice's Adventures in Wonderland*. If Lewis Carroll had been in this House last night, he could have penned a new book entitled "Minister Martin in Wonderland".

In the Minister's contribution he claimed there was a 130% increase in occupational therapists, 71% increase in language therapists and 37% increase in medical and dentistry workers. I would like to know where all this staff is based. They are certainly not in County Clare. I know of people who have been on waiting lists for more than six months waiting to see occupational therapists. I do not even mention the people who need to be seen by these professionals to have work carried out in their houses under the essential repairs grant scheme. A huge number of school children are waiting to see speech therapists. Those lucky enough to be seen get therapy on a fortnightly basis. This service does not go far enough to meet their needs. Young children have to wait up to six years for orthodontic treatment having waited years for their assessment. The Minister should speak to their parents and explain where these professionals are situated.

On a visit to Ennis General Hospital four years ago, the Minister committed £15 million to upgrading the hospital. It was an empty promise. Now as we approach the local elections, the Minister has given the go-ahead for a design team for Ennis General Hospital. What future has this hospital according to the Hanly report? That report clearly states there will not be 24-hour accident emergency cover in the hospitals in Ennis and Nenagh when its recommendations are fully implemented. Mr. Hanly confirmed this to me at last week's Mid West Regional Authority meeting in Kilkee. This is not good enough for the people living in these two areas as evidenced by the thousands who turned out to protest at the downgrading of these essential services. The people of Clare will not stand idly by while resources and money are ploughed into other services and their health services are downgraded.

[Mr. J. Breen.]

The Minister claims that waiting lists have been reduced. However, I know of people who have been waiting 12 months for hip operations. What hospital waiting lists have been reduced? Perhaps I could recommend that my constituents in need of care apply for their surgery. The Minister said radiotherapy services are being considered for Waterford, Limerick and the north west. That is not what the people want to hear. Why is the Minister failing to guarantee the unit in Limerick where £600,000 had been collected to provide this much needed service?

The Minister might deny there is a two-tier health service. He should wake up from the dream, leave wonderland and the fairytale behind and face the reality that is this country's health service. Those who have money and can afford to pay for treatment will get it instantly and, it is hoped, live happily ever after. For those who have a medical card, the outcome is not so rosy. They must wait in the dungeon that is called the waiting list.

No one is expecting the Minister to wave a magic wand. On behalf of my constituents I ask the Minister to make one wish come true by giving favourable consideration to the setting up a dementia unit at the Clare care centre in Clarecastle. As I have already stated in this House, €200,000 has been collected voluntarily for this project.

Mr. Gregory: I wish to record my support for this motion, in particular the assertion that the current two-tier system should be phased out. I particularly resent the Government amendment which hypocritically claims to be committed to the provision of high-quality care for those most in need and to have a key objective of equity of access underlining its health strategy. Nothing could be further from the truth. Equity of access to health care simply does not exist in this State for the public patient who must endure the demeaning indignity of the waiting lists at our public hospitals, the trolleys in the corridors and waiting areas at accident and emergency units.

I wish to refer briefly to the case of one constituent whose family contacted me this week to ask me to help their son whom they feared might become suicidal because of his urgent medical need. That young man, in his early 20s, had been admitted to the accident and emergency unit of a major Dublin hospital in June of last year. By the time he was seen, having spent Sunday and part of Monday in casualty, his condition required immediate surgery and a colostomy operation had to be performed. For a young man, this was psychologically as well as physically traumatic. However, he was assured that a reverse procedure would be possible and would be carried out within two to three months. That young person counted every day until the three months was up. He heard nothing and contacted the hospital only to be told that there were no beds, a ward had been closed and he

would have to wait. He waited and heard nothing. Today, nine months later, that unfortunate young man is still waiting, despite repeated calls to the hospital and the traumatic nature of his condition. The answer remained the same. There were no beds available for a patient who, like him, would require to stay for seven days or more.

When his family contacted me I checked with the hospital administration and was given the same response. I spoke to his consultant who told me that the chances of getting him in were remote. Wards were closed, beds were in short supply and taken up by accident and emergency and urgent cancer patients. Incredibly, no one had advised this young person, even at that stage, when he had been waiting for six months, to apply to the national treatment purchase fund. I put him in touch with that service. Again he was told he would have to wait in the hope that it would provide the hospital care he desperately needs.

How does that person's appalling saga rank in the Government's notion of equity of access, not to mention quality health service for those most in need? How can any Minister for Health and Children stand over that situation? Is that what the Minister for Health and Children, Deputy Martin, is commending to this House?

Ms Harkin: I was totally incensed by some of the words of the Minister, Deputy Martin, last night but because of time constraints I will simply confine myself to his reference to the big story for the west. He told us we have a full range of services in place. I invite the Minister to the west to see for himself because either his backbenchers from the west are misleading him or it is a case of there being none so deaf as those who will not hear.

I will make a two-minute visit to the west and north-west. In recent days a report emanating from the medical adviser of the Northern Eastern Health Board indicated that major surgery should be taken out of Cavan General Hospital. Across the county boundary, Monaghan General Hospital has been off call since July 2002. If somebody suffers a serious illness in Monaghan, he or she is brought by ambulance to an already overcrowded and overworked hospital in Drogheda. The Minister says there is a full range of services. In reality, there is hardly any service.

In County Mayo, if a person is unfortunate enough to fall and break a leg while climbing Croagh Patrick, there is no orthopaedic service in Castlebar General Hospital and he or she will have to travel to Galway. People who are not from the west do not realise that the distance from north Mayo to Galway is roughly the same as the distance from Dublin to Galway. Consider what it would be like to break one's leg in Dublin and have to travel to Galway for treatment. Deputy Breen has outlined the system in Clare, so I will not go into that.

I want to examine the situation in my constituency of Sligo-Leitrim. I acknowledge that genuine efforts have been made by the North Western Health Board under severe constraints to improve the services at Sligo General Hospital and I acknowledge the provision of a new oncology department with excellent and committed staff. However, we still await the operation of a chemotherapy clean room. We have no timeframe for the roll-out of BreastCheck, despite the Minister's promise. Before Christmas there was a nine-month waiting list for results of smear tests. We still await a radiotherapy service and accommodation in the renal unit in Sligo General Hospital leaves much to be desired. There is also a real fear in Sligo General Hospital that its services will be downgraded. I ask the Minister for a commitment that, rather than the services at Sligo General Hospital being downgraded, the hospital will be enabled to continue to develop and expand.

Let me bring to the attention of the Minister a letter from 19 members of Club Cluainin in Manorhamilton, County Leitrim. I received it on 24 February this year. They stated that when Deputy Martin announced on national television that under the Hanly report no accident and emergency department at any hospital would be closed, they could not help but wonder what he was really saying as they had seen and experienced on a daily basis over the past two years the closure of their accident and emergency service and the scaling down of their community hospital and adjacent nursing home facilities. That is the level of services to the communities in north Leitrim. If the Minister tells us that we have a full range of services in the west, that is another example of what the Minister accused the Opposition of last night, namely, crass misrepresentation.

Mr. Sargent: As my colleague, Deputy Gormley, said last night, the Green Party strongly supports this motion. It highlights one of the many reasons for deep cynicism among the public regarding this Government. The promise to abolish waiting lists in two years sounded fanciful but it is completely fanciful when one sees that now there are more than 27,000 people on the waiting list on the eve of the end of that two-year period.

In the meantime, an issue that does not get enough attention when we are talking about funding and the politics of health, is the level of suffering which I have encountered travelling around the country. This is particularly the case in Waterford where oncology and radiation services are not available and where ambulance trips to Dublin perhaps five times a week are required. When the patient gets to Dublin he or she is brought from hospital to hospital because the ambulance is effectively a bus bringing a number of patients to different services. The physical pain as well as the time and the huge expense of that does not seem to be factored into

the Government's plan for regional health care in the rush to centralise on the basis that consultants in some cases want that type of central organisation. It is strange that the Government does not see the bigger picture.

Others have talked about different hospitals. I was in Monaghan General Hospital a number of months ago. There is a deep concern for quality of patient care in that area if patients have to go, for example, to Our Lady of Lourdes Hospital in Drogheda and are expected to make their own way home, as has happened. It is a matter of considerable distress and frustration for the people who are working in various hospitals around the country.

Ennis is another example. People in Kilrush and Kilkee are extremely nervous about the possible downgrading of the accident and emergency department there. It is likewise in Bantry and even in Tallaght, Beaumont and St. Ita's in my constituency. These areas have their own story to tell and they all add up to a considerable abrogation of responsibility on the part of the Government. That is a firmly held belief which can be confirmed by going to individual houses around any constituency.

I spoke to the family of a woman in Garristown who has an intellectual disability and who cannot gain access to a day care centre, even though there is one down the road in County Meath. Due to the fact that she lives in County Dublin, because of bureaucracy she cannot be admitted there. There is a level of inflexibility and intransigence in the health service which is in need of reform. There is no doubt that such reform is not happening.

The quality of life indicators about which we in the Green Party often talk are a clear measure of the areas on which the health service needs to focus and in respect of which the Department of Finance needs to take note. If one listens to the Minister for Health and Children talk about investment in the health service, one would think that he is the Minister for Finance. The quality of life indicators show that, regardless of the amount provided, the funding is not working. Asthma is on the rise. In 1983, 4% of children presented with asthma, in 1992 the figure rose to 11.5%, in 1998 it rose to 18% and it is now estimated to stand at approximately 29%. Anti-microbial resistance is also on the rise and drug use and abuse of alcohol are also serious problems.

Smoking should be taken into account in the quality of life indicators. I applaud the Minister on the smoking ban and the reduction in the level of bronchitis. Ultimately, however, many of the trends, including that relating to obesity, are going in the wrong direction. That is a real indictment of the Minister.

Mr. Wall: I wish to share time with Deputies Upton, Sherlock and O'Sullivan.

An Leas-Cheann Comhairle: Agreed.

Mr. Wall: I listened with interest to what the Minister had to say in respect of his portfolio and I honestly want to believe what he said about the various aspects of care and attention available to senior citizens, but unfortunately the reality does not measure up to that which he outlined. There are major and ongoing problems for senior citizens. Let us consider, for example, the case of a senior citizen trying to reside on his or her own. The home help system has been reduced dramatically in my area and the level of service provided is on the basis of one and a half hours per day per five-day week. There is only one home attendant in the entire area who must try to deal with all the senior citizens who live there.

When these people can no longer be cared for in their own homes and are obliged to seek the nursing subvention or the enhanced subvention, their families and loved ones encounter major difficulties. I have checked with all the nursing homes in my area and found no evidence that there is a three-tier payment in respect of nursing home subvention. There is the first payment of approximately €146 which rises to a maximum of €192. However, that is not reflected anywhere in the figures one obtains from nursing homes. They tend to quote one figure and that is all.

If one considers that figure, the payment of €192 and the old age pension, one will see that all these people are approximately €200 short of gaining admittance to a nursing home in the least expensive part of the South Western Health Board area. The closer one gets to Dublin, the wider the gap becomes.

I have tabled questions to the Minister in recent months and it has emerged that the enhanced subvention is practically impossible to obtain. He should carry out a detailed investigation into the enhanced subvention. I am informed that, in the first instance, there is a waiting list for this subvention. How will we circumvent the problem of providing alternative secondary care to senior citizens, if it is not available in his or her own home, by getting them into nursing homes if there is a waiting list for the enhanced subvention? That is the difficulty we face. We are creating problems at accident and emergency level because many senior citizens who are admitted to hospital emergency units and who need secondary care and cannot return home are not able to gain entry to nursing homes because they or their families cannot meet the costs involved. The position regarding the enhanced subvention must be addressed. If action is taken in this area, many of the problems in respect of people lying on cots or in corridors will be dealt with.

I spoke to the general manager of Naas hospital last week and he informed me that six people there were seeking admittance to Athy. However, the respite and assessment ward at that hospital had been closed and he was obliged to try to get them into nursing homes. The latter is not feasible under the mechanism that is

currently in place in respect of the nursing home subvention and the enhanced subvention.

Mr. Callely: I give an undertaking to the Deputy that I will come back to him on that matter.

Mr. Wall: There is a mechanism in place which could alleviate many of the problems relating to overcrowding if action is taken. I hope that such action will be taken in the short term. We will then see progress being made in terms of the care of elderly people in our society. There is an ever-increasing number of such individuals because people are living longer than heretofore. We must address this matter and take positive action in respect of it.

Mr. Callely: I will communicate further with the Deputy on it.

Dr. Upton: I wish to relate a number of incidents which highlight the inadequacies in the health services. A couple of weeks ago, Professor Plunkett of St. James's Hospital saw fit to activate the emergency plan because the service at the hospital was totally inadequate to deal with the number of patients in the accident and emergency department on the evening in question. Whether the plan was actually activated is irrelevant. The consultant in charge of the unit saw fit or thought it necessary to activate an emergency plan to deal with the situation because he felt that the people in the hospital were not being adequately treated. There was somewhat of a flurry in the newspapers about the incident for a day or two and then it all went away and we heard nothing further. That is the first major incident to which I wish to refer.

Yesterday, a constituent of mine informed me that her father-in-law had gone missing from a Dublin hospital. The man in question suffers from dementia and was found four and a half hours later on a public road. Nobody noticed that he had been missing for approximately three hours. This is another indicator of the inadequacy of the services being provided in our hospitals.

I had occasion last night to visit a member of my family who is currently in a large hospital in Dublin. He informed me that where there would normally be eight nurses on duty, there are only five. He had no complaints about the quality of the service being provided by those on duty and he was highly complimentary to those individuals because he said that they were stretched to the absolute limit. In effect, there were five people doing the work of eight. How can a quality service be delivered in such circumstances and is it not unfair to expect such a service from those people who are trying to deliver it under those stressful conditions?

Last week, I raised with the Minister of State, Deputy Callely, the case of a young man who suffers from Asperger's syndrome and who also has an eating disorder. It emerged that, in effect,

there is no place in this country at which that individual can be treated. I stand open to correction, but I am informed that there are three public beds available in the ERHA area for the treatment of people with eating disorders. That statistic, if accurate, is appalling. In any event, the number of places available is small. The syndrome to which I refer is increasingly being highlighted and there is a need for more urgent awareness in respect of it.

In recent times I have received numerous representations from elderly people in my constituency who are dependent on the home care service. That service has fallen flat on its face and is completely inadequate. It has either been cut back or is no longer available. The latter has happened in the Terenure, Inchicore and Dolphin's Barn areas in my constituency. This is a matter of major concern to people who simply cannot manage on their own.

The question of medical cards and the income limits relating thereto is extremely serious for many families, a number of which have been significantly stressed and stretched financially because they are just above the income limit and are not entitled to medical cards. The latter places huge financial constraints on these people. The 200,000 promised medical cards must be urgently delivered to those people.

Deputy Devins referred earlier to the national treatment purchase fund. I welcomed this initiative because it at least removed people from the waiting list. However, it must be a most excessively costly way of delivering a health care service.

Mr. Sherlock: The motion before the House calls for the resignation of the Minister and I fully and wholeheartedly support it. My reason for so doing is that the Minister has failed to increase the income limit for medical cards. A statement issued by the Southern Health Board indicates that no provision for so doing was made in the service plan or in the plan made by the Minister in respect of the health boards. The income limit for a couple is €200, plus an allowance of €25 for each child. A couple without a medical card will pay €40 to a general practitioner and a similar amount to a pharmacist in a week. People are suffering as a result.

The Minister failed to increase the number of community hospital beds for elderly people and those in need of them were advised to go into private nursing homes. There are 400 people on the Southern Health Board waiting list for enhanced nursing home subvention, some of whom have not yet received the subvention. Many families have sold their homes to pay for beds. The Minister is in breach of the Health Act by not fulfilling his obligation to this vulnerable section of society.

As previous speakers stated, orthodontic treatment for children is a failure with families having to borrow to avail of a service which

should be available to them free of charge. Last week, a family had to borrow €2,000 to pay for an ophthalmic service their consultant should have provided without charge if it was properly funded.

The replies issued by the Minister to recent parliamentary questions I have tabled on consultant staffing appointments at Mallow General Hospital, which have been due since 2001, are inadequate and unsatisfactory. There is significant opposition to the Hanly report which proposes to change the role of general hospitals which are so important to people, in favour of so-called centres of excellence. Before he resigns, the Minister should withdraw it.

Ms O'Sullivan: I commend Sinn Féin for giving us the opportunity to address this issue. The various Ministers who have been present during the debate have heard a litany of health service failures being cited from around the constituencies and a litany of individual cases in which the health service has failed to deliver the needs of citizens.

The Government has excelled in producing reports, of which we have seen hundreds in the seven years of the current and previous coalition Governments of Fianna Fáil and the Progressive Democrats. If people could somehow cure their ills with reports, most of which are languishing on the shelves of health boards, we would have a healthy population. Nothing constructive is being done to improve the position on the ground and people continue to wait.

The two-tier health service referred to in the motion, a matter addressed in a Labour Party policy document, is growing further apart instead of converging. I agree with the comment of one of my colleagues that the commitment to equity in the Government amendment is laughable given the current circumstances. On the one hand, people in the public health system are unable to get the services they require and must sit on trolleys for days on end, while on the other, those able to pay can quickly avail of services. This is wrong and the longer we put up with it, the worse it gets because the two tiers drift even further apart.

The first two promises mentioned in the motion, to eliminate hospital waiting lists and extend medical card entitlement to a further 200,000 people, have been left aside. Two years after they were made, the waiting lists have not been eliminated and an increasing number of people are waiting for services, whether on the official lists or on the waiting list to get on to them. In a recent newspaper article the Minister referred to the Government's promise on waiting lists as an "error". How are people expected to have faith in politics if Ministers describe pre-election promises of this nature in such terms? The failure to extend medical cards is depriving families of the most basic essential services which all health systems should be providing. The current position is scandalous.

[Ms O'Sullivan.]

I will now address the issue of radiation oncology and the provision of radiotherapy services. I come from a region which has been forced to resort to a charity to obtain a radiotherapy service for its citizens. As a member of the health board until last June, when I gave up my local authority seat, I recall that we repeatedly proposed to provide a radiotherapy service, partially through private means. We received no response because the report on radiotherapy services was considered gospel, despite the fact that many holes have been picked in it since.

Mr. Martin: Consultants in the Deputy's region acknowledge that the report is good.

Ms O'Sullivan: People to whom I have listened, including consultants and other medical professionals, have picked holes in it.

Mr. Martin: They said it was an excellent text.

An Leas-Cheann Comhairle: Deputy O'Sullivan without interruption, please.

Ms O'Sullivan: I have heard many other people state, for example, that travelling is a major issue.

Mr. Durkan: The Minister should listen to some of the Government backbenchers. It would save him the trouble of going out to the plinth.

Mr. Martin: Deputies are playing politics with patients.

Ms O'Sullivan: The director of public health of my health board produced a report which stated that 40% of people in my region for whom radiotherapy was the most appropriate treatment were not receiving it. The primary reason was that they could not travel to Dublin or Cork to receive the treatment because they were either too ill or found it too difficult to travel. Radiotherapy entails spending six weeks away from home to receive a couple of minutes treatment each day. The Mid-Western Hospitals Trust has provided money for a service, the hospital has provided a site and the Mater Private Hospital will provide the treatment. The trust must even provide the funds for the treatment of public patients in the early years of this project, which is disgraceful.

The two junior Ministers from my constituency, Deputies O'Dea and Tim O'Malley, welcomed this development on the public airwaves, having failed to secure a penny of public money to provide the service. They should hang their heads in shame. It is appalling that we are now dependent on charity to provide our health service. While I am delighted we achieved the goal of having a radiotherapy service in the region, we did so ourselves, with no help from the Department.

Will the Minister provide funding to treat public patients in the new facility. We will provide the capital funds and the site, and the service to private patients will be provided privately. I ask the Minister to provide the funds to treat public patients. I do not, however, wish to be selfish and confine my request to the mid-western region. The same should apply to the south-east and north-west, which do not have a service. I am not sure of the position in the north-east. The absence of a radiotherapy service in these regions means that people are not receiving the optimum treatment for cancer which is scandalous.

I support the comments of Deputies on the issue of elderly care. There is a large gap between nursing home subvention, even the enhanced subvention, and the cost of nursing homes. We urgently need more long-stay public beds. In my region, St. Camillus's is overflowing and many people who should be in long-stay beds are clogging up beds in public hospitals, with families worried they will not be able to pay for nursing homes.

In addition, a sufficient number of home helps and housing aid for the elderly and disabled person's grants are not available within a period appropriate to the needs of those who require them. If these kinds of supports were made available quickly in people's homes, they could frequently be discharged from hospital and live at home in their communities. Instead, we have waiting lists of one or two years and by the time supports become available, they are no longer useful because the person is already in long-stay care.

Mr. Durkan: Some of them will have already passed away.

Ms O'Sullivan: These are simple, practical supports which are essential if we are to have a health service which delivers. Unfortunately, while we have had a range of reports, the service people require is not being delivered on the ground. I hope the Minister will take on board the points made in this debate. I do not believe his intentions are bad and I honestly believe he wants a good health service. However, he relies too heavily on strategies and reports, some of which are out of touch with matters on the ground, which are not being implemented.

As elected representatives, Deputies have considerable experience of the health care deficits in our communities and should be listened to. I do not necessarily believe many of these proposals in terms of care of the elderly will cost a great deal of money but they require attention in terms of the things which make a difference to people's lives and to the quality of their health.

Will the Minister reconsider the extension of the medical card scheme to a further 200,000 people as promised by him prior to the previous general election? The percentage in that regard

has decreased rather than increased in recent years. Such a decision would make a huge difference to those families just outside the income guidelines.

Minister of State at the Department of Education and Science (Mr. B. Lenihan): I am glad Deputy O'Sullivan struck a more constructive note in her conclusions. Many worthy things can be done to improve the health service. It is not a matter of litany. A sum of €10 billion per annum is being spent on the health service. That figure has increased from £2.6 billion in 1997.

Mr. Sherlock: Inflation accounts for much of that increase. The Deputy should give us the facts.

An Leas-Cheann Comhairle: Order, please.

Mr. B. Lenihan: Members can criticise everything or we can constructively examine whether we are getting a good return for the patients and citizens of this country. We can work together in that regard.

Mr. Durkan: We could meet the need.

An Leas-Cheann Comhairle: Order, please.

Mr. Durkan: It would be helpful if we could meet the need.

Mr. B. Lenihan: On the other hand, we can play the politics of the last trolley. That is exactly what the Opposition are engaging in.

Mr. Durkan: The Minister of State is breaking my heart.

Ms O'Sullivan: It is not about politics; it is about services.

An Leas-Cheann Comhairle: Order, please.

Mr. B. Lenihan: Services are vital, I do not dissent from that.

Mr. Durkan: The Minister of State does not remember when he was on this side of the House.

Mr. Martin: That is a long time ago.

Mr. Durkan: It may not be long before he is over here again.

(Interruptions).

An Leas-Cheann Comhairle: Order, please.

Mr. B. Lenihan: I would like to peruse——

Caoimhghín Ó Caoláin: The Minister of State should tell that to the people on the trolleys.

Mr. B. Lenihan: This motion tabled by the Sinn Féin party——

Caoimhghín Ó Caoláin: I have been watching the Minister of State working himself up to this for the past while.

An Leas-Cheann Comhairle: Order, please.

Mr. B. Lenihan: I was perusing the Sinn Féin motion.

Aengus Ó Snodaigh: I hope the Minister of State read it because the Minister for Health and Children did not.

Mr. B. Lenihan: I did. It contains many worthy sentiments and a crucial passage which states, among other things, that Sinn Féin will introduce a truly reformed health service with care free at the point of delivery and funded from general taxation. The national health service introduced by Aneurin Bevan in Britain in 1946 is now a failure.

Caoimhghín Ó Caoláin: A health service we hope to introduce not only here but on the island of Ireland.

Mr. B. Lenihan: Perhaps the Deputy's compatriots across the Border——

An Leas-Cheann Comhairle: Order. Allow the Minister of State to speak without interruption, please.

Caoimhghín Ó Caoláin: The Minister of State can be party to it if he wishes. We invite him to be part of it.

Mr. B. Lenihan: The Deputy's compatriots have had too long an association with the British Government and British rule——

Caoimhghín Ó Caoláin: We have seen what the British Government did with the health service not only its own country but in ours.

Mr. B. Lenihan: A Leas-Cheann Comhairle, may I be allowed to speak, please?

Mr. Morgan: The Minister of State should talk sense.

Mr. B. Lenihan: The Deputy's compatriots have had too long an association with the British Government and British rule which has corrupted his party into thinking that British solutions to Irish problems work. They do not.

Caoimhghín Ó Caoláin: Indeed, they do not.

Mr. B. Lenihan: This motion proposes a discredited British solution that has no reputable precedent in international health care thinking today.

Caoimhghín Ó Caoláin: That is nonsense. It is the only possible caring solution and the only real alternative to the two-tier system that I want to perpetuate.

An Leas-Cheann Comhairle: Order, please. Allow the Minister of State to continue without interruption.

Mr. B. Lenihan: I am concerned about the endless cavilling in this House about our health service which detracts from the tremendous work being done in that area given the resources available.

Caoimhghín Ó Caoláin: Not enough is being done.

Mr. B. Lenihan: Our doctors and nurses are doing tremendous work.

Caoimhghín Ó Caoláin: People are not——

An Leas-Cheann Comhairle: Order, please.

(Interruptions).

Mr. Durkan: People have died while on waiting lists.

Mr. B. Lenihan: Members come into this House week after week cavilling about a machine here and a nurse there. We are not facing up to what our voters are telling us. A great deal of money, all from the income tax receipts of this State, is being invested in the health service.

(Interruptions).

Caoimhghín Ó Caoláin: People are demanding real health care delivery.

Mr. B. Lenihan: Week after week, there is never a constructive proposal on how this money and service can be managed——

Caoimhghín Ó Caoláin: It is in the motion and the contributions of Sinn Féin Deputies.

Mr. B. Lenihan: Excuse me, Deputy, I am entitled to speak in this House. The Deputy cannot deny me that right.

Caoimhghín Ó Caoláin: The Minister of State should also listen.

An Leas-Cheann Comhairle: The Minister of State should address the Chair.

Mr. B. Lenihan: I will. Week after week these motions urge the Government to do this and that without a single constructive proposal on how to improve the service.

Mr. Durkan: It is right and proper they are tabled. The Government is not doing anything. It is pretending to deal with the problem.

An Leas-Cheann Comhairle: Order, please.

Mr. Morgan: The Government is taking a hands-off approach.

Mr. B. Lenihan: The demand articulated in this motion is that nobody should pay and everyone should get everything for nothing. That has not worked in any other country.

Mr. Durkan: It sounds like a Fianna Fáil manifesto. It smacks of 2002.

Mr. B. Lenihan: I regularly read it in the literature circulated in my constituency. That is not our policy. The current Minister has established a solid, strategic reforming approach to the health service. I want to reiterate that, not alone has there been an increase in funding, the reports criticised by Deputy O'Sullivan are designed to ensure we improve existing structures in our health service, that the taxpayer gets value for money expended on this service and that the services are provided where they are needed.

Caoimhghín Ó Caoláin: It is not happening.

Mr. B. Lenihan: The Opposition parties have not expressed interest in discussing those three key issues in terms of the health service.

Ms O'Sullivan: What is the Minister of State going to do about it?

Caoimhghín Ó Caoláin: The Minister of State has not listened to the contributions of other speakers.

Mr. B. Lenihan: The Opposition is not interested in deciding where the services should be provided in the best interests of the patient as distinct from propping up its local vested political interests.

Ms O. Mitchell: That is rubbish.

Caoimhghín Ó Caoláin: It is balderdash.

Mr. B. Lenihan: The Deputy is not interested in that. I have a passionate belief in this. The Deputy is not interested in doing a proper financial evaluation of the service and he is not interested in the reform of its structures.

Caoimhghín Ó Caoláin: Is that the best contribution the Minister of State can make?

Mr. B. Lenihan: It is more than the best. There are fundamental issues at stake in terms of the welfare of patients.

Caoimhghín Ó Caoláin: There are.

Ms O. Mitchell: That is right.

Mr. B. Lenihan: Patients should not be used and abused for political purposes. We can either get together and sort out this service or we can go on with the same cant every week.

Caoimhghín Ó Caoláin: The Minister of State has had his turn.

Ms O. Mitchell: He should listen to himself.

Ms O'Sullivan: The Minister of State should withdraw that allegation.

Aengus Ó Snodaigh: I wish to share time with Deputy Morgan. Inné, ní raibh an fhírinne á insint ag an Aire nuair a dúirt sé nár leag Sinn Féin síos a fíis don chóras sláinte. B'fhéidir nár bhac sé, cosúil leis an duine in aice leis, an t-Aire Stáit ina Roinn, an rún a léamh ina iomlán. Dá mbéadh sin déanta aige, thuigfeadh sé cad atá i gceist againn. Bhí sé ansin soléir dó i dubh agus bán. Sé atá sa fíis ná fáil réidh leis an gcóras sláinte míchothrom atá againn faoi láthair agus, ina áit, córas sláinte poiblí do chách a bhunú a bhéadh saor in aisce agus íoctha as an gcóras cáineach ginearálta ina bhfuil lucht an rachmas ag íoc a chuid cothrom, rud nach bhfuil siad ag déanamh faoi láthair.

Sinn Féin proposes these fundamental reforms because it believes everyone has a basic right to equal health care. We are not alone in this belief. It is not a "loony left" notion. The international community reached that consensus on the issue more than half a century ago. The right to health is reflected in Article 25 of the Universal Declaration on Human Rights. It is also reflected in Article 12 of the International Convention on Economic, Social and Cultural Rights.

In keeping with those instruments, the World Health Organisation asserts that the enjoyment of the highest attainable standard of health is a fundamental right of every human being without distinction of economic or social condition. It also concludes that the Government has a responsibility in this area and the realisation of this right can be fulfilled only by the provision of adequate health and social measures. Yet, when we look at this State, we realise the Government is in breach of these international standards. The equal right to health care is, in fact, violated by the Government on a daily and systematic basis through its insistence on clinging to and pouring taxpayers money into a failed two-tier health care model, the same model which has created a situation where those who are ill and at risk of early death, those most in need of health care and the vulnerable are least likely to get it due to delays, shortages, inadequate provision and discrimination on the basis of inability to pay and other grounds.

Yesterday, the Minister for Health and Children said he was proud of his record and trotted out fancy facts and figures to deflect from

his failures. Is he proud of the crisis in St. James's Hospital, Dublin? Last year, I asked the Minister to investigate the case of a man who died following 12 hours on a hospital trolley without being seen by a doctor. My father-in-law spent two days on a hospital trolley in an accident and emergency cubicle which he shared with a patient on another trolley having watched a Minister jump the queue. Another friend was referred to the same hospital with an abscess. Following two days on a seat in the corridor, he had to undergo emergency surgery to save his sight because the infection had spread and his face had swollen to twice its normal size.

Is the Minister proud of his Government's record on reducing the major health inequalities in this State? After ten years of the boom, he has not managed to address any of these. If he continues the way he is going, he will not address any of them and it appears likely that the situation will worsen. Is the Minister proud to preside over the appalling scandal that is the chronically under-funded and neglected mental health care service? Some reports have been lying on Ministers' desks for the past 20 years.

Health care rights for all should be among the highest priorities of any Government. For the Government of the fourth wealthiest state in the world to preside over the current state of affairs in our health care system is nothing short of a human rights scandal revealing mismanagement and incompetence of the highest order. It is on this charge that the Minister stands indicted by this House, and he should resign.

Mr. Morgan: I thank all the Deputies and Ministers who contributed to this debate and to the Deputies who came into the Chamber but, because of time constraints, were unable to make a contribution.

Contrary to the assertion of the Minister, Deputy Martin, last night, this motion is as much about identifying the alternative model of health delivery as it is about failed Government policy. The Minister also claimed that we recognised none of the progress made in recent years. That is not true. In his opening remarks, Deputy Ó Caoláin specifically acknowledged such progress and commended those at all levels of the health services who have contributed to that progress with dedication. I do so again, but we cannot and will not accept the unreal picture of a health service heaven painted by the Minister last night. That is not the experience of the people we represent —those on waiting lists, people on low income denied medical cards and the people who suffer and die on waiting lists and hospital trolleys. We will continue to expose the Government's betrayal of those people.

Incredibly, the Minister stated last night that Sinn Féin was the only party in the House not to have presented an alternative budget. The opposite is the case. We are the only party in this House to have presented, since 1997, seven pre-budget submissions, including proposals on

[Mr. Morgan.]

health and taxation reform. As far as budgets go, it is deeply ironic that a member of this Government should criticise us on that basis.

The Minister for Finance has admitted that he does not know the cost of the range of property-based tax reliefs for developers and property speculators which he is extending to 2006. These include tax giveaways for developers of private hospitals, which is yet another example of the private health industry being subsidised by the Government.

The Minister said we were presenting no alternative. Again, that is not true. Deputy Ó Snodaigh has just alluded to this point and it warrants further comment. It took this Government, with all of its resources, four and a half years to publish its so-called national health strategy. In the same year we published a policy document entitled *Health for All*. The Minister and his backbenchers should study it. We propose a model of State-funded and delivered health care instead of the grossly unequal two-tier structure we have currently.

We were accused by the Minister of being selective but absent from the Government amendment and from the Minister's speech is any reference to the Fianna Fáil promises to end waiting lists permanently within two years and to extend the medical card to 200,000 people. There was no explanation and certainly no apology to the electorate for these broken promises. Neither did the Minister address the fact that more than 45,000 people have had their medical cards withdrawn since the Fianna Fáil promises were made. He chose not to mention the fact that he had to reveal in a reply to a parliamentary question last week that just a few weeks away from the target date of the Fianna Fáil waiting list promise, more than 27,000 people are on those waiting lists.

Deputy Dennehy's contribution was so inaccurate that it scarcely warrants comment but, for the record, Sinn Féin did not lose any seats in the recent Northern elections. On the contrary, we won half a dozen extra. Would some of the Members opposite inform him of that? The comments from Deputies Dennehy and Devins regarding the performance of my colleague, Bairbre de Brún, during her term of office as Minister for Health was as misleading as it was inaccurate. Bairbre was working in a British colonial state coming off the back of Thatcher's reign of destruction and budgeted from London. This State appears to be developing some of Thatcher's policies.

Mr. B. Lenihan: Why do we not rejoin it in accordance with the Deputy's motion?

Mr. Morgan: The institutions were closed down three times.

Mr. B. Lenihan: Excuses, excuses.

Mr. Morgan: If they are excuses I ask the Minister of State, Deputy Brian Lenihan, to ask his colleague, the Minister for Health and Children, who is sitting beside him, about it because, last evening in this Chamber, he praised my colleague, Bairbre de Brún, and I commend him for being big enough to do that.

Mr. B. Lenihan: I am not criticising Bairbre de Brún.

Mr. Morgan: Equal access to health care must be a guiding principle for all health policy.

Mr. Martin: All your guys came down lobbying—

Mr. Morgan: Underlying this Government's failure to deliver an equitable, accessible health care system is its failure to accept that fundamental principle. As my colleague, Deputy Ó Caoláin, outlined last night, the core of the Sinn Féin motion before the House is the rejection of the public-private mixed model of health care, the identification of many of the inefficiencies and inequalities that flow from it and the presentation of a radical alternative. Sinn Féin is committed to working for a national health service free at the point of delivery for all citizens, from the cradle to the grave, and funded from general taxation underpinned by a right of access for all.

Mr. B. Lenihan: Follow the British.

Mr. Morgan: We will deal with that.

Mr. Crowe: The Minister of State would know all about following the British.

Mr. Morgan: When we look at health care systems throughout the world, we see that universal provision is not some pipe dream. Political will makes it possible, but I do not see much of that on the Government benches. There exist several models for universal care where the standards are higher and waiting times lower than we have in this State. Canada and Cuba are two examples, although the Minister of State, Deputy Lenihan, said there were none earlier. We are now giving him some.

Mr. B. Lenihan: I would look to Cuba ahead of Britain.

Mr. Martin: Instead of travelling to New York to see the effect of the smoking ban there, perhaps the Minister, Deputy Martin, should have despatched the Minister of State, Deputy Lenihan, to some of those countries to examine their health care services.

Caoimhghín Ó Caoláin: Permanently.

Mr. Martin: Is the Deputy suggesting Havana for the cigars?

Mr. Morgan: Sinn Féin is in no way unclear regarding the necessity to fund properly the national health service we are advocating. Deputy Ó Caoláin made that clear last night when he said:

The model of health care delivery we advocate will mean that the wealthy in our society will be required to contribute more in taxation than they do at present. All taxpayers, irrespective of income, should be guaranteed that the best use is being made of their money. That is not the case at present ... Instead they would demand a rejection of funding inequity and its twin, inefficiency.

Health care cannot be subject to free market economics. This is what has been attempted. Under such a regime, the very wealthy will live and the poor will be allowed to die. This ideologically driven and blind adherence to a free market economic model of health delivery is the very thing which created one of the most inequitable systems of health care in the world, that of the United States.

All the Minster's statistics will not make any difference to the expectant mother who is forced to give birth at the side of the road in conditions reminiscent of a Third World country. It will not make any difference to low income families who cannot afford to take their children to their general practitioner because they have not qualified for a medical card. It will not make any difference to the woman who finds she has advanced breast cancer which was not caught in time because the breast screening programme has not been rolled out across this State.

All attempts at reform being undertaken are doomed to failure by the refusal to address the two-tier nature of the health system. The measures outlined by the Minister yesterday amounted to putting a small plaster on a gaping wound. We go on subsidising private health care through allowing public consultants to treat private patients in public hospitals and by giving tax breaks for private health insurance which half the people of this State have been forced to purchase.

We go on to further subsidise private health care by paying for public patients to be treated in private hospitals through the national treatment purchase fund because they cannot get beds in public hospitals which are clogged up by consultants' private patients.

The right to proper health care has been infringed by the failure to address the malpractice in the health service, including the failure to hold anyone accountable for the infection of citizens of this State with hepatitis C and AIDS; the Neary scandal where caesarean hysterectomies were carried out on women in a deliberate act of mutilation; the barbaric carrying out of symphysiotomies on women without their knowledge or consent, after they had given birth, in many cases. The procedures currently in place have not been delivering for patients.

To those backbenchers who come from constituencies where health services are being closed down, I say, now is your chance to truly represent those who elected you by supporting this Sinn Féin motion.

Amendment put.

The Dáil divided: Tá, 69; Níl, 52.

Tá

Ahern, Michael.
Ahern, Noel.
Andrews, Barry.
Aylward, Liam.
Blaney, Niall.
Brady, Johnny.
Brady, Martin.
Browne, John.
Callanan, Joe.
Callely, Ivor.
Carey, Pat.
Carty, John.
Cassidy, Donie.
Collins, Michael.
Cooper-Flynn, Beverley.
Cregan, John.
Cullen, Martin.
Curran, John.
Davern, Noel.
Dempsey, Noel.
Dempsey, Tony.
Dennehy, John.
Devins, Jimmy.
Ellis, John.
Finneran, Michael.
Fitzpatrick, Dermot.
Fleming, Seán.
Gallagher, Pat The Cope.

Glennon, Jim.
Grealish, Noel.
Hanafin, Mary.
Harney, Mary.
Haughey, Seán.
Keaveney, Cecilia.
Kelleher, Billy.
Kelly, Peter.
Kirk, Seamus.
Kitt, Tom.
Lenihan, Brian.
Lenihan, Conor.
McDowell, Michael.
McEllistrim, Thomas.
McGuinness, John.
Martin, Micheál.
Moloney, John.
Moynihan, Donal.
Moynihan, Michael.
Mulcahy, Michael.
Nolan, M. J.
Ó Cuív, Éamon.
Ó Fearghaíl, Seán.
O'Connor, Charlie.
O'Donovan, Denis.
O'Flynn, Noel.
O'Keeffe, Batt.
O'Malley, Fiona.

Tá—*continued*

O'Malley, Tim.
Parlon, Tom.
Roche, Dick.
Ryan, Eoin.
Sexton, Mae.
Smith, Brendan.
Treacy, Noel.

Wallace, Dan.
Wallace, Mary.
Walsh, Joe.
Wilkinson, Ollie.
Woods, Michael.
Wright, G. V.

Níl

Allen, Bernard.
Boyle, Dan.
Breen, James.
Breen, Pat.
Broughan, Thomas P.
Burton, Joan.
Connaughton, Paul.
Crawford, Seymour.
Crowe, Seán.
Cuffe, Ciarán.
Deasy, John.
Deenihan, Jimmy.
Durkan, Bernard J.
English, Damien.
Enright, Olwyn.
Ferris, Martin.
Gilmore, Eamon.
Gogarty, Paul.
Gormley, John.
Harkin, Marian.
Hayes, Tom.
Healy, Seamus.
Higgins, Joe.
Higgins, Michael D.
Hogan, Phil.
Kehoe, Paul.

McCormack, Pádraic.
McGinley, Dinny.
McManus, Liz.
Mitchell, Olivia.
Morgan, Arthur.
Murphy, Gerard.
Naughten, Denis.
Neville, Dan.
Ó Caoláin, Caoimhghín.
Ó Snodaigh, Aengus.
O'Sullivan, Jan.
Pattison, Seamus.
Penrose, Willie.
Perry, John.
Quinn, Ruairí.
Rabbitte, Pat.
Ring, Michael.
Ryan, Eamon.
Ryan, Seán.
Sargent, Trevor.
Sherlock, Joe.
Stagg, Emmet.
Stanton, David.
Twomey, Liam.
Upton, Mary.
Wall, Jack.

Tellers: Tá, Deputies Hanafin and Kelleher; Níl, Deputies Ó Snodaigh and Durkan.

Amendment declared carried.

Question put: "That the motion, as amended,
be agreed to."

The Dáil divided: Tá, 69; Níl, 52.

Tá

Ahern, Michael.
Ahern, Noel.
Andrews, Barry.
Aylward, Liam.
Blaney, Niall.
Brady, Johnny.
Brady, Martin.
Browne, John.
Callanan, Joe.
Callely, Ivor.
Carey, Pat.
Carty, John.
Cassidy, Donie.
Collins, Michael.
Cooper-Flynn, Beverley.
Cregan, John.
Cullen, Martin.
Curran, John.
Davern, Noel.
Dempsey, Noel.
Dempsey, Tony.
Dennehy, John.
Devins, Jimmy.
Ellis, John.

Finneran, Michael.
Fitzpatrick, Dermot.
Fleming, Seán.
Gallagher, Pat The Cope.
Glennon, Jim.
Grealish, Noel.
Hanafin, Mary.
Harney, Mary.
Haughey, Seán.
Keaveney, Cecilia.
Kelleher, Billy.
Kelly, Peter.
Kirk, Seamus.
Kitt, Tom.
Lenihan, Brian.
Lenihan, Conor.
McDowell, Michael.
McEllistrim, Thomas.
McGuinness, John.
Martin, Micheál.
Moloney, John.
Moynihan, Donal.
Moynihan, Michael.
Mulcahy, Michael.

Tá—continued

Nolan, M. J.
Ó Cuív, Éamon.
Ó Fearghail, Seán.
O'Connor, Charlie.
O'Donovan, Denis.
O'Flynn, Noel.
O'Keeffe, Batt.
O'Malley, Fiona.
O'Malley, Tim.
Parlon, Tom.
Roche, Dick.

Ryan, Eoin.
Sexton, Mae.
Smith, Brendan.
Treacy, Noel.
Wallace, Dan.
Wallace, Mary.
Walsh, Joe.
Wilkinson, Ollie.
Woods, Michael.
Wright, G. V.

Níl

Allen, Bernard.
Boyle, Dan.
Breen, James.
Breen, Pat.
Broughan, Thomas P.
Burton, Joan.
Connaughton, Paul.
Crawford, Seymour.
Crowe, Seán.
Cuffe, Ciarán.
Deasy, John.
Deenihan, Jimmy.
Durkan, Bernard J.
English, Damien.
Enright, Olwyn.
Ferris, Martin.
Gilmore, Éamon.
Gogarty, Paul.
Gormley, John.
Harkin, Marian.
Hayes, Tom.
Healy, Séamus.
Higgins, Joe.
Higgins, Michael D.
Hogan, Phil.
Kehoe, Paul.

McCormack, Pádraic.
McGinley, Dinny.
McManus, Liz.
Mitchell, Olivia.
Morgan, Arthur.
Murphy, Gerard.
Naughten, Denis.
Neville, Dan.
Ó Caoláin, Caoimhghín.
Ó Snodaigh, Aengus.
O'Sullivan, Jan.
Pattison, Seamus.
Penrose, Willie.
Perry, John.
Quinn, Ruairí.
Rabbitte, Pat.
Ring, Michael.
Ryan, Eamon.
Ryan, Seán.
Sargent, Trevor.
Sherlock, Joe.
Stagg, Emmet.
Stanton, David.
Twomey, Liam.
Upton, Mary.
Wall, Jack.

Tellers: Tá, Deputies Hanafin and Kelleher; Níl, Deputies Ó Snodaigh and Durkan

Question declared carried.

Personal Explanation by Member.

Mr. Kehoe: In the course of heated exchanges across the floor of the House this morning during Leaders' Questions, I made a remark concerning the impartiality of the chairperson of the Standards in Public Office Commission and electronic voting commission, Mr. Justice Smith. I wish to apologise and withdraw the remark without reservation.

Adjournment Debate.

School Accommodation.

Mr. Murphy: I wish to deal with the question of Aghina national school, Macroom, County Cork. Aghina's primary school is a total shambles and rat-infested. That fact was recognised by the Minister for Health and Children, Deputy Martin, when he was Minister for Education and

Science. In a Dáil reply on 5 March 1998, the Minister said it was not acceptable that children should have to accept such conditions. In June 1998, work began on the planning process and a site was identified. It took until December—nearly one and a half years—before planning was even applied for. It was not granted until March 2001. That was entirely the fault of the Department of Education and Science and had nothing to do with a delay in the planning process in Cork County Council. The Office of Public Works purchased the site in July 2001. In the meantime, the Southern Health Board classified the school as substandard and recommended that a new school be built as soon as possible for health and safety reasons, clearly stating on that occasion that remedial works would not be sufficient to attain the necessary health and safety standards. That report was submitted to the Minister for Education and Science. Conditions were so bad in the school that parents withdrew their children in protest in February 2002.

The Department kept coming up with delaying tactics, but the general election was drawing

[Mr. Murphy.]

closer and Fianna Fáil was going to promise anything necessary to win two seats in that constituency. The now infamous day, 18 April 2002, was when the Taoiseach visited Macroom to announce that Elan Corporation was to set up a manufacturing operation in the general semi-conductor plant. Shortly afterwards, a new school development was finally put out to tender in Aghina. On 14 October 2002, the Department consultants recommended a contractor who had tendered the price nearly €120,000 cheaper than the Department's own estimates.

January 2003 heralded the new era of transparency on the part of the Minister for Education and Science, Deputy Noel Dempsey. He was to post on the Department's website the exact category that each school was in and when the work was to commence. Aghina national school was listed in section 4. That clearly meant that large school projects that would be authorised to proceed to construction in 2003. At that stage, everybody thought it was game, set and match, and that the school would go ahead. The Minister, Deputy Noel Dempsey, had clearly explained to this House that there would no longer be any need to second-guess his new transparent system.

However, immediately other issues were raised by the Department of Education and Science. It asked whether numbers were sustainable and whether significant cost savings might be found. That came despite the fact that, in December 2003, a Department official in Tullamore clearly stated to Aghina's board of management that the numbers were off the table. With numbers off the table, the only issue was cost savings, and as the tendered price was already €120,000 below the Department's estimate, there was no issue there either. There was no reason the school should not go ahead. Every other school published on that list had commenced at that stage except Aghina.

Then, out of the blue, Aghina national school appeared in section 2 of Deputy Noel Dempsey's transparent list on 17 December 2003, the category that would allow small primary schools to undertake building works. That came despite the fact that, in October 2001, the Southern Health Board had said in an expert report that remedial works would be insufficient to attain the necessary health and safety standards. That makes absolutely no sense, and anyone who read the reports from beginning to end should have known that putting the school on that list was totally inappropriate. We have now gone full circle. The Government, the Fianna Fáil Minister and the local Fianna Fáil Deputies tried to make fools out of the people of Aghina and Macroom, the latter with the promise of an Elan factory and the former with the promise of a new school. Those election promises were never intended to be delivered on.

Macroom was always known as the town that never reared a fool, and this Fianna Fáil

Government will learn that that is a fact by the time the people of Aghina and Macroom have finished with it. I strongly advise the Minister to give the go-ahead for the school immediately.

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I thank the Deputy for giving me the opportunity to outline the Department of Education and Science's position regarding the proposed new accommodation for Aghina national school, Macroom, County Cork.

The Department received an application from the school's board of management requesting additional accommodation. Following an examination of the case, architectural planning of the project commenced. The Aghina national school building project was listed in section 4 of the 2003 school building programme, which was published on the Department of Education and Science's website at www.education.ie. It was planned that the project be authorised to proceed to construction during 2003, subject to significant cost savings and a review of the enrolment levels later in the year.

The school enrolment had declined significantly over the last few years. Accordingly, the Department's schools inspector visited the school to ascertain the enrolment intake in September 2003. The enrolment at September 2003 had fallen to 25 pupils. Department officials met the chairperson and representatives of the board of management of the school last December to discuss the enrolment position and issues relating to the proposed school building project. Officials subsequently visited the school on 19 December to review the condition of the existing accommodation.

The proposed project is being reviewed in the Department at present to decide the best way forward for the school. It is expected that the review will be completed very shortly. The Department will be in contact with the board of management to move the matter forward as soon as the review has been completed.

Health Board Services.

An Ceann Comhairle: Deputies Michael D. Higgins and Neville have five minutes each.

Mr. M. Higgins: Gabhaim mo bhuíochas leis an Cheann Comhairle as ucht an seans a thabhairt dom an ábhar práinneach seo a thógaint suas, rud a ghoilleann go mór, ní hamháin ar mhuintir na Gaillimhe agus an iarthair ach go háirithe ar na daoine a bhíodh ag freastal ar othair san ospís sul ar dúnadh í naoi míó shin. Tá sé scanallach go bhfuil an oispéis dúnta gan freagra ar na ceisteanna a cuireadh ag an am. Níl aon fhianaise ann go dtuigeann an Rialtas cé chomh buartha is atá an gnáthphobal i leith an ábhair seo.

When Galway Hospice closed nine months ago on the basis of a decision by the palliative care consultant not to refer patients to the hospice, no

clear message was given as to the reason the residential beds were being closed. The visiting service and the home care service continued. However, the residential beds have not been available for nine months. I wish to use this debate to put some questions to the Minister.

Last night's "Prime Time" programme referred to a letter from the palliative care consultant. It is not clear whether it contained suggestions about breaches of process in the administration of medicines or in the actual administration of medicine.

That has caused great concern to relatives of patients and to families who had relatives in the hospice. Public support for the Galway Hospice is immense. Nobody questions that. The concept and philosophy of the hospice is widely supported by the public. However, there are questions which must be answered.

Some time ago I proposed that the Minister for Health and Children intervene. Rather than remove the service, the Minister could have removed the basis for the questions and allowed an independent service to operate in the interim. That was rejected. An internal inquiry in the hospice has been completed. It is with the legal advisers of the hospice board. When will this be published? Will it be published in full or is it proposed to publish only part of it? There is a second internal inquiry in the Western Health Board. When will it be completed and will it be published? Will both reports be published together? What is the relationship between the two inquiries?

Initially people were urged to be sensitive because there were issues of great concern with regard to patient care. However, after being patient people were encouraged to be even more patient and await the results of the report. Nine months have passed. There was a suggestion, even as late as last night by the chairperson of the Western Health Board, that the report to the hospice board is a matter for the board, as if it were a neutral and independent body. However, in reply to questions in the House and elsewhere, the Minister correctly acknowledged that the hospice is run in a partnership between the Western Health Board and the hospice board. If that is the case, why has the Western Health Board not requested a copy of the hospice report? Why has the Western Health Board not told the public the circumstances in which it will be published? Why has the health board not sought to put pressure on those who should have resolved the questions which are now arising in the minds of the public?

These matters cannot wait. The Western Health Board allocated €2.3 million to the hospice last year. Does the Minister accept that the board is inextricably involved in the administration of the hospice and does he not think that the health board has a duty to publish the reports? Another important issue is the staff.

It is insufficient for the hospice board to state, although we have yet to hear such a statement,

that it has been responding to the internal investigation, it will make such changes as it can in the short term and that the beds might re-open. We would welcome that but questions must be answered. The fundamental question is, why was the service removed? Why was it necessary to remove the service to conduct the investigation? When will the beds be re-opened? When will the reports be published? When will we receive the opinion of the Western Health Board? When will the matters raised in the letter quoted in the "Prime Time" programme last night be addressed in the interest of the patients and the public?

Mr. Neville: I thank the Ceann Comhairle for the opportunity to raise this matter. The Galway Hospice has been closed since last May. It is extraordinary that such a necessary and valuable service is denied to the people in need of it. We congratulate and support hospices throughout the country, including the Milford Care Centre in Limerick, and we note the excellent work done by the hospice movement.

It is unbelievable that no patients have been admitted to the Galway Hospice in the past nine months. Only one patient is being cared for and a full service is available to that patient. One would have to be concerned about the alleged statement of the palliative care specialist, who is an eminent consultant in this area and who alleges that 17 life threatening errors in the administration of drugs have taken place and that there was careless practice in nursing procedures. The procedures for the administration of drugs, especially potent drugs, are clearly set down and require the involvement of two nurses. I cannot understand why her concerns were ignored by the board. The board should have indicated that a difficulty had arisen which would be detrimental to the service offered by the hospice. It is extraordinary that a letter from a consultant was not opened by the hospice board. It was alleged last night that a letter from the consultant was unopened.

When this took place the consultant wrote to University College Hospital and to the Western Health Board. At this stage alarm bells should have rung. The matter should have been investigated immediately. The concerns expressed by the consultant were serious. When were these difficulties brought to the Minister's notice and what action, if any, did he take to ensure the service was continued?

There were also allegations regarding working relationships. There is no excuse for this. Relationships should be sorted out; patients should not suffer because people have difficulty in their relationships. It is a matter of properly managing staff relations by people who are experienced in that area. If the hospice board did not have staff with that experience, they must have been available from the Western Health Board. Why were no questions asked by the Minister? Perhaps questions were asked. If so, he might tell us the replies he received. He allocated

[Mr. Neville.]

€2.37 million for 2004 when there was just one patient in the hospice. Did the Minister request or order an inquiry? Why did the Western Health Board not order an immediate inquiry when public money allocated to the hospice was not delivering a service?

The problem should not have reached this level. There have been calls for the immediate and full publication of the report to the board and the report by the Western Health Board. Until people see all the difficulties outlined and the recommendations to overcome them, they cannot have confidence in the service. Only then will the service move on and re-establish itself. It is extraordinary that this has gone on for nine months. It should have been nipped in the bud last May.

Why have the hospices in Portlincula, Roscommon County Hospital and Mayo General Hospital been closed? Concern has been expressed by the communities involved that these hospice beds have also been closed.

Mr. T. O'Malley: I thank Deputies Michael D. Higgins and Neville for raising this issue. The Galway Hospice Foundation was founded in the mid-1980s with the introduction of the home care service in 1990.

The first patients in the in-patient unit were welcomed on 8 December 1997. The unit opened with five beds available for admission. The day care unit which opened in 1998 provides a programme of valued activities to improve the quality of life of the patient. The aim of the Galway hospice as stated in the operational policy is, "To enhance the care of patients with terminal illness — particularly those with advanced cancer and to support and assist their families and professional carers."

Nowadays, there is an even greater appreciation of the role of palliative care in the overall provision of health services. Palliative care is still a relatively new discipline and it is defined as the active total care of patients and their families by a multiprofessional team when the patient's disease is no longer responsive to curative treatment.

The report of the national advisory committee on palliative care was launched on 4 October 2001. It describes a comprehensive palliative care service and acts as a blueprint for its development. It is planned that the report's recommendations will be implemented over a five to seven-year period. Prior to the launch of the report, €3.8 million was allocated to the health boards and the Eastern Regional Health Authority to begin implementing the report's recommendations. At the beginning of 2001, an additional €3.3 million was also allocated to the boards for palliative care services. An additional €6.9 million revenue funding was made available for improvements in palliative care services in 2002. In 2003, additional funding of €2.45 million

was made available and this year the figure is €1.2 million.

The Galway Hospice Foundation has for the past number of years provided a valuable service to cancer patients and their families in the west. I am aware that there are current difficulties surrounding the operation of the in-patient unit at the Galway Hospice and that no new patients are being admitted at present. However, home care and day care services continue to be provided to approximately 100 patients by the foundation, with those patients who require consultant-led specialist in-patient care being admitted to University College Hospital, Galway.

Mr. M. Higgins: Will the Minister of State forward a reply to me on the specific questions I asked?

Mr. T. O'Malley: The Western Health Board has informed my Department that an independent expert group was established by the Galway Hospice Foundation to review procedures at the hospice and it is expected that the report of the expert group will be available in the near future.

The Department continues to liaise with the Western Health Board and with the Galway Hospice Foundation. I understand that negotiations on a number of issues are ongoing. Given the sensitivity of such negotiations I would not wish to do or say anything which might negatively impact upon them. I do, however, remain prepared to intervene if and when it is considered by both sides that such an intervention is necessary.

Land Rezoning.

Mr. Cuffe: In the old days it was the councillors who did the dirty work. In Dublin, they rezoned land left, right and centre for inexplicable reasons. In the early 1990s the Minister's predecessor, Deputy Michael Smith, referred to rezoning becoming a debased currency in the debate about the proper planning and development of our counties and towns. He was referring to the bizarre rezonings being initiated by councillors in north Dublin. At the time he failed to direct county councillors to cut back on their excessive plans and proposals.

This time round the Minister is calling the shots. Despite publishing the national spatial strategy in November 2003, and decentralisation plans one year later, the Minister now wants to cover more of our countryside in concrete.

Let me describe the county of Dún Laoghaire-Rathdown. It lies between the coast and the hills. Between the development along the coast and the hills lie villages and towns with character and identity. If councillors are instructed to carry out the Minister's diktat, these will be engulfed by suburban sprawl. Enniskerry, Shankill, Kiltarnan and Stepaside will be surrounded and ultimately swallowed up by an anonymous sea of housing

and concrete, with no schools or public transport. Where will it end? Will the Minister instruct the councillors to rezone the Dublin mountains? Why is he hell-bent on rezoning? Can the Minister explain the dubious circumstances surrounding the written request of the chairman of Dún Laoghaire-Rathdown County Council for more land to be rezoned? Did developers write to him? Will he explain his bizarre instructions to the county council to zone more land in its development plan.

Mr. Eamon Ryan: It is important that we also look at some of the numbers involved. To do this we must return to the review in April 2002 of the then strategic planning guidelines. Unfortunately, these annual reviews, which were continued up to the existence of the current Government, were discontinued after the arrival of the current Minister.

The figures then, on page 8 of the guidelines, concern the housing capacity available within the county at the time. If we add the various categories, some 21,500 houses could be built within the existing zoned land. This was before we take into account the additional 150 odd acres the council has since rezoned, which provide capacity for another several thousand houses. This more than adequately meets any projected increase in household requirements in Dún Laoghaire-Rathdown.

The new regional planning guidelines, which will update the strategic planning guidelines, have reduced the estimated household requirements by the year 2011. Existing zoned land would have no difficulty in meeting those ambitious expansion targets. There is no sense in looking at the numbers behind the Minister's demands that more rezoning should occur.

The new regional planning guidelines are at consultation phase but they should be taken into account. It is clear that the guidelines are again saying that any new rezoning should be on the basis of public transport connections. In the space that is available in my constituency in the areas around Kilternan, where we have already seen massive rezoning into the Dublin mountains, no public transport is available other than the 44 bus and it cannot cope with current traffic demands. Likewise, in the Blackglenn Road area where we have seen massive rezoning and housing development and on the southern and western sides of the M50, which should always have been the barrier for any further development, this Government sees fit to instruct the council to continue rezoning into the Dublin mountains to eat up the remaining green belt that separates Bray from Dublin, Shankill from Bray and Wicklow from Dublin. For some reason, the Minister for the Environment, Heritage and Local Government feels that rezoning is necessary.

The new regional planning guidelines indicate clearly that we need to use the existing housing stock in Dún Laoghaire, which is dramatically

underutilised and where we have a large ageing population. Instead of rezoning further out in a slash and burn kind of process, the Minister should look at the innovative measures that the regional planning guidelines suggest should be used and use the existing housing stock which has public transport, shops and schools and which would provide an ideal environment in which to raise children. Instead, the Government has a slash and burn policy which means that any green belt must be rezoned. In the long run this atrocious policy will be seen as one of the greatest environmental disasters affecting our city.

Minister of State at the Department of the Environment, Heritage and Local Government

(Mr. N. Ahern): On 9 February 2004, the Minister, Deputy Cullen, issued a direction under section 31(1) of the Planning and Development Act 2000 to Dún Laoghaire-Rathdown County Council in regard to its draft development plan covering the period 2004-10. A planning authority is required to comply with any such direction. The direction judges that the draft Dún Laoghaire-Rathdown development plan is deficient in that it does not zone sufficient residential land to satisfy the requirements of the council's housing strategy.

Mr. Eamon Ryan: Nonsense.

Mr. N. Ahern: Such sufficient zoning is required under section 95(1)(a) of the Planning and Development Act 2000. Accordingly, the direction requires the council to amend the draft development plan to ensure that sufficient and suitable land is zoned as residential or for a mix of residential and other uses to meet the requirements of the housing strategy. Decisions as to the lands to be zoned to meet the requirements are entirely a matter for Dún Laoghaire-Rathdown County Council. The direction made no reference to the rezoning of green-belt for housing.

Mr. Eamon Ryan: Where should it rezone?

Mr. N. Ahern: That is entirely a matter for the local council.

An Ceann Comhairle: The Deputy should allow the Minister of State to continue without interruption.

Mr. N. Ahern: I am happy to outline to the House the reasons for issuing this direction. My Department wrote to the planning authority in August 2003 indicating that it was of the view that the draft development plan did not zone sufficient residential land to meet the objectives of the council's housing strategy, as is required by section 95 of the Planning and Development Act 2000. Accordingly, the council was asked to consider amending the draft development plan to ensure that sufficient land was proposed for

[Mr. N. Ahern.]

residential zoning to meet the requirements of its housing strategy, as decided and laid down by it.

Notwithstanding my Department's letter of August 2003 and that in amending the draft development plan some additional land was proposed to be zoned as residential by the council, the advice available to the Minister was that the draft plan, as amended, still did not propose to zone sufficient residential land to meet the housing strategy requirements. The Minister came to the conclusion, therefore, that it was necessary to issue a direction in this case to ensure that the plan would, when adopted, satisfy the relevant statutory requirements. Otherwise, there was a possibility that the plan would subsequently be deemed invalid in that it would not be in compliance with the requirements of section 95 of the 2000 Act.

I am amazed to hear what the two Deputies said. Houses are necessary and a demand exists for them.

Mr. Cuffe: The Minister of State should not silence the debate, he should address the specific issue.

An Ceann Comhairle: Deputy Cuffe should allow the Minister of State to speak without interruption.

Mr. N. Ahern: Extra people are on the waiting list for social housing. The council is aware of its responsibility and has drawn up a housing strategy in response to that. It has outlined what the needs are.

Mr. Eamon Ryan: Half the country has already been rezoned.

An Ceann Comhairle: If Deputy Ryan interrupts one more time, I will have no choice but to adjourn the House.

Mr. N. Ahern: The council has a responsibility to plan for what is contained in its strategy.

I stress the importance of housing strategies as part of the development plan for a local

authority. The housing strategy is an integral part of the development plan for Dún Laoghaire-Rathdown County Council and is critical to meeting the needs of those in the local authority's area of responsibility. Housing strategies must include measures to address the needs of all sectors of the existing and future population in the area of the development plan. While the population in general has increased in the past six years by 8%, the population of Dún Laoghaire-Rathdown has almost remained static — it increased by less than 1%.

The Government has emphasised that there must be an appropriate response to this need in terms of housing supply. We have worked to create an environment to achieve this through investment in infrastructure and the provision of guidelines to improve residential densities. We have seen the benefits in terms of overall housing supply, with a further year of record output last year, with 66,819 housing units completed. While the figures for Dún Laoghaire-Rathdown have increased, they are still below the projected demand of in the region of 2,300 houses per year. The target achieved is only 1,800, which implies a huge unmet demand.

Mr. Eamon Ryan: Some 21,000 units have been provided.

An Ceann Comhairle: The Minister of State is entitled to the same courtesy that Deputy Ryan was afforded.

Mr. N. Ahern: The council has to try to address that and make provision for it.

Mr. Eamon Ryan: There has been a widescale breach of the guidelines.

Mr. N. Ahern: The balanced location of this housing is important, and this involves consolidating the growth of urban areas.

An Ceann Comhairle: The Minister of State's time has concluded.

The Dáil adjourned at 9.25 p.m. until 10.30 a.m. on Thursday, 4 March 2004.

Written Answers

The following are questions tabled by Members for written response and the ministerial replies received from the Departments [unrevised].

Questions Nos. 1 to 12, inclusive, answered orally.

Questions Nos. 13 to 89, inclusive, resubmitted.

Questions Nos. 90 to 97, inclusive, answered orally.

Water Fluoridation.

98. **Mr. Deasy** asked the Minister for Health and Children if the external audit procedures of fluoridation plans have been put in place as recommended by the forum on fluoridation. [6895/04]

Minister for Health and Children (Mr. Martin):

The use of fluoride technology is known to manifest a positive oral health outcome. Local and national surveys and studies conducted since the introduction of fluoridation in this country attest to the reduced dental decay levels in children and teenagers in fluoridated areas compared with those residing in non-fluoridated areas. The safety and effectiveness of water fluoridation has been endorsed by a number of international and reputable bodies such as the World Health Organisation, the Centre for Disease Control and Prevention, the United States Public Health Service and the United States Surgeon General.

As the Deputy is aware, I established the forum on fluoridation to review the fluoridation of public piped water supplies in Ireland. The forum's report was launched on 10 September 2002, and its main conclusion was that the fluoridation of public piped water supplies should continue as a public health measure. The forum also concluded that: water fluoridation has been very effective in improving the oral health of the Irish population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that, at the maximum permitted level of fluoride in drinking water of one part per million, human health is not adversely affected; dental fluorosis, a form of discoloration of the tooth enamel, is a well-recognised condition and an indicator of overall fluoride absorption, whether from natural sources, fluoridated water or the inappropriate use of fluoride toothpaste at a young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

The forum consisted of people with expert knowledge spanning the areas of public health, biochemistry, dental health, bone health, food

safety, environmental protection, ethics, water quality, health promotion and representatives from the consumer and environmental areas. That diversity of professional backgrounds and representation was reflected in the comprehensive way in which the forum conducted its work and research. Ultimately the forum took an evidence-based approach to its examination of water fluoridation.

The report of the fluoridation forum made 33 recommendations covering a broad range of topics such as research, public awareness, and policy and technical aspects of fluoridation. The establishment of the expert body recommended by the forum is now well under way.

The terms of reference of the expert body are: to oversee the recommendations of the forum on fluoridation; to advise the Minister and evaluate ongoing research—including new emerging issues—on all aspects of fluoride, its delivery methods and as an established health technology and as required; and to report to the Minister on matters of concern, either at his or her request or on its own initiative.

The expert body will have broad representation, including from the areas of dentistry, public health medicine, toxicology, engineering, management, the environment and the public identified in the forum on fluoridation report. Letters of invitation have been issued to prospective members of the body. I am pleased to say that, based on the acceptances which have been received, the body will have strong consumer input through members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs. My Department is discussing the chairpersonship of the expert body, and I expect to be able to announce a decision in that respect very soon.

I am pleased that the secretariat of the body will be provided by the Irish Dental Health Foundation, an independent charitable trust which has been very much to the fore in securing co-operation between private and public dentistry and the oral health care industry regarding joint oral health promotion initiatives. The foundation's stature and expertise place it in an excellent position to support the work of the forum in its initial stage. As the House is aware, the forum's report envisages that the work of the expert body may be subsumed into the health information quality authority in due course. The support of the foundation allows us to press ahead now with the establishment of the expert body in advance of the establishment of HIQA. Indeed, I understand that the intention is to have an inaugural meeting of the expert body in early April.

The expert body will oversee the implementation of the wide-ranging recommendations of the forum—including the one to which the Deputy referred—and advise

[Mr. Martin.]

me on all aspects of fluoride; in particular, ongoing research related to fluoride will continue to be evaluated by the expert body and expanded to deal with emerging issues.

Cancer Screening Programme.

99. **Mr. Noonan** asked the Minister for Health and Children the current status of BreastCheck for the western area; and if he will make a statement on the matter. [6911/04]

168. **Mr. O'Shea** asked the Minister for Health and Children his views on the proposal lodged with his Department in June 2003 by BreastCheck to extend its services nationwide; the likely completion date for the rollout of BreastCheck; and if he will make a statement on the matter. [7071/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 99 and 168 together.

The national breast-screening programme commenced in March 2000 with phase one of the programme covering the Eastern Regional Health Authority, Midland Health Board and the North Eastern Health Board region. Last year I announced the extension of the BreastCheck programme to Counties Carlow, Kilkenny and Wexford and also the national rollout to the southern and western counties. The national rollout of BreastCheck requires detailed planning to include essential infrastructure.

The BreastCheck clinical unit in the western area will be at University College Hospital, Galway, with two associated mobile units. The area of coverage is Counties Galway, Sligo, Roscommon, Donegal, Mayo, Leitrim, Clare and Tipperary NR. The BreastCheck clinical unit in the southern area will be located at South Infirmary, Victoria Hospital, with three associated mobile units. Counties covered include Cork, Kerry, Limerick, Waterford and Tipperary SR.

Two project teams, one in each region, have been established to develop briefs for the capital infrastructure needed for the static units in the south and west. For the southern region, the South Infirmary considered it necessary to commission a site strategy study to ensure the integration of the breast-screening service into the present and future development of the hospital. In 2003 my Department made available a capital grant of €230,000 for a study to be undertaken by professional architectural, engineering and quantity-surveying experts. It is expected that it will be completed in March or April 2004. As regards the West, BreastCheck submitted several options for the construction of a static unit on the grounds of University College Hospital, Galway. Those are being considered by my Department in the context of the framework for capital investment from 2004 to 2008, which

is being discussed with the Department of Finance at present.

An essential element of the rollout of the programme is investment in education and training of radiographers. BreastCheck employs qualified and experienced radiographers who have specialist postgraduate training and qualifications related to mammography. BreastCheck and the symptomatic breast cancer services combined have a significant ongoing recruitment and training requirement in that area. I have announced the development of a training centre for radiographers and mammography at Eccles Street. Resources are being made available to BreastCheck to support that initiative, which will cost in excess of €750,000 and is expected to be completed in the second half of 2004.

Public Service Pay.

100. **Mr. R. Bruton** asked the Minister for Health and Children the number and value of awards withheld under benchmarking; and the recommendations of the performance verification group in each case. [4704/04]

Minister for Health and Children (Mr. Martin): The health service performance verification group, or HSPVG, withheld no awards in respect of the first phase of the performance verification process relating to pay increases due from 1 January 2004. A full range of documents detailing the first phase of the performance verification process, including the HSPVG assessment of the process and the reports received, is available on my Department's website at www.doh.ie.

National Drugs Strategy.

101. **Mr. Boyle** asked the Minister for Health and Children if his attention has been drawn to the views of the Irish Pharmaceutical Union that the methadone treatment programme is in danger of collapse. [3164/04]

Minister for Health and Children (Mr. Martin): As the Deputy is aware, responsibility for the provision of drug treatment services rests with the health boards or authority in the first instance. The overall objective of the national drugs strategy for 2001 to 2008 is to reduce the harm caused to individuals and society by the misuse of drugs. That is to be achieved through a concerted focus on supply reduction, prevention, treatment and research with the ultimate aim of leading a drug-free life. The health-related aspects of the national drugs strategy focus in particular on education and prevention, and treatment and rehabilitation, including substitution treatment under the methadone protocol.

The number of methadone treatment places has expanded considerably in recent years, in line with the Government's commitment under the national drugs strategy. At the end of January

2004, there were 6,860 people receiving methadone treatment. That compares with a figure of just over 5,000 at the end of 2000. The involvement of community pharmacists is a vital element in the operation of the methadone protocol. In particular it allows for the expansion of drug treatment services, and for large numbers of opiate-dependent persons to be treated in their own local area. At the end of January 2004 there were 298 community pharmacies providing methadone maintenance treatment to 3,738 patients.

There has been no suggestion to the Department by the Irish Pharmaceutical Union that the methadone protocol is in danger of collapse. However, the IPU has raised a number of issues regarding the operation of the scheme with the Department and has expressed concern that those issues could discourage participation in the scheme. I understand that some day-to-day operational difficulties have been discussed and dealt with at health board level. At national level, the methadone implementation committee, which includes pharmacy representation, is finalising a review of the operation of the protocol. In addition, officials from my Department and representatives from the IPU are meeting today to ensure further the smooth operation of the scheme at national level.

I understand that among the concerns that have been raised is the suitability of patients for placement in a community setting and personal security issues for pharmacy staff. As regards patient management, there is a system in place whereby clients are assessed by a GP co-ordinator and liaison pharmacist before being transferred to community-based services. That is to ensure that service users have attained a high degree of stability regarding their drug misuse. The practice of assessment before placement is a standard operating policy of the addiction services. Furthermore, if difficulties arise with a service user in a community pharmacy, a system is in place to allow the service user to be reassigned to treatment in an addiction centre within 24 hours.

The liaison pharmacist in each health board acts as the interface between the community pharmacy and the health board. I understand that the model is working extremely well. Indeed, its success is indicated by the increase in community pharmacists becoming involved in the provision of methadone in recent years. In that context, I can assure the House that the issues raised are being addressed at health board, departmental and methadone implementation committee level.

Accident and Emergency Services.

102. **Mr. Costello** asked the Minister for Health and Children if his attention has been drawn to the comments made by a person (details supplied) who described conditions in the

casualty unit of the Mater Hospital as a disgrace, unsafe and inhumane; the steps being taken to address such conditions in that and other accident and emergency departments; and if he will make a statement on the matter. [7010/04]

Minister for Health and Children (Mr. Martin):

At the outset, I should say that both my Department and the Eastern Regional Health Authority accept the need for upgrading of the accident and emergency department at the Mater Hospital. In October 2002, my Department approved a capital grant of €1.355 million for that purpose. That upgrading will, apart from benefiting accident and emergency patients, staff and clinical risk management in general, reduce hospital admissions and expand the available complement of hospital beds.

Due to the nature of the accident and emergency department, it was necessary to phase work on the project, which commenced in April 2003. My Department is advised by the ERHA that a new three-bay resuscitation area and wound care clinic have now been completed, while the final stages of the project, which relate to security and upgrade of the entrance, are expected to be completed within eight weeks. It is acknowledged that, owing to ongoing pressure in the accident and emergency department, programming of the project has been difficult. However, the Deputy will appreciate that clinical priorities have at all times taken precedence over project work.

Pressures on the hospital system arise, *inter alia*, from demands on emergency departments and difficulties associated with patients who no longer require acute treatment but are still dependent. There are several initiatives under way to deal with those pressures. Planning for the discharge of patients by acute hospitals and liaison with the community services has been prioritised on an ongoing basis by the Eastern Regional Health Authority and the health boards. ERHA initiatives such as Homefirst, Slán Abhaile and home subvention are all contributing to providing alternative care packages for older people so that they can be discharged.

The single most important factor for admission to hospital is bed availability. Acute Hospital Bed Capacity — A National Review, a report published by my Department, identified a requirement for an additional 3,000 acute beds in acute hospitals by 2011. Some 568 of the 709 beds in the first phase have been commissioned, of which 253 are in the eastern region. Revenue funding of approximately €40 million has been made available to the ERHA for those beds. Funding is available to enable the balance of the beds to be brought into operation this year. Also under the acute bed capacity initiative, my Department has allocated an additional €8.8 million to the ERHA and €3.8 million to the Southern Health Board to facilitate the discharge

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of patients from the acute system to a more appropriate setting, thereby freeing acute beds.

My Department is also advised by the ERHA that it is working closely with the major acute hospitals in Dublin with a view to re-opening beds closed owing to staffing difficulties. An additional 20 accident and emergency consultants have been appointed from the 29 approved. Additional appointments are being worked on by the health boards and the ERHA. Reviews of the bed management function and nurse staffing levels in emergency departments are being progressed by the Health Services Employers Agency in consultation with health service management representatives and the nursing unions.

Emergency medicine departments sometimes deal with injuries and conditions which are more appropriate to a primary care setting. General practitioner out-of-hours co-operatives have been established and are operating in at least part of all the health board areas, with one health board, the North Eastern Health Board, having a region-wide project. A total of €46.5 million was allocated for the development of out-of-hours co-operatives between 1997 and 2003.

A media campaign has been undertaken on radio and television and in the newspapers highlighting the pressures that exist in emergency medicine Departments and encouraging people to attend only if absolutely necessary. This initiative is an attempt to focus on the need for only those in need of emergency care to attend and for others to use the primary care services. I would like to assure the Deputy that I will continue to work with the various health agencies in looking for short-term and longer-term solutions to the current difficulties.

Hospital Staff.

103. **Mr. Wall** asked the Minister for Health and Children the position regarding his discussions with the Irish Hospital Consultants' Association regarding the proposed new system of medical insurance; and if he will make a statement on the matter. [7068/04]

136. **Mr. R. Bruton** asked the Minister for Health and Children the current status of the dispute regarding enterprise liability between his Department and the IHCA; and if he will make a statement on the matter. [6900/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 103 and 136 together.

I have kept in regular contact with the Irish Hospital Consultants' Association and the Irish Medical Organisation on the issues which led to the recent threats of industrial action by hospital consultants. At a meeting held on 17 February, the IHCA agreed to defer for a period of four weeks any further escalation of its industrial

action threatened for Monday 23 February. It also agreed to resume work on patients due be treated under the national treatment purchase fund and to participate in selection boards for consultant appointments. Last Tuesday evening meetings took place with both the IHCA and the IMO to brief them on progress in the discussions which officials of my Department have had with the Medical Defence Union on resolving the problems associated with liabilities which predate the establishment of the clinical indemnity scheme.

Hospital Staff.

104. **Ms Lynch** asked the Minister for Health and Children the progress made to date with regard to the implementation of the recommendations of the Hanly report; and if he will make a statement on the matter. [7018/04]

106. **Mr. P. Breen** asked the Minister for Health and Children the progress that has been made in achieving the acute hospital changes envisaged for August 2004 in the two pilot areas, East Coast Area Health Board and the Mid-Western Health Board in terms of additional acute beds for the two regions and additional consultants, new contracts for consultants and NCHDs, and improved ambulance access and training. [6929/04]

161. **Mr. Rabbitte** asked the Minister for Health and Children when he expects to appoint project groups to progress detailed implementation at local level of the two pilot areas identified in the Hanly report (details supplied); the provision of services and facilities required; the staffing and financial requirements involved; the timeframe envisaged for the implementation of these pilot projects; and if he will make a statement on the matter. [7055/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 104, 106 and 161 together.

I am committed to ensuring that the Hanly report is implemented in the best interests of patients. The recommendations will mean a much better service for patients, with considerably more consultants working in teams. The report also involves reducing the working hours of non-consultant hospital doctors, which will benefit both patients and doctors. In addition, the Hanly report proposes a reorganisation of our acute hospital services so that patients receive the best possible treatment in the location most appropriate to their needs.

Last month I announced the composition of an acute hospitals review group, to be chaired by David Hanly, for this purpose. It will be asked to prepare a national hospitals plan for the Interim Health Service Executive, building on the principles of the Hanly report. The group will be

asked to examine the role and structure of acute hospital services on a national basis.

The Hanly report made specific recommendations on the organisation of acute hospital services in two regions, those covered by the East Coast Area Health Board and the Mid-Western Health Board. I recently announced the composition of the implementation groups in these areas. Both groups will prepare a detailed action plan for the implementation of the recommendations of the Hanly report relating to the organisation of acute hospital services in the two regions. They will also assess the detailed staffing and capital requirements necessary for implementation of the report.

The Hanly report also makes important recommendations regarding the reduction in junior doctors' working hours and the development of a consultant provided service. My Department and the Health Services Employers' Agency have initiated discussions with the medical organisations on the industrial relations and contractual aspects of these issues. I am committed to pressing ahead with the agenda set by the Hanly report so that the best possible services for patients are provided.

Proposed Legislation.

105. **Mr. Broughan** asked the Minister for Health and Children the legislation planned arising from the health reform programme; the status of the Bills listed in the current legislative programme; and if he will make a statement on the matter. [7027/04]

Minister for Health and Children (Mr. Martin):

The Government's legislation programme makes provision for the enactment of legislation to give statutory effect, where required, to implement the proposals in the reform programme. The first element of the programme is the preparation of an establishment order under the Health (Corporate Bodies) Act 1961, as amended, establishing the Interim Health Service Executive on a statutory basis. The order is being finalised and I hope to sign it shortly. This will empower the interim executive to perform the preparations necessary to enable an orderly transfer of functions to the Health Service Executive, HSE, when permanently established with effect from January 2005, under new primary legislation.

It will be necessary to introduce new legislation to provide the main legislative basis for the implementation of the health sector reform programme. This legislation will establish the new Health Service Executive which replaces the Eastern Regional Health Authority, the authority, and the health boards. It will also provide the legislative basis for other aspects of the reform programme such as improved governance and accountability, planning and monitoring and evaluation. It will also provide the legislative basis for the establishment of the

health information and quality authority, HIQA. I also intend that the statutory framework for complaints procedures in the health services, as proposed in the health strategy, will be included in this legislation. My intention is that this legislation will be enacted by December 2004 so as to have the Health Service Executive in place in January 2005.

The Government's legislation programme for the spring session provides for the introduction of a Health (Amendment) Bill to cope with the situation arising following the local election in June 2004. Given the impending establishment of, and formal transfer of functions to, the HSE, the Government has considered whether it would be appropriate to proceed in the normal way with the appointment of local representatives to the health boards. This Bill will provide for changes in the legislative provisions regarding the membership of the authority and the health boards. It will also provide for the abolition of the distinction between reserved and executive functions and the assignment of reserved functions of the authority and the boards to the chief executive officers and the Minister for Health and Children, as appropriate. I expect to be in a position to publish the Bill in the near future.

Question No. 106 answered with Question No. 104.

Question No. 107 answered with Question No. 97.

Departmental Investigations.

108. **Mr. Morgan** asked the Minister for Health and Children if terms of reference have been agreed for the inquiry into the obstetrics and gynaecology unit at Our Lady of Lourdes Hospital, Drogheda; if it is his view that such an inquiry should be confined to the activities of a person (details supplied) or if it will be a broad based inquiry covering the operation of the unit between 1974 and 1998; and if he will make a statement on the matter. [6881/04]

167. **Ms O'Sullivan** asked the Minister for Health and Children if the terms of reference of the inquiry, to be chaired by Judge Maureen Harding Clarke, into the activities of a person (details supplied) have yet been finalised; when the inquiry will begin; the form it will take; when he expects it to be completed; and if he will make a statement on the matter. [7023/04]

Minister for Health and Children (Mr. Martin):

I propose to take Questions Nos. 108 and 167 together.

Arising from the report of the fitness to practice committee of the Medical Council into the professional conduct of the person in question, the Government has agreed to establish a non-statutory inquiry into certain matters of

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concern at Our Lady of Lourdes Hospital, Drogheda. Following consultations with the Attorney General, Judge Maureen Harding Clark of the International Criminal Court has been appointed to chair the inquiry.

Judge Clark is currently studying the transcript of the proceedings at the fitness to practice committee and other relevant background documentation. Premises have been secured and recruitment of staff, both legal and administrative, is under way. The terms of reference and format of the inquiry are being finalised and I intend to bring recommendations to Cabinet in the near future.

Compensation Scheme.

109. **Mr. Stagg** asked the Minister for Health and Children the progress which has been made by the working group on the development of a no fault compensation system for birth damaged children; when he expects the group to report; if he will seek to expedite the introduction of proposals in this area, having regard to the recent awards in the High Court and the increasing difficulties facing practitioners, especially obstetricians, in finding insurance cover; and if he will make a statement on the matter. [7062/04]

Minister for Health and Children (Mr. Martin):

The advisory group examining the feasibility of introducing a “no fault” compensation scheme for infants who suffer cerebral damage at, or close to, the time of birth is engaged in the process of drafting its report. I expect that the report will be completed and submitted to me by the middle of this year.

Smoking Ban.

110. **Mr. P. Breen** asked the Minister for Health and Children the stage he became aware that the measures implementing the smoking ban would be likely to be the subject of a legal challenge; the steps he then took to guarantee the legal soundness of all legislative measures implementing the smoking ban; and if he will make a statement on the matter. [6922/04]

Minister for Health and Children (Mr. Martin):

Since the announcement on 30 January 2003 that I would introduce measures to make workplaces smoke free in 2004 a number of groups have indicated that they might consider mounting a legal challenge to the measure. The most recent media reports indicate that a legal challenge is now less likely.

When drafting the legislation required for the introduction of the measure, legal advice was received from the Attorney General. It is not possible to guarantee that any legislation is immune from a legal challenge. An individual or group is entitled to use the courts to address whatever grievance they may have about

legislation. It is not possible to pre-empt decisions of the courts.

Vaccination Programme.

111. **Mr. Gilmore** asked the Minister for Health and Children the steps he intends to take to address the decline in the number of children receiving the MMR vaccine, especially in view of the fact that many parents may have been misled by research published in the UK some years ago, the validity of which has now been questioned; and if he will make a statement on the matter. [7012/04]

Minister for Health and Children (Mr. Martin):

The MMR vaccine protects against measles, mumps and rubella and, in accordance with the recommendations of the immunisation advisory committee of the Royal College of Physicians of Ireland, can be administered to children between 12 and 15 months of age. A vaccine uptake rate of 95% is required to protect children from the diseases concerned and to stop the spread of the diseases in the community. Measles, in particular, is a highly infectious and serious disease; approximately one in 15 children who contract measles suffer serious complications.

I am concerned about the unsatisfactory MMR immunisation uptake rates because of the risk of unimmunised children contracting the potentially serious diseases concerned. The outbreak of measles in 2000, which resulted in approximately 2,000 cases and three deaths, is evidence of the consequences of insufficient immunisation uptake. Based on information available from the National Disease Surveillance Centre, NDSC, there was a significant increase in 2003 in the number of reported measles cases. In 2002, 243 cases of measles were reported but provisional returns for 2003 indicate that there were 586 measles cases during that year. This underlines the importance of raising the immunisation uptake to the optimal level of 95% against measles and the other potentially serious infectious diseases.

However, I am encouraged by the most recent statistics from the NDSC which show that for the third quarter of 2003 MMR uptake for children up to 24 months of age was 81%. This uptake rate had increased from 77% in the previous quarter in 2003 and from 73% in the comparative quarter in 2002.

In 2003, CEOs in all health boards and the ERHA were asked to ensure that specific immunisation measures were prioritised in all regions to prevent a serious measles outbreak. A national immunisation steering committee was established to address a wide range of issues relating to the childhood and other immunisation programmes, including the identification of issues that are hampering the achievement of uptake targets. I launched the report of the steering committee in April 2002 and a national

implementation group was subsequently established to draw up a phased national implementation plan based on the report's recommendations.

Following consideration of proposals about childhood immunisation which were submitted by the national implementation group through the Health Boards Executive, HeBE, on behalf of the health boards, €2.116 million was allocated by my Department in 2003 to fund initiatives to improve childhood immunisation uptake. A further €2.778 million has been allocated for that purpose this year.

There is concern among some parents about the measles, mumps and rubella, MMR, vaccine. Negative coverage on this issue has added to the confusion of parents in deciding whether to vaccinate their children. In April 2002, I launched the "MMR Vaccine Discussion Pack", an information guide for health professionals and parents. The pack was produced by the NDSC and the department of public health, Southern Health Board, and was published by HeBE on behalf of the health boards. The pack sets out the facts on the most common concerns about MMR in a way that will help health professionals and parents to explore these concerns together, review the evidence regarding MMR and provide the basis for making an informed decision. The information is presented in such a way as to allow full discussion between health professionals and parents on each issue.

The pack also contains an information leaflet for parents. It is set out in question and answer format and addresses such issues as the alleged link between MMR and autism and Crohn's disease, the safety and side effects of the vaccine, the purpose of a second dose of vaccine, combined vaccine versus single doses and contraindications to the vaccine. The pack will enable health professionals to respond to the real concerns of parents.

There is a sound evidence basis for the use of the MMR vaccine. Since the original publication of the UK research from Dr. Andrew Wakefield about a possible causal link between MMR vaccine and autism, many researchers have investigated the proposed causal relationship and concluded that there is no link between MMR vaccine and autism or inflammatory bowel disease. My Department's submission to the Oireachtas committee contains further details on the scientific evidence in this regard. In Ireland, this issue has been examined by the immunisation advisory committee of the RCPI and the Irish Medicines Board. The conclusions are that there is no evidence to support the association between MMR vaccines and the development of autism or inflammatory bowel disease and the vaccine is safer than giving the three component vaccines separately. The Oireachtas committee also endorsed the safety of the MMR vaccine.

The international consensus from professional bodies and international organisations is that the MMR is a safe and effective vaccine. The institutions include the Medical Research Council expert committee and the British Committee on Safety of Medicines in the UK, the Centres for Disease Control and Prevention, CDC, and the American Academy of Paediatrics in the USA as well as the World Health Organisation. Studies by the United States Institute of Medicine concluded that there is no link between the vaccine and autism or inflammatory bowel disease. A large Finnish study involving 1.8 million individuals demonstrated that no case of inflammatory bowel disease or autism was linked to the MMR vaccine.

A recent UK study where researchers analysed 2,000 studies from 180 countries found no evidence of a causal link between MMR vaccine and autism or inflammatory bowel disease. A similar Swedish study found no increase in cases of autism in the ten years during which MMR vaccine was introduced. In late 2002, the New England Journal of Medicine published details of a study of more than 500,000 children born in Denmark between January 1991 and December 1998 which indicated that the risk of autism was the same for children regardless of whether they were vaccinated with MMR. The World Health Organisation, WHO, strongly endorses the use of MMR vaccine on the grounds of its convincing record of safety and efficacy.

Dr. Simon Murch of the Centre for Paediatric Gastroenterology, Royal Free and University College Medical School, London, who had originally questioned the safety of the MMR vaccine, categorically supports use of the MMR vaccine. In the November 2003 edition of "The Lancet" he states that "...by any rational standards of risk/benefit calculation, it is an illogical and potentially dangerous mistake for parents to be prepared to take their children in a car on the motorway or in an aeroplane on holiday, but not to protect them with the MMR vaccine. An unprotected child is not only at personal danger, but represents a potential hazard to others, including unborn children". I am aware that the editor of "The Lancet" has said in recent days that the journal had learned of a "fatal conflict of interest" concerning the research carried out by Dr. Wakefield. The British General Medical Council is to examine this matter.

Some health boards have undertaken measures to improve vaccine uptake in their region. These include: information sessions for professionals, for example, doctors and nurses in the area; information sessions for parents; distribution of information to the public, for example, leaflets on MMR available in public areas; advertisements taken out in local papers; advertisements on local radio stations; advice regarding immunisation, including MMR, forms part of every public health nurse consultation with parents; information

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leaflets displayed prominently in all health centres; information given to schools regarding the booster MMR; follow up of parents by letter and telephone where children have not been vaccinated; follow up with GPs and nurses regarding children in their area who have not been vaccinated; and information sessions for staff. I am currently considering proposals for carrying out a nationwide media campaign to increase awareness of the need for immunisation.

I urge all parents to have their children immunised against the diseases covered by the childhood immunisation programme to ensure that both their children and the population generally have maximum protection against the diseases concerned. This is particularly important at present in light of the increase in reported measles cases.

Water Fluoridation.

112. **Mr. English** asked the Minister for Health and Children if the regulation amending the optimal level of fluoride in drinking water from 0.8 to 1.0 ppm to be between 0.6 and 0.8 ppm as recommended by the forum on fluoridation has yet been implemented. [6889/04]

Minister for Health and Children (Mr. Martin):

The use of fluoride technology is known to manifest a positive oral health outcome. Local and national surveys and studies conducted since the introduction of fluoridation in this country attest to the reduced dental decay levels of children and teenagers in fluoridated areas compared to those residing in non-fluoridated areas. The safety and effectiveness of water fluoridation has been endorsed by a number of international and reputable bodies such as the World Health Organisation, the Centre for Disease Control and Prevention, the United States Public Health Service and the United States Surgeon General.

I established the forum on fluoridation to review the fluoridation of public piped water supplies in Ireland. The forum's report was launched on 10 September 2002 and its main conclusion was that the fluoridation of public piped water supplies should continue as a public health measure. The forum also concluded that: water fluoridation has been effective in improving the oral health of the Irish population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that at the maximum permitted level of fluoride in drinking water at one part per million, human health is not adversely affected; and dental fluorosis, a form of discolouration of the tooth enamel, is a well-recognised condition and an indicator of overall fluoride absorption, whether from natural sources, fluoridated water or from the inappropriate use of fluoride toothpaste at a

young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

The forum consisted of people with expert knowledge spanning the areas of public health, biochemistry, dental health, bone health, food safety, environmental protection, ethics, water quality, health promotion and representatives from the consumer and environmental areas. This diversity of professional backgrounds and representation was reflected in the comprehensive way the forum conducted its work and research. Ultimately, the forum took an evidence based approach to its examination of water fluoridation.

The forum on fluoridation made several recommendations concerning the continuing use of fluoride technology in this country. Redefining the optimal level of fluoride in drinking water was one of the recommendations of the forum and these changes are part of a long-term strategy to reduce levels of mild dental fluorosis in children. The report made 33 recommendations covering a broad range of topics such as research, public awareness and policy and technical aspects of fluoridation.

The establishment of the expert body recommended by the forum is now well under way. The terms of reference of the expert body are: to oversee the recommendations of the forum on fluoridation; to advise the Minister and evaluate ongoing research—including new emerging issues—on all aspects of fluoride, its delivery methods and as an established health technology and as required; and to report to the Minister on matters of concern, either at his or her request or on its own initiative.

The expert body will have broad representation, including from the areas of dentistry, public health medicine, toxicology, engineering, management, environment and the public. Letters of invitation have been issued to prospective members of the body. Based on the acceptances which have been received, the body will have a strong consumer input in terms of members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs. My Department is in discussions about the chair of the expert body and I expect to be able to announce a decision in that respect in the near future.

The secretariat of the body will be provided by the Irish Dental Health Foundation, an independent charitable trust which has been to the fore in securing co-operation between private and public dentistry and the oral health care industry regarding joint oral health promotion initiatives. The foundation's stature and expertise place it in an excellent position to support the work of the forum in its initial stage. The forum's report envisages that the work of the expert body may be subsumed into the health information quality authority in due course. The support of

the foundation allows us to press ahead with the establishment of the expert body in advance of the establishment of HIQA. I understand that the intention is to have an inaugural meeting of the expert body in early April.

A large body of research on different aspects of fluoride technology has been completed and this will be considered by the expert body. It is anticipated that the work of the expert body will impact on the applicable regulations and that the amendment to the recommended level of fluoride will be addressed in that context.

Drug Abuse.

113. **Mr. Quinn** asked the Minister for Health and Children the steps he is taking to provide a preventative programme to reduce the level of opiate related deaths, especially in the Dublin area where the death toll from opiates is now running at the same level as from traffic accidents; and if he will make a statement on the matter. [7016/04]

Minister for Health and Children (Mr. Martin): The Central Statistics Office, CSO, compiles the general mortality register's official statistics on direct drug related deaths each year. The figures on direct opiate related deaths in Dublin from 1997 to 2000 are as follows: 1997—50; 1998—50; 1999—70; and 2000—63. I am informed by the Department of Transport that road accident fatalities in Dublin from 1999 to 2002 are as follows: 1999—57; 2000—69; 2001—53; and 2002—49. The breakdown of figures for 2003 is not yet available.

At present, drug related deaths are recorded by the general mortality register of the CSO, based on the international classification of diseases, ICD, code system. Other countries have developed dedicated systems for recording drug related deaths and it is important, for the purposes of comparative analysis, that the Irish system is capable of generating an equivalent level of information. It is for this reason that one of the actions contained in the national drugs strategy calls for the development of an accurate mechanism for recording the number of drug related deaths. Overall responsibility for this action rests with the coroner's service and the Central Statistics Office. Work has commenced on progressing this action and my Department is continuing to co-operate with the relevant agencies to establish a mechanism to record accurately the position with drug related deaths.

The overall objective of the National Drugs Strategy 2001-2008 is to reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research with the ultimate aim of leading a drug free lifestyle. The health related aspects of the national drugs strategy focus in particular on education and prevention and treatment and rehabilitation,

including substitution treatment under the methadone protocol.

The number of methadone treatment places has expanded considerably in recent years, in line with the Government's commitment under the national drugs strategy. At the end of December 2003 there were 6,883 people receiving methadone treatment. This compares with a figure of just over 5,000 at the end of 2000. In the Eastern Regional Health Authority there are currently 59 drug treatment locations. This compares with 12 locations in 1997. Outside the ERHA, treatment clinics have been established in the South Eastern Health Board, Mid-Western Health Board, Western Health Board and Midland Health Board. General practitioners and pharmacists also provide treatment services and their involvement has also increased over the last number of years.

The boards aim to address substance abuse by providing effective and sustainable services working in partnership with clients and with fellow service providers. All clients entering the addiction services are assessed and appropriate treatment plans are identified based on clients' needs. Decisions concerning the appropriate treatment for patients are made in accordance with best practice guidelines. Overdose prevention is an inherent part of the comprehensive range of services which the boards provide, including education and prevention, treatment and rehabilitation, counselling and harm reduction. International evidence supports the view that opiate users are safer in treatment. Every effort, therefore, is made to encourage clients to engage in treatment.

For opiate users outside of treatment, outreach workers and needle exchange services actively engage drug users to promote safer drug using practices to address the risks involved in terms of overdose, transmission of blood borne viruses and unsafe sex practices. Harm minimisation is at the core of the three area health boards' outreach strategy and this includes the risk of overdose. Building on existing initiatives, one area health board has designed a series of posters and leaflets, due to be piloted in spring 2004, directly addressing risk factors contributing to overdose and how individuals can best provide assistance to those who may have overdosed.

This is taking place as part of a health promotion programme, which has been designed to promote service users taking a more active role in their own health in a range of areas. With regard to the increased risk of overdose facing opiate users who are released from prison, there are protocols in place for the transfer of those who are engaged in substitute treatment while incarcerated to facilitate their take up for treatment on release.

Hospital Services.

114. **Ms O. Mitchell** asked the Minister for Health and Children the number of specialist breast units that have been established as recommended in the 2001 report on the development of services for symptomatic breast disease; and the number that have the full recommended complement of multidisciplinary professionals. [6892/04]

Minister for Health and Children (Mr. Martin): Since 1997 there has been a cumulative additional

investment in excess of €550 million in the development of appropriate treatment and care services for people with cancer, including breast cancer. This is reflected in a significant increase in activity, with breast cancer surgery increasing by 39% nationally. A total of 81 additional consultants have been approved during this period. Specialities include oncologists, histopathologists, radiologists, haematologists, palliative care, radiation oncologists and surgeons with a special interest in breast disease. This data, broken down by speciality, is set out on the following table.

	Oncologist	Histo-pathologist	Radiologist	Haematologist	Palliative Care	Radiation Oncologist	Surgeon SI Breast	Total
ERHA	5	5	6	0	3	2	5	26
MHB	1	1	1	1	0	0	1	6
MWHB	1	1	0	2	1	0	1	8
NEHB	*2	3	2	1	1	0	2	10
NWHB	2	1	0	2	1	0	1	8
SEHB	3	1	1	1	1	0	2	10
SHB	2	3	1	1	0	0	1	8
WHB	2	4	1	1	1	1	1	11
Total	15	19	12	9	8	3	14	81

*ERHA posts linked to the NEHB

In addition, 195 cancer nurse specialists have been appointed during the period 2000 to 2002, including nurses in breast care, palliative home

care and oncology. A separate table by health board and speciality is set out below.

Breakdown of Clinical Cancer Nurse Specialist Appointments

Nurse Specialists	ERHA	MWHB	MHB	NEHB	NWHB	SEHB	SHB	WHB	Total
Breast Care	5	2	1	1	2	1	2	3	17
Cancer Co- Ordinator	3								3
Chemotherapy	2								2
Oncology	3			5	5	3	7	5	28
Oncology Liaison	3					1		2	6
Oncology/ Breast Care						3			3
Oncology/ Palliative Care			1						1
Palliative Home Care	39	14	7	10	6	16	14	11	117
Stoma Care	8			3	2	1	1	2	17
Stoma and Breast Care		1							1
	63	17	9	19	15	25	24	23	195

With regard to the development of specialist units on the basis recommended in the report on the development of services for symptomatic breast disease, five units are operational. These are at the Mater Misericordiae Hospital, St. Vincent's Hospital, St. James's Hospital, Tallaght Hospital and Waterford Regional Hospital. The other eight units are at various stages of development.

Private Provision of Health Services.

115. **Mr. Allen** asked the Minister for Health

and Children if he will clarify his Department's policy in respect of the private provision of health services and specifically if there is a procurement policy; and if not, if one is envisaged in respect of areas of new and costly private provision such as dialysis and radiotherapy and in the less specialist but equally important area of nursing home provision. [6924/04]

Minister for Health and Children (Mr. Martin):

The provision of private health care has been a long standing feature of the Irish health care system. The issue of procurement of services from

the private health care sector, including the areas referred to by the Deputy, is a matter for individual health agencies in the first instance.

Health agencies, in line with all agencies spending public funds, are required to comply with the public procurement law regime. The regime applies to the procurement of works, services and supplies by agencies financed in whole or in part by public funds.

Obesity Incidence.

116. **Mr. Sherlock** asked the Minister for Health and Children the steps he intends to take to deal with the threat to health posed by the rising level of obesity identified in the recent annual report of the National Nutritional Surveillance Centre; and if he will make a statement on the matter. [7064/04]

131. **Mr. Gormley** asked the Minister for Health and Children the reason his Department is not doing more to promote cycling and walking as means of protecting against obesity; if he will undertake a joint programme with the Department of Transport to ensure that there are safe cycling and walking routes to schools; and if he will make a statement on the matter. [7072/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 116 and 131 together.

The Slán survey published in 2003 highlights that 47% of the Irish population are overweight or obese in 2002 compared to 42% in 1998, with levels of obesity increasing from 10% to 13% in the same period. In addition, the numbers of those reporting no physical activity at all have increased among both men, from 21% to 30%, and women, from 20% to 25%. The results of these surveys reflect a similar situation at global level. Developed countries are documenting increasing levels of overweight and obesity. A position paper prepared by the international obesity task force recommends that national obesity task forces be established to develop and implement strategies to counteract the epidemic of obesity.

In response to these trends and in line with the EU Health Council conclusions that member states need to address the issue of obesity using established national structures, I am currently in the process of establishing a national obesity task force. The task force will be drawn from a broad range of representative and relevant bodies and I plan to announce the establishment of this initiative shortly. The task force will develop a strategy to address the obesity levels in Ireland. This will require a societal approach and cross sectoral working. Included among these will be the need to address transport policies, especially

initiatives and programmes aimed at young children.

Over the last number of years there has been a significant increase in health promotion activities and campaigns targeting obesity. These will have a long-term impact in addressing this issue. The campaign “Let it Go — just for 30 minutes” focused on the message that even minor increases in the level of activity can lead to positive health benefits. The national healthy eating campaign has, over recent years, concentrated on encouraging people to eat four or more portions of fruit or vegetables per day. As part of these campaigns health boards provide regional and local focus in schools, communities and other settings.

As a direct result of funding from the cardiovascular health strategy there are now 36 additional community dieticians in post. These dieticians have formed partnerships with community groups to provide nutrition education, cookery programmes and healthy eating projects. The majority of boards have been resourced to run specific targeted, focused, sustained programmes aimed in particular at those on low income. Physical activity co-ordinators have also been appointed in each board, promoting physical activity among the population as recommended in the national strategies. In 2002 the physical activity campaign promoted walking as an excellent means of increasing levels of physical activity.

The health promotion unit, in partnership with the Department of Education and Science, has been involved in the development of the social and personal health education curriculum which is now being implemented in primary schools. An important element of this initiative is the emphasis placed on physical health, recognising the importance of promoting physical activity as an essential component of a healthy lifestyle. The health promotion unit has also partly funded the Irish Heart Foundation’s “Get Kids on the Go” campaign which aims to increase the levels of physical activity in school-going children.

“Playground Markings”, a component of the “Get a Life, Get Active” campaign, is an initiative supported by the health promotion unit of my Department. This initiative, using traditional games, aims to encourage children to participate in physical activity in the school playground. Slí na Sláinte is an initiative which is partly funded by the health promotion unit. There is ongoing development of the walks nationwide giving people the opportunity to walk in healthy safe environments. The routes are marked in kilometre intervals to enable people to gauge the distance they have walked.

Home Births.

117. **Mr. Sargent** asked the Minister for Health

[Mr. Sargent.]

and Children the plans he has to encourage home births; his views on whether there are now fewer opportunities for women to avail of a home birth; and if he will make a statement on the matter. [7090/04]

Minister for Health and Children (Mr. Martin):

The policy of my Department is that on medical grounds, the delivery of babies should take place in consultant staffed maternity units. It is generally accepted that this policy has contributed to the marked decrease in the level of maternal, perinatal and infant mortality. The maternal mortality rate decreased from 24.8 per 100, 000 live births and stillbirths in 1971 to 1.8 in 2000. The perinatal mortality rate fell from 22.8 per 1,000 live births and stillbirths in 1971 to 9.0 in 2000 while the infant mortality rate fell from 18.0 per 1,000 births to 5.8 in 2001 — Source: Health Statistics, 2002, Table B11.

Three pilot home birth projects were established between 1999 and 2001 with funding from my Department: a community midwifery service, conducted in Cork by the Southern Health Board; a hospital outreach approach conducted by the Western Health Board and based at the University College Hospital, Galway; and a DOMINO/outreach project, domiciliary care in and out of hospital, based at the National Maternity Hospital, Holles Street. The Galway project was suspended by the Western Health Board in 2003. This has resulted in fewer opportunities for women to have home births in the Galway area.

The external evaluation of the three pilot home birth projects in Dublin, Cork and Galway and the service in the South Eastern Health Board area has now been completed. This evaluation was carried out under the auspices of the national domiciliary births group, established by the health board chief executive officers in 2003 at the request of my Department. The national domiciliary births group plans to hold information sessions during this month and report to the CEOs by mid-June. The group's report will make recommendations on the long-term approach, arising from the outcome of the pilot schemes. This report will inform the development of future national policies, procedures and protocols for domiciliary births.

Meanwhile, health boards in general make available grants towards midwifery services in respect of home births where women contract an independent midwife. The maximum grant is €1,270 for full midwifery service.

Air Pollution.

118. **Mr. Gogarty** asked the Minister for Health and Children if his attention has been drawn to the links between air pollution caused by car exhausts and ill health; the steps his Department

intends to take to deal with this; and if he will make a statement on the matter. [7085/04]

Minister for Health and Children (Mr. Martin):

On 5 June 2002, the then Minister for the Environment and Local Government introduced the air quality standards regulations 2002 for the purpose of giving effect to Council Directives 96/62/EC on ambient air quality assessment and management, 1999/30/EC relating to limit values for sulphur dioxide, nitrogen dioxide and oxides of nitrogen, particulate matter and lead in ambient air, and 2000/69/EC relating to limit values for benzene and carbon monoxide in ambient air. These regulations are, *inter alia*, intended to avoid, prevent or reduce harmful effects on human health and the environment from these emissions, which arise as a result of combustion generally but, to a significant extent, from the internal combustion engine.

The regulations: establish limit values and, as appropriate, alert thresholds for concentrations of certain pollutants in ambient air intended to avoid, prevent or reduce harmful effects on human health and the environment as a whole; provide for the assessment of concentrations of certain pollutants in ambient air on the basis of methods and criteria common to the member states of the European Communities; provide for the obtaining of adequate information on concentrations of certain pollutants in ambient air and ensure that it is made available to the public, *inter alia*, by means of alert thresholds; and provide for the maintenance of ambient air quality where it is good and the improvement of ambient air quality in other cases with respect to certain pollutants.

The Environmental Protection Agency has overall responsibility for the co-ordination of ambient air quality monitoring in Ireland in accordance with EU directives. My Department has no responsibility for monitoring of air quality.

Psychiatric Services.

119. **Mr. McGinley** asked the Minister for Health and Children if his attention has been drawn to the proposals contained in the Sainsbury report into the psychiatric services in the north west; if he will detail the concerns in the area regarding these proposals; and if he will make a statement on the matter. [6825/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): I am informed by the North Western Health Board that the report referred to is a review commissioned by the board on the delivery of mental health services in the region, which makes proposals for development of the services in the future. It has not been submitted to my Department.

I am further informed by the board that the draft report has been circulated and a

consultation process with staff and service users has been engaged in, and that a report will be presented to the board members shortly with recommendations based on the review and the consultation process.

Medical Cards.

120. **Ms O'Sullivan** asked the Minister for

Date	No. of medical cards	No. of persons covered	Percentage of the population
June 2002	783,612	1,207,096	30.81%
February 2004	759,654	1,149,081	29.33%

The reduction in the number of persons being covered by medical cards in recent years can be attributed in some measure to the rise in the numbers of persons in employment. Another factor was the data cleaning exercise which was carried out on medical card lists on health boards' databases. Since early 2003 this has nationally resulted in in excess of 80,000 persons being removed from the registers. It should be noted that most of these deletions arose from normal medical card review activity.

Hospital Services.

121. **Mr. Quinn** asked the Minister for Health and Children the steps being taken to address the continuing crisis in the acute hospital service, especially in the greater Dublin area, as a result of which many patients have to spend long periods on trolleys in accident and emergency units awaiting admission; the steps in particular he intends to take to deal with the problems of bed blockers; and if he will make a statement on the matter. [7014/04]

232. **Mr. Durkan** asked the Minister for Health and Children the extent to which adequate accident and emergency staff are available to meet requirements at the various hospitals throughout the country; the areas in which deficiency has been identified; and if he will make a statement on the matter. [7258/04]

Minister for Health and Children (Mr. Martin): I propose to answer Questions Nos. 121 and 232 together.

There are a number of initiatives under way at present in order to deal with pressures in emergency medicine departments. Planning for the discharge of patients by acute hospitals and the liaison with the community services has been prioritised on an ongoing basis by the Eastern Regional Health Authority and the health boards. I have provided an additional €12.6 million — €8.8 million to the ERHA and €3.8 million to the Southern Health Board — to facilitate the discharge of patients from the acute system to a more appropriate setting thereby freeing up acute beds. A report entitled *Acute Hospital Bed Capacity — A National Review*, carried out by my Department, identified a

Health and Children the number of persons who held medical cards in June 2002 and at the latest date for which figures are available and the proportion of the population this represents in respect of each such date [7024/04]

Minister for Health and Children (Mr. Martin): The details requested are as follows:

requirement for an additional 3,000 acute beds in acute hospitals by 2011 and this requirement is reflected in the Government's health strategy, *Quality and Fairness — A Health System for You*. Some 568 of the 709 beds in the first phase have been commissioned to date of which 260 are in the eastern region. The ERHA is currently working closely with the major acute hospitals in Dublin with a view to re-opening beds which were temporarily closed last year. As part of the winter initiative, an additional 20 emergency medicine consultants have been appointed from the 29 approved. Additional appointments are being progressed by the health boards and the ERHA. It is also worth noting that the number of emergency medicine consultants in the eastern region has increased from ten to 21 in the past five years. A review of the nurse staffing levels in emergency departments is also being progressed by the Health Services Employers Agency in consultation with the health service management representatives and the nursing unions. Emergency medicine departments may sometimes have to deal with injuries and conditions which are more appropriate to a primary care setting. General practitioner out-of-hours co-operatives have been established and are operating in at least part of all health board areas, with one health board, the North Eastern Health Board, having a region wide project. A total of €46.5 million has been allocated for the development of out-of-hours co-operatives between 1997 and 2003.

I assure the Deputies that I will continue to work with the various health agencies in looking for short-term and longer term solutions to the current difficulties.

Health Services Reform.

122. **Ms B. Moynihan-Cronin** asked the Minister for Health and Children the progress made to date with regard to implementation of the Prospectus report on health structures; when he expects to introduce legislation to provide for the establishment of the four new regional health authorities; the provision there will be for democratic accountability in regard to these new authorities; when he expects that the new authorities will be operational; the plans he has

[Ms B. Moynihan-Cronin.]
for appointments to health boards in the period between the local elections in June 2004 and the establishment of the new authorities; and if he will make a statement on the matter. [7020/04]

164. **Ms Lynch** asked the Minister for Health and Children the progress made to date with regard to the implementation of the recommendations of the Brennan report; and if he will make a statement on the matter. [7019/04]

165. **Mr. Howlin** asked the Minister for Health and Children the steps taken to date to implement the recommendations of the Commission on the Financial Management and Control Systems in the Health Service; when it is expected that the HSE will be established; the terms of reference and the programme of work for the interim HSE; and if he will make a statement on the matter. [7017/04]

Minister for Health and Children (Mr. Martin):
I propose to answer Questions Nos. 122, 164 and 165 together.

The Deputy is aware that the reports of Prospectus on structures and functions of the health system and of the Commission on Financial Management and Control Systems in the Health Service form the key base documents for the Government's health services reform programme together with the report of the National Task Force on Medical Staffing.

The implementation of these reports is currently under way and will result in a single unitary national structure for health service planning and delivery. The Deputy should note that there will not in fact be four regional health boards. Instead, there will be a single unitary structure, the HSE, which will be supported by three pillars, one of which will manage the delivery of primary, community and continuing care services. This pillar will be organised through four regions for administrative purposes. I have already clarified this in the House.

I am conscious of the concerns to ensure that there is adequate governance of the new structures in a radically restructured health system together with appropriate representation. This is a matter that will continue to receive consideration. I am satisfied that the new arrangements, combined with the introduction of system-wide best practice governance and accountability systems, will ensure a stronger more effective health system and an improved health service for patients and clients.

It is intended that the Health Service Executive will be established on a full statutory basis by January 2005. Work on the preparation of the necessary primary legislation is well under way. Meanwhile the board of the Interim Health Service Executive, established last November, held its first meeting in January. The interim HSE is being assigned responsibility for ensuring that all necessary measures are in place to ensure an

orderly transfer from existing statutory agencies of authority, responsibility and accountability for the management and delivery of publicly funded health services. In particular, the interim board will have responsibility for: recommending the senior management structure for the new executive; recommending regional boundaries and location of regional headquarters for primary, community and continuing care services and appropriate management structures for consideration by the Government; and within approved parameters, selection and appointment of a chief executive officer to the HSE and subsequent appointments at senior management level.

Irish Blood Transfusion Service.

123. **Mr. Kenny** asked the Minister for Health and Children if PCR testing is available in both Dublin and Cork; if the Progesa integrated computer system is operational and compatible between the two sites; if operational standards are being kept under systematic review to ensure that they comply with good manufacturing practice and with the new blood directive which has to be implemented before the end of February 2005; and if he will make a statement on the matter. [6917/04]

147. **Mr. Neville** asked the Minister for Health and Children if there will or have been capital costs associated with the decision to have a second blood testing site in Cork; and if he will make a statement on the matter. [6913/04]

Minister for Health and Children (Mr. Martin):
I propose to answer Questions Nos. 123 and 147 together.

The board of the Irish Blood Transfusion Service decided that nucleic acid amplification technology — NAT — testing, otherwise known as PCR testing, should be carried out at its centres in Dublin and Cork.

Development of the NAT laboratory began at the National Blood Centre in Dublin last summer and was completed before Christmas. Parallel NAT testing with the Scottish National Blood Transfusion Service commenced on 4 February 2004. Parallel testing will remain in place for 12 weeks. When the parallel testing period concludes, NAT testing for both centres will be carried out at the National Blood Centre.

It is intended to implement NAT in Cork in 2005. The timeframe has been determined by the need to enhance accommodation in the current facility and the implementation of other technologies to maintain current services. An interim buildings solution is currently in progress and it is expected that this will be completed by the end of August 2004. This will provide accommodation suitable for the performance of NAT.

The IBTS proposes to replace the current facility in Cork with a new blood centre at an estimated capital cost of €28 million.

The Irish Medicines Board, as the regulatory authority, inspects the IBTS centres in Dublin and Cork twice yearly to ensure compliance with good manufacturing practice. It is proposed to extend the remit of the IMB to include ensuring compliance with the terms of the EU blood directive which will come into force in February 2005.

The Progesa computer system went live in Cork on 18 March 2003 and in Dublin on 6 May 2003. Progesa is an integrated system which is compatible between all IBTS sites.

Cancer Screening Programme.

124. **Ms Burton** asked the Minister for Health

Board	Routine	Urgent
ERHA	4-16 weeks	1-3 weeks
NEHB	8-9 weeks	Under 1 week
NWHB	16 weeks	4 weeks
SHB	3 weeks —29 days	2 days —1 week
WHB	5 weeks	Under 3 weeks

I should point out that phase one of the national cervical screening programme has been up and running in the Mid-Western Health Board since October 2000. Under the programme, cervical screening is being offered at five year intervals to approximately 74,000 women in the 25-60 age group, free of charge.

The national health strategy includes a commitment to extend the programme to the rest of the country. The Health Boards Executive, HeBE, has initiated an examination of the feasibility and implications of a roll out of the national programme which is a major undertaking with significant logistical and resource implications. The work currently being undertaken as part of the roll out includes an evaluation of phase one, policy development and the establishment of national governance arrangements. This work has regard to both the experiences gained from the phase one programme and other international programmes as well as current best practice.

The evaluation of phase one is a key element in informing the development of a high quality cervical screening model for Ireland. The evaluation is currently under way and it is anticipated that it will be completed within the next few months. Once completed, HeBE has advised that it will be in a position to prepare a draft roll out plan.

With regard to the issue of resourcing of cervical cytology laboratories, it is the case that over the past number of years my Department has allocated additional funding to support the ongoing development and enhancement of cervical cytology services including the achievement of a reduction in waiting times for smear test results. The funding has facilitated the employment of staff, provision of training,

and Children if his attention has been drawn to the fact that some women are still waiting up to four months for the results of cervical smear tests; the steps he intends to take to reduce this waiting time and ensure that women receive the results promptly; and if he will make a statement on the matter. [7007/04]

Minister for Health and Children (Mr. Martin):

Having made enquiries of the Eastern Regional Health Authority and those health boards in which there are laboratories undertaking the analysis of cervical smears, I am advised that the position with regard to turnaround times is as follows:

introduction of new technologies such as liquid-based cytology, investment in new equipment and upgrading of facilities. Further additional funding amounting to €500,000 was allocated in 2004 as part of a programme of continued investment in cervical cytology and colposcopy services.

Health Services Reform.

125. **Dr. Twomey** asked the Minister for Health and Children his views on the fact that the Hanly report did not specifically deal with industrial relations issues; and if he has information on the way in which the workload in general practice and the qualifications of ambulance personnel will affect the reforms proposed in the Hanly report. [6830/04]

Minister for Health and Children (Mr. Martin):

The National Task Force on Medical Staffing agreed from the outset of its work that it would not deal with industrial relations matters, and that any of its proposals which had implications for industrial relations would be referred to the appropriate forum for those issues.

The implications of the Hanly report's recommendations for general practice and the ambulance service will be fully taken into account as we move towards implementation. There will be close liaison with general practice and with the primary care task force. The implementation groups in the two regions examined in detail by the Hanly group, the east coast and mid-western areas, include representation from general practice. There is also representation from general practice on the acute hospitals review group, the membership of which I announced recently.

The training of ambulance personnel to emergency medical technician, advanced EMT-A

[Mr. Martin.]

standard, is a key element of the Hanly report. I formally launched the EMT-A programme for the ambulance service in March 2003. Arising from this, the pre-hospital emergency care council, PHECC, has developed proposals on the introduction of the programme. The legislative changes necessary to facilitate this initiative are being progressed as a priority by my Department.

Nursing Home Subvention.

126. **Mr. Rabbitte** asked the Minister for Health and Children if terms of reference of the group established by his Department to undertake a review of the nursing home subvention scheme have been formulated; when he expects the report to be completed; and if he will make a statement on the matter. [7063/04]

Minister of State at the Department of Health and Children (Mr. Callely): I wish to advise the Deputy that the inaugural meeting of the working group took place in early December 2003. One of the items for discussion by the working group was the terms of reference for the review. The terms of reference as now agreed by the group are:

That the review will take into account issues arising from the interpretation of certain aspects of the 1990 Act and the Subvention Regulations which have arisen over the years, the Ombudsman's comments on the operation of the Nursing Home Subvention Scheme, the recommendations in the O'Shea and Mercer reports, and the views of clients and service providers on the operation of the Nursing Home Subvention Scheme.

The aims and objectives of the review will be: to recommend any changes necessary in the light of Prof. O'Shea's recommendations; to make recommendations on an equitable means assessment test for subvention; to make recommendations on the development of a standardised dependency test; to examine alternative care settings such as home care and to make recommendations for the funding of such care settings as an alternative to long-term residential care; to make recommendations on the development and implementation of quality care standards in institutional settings; and to make recommendations on such other matters as the group considers appropriate within the broad parameters of its mandate.

The ultimate aim of the review will be the development of a system which will be transparent, provide equity, be less discretionary, be financially sustainable and ensure a high standard of care is on offer to clients.

At this stage it is not possible to state exactly when the review will be finalised but it is expected to take at least 18 months to complete.

Classification of Drugs.

127. **Mr. Boyle** asked the Minister for Health and Children the consideration which is being given to reclassifying the drug cannabis as has happened in the United Kingdom. [3160/04]

Minister for Health and Children (Mr. Martin):

The recent reclassification of cannabis from a class B to a class C drug in the UK means that the maximum criminal penalties for possession of cannabis would be reduced and that the possession of cannabis would become a "non-arrestable offence". Possession would remain a criminal offence punishable by the criminal courts. The police would then have the option to "report for summons".

In Ireland, drugs are not classified for penalty purposes in the manner in which they are classified in the UK. While the various controlled drugs have been placed in various schedules, this classification in Ireland is exclusively for the purpose for the controls that are applicable to the classes concerned and have no consequences for the penalties that the courts may apply.

Possession of any controlled drug, without due authorisation, is an offence under section 3 of the Misuse of Drugs Act 1977. The legislation makes a distinction between possession for personal use and possession for sale or supply. Penalties for possession depend on the type of the substance, for example cannabis or other drugs, and on the penal proceeding, that is whether a summary conviction or a conviction on indictment is obtained. Penalties for unlawful possession for the purpose of sale or supply range from imprisonment for up to one year and-or a fine on summary conviction up to imprisonment for life and-or an unlimited fine if convicted on indictment.

Possession of cannabis and cannabis resin is considered in a different way to other drugs. Possession of cannabis or cannabis resin for personal use is punishable only by a fine on the first and second offences. In the case of a third and subsequent offence, possession for personal use would incur a fine and-or a term of imprisonment at the discretion of the courts. This would be for up to one year on summary conviction and if convicted on indictment imprisonment for up to three years and-or a fine. Possession in any other case would incur a penalty of imprisonment for up to one year and-or a fine on summary conviction and-or up to seven years imprisonment if convicted on indictment. Following the reclassification of cannabis to a class C drug in the UK, the equivalent penalties continue to be higher than those currently in force in this country.

The recent events in the United Kingdom, therefore, do not create a justification for any change in our laws or in our approach to the possession for personal use of cannabis or cannabis resin.

Nursing Staff.

128. **Mr. Sherlock** asked the Minister for Health and Children the steps being taken to address the continuing serious shortage of nurses; the steps being taken to ensure that qualified nurses remain in the hospital service; and if he will make a statement on the matter. [7066/04]

134. **Mr. Naughten** asked the Minister for Health and Children the efforts he has made to attract and retain nurses within the health service; and if he will make a statement on the matter. [6904/04]

163. **Mr. Durkan** asked the Minister for Health and Children the steps he has taken or proposes to take to ensure that adequate medical, surgical and nursing staff are available to meet current and future requirements having particular regard to overseas agencies recruiting here; and if he will make a statement on the matter. [6998/04]

236. **Mr. Durkan** asked the Minister for Health and Children the current requirements in terms of medical, nursing and surgical staff to ensure the operation of all hospitals and health institutions throughout the country; the degree to which this requirement is currently being met; his plans to address the shortfall in the foreseeable future; and if he will make a statement on the matter. [7262/04]

238. **Mr. Durkan** asked the Minister for Health and Children the plans he has to ensure the provision of the required levels of nursing staff at all hospitals and health boards throughout the country; and if he will make a statement on the matter. [7264/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 128, 134, 163, 236 and 238 together.

The chief executive officer of each individual health board has responsibility for the management of the workforce, including the appropriate staffing mix and the precise grades of staff employed within that board, in line with service plan priorities, subject to overall employment levels remaining within the authorised ceiling. Hence, the recruitment of health service staff in 2004 will take place in the context of the implementation of each health board's service plan. The Deputy may wish to note the increase in the approved employment level from 1997 to end 2003 was 27,985, 41%, bringing the approved employment ceiling to 95,800 in whole-time equivalent terms, excluding home helps. In the context of this extension, the implementation of some important initiatives are making an important contribution to strengthening the capacity of the health services to recruit and retain the high calibre professionals required in all disciplines to fill challenging and demanding roles central to the delivery of quality health and social care services to the public.

The Deputy will be aware of developments such as pay increases, improvements in career

structure and enhanced opportunities for professional and career development, which have all played a part in increasing staffing levels. The implementation of the pay recommendations of the public service benchmarking body will make a further contribution to recruitment and improved retention. Overseas recruitment by health agencies has, over recent years, also contributed significantly to meeting the workforce needs of the health services, particularly in professions where qualified staff are scarce. The implementation of these, and similar, developments will make an important contribution to strengthening the capacity of the health services to recruit and retain the high calibre professionals required in all disciplines to fill challenging and demanding roles central to the delivery of quality health and social care services to the public. It is, however, important to emphasise that staffing requirements overall must be viewed in the context of the very substantial increases in employment levels achieved in the health services over the past several years.

With regard to overseas agencies recruiting in Ireland, it must be acknowledged that freedom of movement of workers is protected and encouraged under existing EU policies to which Ireland fully subscribes. I would also point out that the number of overseas health professionals employed in the Irish health service is ample evidence of our ability to recruit from abroad and that overseas staff find Ireland an attractive location in which to pursue their careers. For many years, the Irish health service has benefited hugely from the international mobility of health professionals, and our educational and regulatory regimes are well adapted to ensuring the portability of professional qualifications.

I would also point out that comparing the latest available employment levels, September 2003, to those in 1997, there are 32.5%, an extra 8,200, more nurses, 36.8% more medical and dental personnel, an extra 1,832, and over double, 112%, the number of health and social care professionals, an extra 6,971, employed in the health services. This is a considerable achievement which reflects the success of the steps taken to increase the attractiveness of employment in the health services and also the ongoing measures being taken in areas experiencing shortages of fully trained and qualified staff.

The Health Service Employers Agency, HSEA, undertakes quarterly surveys of nursing vacancies, the latest of which is for the year ending 31 December 2003. The main points of the survey are: there were 994 extra nurses employed in the health service in the year ending 31 December 2003; 788 nurses were recruited from abroad in the year ending 31 December 2003; 329 nurses work every day in the hospitals as agency nurses; and the vacancy rate now stands at 1.73% nationally.

[Mr. Martin.]

While all sectors reported that recruitment was well ahead of resignations and retirements, employers reported that 675 vacancies existed at 31 December 2003, a decrease from 1,021 vacancies in December 2002. However, the combination of utilising agency nurses and overtime adequately compensates for this shortfall.

Since the surveys began, the number of vacancies as at 31 December 2003 is the lowest recorded. The highest number was at the end of September 2000, when employers reported 1,388 vacancies. The latest figure represents a reduction of 51% on September 2000.

The current vacancy rate of 1.73% has been declining steadily in recent years, and could be considered to be a normal frictional rate, given that there will always be some level of movement due to resignations, retirements and nurses availing of opportunities to change employment and locations.

I introduced a scheme of flexible working arrangements for nurses and midwives in February 2001. Under the scheme, individual nurses and midwives may apply to work between eight and 39 hours per week on a permanent part-time basis. The figure 33,442 whole-time equivalent nurses working in the health service translates into 39,119 individual nurses. Of these, some 28,366 work full-time, and 10,753 work job-sharing or other atypical patterns. Thus, over one quarter of the nursing workforce avails of family-friendly work patterns.

There have been substantial improvements in nursing pay since 1997. For example, a staff nurse on the maximum point of the scale has seen a 51% increase in basic pay up to 1 January 2004. Since 1998 nurses have been paid for overtime. Previously they had been given time off in lieu and the introduction of payment represents a further significant financial incentive for nurses.

Last year, 1,640 nursing training places were available, and this is 70% higher than the number available in 1998. In addition, there are now in excess of 800 places available on specialist postgraduate courses including accident and emergency, coronary care and oncology. A comprehensive package of incentives, including payment of fees and other financial supports, are available to nurses undertaking these courses.

The latest survey of numbers from the Health Services Employers Agency, HSEA, shows that, out of a total complement of 3,973 filled non-consultant hospital doctor posts as at 28 September 2004, there are 33 vacancies, giving a vacancy rate of just 0.83%. These statistics clearly show that we have a very low vacancy rate among the NCHD cohort this year. Comhairle na nOspidéal is the statutory body set up under the Health Act 1970 to regulate the number and type of appointments of hospital consultants in the Irish public health service. According to the recently published Comhairle na nOspidéal

consultant staffing report, during 2003, 93 additional consultant posts, a 5.4% increase on last year, were approved by the body. In the past five years 436 additional consultant posts have been approved by Comhairle na nOspidéal. This compares with 202 in the previous five years. The current consultant establishment at 1 January 2004 in the public sector was 1,824 which constitutes an average distribution of 2,148 of population per consultant throughout the country.

I am also conscious that, in view of the large numbers of staff employed and the unique nature of the services being delivered, it is imperative that a coherent, strategic approach to workforce and human resource planning be developed further and aligned closely with strategic objectives and the service planning process. Planning for the development of new and existing services in the future must be soundly based on a robust and realistic assessment of the skill and human resource needs to deliver these services. The issue of skill mix is also of paramount importance in meeting human resource needs. Enhanced skills, by matching skills to service needs, benefit patients and empower health personnel to reach their full potential and optimise their contribution to quality care.

I am, however, well aware that, in addition to effective planning to ensure the continued availability of a qualified, competent workforce, it is also necessary for the health service to become an employer of choice to further improve potential for recruitment and retention. While the record number of staff recruited into the health service in the past number of years shows the progress that has been made in this regard, even more can be achieved. Having recruited and developed such a large number of staff over recent years, it is a priority to retain them by offering a challenging and rewarding career path. In the human capital and skills intensive health sector, retention has been identified as a key issue in better people management. The continuing implementation of the Action Plan for People Management plays a crucial role in improving retention and reducing turnover of skilled staff, while providing the opportunity for each member of the workforce in the health sector, to maximise their contribution to the creation of a quality and patient-centred health service in line with the objectives of the health strategy.

Water Fluoridation.

129. **Mr. Eamon Ryan** asked the Minister for Health and Children the reason a person (details supplied) who attended the fluoridation forum has not yet received answers to the questions he raised there; and if he will make a statement on the matter. [7088/04]

Minister for Health and Children (Mr. Martin): The use of fluoride technology is known to manifest a positive oral health outcome. Local and national surveys and studies conducted since

the introduction of fluoridation in this country attest to the reduced dental decay levels of children and teenagers in fluoridated areas compared to those residing in non-fluoridated areas. The safety and effectiveness of water fluoridation has been endorsed by a number of international and reputable bodies such as the World Health Organisation, the Centre for Disease Control and Prevention, the United States Public Health Service and the United States Surgeon General.

As the Deputy is aware, I established the Forum on Fluoridation to review the fluoridation of public piped water supplies in Ireland. The forum's report was launched on 10 September 2002 and its main conclusion was that the fluoridation of public piped water supplies should continue as a public health measure.

The forum also concluded that: water fluoridation has been effective in improving the oral health of the Irish population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that at the maximum permitted level of fluoride in drinking water at one part per million, human health is not adversely affected; and that dental fluorosis, a form of discoloration of the tooth enamel, is a well-recognised condition and an indicator of overall fluoride absorption, whether from natural sources, fluoridated water or from the inappropriate use of fluoride toothpaste at a young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

The forum consisted of people with expert knowledge spanning the areas of public health, biochemistry, dental health, bone health, food safety, environmental protection, ethics, water quality, health promotion and representatives from the consumer and environmental areas. This diversity of professional backgrounds and representation was reflected in the comprehensive way the forum conducted its work and research. Ultimately, the forum took an evidence based approach to its examination of water fluoridation.

The forum's report emerged from 14 plenary meetings, several meetings of subgroups and oral presentations of material from both proponents and opponents of fluoridation. It invited the public to forward their views and examined more than 1,000 submissions. In adopting a participatory and evidence-based approach, it strove to ensure balance between participants from both sides of the debate on water fluoridation.

Following the publication of the forum report, members of the forum made presentations country-wide to various civic groups and bodies including the Irish Society of Toxicology and the Institute of Engineers. Many issues raised by the person concerned were covered in the forum report. It was not considered appropriate to respond comprehensively in the report to all of

the questions from the person concerned; a more comprehensive response to them will be published in the coming months.

Health Service Remuneration.

130. **Mr. O'Shea** asked the Minister for Health and Children the value of the remuneration package being awarded to the part time chairman of the Interim Health Service Executive; the remuneration package it proposed to award the chief executive of the HSE; and if he will make a statement on the matter. [7022/04]

Minister for Health and Children (Mr. Martin):

The executive chairman of the Interim Health Service Executive, HSE, is in receipt of a remuneration package totalling €100,000 per annum. This sum is commensurate with the considerable time commitment involved, the nature of the role to be performed and the experience and track record of the person appointed.

The value of the remuneration package applicable to the position of chief executive of the HSE has yet to be determined. This is currently the subject of discussions between my Department and the Department of Finance. The position will be advertised shortly.

Question No. 131 answered with Question No. 116.

Care of the Elderly.

132. **Caoimhghín Ó Caoláin** asked the Minister for Health and Children the steps he has taken and proposes to take to ensure the earliest possible resourcing of the senior citizens day care facility at the Cootehill health care centre; the staffing and transport arrangements he envisages and by what date he expects same to be in place; and if he will make a statement on the matter. [6879/04]

Minister of State at the Department of Health and Children (Mr. Callely): As the Deputy will be aware, the provision of health services in Cavan is, in the first instance, the responsibility of the North Eastern Health Board.

The board has informed my Department that it has attempted over many years to support the voluntary sector in the provision of day care services to older people through section 65 grant aid. The board has stated that it has had many successes across the region in this regard, none more so than in the Cavan and Monaghan region. In this regard, an offer of significant financial support was made to representatives of the Cootehill day care centre committee prior to Christmas, which was not acceptable to the committee. In light of this development, the board now proposes that an out-reach day service will commence at the Cootehill day care centre before the end of April. This will entail the redeployment of resources from services in Cavan to Cootehill to support the delivery of a

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service there, initially on one day per fortnight. Again, this approach has been successful in developing services in other locations. The board is hopeful of receiving as much support as possible from local voluntary groups for its endeavours in this regard and local health board management will meet with voluntary groups from the area to consider available options.

I am hopeful that the interventions to be put in place by the North Eastern Health Board during 2004 will result in a measurably improved service for the people of Cootehill and surrounding areas.

Water Fluoridation.

133. **Mr. Eamon Ryan** asked the Minister for Health and Children the precise costs to date of the fluoridation forum; and if he will make a statement on the matter. [7087/04]

Minister for Health and Children (Mr. Martin):

The use of fluoride technology is known to manifest a positive oral health outcome. Local and national surveys and studies conducted since the introduction of fluoridation in this country attest to the reduced dental decay levels of children and teenagers in fluoridated areas compared to those residing in non-fluoridated areas. The safety and effectiveness of water fluoridation has been endorsed by a number of international and reputable bodies such as the World Health Organisation, the Centre for Disease Control and Prevention, the United States Public Health Service and the United States Surgeon General.

As the Deputy is aware, I established the Forum on Fluoridation to review the fluoridation of public piped water supplies in Ireland. The forum's report was launched on 10 September 2002 and its main conclusion was that the fluoridation of public piped water supplies should continue as a public health measure.

The forum also concluded that: water fluoridation has been effective in improving the oral health of the Irish population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that at the maximum permitted level of fluoride in drinking water at one part per million, human health is not adversely affected; and dental fluorosis, a form of discoloration of the tooth enamel, is a well-recognised condition and an indicator of overall fluoride absorption, whether from natural sources, fluoridated water or from the inappropriate use of fluoride toothpaste at a young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

The forum consisted of people with expert knowledge spanning the areas of public health, biochemistry, dental health, bone health, food safety, environmental protection, ethics, water quality, health promotion and representatives from the consumer and environmental areas. This

diversity of professional backgrounds and representation was reflected in the comprehensive way the forum conducted its work and research. Ultimately, the forum took an evidence based approach to its examination of water fluoridation.

The report of the fluoridation forum made 33 recommendations covering a broad range of topics such as research, public awareness, and policy and technical aspects of fluoridation. The cost of the fluoridation forum to date is €335,796.77.

Question No. 134 answered with Question No. 128.

Water Fluoridation.

135. **Mr. Ring** asked the Minister for Health and Children if raw water is now checked for fluoride levels before fluoridation takes place in compliance with current regulations and as reiterated by the forum on fluoridation. [6897/04]

Minister for Health and Children (Mr. Martin):

The use of fluoride technology is known to manifest a positive oral health outcome. Local and national surveys and studies conducted since the introduction of fluoridation in this country attest to the reduced dental decay levels of children and teenagers in fluoridated areas compared to those residing in non-fluoridated areas. The safety and effectiveness of water fluoridation has been endorsed by a number of international and reputable bodies such as the World Health Organisation, the Centre for Disease Control and Prevention, the United States Public Health Service and the United States Surgeon General.

As the Deputy is aware, I established the forum on fluoridation to review the fluoridation of public piped water supplies in Ireland. The forum's report was launched on 10 September 2002 and its main conclusion was that the fluoridation of public piped water supplies should continue as a public health measure.

The forum also concluded that: water fluoridation has been very effective in improving the oral health of the Irish population, especially of children, but also of adults and the elderly; the best available and most reliable scientific evidence indicates that at the maximum permitted level of fluoride in drinking water at one part per million, human health is not adversely affected; and dental fluorosis, a form of discoloration of the tooth enamel, is a well-recognised condition and an indicator of overall fluoride absorption, whether from natural sources, fluoridated water or from the inappropriate use of fluoride toothpaste at a young age. There is evidence that the prevalence of dental fluorosis is increasing in Ireland.

The forum consisted of people with expert knowledge spanning the areas of public health, biochemistry, dental health, bone health, food

safety, environmental protection, ethics, water quality, health promotion and representatives from the consumer and environmental areas. This diversity of professional backgrounds and representation was reflected in the comprehensive way the forum conducted its work and research. Ultimately, the forum took an evidence based approach to its examination of water fluoridation.

The report of the fluoridation forum made 33 recommendations covering a broad range of topics such as research, public awareness, and policy and technical aspects of fluoridation. The establishment of the expert body recommended by the forum is now well under way.

The terms of reference of the expert body are: to oversee the recommendations of the forum on fluoridation; to advise the Minister and evaluate ongoing research, including new and emerging issues on all aspects of fluoride, its delivery methods as an established health technology and as required; and to report to the Minister on matters of concern, either at his or her request or on its own initiative.

The expert body will have broad representation, including from the areas of dentistry, public health medicine, toxicology, engineering, management, environment and the public identified within the forum on fluoridation report. Letters of invitation have been issued to prospective members of the body. I am pleased to say that, based on the acceptances which have been received, the body will have a strong consumer input in terms of members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs. My Department is in discussion on the chairmanship of the expert body, and I expect to be able to announce a decision in respect of that matter in the very near future.

I am pleased that the secretariat of the body will be provided by the Irish Dental Health Foundation, an independent charitable trust which has been very much to the fore in securing co-operation between private and public dentistry and the oral health care industry in regard to joint oral health promotion initiatives. The foundation's stature and expertise place it in an excellent position to support the work of the forum in its initial stage. As the House is aware, the forum's report envisages that the work of the expert body may be subsumed into the health information quality authority in due course. The support of the foundation allows us to press ahead now with the establishment of the expert body in advance of the establishment of HIQA. I understand that the intention is to have an inaugural meeting of the expert body in early April.

The Health Fluoridation of Water Supplies Act 1960 stipulates that an analysis of the quantities of fluorine in public piped water supplies be undertaken before fluoridation. More than 660

public piped water supplies were sampled pursuant to this provision of the Act for naturally occurring fluoride—only five were found to have levels greater than 0.3 parts per million of naturally occurring fluoride. The forum on fluoridation recommended that the sampling of raw water for levels of fluorine should continue. It recognised that the expert body being established may have a key role in monitoring the recommendations of the forum on technical aspects of fluoridation, including this recommendation.

Question No. 136 answered with Question No. 103.

General Medical Services Scheme.

137. **Ms Shortall** asked the Minister for Health and Children when he intends to publish the report commissioned from a company (details supplied) on the general medical service, given that it is over a year since a draft was submitted to him; if the report has been brought to Government; if it is intended to implement the recommendations of the report; and if he will make a statement on the matter. [7058/04]

Minister for Health and Children (Mr. Martin):

A draft copy of the Deloitte and Touche consultancy review of governance and accountability mechanisms in the GMS schemes was received by my Department in February 2003. While the review was being considered by officials in my Department, both the Commission on Financial Management and Control Systems in the Health Service—Brennan—the Audit of Structures and Functions in the Health System—Prospectus—reports were published. Since the contents and recommendations of both of these reports are relevant to the subject matter of the GMS review, my Department requested Deloitte and Touche to update the draft in this light, and also having regard to the latest financial data from the General Medical Services (Payments) Board. The final draft of this review has been received by my Department. It is my intention to bring this review to Government as soon as possible, at which time its publication and implementation will be discussed.

Hospital Services.

138. **Mr. Broughan** asked the Minister for Health and Children the steps he intends to take to ensure that hospitals comply with the requirement to have a mix of 20% private and 80% public in regard to elective admissions in view of the reports that some hospitals have not complied with these guidelines; and if he will make a statement on the matter. [7008/04]

Minister for Health and Children (Mr. Martin):

As indicated in the Government's health strategy, Quality and Fairness, measures being taken in regard to addressing equity and mix between public and private care include: setting targets for

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waiting times for public patients and facilitating treatment for those patients waiting longest under the national treatment purchase fund; providing that additional bed capacity should be for public patients; ensuring greater equity for public patients as part of any revised contract for hospital consultants; and reviewing current arrangements regarding access of patients to public beds.

I am committed to ensuring that private practice within public hospitals will not be at the expense of fair access for public patients and I assure the Deputy that in the context of the ongoing health reform programme every opportunity will be taken to reinforce the application of this principle in the health system.

Health Board Services.

139. **Mr. J. O’Keeffe** asked the Minister for Health and Children the reason the average waiting time for children seeking orthodontic treatment in the Southern Health Board area at 42 months is over three times the average waiting time in any other health board area. [6828/04]

148. **Mr. J. O’Keeffe** asked the Minister for Health and Children the numbers of children on the assessment waiting list for orthodontic treatment for the entire country, and for the Southern Health Board area; and the reason for the high proportion of the total in the Southern Health Board area. [6827/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 139 and 148 together.

I am pleased to advise the Deputy that I have taken a number of measures to improve orthodontic services in the Southern Health Board area and on a national basis.

The grade of specialist in orthodontics has been created in the health board orthodontic service. In 2003, my Department and the health boards funded 13 dentists from various health boards for specialist in orthodontics qualifications at training programmes in Ireland and at three separate

universities in the United Kingdom. These 13 trainees for the public orthodontic service are additional to the six dentists who commenced their training in 2001. Thus, there is an aggregate of 19 dentists in specialist training for orthodontics. These measures will complement the other structural changes being introduced into the orthodontic service, including the creation of an auxiliary grade of orthodontic therapist to work in the orthodontic area.

Furthermore, the commitment of the Department to training development is manifested in the funding provided to both the training of specialist clinical staff and the recruitment of a professor in orthodontics for the Cork Dental School. This appointment at the school will facilitate the development of an approved training programme leading to specialist qualification in orthodontics. The chief executive officer of the Southern Health Board has reported that the professor commenced duty on 1 December 2003. In recognition of the importance of this post at Cork Dental School my Department has given approval in principle to a proposal from the school to further substantially improve the training facilities there for orthodontics. This project should see the construction of a large orthodontic unit and support facilities which will ultimately support an enhanced teaching and treatment service to the wider region under the leadership of the professor of orthodontics.

In June 2002, my Department provided additional funding of €5 million from the treatment purchase fund to health boards specifically for the purchase of orthodontic treatment. This funding is enabling boards to provide both additional sessions for existing staff and purchase treatment from private specialist orthodontic practitioners. The Southern Health Board was allocated an additional €0.720 million from this fund for the treatment of cases in this way.

The chief executive officers of the health boards-authority have informed my Department of the following information on their assessment waiting lists for December 2003:

Health Board/Authority	Assessment Waiting List	Average waiting time (months)
SWAHB	291	3 —6
ECAHB	100	1 —3
NAHB	179	3 —6
MHB	287	4
MWHB	2,432	24 —36
NEHB	Nil	No waiting time
NWHB	990	5
SEHB	283	3 —3.5
SHB	4,034 (12 years or older)	According to date of birth (currently 1990)
WHB	654	10

As the Deputy is aware, the provision of orthodontic services, including the management of waiting lists, in the Southern Health Board area is a matter for the chief executive officer of that board in the first instance; therefore, my Department has asked him to respond directly to the Deputy's questions on the board's waiting list.

Finally, the chief executive officers of the health boards-authority have informed my Department that at the end of the December quarter 2003, there were 21,295 children receiving orthodontic treatment in the public orthodontic service. This means that there are over twice as many children getting orthodontic treatment as there are children waiting to be treated and 4,000 extra children are getting treatment from health boards since the end of 2001.

Question No. 140 answered with Question No. 97.

Hospital Services.

141. **Caoimhghín Ó Caoláin** asked the Minister for Health and Children the current status of the recommendations contained in the Kinder report on maternity services in the north east; the progress, if any, that has been made towards their implementation; and when he envisages the return of childbirth services at Monaghan General Hospital. [6880/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of maternity services in the north-eastern region rests with the North Eastern Health Board. My Department has, therefore, asked the chief executive officer of the board to examine the matters raised by the Deputy and to reply to him directly.

Care of the Elderly.

142. **Mr. Penrose** asked the Minister for Health and Children his views on recent suggestions that too many families are leaving the responsibility for minding elderly family members to the State and that families should contribute to the cost of keeping their older relatives in retirement homes; and if he will make a statement on the matter. [4104/04]

169. **Mr. Gormley** asked the Minister for Health and Children the plans his Department has to ask family members of elderly people in need of care, to contribute to the cost of such care services. [4028/04]

Minister of State at the Department of Health and Children (Mr. Callely): I propose to take Questions Nos. 142 and 169 together.

As the Deputies will be aware, the practice whereby the capacity of adult sons and/or daughters to contribute to the cost of their parents' care in private nursing homes was taken into account by the health boards ceased with effect from 1 January 1999. The current situation is, therefore, that families are not legally required

to contribute towards the cost of elderly relatives' maintenance costs in extended care.

It is clear from population projections that, as a society, we will have to address the issue of how we will meet the cost of long-term care in the future. The Mercer report published by my colleague, the Minister for Social and Family Affairs, considers the options available in this regard. I understand the Minister proposes to engage in widespread consultations in regard to the Mercer report prior to the establishment of a working group, involving all stakeholders, which will have the task of producing proposals for the funding of long-term care. The question of whether family members should be required to contribute to the cost of relatives' care is one which should be considered as part of that consultation process.

Consultancy Contracts.

143. **Ms B. Moynihan-Cronin** asked the Minister for Health and Children if consultants have been appointed to run a public relations and information campaign in connection with the Hanly report; the identity of the company appointed; the value of the contract; and if he will make a statement on the matter. [7021/04]

Minister for Health and Children (Mr. Martin): Following a tendering process conducted in accordance with public procurement guidelines, my Department will shortly appoint a firm to arrange an information campaign relating to the report of the national task force on medical staffing.

Hospital Procedures.

144. **Mr. Gilmor** asked the Minister for Health and Children the details of the inquiry being held into the death of a person at a hospital (details supplied); when the committee appointed to inquire into complainants made against two consultants at the hospital will report; and if he will make a statement on the matter. [7011/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of services at Cavan General Hospital rests with the North Eastern Health Board, NEHB.

An expert group was established by the board on the 2 February 2004 to undertake a review of all factors involved in this case. The review will cover the period from the child's first contact with Cavan General Hospital on the 7 January 2004 to her untimely death on the 1 February 2004. The expert group is comprised of senior clinical, nursing and risk management personnel and was asked by the board to report as a matter of urgency.

With regard to the suspension of the two consultants in Cavan General Hospital, I formed the committee of inquiry on the 30 January, 2004 and it held its first meeting on the 10 February, 2004. At the outset of this case, the chairman indicated that the work of the committee would

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take approximately eight weeks. It is probable, therefore, that the committee will finish its work in April. A report will then be produced by the chairman.

Pharmacy Regulations.

145. **Mr. M. Higgins** asked the Minister for Health and Children when the Mortell report will be published; his views on the future regulation of pharmacy services here; and if he will make a statement on the matter. [7015/04]

241. **Mr. Durkan** asked the Minister for Health and Children if his attention has been drawn to the fact that deregulation in other countries has led to a take-over by monopolies in the pharmaceutical industry; if he can ensure that this does not happen here; and if he will make a statement on the matter. [7267/04]

242. **Mr. Ring** asked the Minister for Health and Children the reason for the delay in the publication of the Mortell report; and if he will make a statement on the matter. [7281/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 145, 241 and 242 together.

I assume the Deputy is referring to the pharmacy review group report. I established that body in November 2001 to examine the pharmacy issues raised in the OECD report on regulatory reform in Ireland. The group submitted its report on 31 January 2003. I have been examining the complex legal and other issues surrounding the group's recommendations. Deputies will appreciate that it would not be appropriate for me to comment on the report's recommendations before completion of this examination. I have made the report available on my Department's website.

Registration of Medical Practitioners.

146. **Mr. Costello** asked the Minister for Health and Children the steps he intends to take arising from the recent Supreme Court decision in a case (details supplied) that could result in doctors struck off in other jurisdictions being free to practise here; and if he will make a statement on the matter. [7009/04]

Minister for Health and Children (Mr. Martin): Under the Medical Practitioners Act 1978, the Medical Council was established as the body with the statutory responsibility for the registration of medical practitioners and the regulation of their activities in Ireland.

In the particular case referred to by the Deputy, the Supreme Court confirmed an earlier decision of the High Court in respect of a case where a doctor had been struck off in another jurisdiction. The Medical Council, due to the unavailability of the original witnesses, had proposed to use the transcript of the proceedings from the foreign jurisdiction in a fitness to

practice inquiry to be undertaken by the Medical Council. The Supreme Court ruled that the use of the transcript, with no opportunity for the defendant to cross-examine his accusers, would deprive the doctor concerned of his right to fair procedures.

The doctor in question had been registered with the Medical Council before any accusations were made in the other jurisdiction. As the witnesses who gave evidence in the foreign jurisdiction were not prepared to attend hearings in Ireland, the council, not being in a position to proceed with an inquiry into the matter, had no cause or right to remove the doctor's name from the general register of medical practitioners.

A major review of the Medical Practitioners Act is taking place in my Department and draft heads of a Bill for significant amendments to the Act have been prepared and will shortly be brought to Cabinet for approval. The implications of the ruling in this case have been fully considered in that context.

Question No. 147 answered with Question No. 123.

Question No. 148 answered with Question No. 139.

Hospital Death Inquiry.

149. **Mr. S. Ryan** asked the Minister for Health and Children when he expects to receive the report of the independent review into the circumstances of the death of a person (details supplied); and if he will make a statement on the matter. [7057/04]

Minister for Health and Children (Mr. Martin): On 23 July last, I announced that I had convened a review panel to conduct an independent review of the events surrounding the tragic death of the person concerned. The members of the panel are: Mr. David Hanly, management consultant; Ms Kay O'Sullivan, director of nursing at Cork University Hospital; and Dr. Shakeel A. Qureshi, paediatric cardiologist at Guy's and Thomas's Hospital, London.

The terms of reference of the panel are: to consider the report of the ERHA on the events of 30 June 2003 at Our Lady's Hospital for Sick Children, Dublin, and to make such further inquiries and conduct such interviews as the panel considers necessary; to address the questions raised by the family; to examine protocols and procedures relevant to this incident having regard to prevailing standards of best practice, and to examine their application in this case; and to report to the Minister and to make such recommendations as it sees fit. Following the review, both reports will be made available.

The work of the review panel is ongoing and I am not in a position to say, at this stage, when the report will become available.

Health Service Reform.

150. **Ms McManus** asked the Minister for Health and Children the matters discussed and conclusions reached at the first meeting of the National Steering Committee held on 16 February 2004; if concerns were expressed at the meeting regarding the high cost of the Government proposals; if concern was also expressed regarding the confusion evident in the work of the action groups regarding the policy-executive split; and if he will make a statement on the matter. [7006/04]

215. **Ms McManus** asked the Minister for Health and Children the matters discussed and conclusions reached at the first meeting of the National Steering Committee held on 16 February 2004; if concerns were expressed at the meeting regarding the high cost of the Government proposals; if concern was expressed regarding the confusion evident in the work of the action groups regarding the policy-executive split; and if he will make a statement on the matter. [7165/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 150 and 215 together.

The first meeting of the National Steering Committee for the health service reform programme took place on 16 of February last.

The role of the National Steering Committee is to oversee the different strands of the health reform programme, confirming direction and ensuring that objectives are delivered. It provides a co-ordinating forum for actions being led by the Hanly group and the Interim Health Service Executive and the Department, respectively. It will provide guidance on programme planning and ensure that direction and progress are in line with the Government's decisions. It will report to me and the Cabinet committee on a regular basis. Reports will comment on progress achieved and should surface, in particular, any issues which require a response at Government level. It will liaise with the health reform project office in the Department of Health and Children and the board of the Interim Health Service Executive in the implementation process.

This initial meeting provided an opportunity for the committee to be briefed on progress to date in the first phase of implementation of the programme; updated on the development of a project plan for the next phases, including the identification of key milestones in 2004; and to discuss the most appropriate focus for the committee in guiding and overseeing progress.

The Deputy may wish to note that concerns were not expressed regarding the high cost of the Government proposals and confusion regarding the policy-executive split as these matters were not discussed by the committee. A short presentation was given which highlighted a number of issues which have emerged during phase I and which will be dealt with in the next

phase of the programme. These include fully clarifying the description of the roles and responsibilities of the three main structures in the new system — my Department, the Health Service Executive and the Health Information and Quality Authority — to the level of detail required to make the necessary statutory provisions in legislation.

Health Board Services.

151. **Mr. M. Higgins** asked the Minister for Health and Children if his attention has been drawn to the claims made by persons (details supplied) at a recent meeting of the Oireachtas Committee on Health and Children that his Department was allowing consultants to abuse their positions by refusing treatment to children in an effort to artificially reduce waiting lists; the steps he is taking to investigate these claims; and if he will make a statement on the matter. [7013/04]

Minister for Health and Children (Mr. Martin):

The provision of orthodontic services is the statutory responsibility of the health boards—authority in the first instance. The aim of my Department is to develop the treatment capacity of orthodontics in a sustainable way over the longer term. Given the potential level of demand for orthodontic services, the provision of those services will continue to be based on prioritisation of cases based on treatment need, as happens under the existing guidelines. Under the Health Act 1970, a child is eligible for orthodontic treatment on the basis of defects noted at a school health examination carried out while the child is attending national school. Entitlement to orthodontic treatment is determined by reference to orthodontic guidelines, a set of objective clinical criteria applied by health board orthodontists when assessing children's priority of need for treatment. The orthodontic guidelines were issued by my Department in 1985 and are still in use. The guidelines are used to ensure that orthodontic resources are prioritised for and applied equitably to the most severe cases; therefore, the question of refusing treatment to children to artificially reduce waiting lists, as alleged, does not arise. When a health board orthodontist decides that a child is in clinical need of orthodontic treatment in accordance with the criteria, he or she is then placed on a treatment waiting list. The guidelines are intended to enable health boards to identify in a consistent way those in greatest need and to commence timely treatment for them. The number of cases treated is dependent on the level of resources available, in terms of qualified staff, in the area and this is reflected in the treatment waiting list. The provision of orthodontic services is currently severely restricted due to the limited availability of trained specialist clinical staff to assess and treat patients. However, I am pleased to advise the Deputy that I have taken a number of

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measures to address this shortage of specialist clinical staff.

The grade of specialist in orthodontics has been created in the health board orthodontic service. In 2003, my Department and the health boards funded 13 dentists from various health boards for specialist in orthodontics qualifications at training programmes in Ireland and at three separate universities in the United Kingdom. These 13 trainees for the public orthodontic service are additional to the six dentists who commenced their training in 2001. Thus, there is an aggregate of 19 dentists in specialist training for orthodontics. These measures will complement the other structural changes being introduced into the orthodontic service, including the creation of an auxiliary grade of orthodontic therapist to work in the orthodontic area.

Furthermore, the commitment of the Department to training development is manifested in the funding provided to both the training of specialist clinical staff and the recruitment of a professor in orthodontics for the Cork Dental School. This appointment at the school will facilitate the development of an approved training programme leading to specialist qualification in orthodontics. The chief executive officer of the Southern Health Board has reported that the professor commenced duty on 1 December 2003. In recognition of the importance of this post at Cork Dental School my Department has given approval in principle to a proposal from the school to further substantially improve the training facilities there for orthodontics. This project should see the construction of a large orthodontic unit and support facilities; it will ultimately support an enhanced teaching and treatment service to the wider region under the leadership of the professor of orthodontics.

Orthodontic initiative funding of €4.698 million was provided to the health boards-authority in 2001 and this has enabled them to recruit additional staff, engage the services of private specialist orthodontic practitioners to treat patients and build additional orthodontic facilities.

In June 2002, my Department provided additional funding of €5 million from the treatment purchase fund to health boards specifically for the purchase of orthodontic treatment. This funding is enabling boards to provide both additional sessions for existing staff and purchase treatment from private specialist orthodontic practitioners.

The chief executive officers of the health boards-authority have informed me that at the end of the December quarter 2003, there were 21,295 children receiving orthodontic treatment from the health boards-authority. This means that there are over twice as many children getting orthodontic treatment as there are children waiting to be treated and 4,000 extra children are

getting treatment from health boards since the end of 2001.

Survivors of Symphysiotomy.

152. **Mr. Sargent** asked the Minister for Health and Children the progress he has made is assisting the survivors of symphysiotomy; and if he will make a statement on the matter. [7089/04]

Minister for Health and Children (Mr. Martin):

As the Deputy is aware, I met the Survivors of Symphysiotomy — SOS — group, and I agreed that a range of measures would be put in place by the Eastern Regional Health Authority, ERHA, and the health boards to support the group. Since then, the ERHA and the health boards have been liaising on a regular basis with the SOS group on the implementation of these measures, and I am advised that the current position is as follows: each health board/authority has appointed a liaison officer within the organisation to liaise with patients who have undergone symphysiotomy; the ERHA and the health boards have initiated steps to ascertain the number of symphysiotomies carried out in hospitals in their regions — it may take some time to complete this process as procedures may have been carried out in maternity units or in hospitals that no longer exist; an exercise is under way to profile patients to assist in formulating a needs assessment for each individual — the SOS group is helping to contact its members in this regard; arrangements are being finalised with regard to the provision of independent counselling services; an information leaflet has been prepared in consultation with the SOS group and this leaflet will issue from the ERHA-health boards to general practitioners and patients shortly; arrangements are being made to provide independent clinical advice to patients who have undergone symphysiotomy — this has already been availed of by a number of members of the SOS group, and the ERHA-health boards have indicated that they will be submitting details of a health care package for patients to the Department shortly; and discussions have taken place with SOS regarding the setting-up of an information line which would be staffed by appropriate health care personnel.

In addition, my Department has been in discussion with the ERHA/health boards and the Department of Social and Family Affairs on a range of eligibility issues in respect of the provision of services and assistance to the patients.

The ERHA and the health boards will continue to liaise with the group on the implementation of the above measures. The chief medical officer has contacted an international expert, with a view to undertaking an external review of the practice of symphysiotomy in Ireland and he is awaiting his reply.

Health Reports.

153. **Mr. Cuffe** asked the Minister for Health and Children his views on recent studies from Britain which show a link between social class and ill health; if he will undertake a similar comprehensive study here; and if he will make a statement on the matter. [7084/04]

Minister for Health and Children (Mr. Martin):

I am aware of the reports to which the Deputy refers that show a link between social class and ill health. I understand the Deputy is referring to a number of studies but with particular reference to the Wanless report recently published. This report provides general policy on broad population health issues including health determinants, reducing health inequalities and on the public health delivery plans to underpin these.

The Deputy will be aware that both the national health strategy, *Quality and Fairness: A Health System for You*, and various reports of the chief medical officer, in particular the Annual Report of the Chief Medical Officer 1999 and *Better Health For Everyone: A Population Health Approach for Ireland*, the Annual Report of the Chief Medical Officer 2001, have pointed out the links between poverty and ill health in an Irish context.

On research studies, a number of initiatives have been undertaken already and others are currently under way on the issue of health status or mortality which disaggregate data by socio-economic group or occupational class.

In 2001, I launched *Inequalities in Mortality 1989-1998: A Report on All-Ireland Mortality Data*, jointly with my counterpart in Northern Ireland. This study was carried out by the Institute of Public Health in Ireland, which is an all-Ireland body. This report has shown that the all-cause mortality rate in the lowest occupational groups was 100 to 200% higher than the rate in the highest occupational group. These occupational class gradients in mortality were present for all major causes of mortality: cancers, circulatory diseases, respiratory diseases, injuries and poisonings.

The consultation process for the all-Ireland study on traveller health status and health needs has been concluded. An all-Ireland feedback event on this took place in December of last year. A proposal from the Institute of Public Health on the design, management and funding of the study is currently under consideration in my Department. A pilot study on the inclusion of an ethnic identifier in a number of data sources is also being supported.

Last year my Department commissioned the Institute of Public Health to progress work on data and monitoring requirements for the National anti-poverty strategy, NAPS, health targets. This work includes working with the Central Statistics Office to strengthen the quality of the reporting of socio-economic group information in mortality records, and specifying

the data and analyses required to monitor progress towards the NAPS target on mortality from cardiovascular disease. Another relevant report is the Institute of Public Health North/South study on social capital which is due to be launched in spring of this year. To address a recognised shortage of representative health and lifestyle data available to health service planners the health promotion unit of my Department commissioned in 1998 the National health and lifestyle surveys to be carried out at four-yearly intervals. The first report was published in 1999 and the second on 16 April 2003. These surveys aim to produce reliable baseline data on key health related lifestyle behaviours including smoking, alcohol consumption and exercise for a representative cross-section of the Irish population.

I have no plans at present to undertake a study for Ireland similar to the Wanless report to which the Deputy refers for the reason that many of the issues and recommendations in Wanless have already been taken on board in recent strategies, in particular in the national health strategy, *Quality and Fairness — A Health System for You*. The four goals of the national health strategy are better health for everyone, fair access, responsive and appropriate care delivery and high performance. The four objectives of the first goal, better health for everyone, clearly address issues covered in Wanless. These four objectives are: the health of the population is at the centre of public policy; the promotion of health and well-being is intensified; health inequalities are reduced; specific quality of life issues are targeted.

The targets to reduce health inequalities set out in the Government's review of the NAPS, *Building an Inclusive Society: Review of the National Anti-Poverty Strategy* under the Programme for Prosperity and Fairness, have been integrated into the national health strategy. These targets were developed in the course of an extensive consultation process with poor and excluded groups. Key health targets are to reduce the gap in premature mortality and low birth weight between the highest and lowest socio-economic groups by ten per cent by 2007, and to reduce differences in life expectancy between Travellers and the rest of the population.

Many of the actions set out in the action plan accompanying the national health strategy are already under way. For example, the Department of Health and Children, in partnership with the Institute of Public Health, is developing a programme of health impact assessment, HIA. An introductory policy seminar for senior managers and the launch of HIA methodology guidelines and a screening tool for HIA took place in July 2003. Reforms currently under way acknowledge quality and fairness —with its targets —and will put in place structures to underpin this in the Department of Health and Children and the Health Service Executive. The

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Institute of Public Health has been commissioned to work with the Health Board Executive, the Office for Social Inclusion and the Combat Poverty Agency to support health boards in implementing actions to achieve NAPS targets.

The existing National Health Promotion Strategy 2000-2005 is also central to population health, as are the cardiovascular strategy, the new cancer strategy currently being developed and the mental health policy, which is also in development. My priority now is implementation of actions in the context of the above strategies and of the Government's health reform programme generally.

Health Board Services.

154. **Mr. McGinley** asked the Minister for Health and Children the number of patients awaiting orthodontic treatment in County Donegal; and the efforts that are being made to improve the situation. [6829/04]

Minister for Health and Children (Mr. Martin):

The provision of orthodontic services is a matter for the health boards in the first instance.

I am pleased to advise the Deputy that I have taken a number of measures to improve orthodontic services in the North Western Health Board, NWHB, area and on a national basis. The grade of specialist in orthodontics has been created in the health board orthodontic service. In 2003, my Department and the health boards funded 13 dentists from various health boards—including one from the NWHB—for specialist in orthodontics qualifications at training programmes in Ireland and at three separate universities in the United Kingdom. These 13 trainees for the public orthodontic service are additional to the six dentists who commenced their training in 2001. Thus, there is an aggregate of 19 dentists in specialist training for orthodontics. These measures will complement the other structural changes being introduced into the orthodontic service, including the creation of an auxiliary grade of orthodontic therapist to work in the orthodontic area.

Furthermore, the commitment of the Department to training development is manifested in the funding provided to both the training of specialist clinical staff and the recruitment of a professor in orthodontics for the Cork Dental School. This appointment at the school will facilitate the development of an approved training programme leading to specialist qualification in orthodontics. The chief executive officer of the Southern Health Board has reported that the professor commenced duty on 1 of December 2003. In recognition of the importance of this post at Cork Dental School my Department has given approval in principle to a proposal from the school to further substantially improve the training facilities there for orthodontics. This project should see the construction of a large orthodontic unit and

support facilities; it will ultimately support an enhanced teaching and treatment service to the wider region under the leadership of the professor of orthodontics.

Orthodontic initiative funding of €4.698 million was provided to the health boards-authority in 2001 and this has enabled health boards to recruit additional staff, engage the services of private specialist orthodontic practitioners to treat patients and build additional orthodontic facilities. The NWHB was allocated an additional €0.273 million in 2001 for orthodontic services of which €0.178 million was for the orthodontic initiative.

In June 2002, my Department provided additional funding of €5 million from the treatment purchase fund to health boards specifically for the purchase of orthodontic treatment. This funding is enabling boards to provide both additional sessions for existing staff and purchase treatment from private specialist orthodontic practitioners. The NWHB was allocated an additional €0.285 million from this fund for the treatment of cases in this way.

The waiting times for orthodontic treatment by county are not routinely collected by my Department. Therefore, the chief executive officer of the NWHB has been requested to provide the information requested directly to the Deputy.

The chief executive officer of the NWHB has informed my Department that at the end of the December 2003 quarter, the average waiting times for category A and category B orthodontic treatment were seven months and 2.3 years, respectively. The chief executive officer of the NWHB also informed my Department that at the end of the December 2003 quarter, there were 2,532 patients receiving orthodontic treatment in the board's area.

Social Services Inspectorate.

155. **Mr. Stanton** asked the Minister for Health and Children his plans to expand the role of the Social Services Inspectorate; and if he will make a statement on the matter. [7004/04]

Minister of State at the Department of Health and Children (Mr. B. Lenihan):

The Social Services Inspectorate, SSI, was established in April 1999, initially on administrative basis, but it is proposed to establish it on a statutory basis. The main function of the inspectorate is to support the child care services by promoting and ensuring the development of quality standards. The SSI will monitor all personal social services operated by the health boards, in the longer term, but initially it is concentrating on the child care area and in particular on the inspection of health board operated residential child care facilities.

The health strategy, Quality and Fairness—A Health System for You, states that the SSI will be established on a statutory basis and its remit will be extended to cover residential services for people with disabilities and older people.

Establishing the SSI on a statutory basis will strengthen its role and will provide it with the necessary independence in the performance of its functions. It will also serve to increase public confidence in state and voluntary social services. Consultation with the Department of Finance on the statutory instrument to enable the SSI to be established on a statutory footing is in progress.

Assisted Human Reproduction.

156. **Mr. Howlin** asked the Minister for Health and Children the progress made to date by the Commission on Assisted Human reproduction which was established in March 2000; when he expects to receive the report of the commission; and if he will make a statement on the matter. [7065/04]

Minister for Health and Children (Mr. Martin): The Commission on Assisted Human Reproduction was established in March 2000 with the following terms of reference: to prepare a report on the possible approaches to the regulation of all areas of assisted human reproduction and the social, ethical and legal factors to be taken into account in determining public policy in this area.

The first commission meeting was held on 26 July 2000 and the most recent on 5 February 2004. I understand that the commission has adopted an interdisciplinary approach to its work. Initially, each discipline, medical, legal scientific and social, prepared a report outlining the current position within that discipline on assisted human reproduction. Work groups were then formed to examine specific topics and issues that needed to be addressed. The work groups meet on a regular basis to discuss their tasks and to progress the work of the commission.

The work group structure facilitates close attention to a relatively limited range of topics by a highly specialised group. It also facilitates the detailed exploration of a range of ethical and social implications that arise from assisted human reproduction.

The commission organised a one-day conference in Dublin Castle in September 2001. The conference dealt with the social, ethical and legal factors inherent in assisted human reproduction. It provided an opportunity for an exchange of views between experts in the various fields from Ireland, the UK, France and Germany.

When the commission was set up, I indicated that it would be required to seek submissions from the public and to consult appropriate interests. In order to inform itself on the current state of public opinion in Ireland on assisted human reproduction, the commission placed an advertisement in the newspapers inviting interested members of the public, professional or voluntary organisations and other parties who wished to do so to make written submissions before Wednesday, 31 October 2001. Over 1,600 of these were received and examined.

I understand that the commission has engaged in a number of information gathering exercises that include: survey of assisted human reproduction services provided in specialised clinics — a survey instrument was drafted by the commission with a view to establishing the extent of the provision of assisted human reproduction services in Ireland; a survey of GPs — the commission issued a survey instrument to a random sample to 50% of GPs in all health board areas and I understand that a high proportion of those surveyed responded; a survey of obstetricians and gynaecologists — the commission also issued a survey instrument to obstetricians and gynaecologists to elicit information on their level of involvement in assisted human reproduction services; and a survey of public attitudes and opinions — the commission has also surveyed public attitudes and opinions on a range of questions related to assisted human reproduction.

I understand that the commission is nearing completion of its work, but given the complex ethical, social and legal implications which arise, it is not possible to say when it will be in a position to finalise a report.

Contaminated Blood Products.

157. **Mr. Stagg** asked the Minister for Health and Children the position in regard to his commitment that there would be an inquiry into the role of multi-national drug companies in the contamination of blood products; and if he will make a statement on the matter. [7061/04]

Minister for Health and Children (Mr. Martin): As the House is aware, I appointed Mr. Paul Gardiner, Senior Counsel, to produce a situation report about the position in Ireland and in the United States in respect of a possible investigation into the actions of the multinational pharmaceutical companies whose products are implicated in the HIV and hepatitis C infection of persons with haemophilia.

As part of his investigations, Mr. Gardiner liaised with solicitors acting for the Irish Haemophilia Society. He travelled to the United States and spoke to a number of relevant experts, including the lead counsel in the HIV haemophiliac litigation in the United States. Mr. Gardiner also received legal advice from a major New York law firm on the matters relevant to his investigations.

Mr. Gardiner furnished a report to me which consisted of a 60 page opinion and a number of appendices, one of which comprised over 50 pages of legal advice from the US lawyers. The report drew attention to the fact that there is no guarantee that the US authorities would provide judicial assistance to an Irish tribunal, either on enforcing the discovery of documents or compelling the attendance of witnesses. I briefed my Cabinet colleagues on the content of the report and I provided the Irish Haemophilia Society with a copy of it.

[Mr. Martin.]

Notwithstanding the difficulties that have been identified, I believe it would be possible to mount a useful investigation which would access publicly available material and seek the assistance of persons and bodies willing to co-operate with such investigation. The committees of investigation Bill may provide an appropriate mechanism for this inquiry. Other legal avenues are also being explored in consultation with the Attorney General and the legal representatives of the Irish Haemophilia Society. I intend to maintain contact with the Irish Haemophilia Society regarding this issue.

Medical Cards.

158. **Mr. Penrose** asked the Minister for Health and Children the number of persons holding medical cards, at the latest date for which figures are available, who exceed the income levels specified in the guidelines, but who have received cards as a result of discretionary powers of chief executive offices of health boards; and if he will make a statement on the matter. [7026/04]

Minister for Health and Children (Mr. Martin): The latest information available on medical card coverage is that for 1 February 2004. There were 759,654 cards, covering 1,149,081 persons, or 29.33% of the population, in existence at that time.

Information on the numbers of discretionary medical cards, that is, cards for persons whose income exceeds the guidelines but who have been granted medical cards, is not routinely kept by my Department. The matter will be referred to the area boards and the authority for investigation and direct reply to the Deputy.

Smoking Ban.

159. **Mr. Cuffe** asked the Minister for Health and Children if outdoor areas designated under the Public Health (Tobacco) (Amendment) Bill 2003 will have no smoking as well as smoking areas; and if he will make a statement on the matter. [7075/04]

Minister for Health and Children (Mr. Martin): The new smoke-free workplaces measures will apply, with limited exceptions, to all enclosed places of work. These measures will not apply to outdoor areas. The provision of no smoking sections in outdoor areas, such as beer gardens, would be a matter for the occupier, manager or person in charge of the workplace concerned.

Hospital Accommodation.

160. **Mr. Wall** asked the Minister for Health and Children the steps being taken to deal with bed closures and the ensure that optimum use is made of all hospital beds, in view of the fact that more than 50,000 bed days were lost in the first six months of 2003; and if he will make a statement on the matter. [7067/04]

Minister for Health and Children (Mr. Martin):

It is a feature of all acute hospital systems that some beds are out of use for short periods. Bed closures fluctuate over time and may arise for a variety of reasons, such as ward refurbishment, essential ward maintenance, staff leave, seasonal closures and infection control measures. The figure mentioned by the Deputy represents just over 2% of the overall capacity for the first six months of 2003.

Some hospitals, particularly in the Dublin region, temporarily closed some beds during 2003 due to budgetary difficulties. These closures were in addition to the normal seasonal closures that take place in hospitals during holiday periods.

I have requested the Eastern Regional Health Authority to recruit the staff necessary to ensure all beds are reopened as soon as possible.

Question No. 161 answered with Question No. 104.

Hospital Services.

162. **Mr. Durkan** asked the Minister for Health and Children his alternative proposals to those set out in the Hanly report with particular reference to the implications for the various general hospitals throughout the country; if his attention has been drawn to the likely negative impact of the Hanly proposals; and if he will make a statement on the matter. [6997/04]

Minister for Health and Children (Mr. Martin):

I believe the Hanly report will have a very positive impact for hospitals and for the patients that they serve. The proposals involve much better access to senior clinical decision-making, a substantial increase in consultant numbers, shorter working hours for junior doctors and a better organised service for patients in acute hospitals throughout the country. For these reasons, I have no plans to put forward alternative proposals, nor have I seen any viable alternative proposals from others.

Question No. 163 answered with Question No. 128.

Questions Nos. 164 and 165 answered with Question No. 122.

Hospital Services.

166. **Mr. Connolly** asked the Minister for Health and Children the steps he proposes to take to ensure the continued provision of full services at Cavan General Hospital; and if he will make a statement on the matter. [6826/04]

Minister for Health and Children (Mr. Martin):

Responsibility for the provision of services at Cavan General Hospital rests with the North Eastern Health Board. My Department has, therefore, asked the chief executive officer of the board to examine the matter raised by the Deputy and to reply to him directly. I met with

representatives of the hospital's medical board, at their request, on 5 February 2004 to discuss the position with regard to the provision of acute hospital services within the Cavan-Monaghan hospital group. The medical board representatives tabled several proposals at this meeting which are the subject of discussion with the North Eastern Health Board.

Question No. 167 answered with Question No. 108.

Question No. 168 answered with Question No. 99.

Question No. 169 answered with Question No. 142.

Question No. 170 answered with Question No. 97.

Community Care.

171. **Dr. Upton** asked the Minister for Health and Children in regard to his announcement of July 2002, the number of the promised 850 community nursing units that are now available; the hospitals in which they are available; the number in each case; and if he will make a statement on the matter. [7069/04]

Minister for Health and Children (Mr. Martin): The 850 additional beds which I announced in July 2002 were for community nursing units to be provided under two pilot public private partnership projects in 17 locations throughout the Eastern Regional Health Authority and Southern Health Board areas. These additional beds are not available, as the process of providing services under a PPP arrangement requires the health board or authority to comply with the EU procurement legislation and national guidelines on PPPs.

A public sector benchmark has been prepared and finalised by the ERHA. This is a comprehensive and detailed risk adjusted costing of the project elements using conventional procurement over the whole life of the project. My Department is in consultation with the Department of Finance about this. The Southern Health Board is finalising its public sector benchmark. On approval contract notices will be advertised in the Official Journal of the European Union. It is expected that the community nursing units will begin to come on stream in 2006.

Hospitals Building Programme.

172. **Ms Burton** asked the Minister for Health and Children when it is expected that the new five storey facility at James Connolly Memorial Hospital, Blanchardstown, which cost more than €96 million to construct and equip, will be brought into service; the steps being taken to ensure that the facility is commissioned without further delay; and if he will make a statement on the matter. [7059/04]

Minister for Health and Children (Mr. Martin):

Responsibility for the provision of services at James Connolly Memorial Hospital rests with the Eastern Regional Health Authority. This major development is being funded jointly by the Northern Area Health Board, through the sale of surplus lands, and my Department. The projected full cost is €101.4 million. This includes an amount of €5 million approved last year to facilitate refurbishment works at the hospital which are necessary as part of the transition process to the new hospital and to facilitate a land transfer in line with the project development arrangements.

My Department is advised that the first phase of the transition to the new development at James Connolly Memorial Hospital, Blanchardstown has been completed. The coronary care and cardiac unit, the therapeutic psychiatry of old age unit, day hospital and the rheumatology service transferred to the new building in September 2003. The further commissioning of this development is being examined by the ERHA and my Department.

Smoking Ban.

173. **Mr. Hayes** asked the Minister for Health and Children his views on whether the manner in which the smoking ban has been effected has adversely influenced its legal certainty; and if he will make a statement on the matter. [6932/04]

Minister for Health and Children (Mr. Martin):

When drafting the necessary legislation required for the introduction of the smoke-free workplaces measure, legal advice was received from the Attorney General. I am satisfied that I am taking all the necessary precautions to ensure the legislation is sound. It is not possible to guarantee that any legislation is immune to a legal challenge.

Work Permits.

174. **Mr. N. O'Keeffe** asked the Tánaiste and Minister for Enterprise, Trade and Employment the position regarding an application for a non-EEA work permit in respect of a person (details supplied) who is working under a work permit at present. [7187/04]

Tánaiste and Minister for Enterprise, Trade and Employment (Ms Harney): A work permit application was received on 24 February 2004. Assuming the application is complete and is otherwise in order, work permits take approximately four weeks to process.

175. **Mr. N. O'Keeffe** asked the Tánaiste and Minister for Enterprise, Trade and Employment if a work permit was obtained in respect of a person (details supplied) in 2003. [7188/04]

Tánaiste and Minister for Enterprise, Trade and Employment (Ms Harney): The work permit was not issued as the employer in this case wrote

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to the work permit section of my Department in September 2003 requesting the work permit application to be cancelled on the basis that the employee withdrew her intention to work for this employer.

176. **Mr. Kenny** asked the Tánaiste and Minister for Enterprise, Trade and Employment the conditions under which a person from Bali may obtain a work permit for employment here; and if she will make a statement on the matter. [7244/04]

177. **Mr. Kenny** asked the Tánaiste and Minister for Enterprise, Trade and Employment the conditions under which a US national may obtain a work permit for employment here; and if she will make a statement on the matter. [7245/04]

Tánaiste and Minister for Enterprise, Trade and Employment (Ms Harney): I propose to take Questions Nos. 176 and 177 together.

An employer who wishes to employ a non-EEA national must apply to my Department for a work permit. In considering such applications cognisance is taken of the status of the prospective employee, the skill requirements of the job and whether the employer has sought an Irish or EU person for this work. My Department gives preference to accession state nationals particularly in respect of low-skilled jobs.

After EU enlargement, in May 2004, it is anticipated that new work permits will be granted only for high skilled, high paid employment, the balance of our overseas personnel needs being met from within the enlarged EU labour market.

Company Closures.

178. **Mr. Timmins** asked the Tánaiste and Minister for Enterprise, Trade and Employment if her attention has been drawn to the closure of a company (details supplied) in County Wicklow; if representations were made to her seeking assistance to keep the Nigerian market available for the export of soap; and if she will make a statement on the matter. [7246/04]

Tánaiste and Minister for Enterprise, Trade and Employment (Ms Harney): I regret very much the job losses as a result of the company's decision to close. FÁS is offering its full range of services to the workers affected. I am advised by IDA Ireland that on 7 January 2004, the federal executive council of Nigeria's Government, as part of a protective trade policy, announced a list of banned import goods into Nigeria. In total, 41 items were placed on the list, including soap.

I understand that, as most of the output of the Arklow facility was destined for the Nigerian market, the owners felt they had no option but to announce the closure of the facility. No representations were made to me seeking assistance to keep the Nigerian market available for the export of soap.

Defence Forces Staff.

179. **Mr. Wall** asked the Minister for Defence if he will investigate the transfer of a person (details supplied) to an army facility for family reasons; and if he will make a statement on the matter. [7176/04]

Minister for Defence (Mr. M. Smith): The military authorities have advised that the individual in question applied for a transfer from 2 Infantry Battalion to 1 Air Defence Regiment Curragh Camp on 14 November 2003. The application was not recommended by his commanding officer or by the general officer commanding of the Defence Forces Training Centre, as there were no vacancies in the proposed unit.

The individual in question submitted another application to 1 Armoured Cavalry Squadron, Curragh Camp on 1 March 2004. This application is being considered by his commanding officer. Following his commanding officer's recommendation the application will be forwarded to the general officer commanding 2 Eastern Brigade and to the proposed unit for their consideration. It is not possible at this stage to indicate what the outcome of the individual's current application for transfer may be.

The transfer from one service or unit to another of a member of the Permanent Defence Force is entirely a matter for the military authorities in the light of operational requirements. Applications for transfers must be made through the normal military channels in the prescribed manner. The outcome of any such application is notified to the individual through the normal military channels. Every effort is made to facilitate transfer applications where circumstances permit. Applications are considered having regard to factors such as the manpower level of the unit in which the applicant is serving, the number of transfer applications already on hand, the seniority of the applicant within the unit and the existence of a suitable vacancy in the unit to which the applicant wishes to transfer.

Defence Forces Property.

180. **Mr. N. O'Keeffe** asked the Minister for Defence the position regarding the disposal of a small section of property owned by his Department in County Cork to a person (details supplied) in County Cork. [7178/04]

Minister for Defence (Mr. M. Smith): My Department holds a small area of ground, which was part of the former military barracks in the locality in question. The matter of the possible disposal of that land remains under consideration in my Department and related mapping and title matters are being examined prior to a final decision being taken on the matter. I intend that the matter will be brought to a conclusion at an early date.

181. **Mr. Kenny** asked the Minister for Defence if he will report on the deplorable condition in respect of some of the housing conditions for soldiers and their families at the military quarters in the Curragh, County Kildare; his proposals to deal with this situation; the moneys allocated for this purpose in 2004; the works expected to be carried out; and if he will make a statement on the matter. [7241/04]

Minister for Defence (Mr. M. Smith): Married quarters for members of the Defence Forces have for some time been considered an anachronism and it is the policy of the Department to discontinue them in a managed and orderly manner save in exceptional circumstances. The provision of housing is primarily a matter for the local authorities and married military personnel have an equal claim on such housing as other members of the community in the same income category. Inspections of married quarters are carried out by the military authorities from time to time and it is the policy not to re-allocate quarters, which are considered sub-standard.

For the past number of years it has been the practice to only carry out emergency repairs to married quarters and this policy will continue in the future. The military authorities estimate that about €100,000 was expended over the past five years in carrying out such repairs. Rents for married quarters are considerably less than the market value rental valuation for the properties and in this regard negotiations with the representative associations on increases in

charges are currently at an advanced stage. However, any revised rates that might be agreed will reflect the present condition of the quarters and those rates would have to be adjusted to reflect any future investment in married quarters.

Defence Forces Recruitment.

182. **Mr. Kenny** asked the Minister for Defence the expected recruitment to the Defence Forces for 2004 and 2005; the Defence Forces' strength by rank that are deployed; and if he will make a statement on the matter. [7242/04]

Minister for Defence (Mr. M. Smith): The White Paper on Defence of February 2000 sets out a figure of 10,500 personnel for the Defence Forces, comprising 930 for the Air Corps, 1,144 for the Naval Service and 8,426 for the Army.

On 31 January 2004, the most recent date for which figures are available, the total strength of the Permanent Defence Force was 10,443. The breakdown of this figure by rank for the Army, Air Corps and Naval Service is shown on the tabular statement set out below.

It is envisaged that approximately 330 personnel will be recruited to the Permanent Defence Force in 2004 comprising general service recruits, cadets, air corps apprentices and direct entry personnel. At this time it is not possible to estimate what the recruitment requirements will be for 2005. It is my intention to maintain the established Government policy of ongoing recruitment to the Defence Forces to fill vacancies as required.

Tabular Statement

Strength of the Defence Forces

31 January 2004

	Lt Gen	Maj Gen	Brig Gen	Col	Lt Col	Comdt	Capt	Lt	Total Officers	SM
Army	1	3	6	38	125	348	270	233	1,024	34
Naval Service	0	0	1	2	13	39	22	61	138	7
Air Corps	0	0	1	2	13	33	23	67	139	8

	BQMs	Cs	CQMs	Sgts	Cpls	Total NCOs	Ptes	Rec	Cadets	Total Other Ranks	Total All Ranks
Army	41	138	249	1,063	1,556	3,081	4,126	142	97	7,446	8,470
Naval Service	7	76	16	200	161	467	415	25	28	935	1,073
Air Corps	4	52	15	128	206	413	337		11	761	900

Pension Provisions.

183. **Mr. Kenny** asked the Minister for Defence if arrangements can be made to allow for payment of compensation bounty to families of military personnel serving abroad who lose their lives; if such payment is only payable in respect of UN sanctioned missions and in view of the numbers serving on other such missions; and if he will make a statement on the matter. [7243/04]

Minister for Defence (Mr. M. Smith): Where a member of the Permanent Defence Force, PDF, is killed in the course of duty or dies from a wound received in the course of duty, whether on duty at home or overseas, enhanced spouse's and children's allowances are payable under the Army Pensions Acts. The spouse's allowance is 50% of the deceased member's pay and an additional amount of up to 40% of the deceased's

[Mr. M. Smith.]

pay may be payable in respect of dependent children. Thus the maximum combined payment would be 90% of the deceased's pay. These benefits would be in place of the standard combined benefits of up to 50% of pay payable where a member of the PDF spouses' and children's contributory pension schemes dies in service or while on pension.

In addition to the benefits mentioned, a death gratuity of one year's pay is payable under the Defence Forces pensions schemes in all cases of death in service regardless of the circumstances.

Furthermore, my Department administers a special extra-statutory compensation scheme under which a lump sum payment of almost €87,000 may be paid to the spouse or other dependent immediate relative of a member of the PDF who was killed in the course of duty while serving overseas with an international United Nations force established by the Security Council or the General Assembly. This scheme covers the main missions in which PDF contingents are currently participating including UNMIL, United

Nations Mission in Liberia, and KFOR, International Security Presence in Kosovo. It does not apply to UN observer missions or to other non-UN missions abroad.

Additional lump sum death benefits may also be payable under special insurance schemes organised by the Defence Forces. Most PDF personnel are members of such schemes and I understand that death benefits range from about €130,000 upwards.

Members of the PDF are insured for widows' or widowers' contributory pension under the Social Welfare Acts and such pensions would be paid in addition to any benefits payable by my Department.

Live Exports.

184. **Mr. J. Brady** asked the Minister for Agriculture and Food the number of live cattle exports in 2003; the destination countries for these exports; and if he will make a statement on the matter. [7095/04]

Minister for Agriculture and Food (Mr. Walsh): The information requested by the Deputy is set out in the table below.

Destination	Calves	Adult Cattle	Total
Northern Ireland	33	38,022	38,055
United Kingdom	0	1,786	1,786
France	0	84	84
Italy	1,313	18,131	19,444
Belgium	1,453	810	2,263
Netherlands	32,749	1,743	34,492
Germany	0	63	63
Spain	26,426	60,909	87,335
Other EU	0	649	649
Lebanon	0	36,922	36,922
Total	61,974	159,119	221,093

The overall figure for live exports in 2003 shows a 50% increase on 2002 exports.

Grant Payments.

185. **Mr. N. O'Keeffe** asked the Minister for Agriculture and Food if payment will be recommence to a person (details supplied) in County Cork under the scheme of early retirement from farming in view of the fact that a suitable transferee has now been put in place. [7166/04]

Minister for Agriculture and Food (Mr. Walsh): The early retirement pension for the person named was suspended with effect from 31 October 2003 because documentation on the substitution of a transferee had not been submitted. As soon as this documentation is received, my Department will consider restoring payment of the pension.

186. **Mr. N. O'Keeffe** asked the Minister for Agriculture and Food if a decision has been taken

on an appeal by a person (details supplied) in County Cork held recently, on an application for the installation aid scheme. [7167/04]

Minister for Agriculture and Food (Mr. Walsh): A decision has been taken in this case and the appellant was notified in writing on 2 March 2004.

Official Travel.

187. **Mr. Ring** asked the Minister for Agriculture and Food the persons officials from his Department met concerning the visit with farmers affected by the landslide in Pollathomas, County Mayo; the names of the officials who attended on that day; the cost of the expenditure for the officials on that day; the amount each official was paid in expenses; and the outcome of this visit. [7168/04]

Minister for Agriculture and Food (Mr. Walsh): Officials from my Department met

representatives of the Pollathomas Landslide Committee on 23 January 2004. The officials concerned are mainly based in the west of Ireland and would have been entitled to claim the appropriate travel and subsistence allowance.

Live Exports.

188. **Mr. Timmins** asked the Minister for Agriculture and Food the position on the export of live horses for slaughter; and if he will make a statement on the matter. [7169/04]

Minister for Agriculture and Food (Mr. Walsh): Trade in horses between member states and from member states to third countries is governed by European law and specific commission decisions which establish the health conditions and certification to be applied to such animals for trade purposes. All export licences issued by my Department are in respect of animals for breeding, racing, jumping and sport use. My Department has not issued export licences for horses for slaughter.

Common Agricultural Policy.

189. **Mr. Timmins** asked the Minister for Agriculture and Food the position on the impact CAP reforms which benefit farmers here will have on other countries, especially in Africa, and Caribbean and Pacific countries; and if he will make a statement on the matter. [7170/04]

Minister for Agriculture and Food (Mr. Walsh): The recent reform of the CAP, which provides for the replacement of production-related supports with decoupled payments, will be of benefit to developing countries since the potential distortion effect of these measures will be reduced.

The Agriculture and Fisheries Council and the European Union generally are acutely aware of the needs of developing countries and of the implications for them of policy decisions taken at EU level. The EU has provided over many years for preferential access to EU markets for exports from developing countries through the EU-ACP Agreement, the Generalised System of Preferences and other preferential trade agreements. More recently, the EU has offered duty-free and quota-free access to all imports except arms from the least developed countries. In the context of the current WTO round of trade negotiations, the EU has offered generous arrangements under the heading of special and differential treatment for developing countries.

Motor Vehicle Registration.

190. **Mr. Naughten** asked the Minister for Finance the reason the year of manufacture is no longer present on car registration certificates; and if he will make a statement on the matter. [7277/04]

Minister for Finance (Mr. McCreevy): The Revenue Commissioners are the motor vehicle

registration authority in the State. I am advised by them that prior to the introduction of their on-line vehicle registration facility in November 2002, they reviewed the data requirements for all vehicle registration declarations and certificates.

They concluded that because there is no statutory requirement for the date of manufacture of a vehicle to be declared to them or to be indicated on the registration certificate and because the date of manufacture has no bearing on the amount of vehicle registration tax to be paid, they could dispense with the requirement that the date of manufacture be declared and shown on the registration certificate. This change was supported by the motor trade. If the Deputy has a particular concern he should contact Mr. John O'Shea, Indirect Tax Policy and Legislation Division, Stamping Building, Dublin Castle.

Benchmarking Awards.

191. **Mr. Durkan** asked the Minister for Finance if he has examined the extent to which pay awards including benchmarking have been eroded by income tax, particularly in some pay categories; and if he will make a statement on the matter. [7103/04]

Minister for Finance (Mr. McCreevy): I have made no such examination nor do I see a reason to do so. Benchmarking pay increases, like all other pay increases or other increases in income, are subject to the normal tax rules that apply generally to income earners in the State.

Pension Provisions.

192. **Dr. Upton** asked the Minister for Finance if he will expand the Civil Service compulsory spouses' and children's contributory pension scheme to include non-marital partners in order that they may avail of the scheme on the death of their partner; if this expansion will include same sex couples; and if he will make a statement on the matter. [7115/04]

Minister for Finance (Mr. McCreevy): In respect of surviving partners, spouses' and children's pension schemes in the public service provide for pensions for the surviving legal spouse of a member. The Commission on Public Service Pensions, which took account of the views of unions, management and independent pensions experts, recommended that the existing provisions of public service spouses' and children's schemes be modified to allow payment of a survivor's pension to a financially dependent partner in circumstances where there is no legal spouse and where a valid nomination has been made. A working group was set up under the PPF to advise on the implementation of the commission's recommendations. That group reported in October 2003.

As I announced in my budget 2004 speech, the Government has decided to implement the bulk of commission's recommendations. I announced

[Mr. McCreevy.]
that I would examine the feasibility of implementing the recommendation for payment of survivor's pensions to non-spousal partners. In view of likely developments in equality law, the term "non-spousal partner" in the context of the examination will be taken as including same-sex couples.

An examination of the feasibility of modifying public service spouses' and children's pension schemes to allow for the payment of survivor's pensions to non-spousal partners has now commenced and the item has been tabled on the agenda of the newly formed joint working group on pensions. This is a joint union and management group, which has been established as a forum within which practical aspects of the implementation of the commission's recommendations can be discussed. There are important legal and financial aspects to be considered in detail and in consultation with other Departments, such as the interaction between the "pension splitting" provisions of the Family Law Acts and the rules of the schemes.

Tax Code.

193. **Dr. Upton** asked the Minister for Finance further to Parliamentary Question No. 240 of 4 February 2004, the criteria by which one spouse is deemed to be the assessable spouse; and the position regarding his contacts with the Revenue Commissioners further to this parliamentary question. [7116/04]

Minister for Finance (Mr. McCreevy): The concept of "assessable spouse" was introduced with effect from 6 April 1993. Prior to that date, the husband was assessed on both his own income and his wife's income. Since 6 April 1993, the legal position distinguishes couples married prior to 6 April 1993 from couples married after that date. These changes were introduced in Finance Act 1993 and responded to recommendations made by the Second Commission on the Status of Women.

For couples married prior to 6 April 1993, the position as at 6 April 1993 prevails, that is, the husband remains the person responsible for fulfilling the couples tax obligations unless the couple subsequently elect jointly for the other spouse to be the assessable spouse. For couples married on or after 6 April 1993, unless there is a claim for separate assessment or separate treatment, the couple is deemed to have elected for joint assessment, and the spouse with the greater income will be the assessable spouse. The key criterion, therefore, for deeming one spouse to be the assessable spouse is the amount of income, that is, the spouse with the greater income will be the assessable spouse. However, the couple may jointly elect for either one of them to be the assessable spouse.

Notwithstanding the foregoing, in practice, where one spouse is a PAYE taxpayer and the other spouse is a self-assessment taxpayer, the

self-assessment taxpayer is usually considered to be the assessable spouse. The main reason for this is that the self assessment taxpayer is likely to have more onerous responsibilities as regards tax matters e.g. record keeping, returns, preliminary tax etc., than the PAYE taxpayer.

I am informed by the Revenue Commissioners that they have not completed their consideration of the feasibility of the administrative arrangements referred to in my reply to Parliamentary Question No. 240 of 4 February 2004, and, given the range of issues to be considered, it may be some time before their deliberations are completed.

Tax Reliefs.

194. **Mr. N. O'Keeffe** asked the Minister for Finance if a Med 1 application form will issue to a person (details supplied) in County Cork. [7193/04]

Minister for Finance (Mr. McCreevy): I am advised by Revenue that the relevant claim form Med 1 has issued to the person concerned. The return address for the completed form is the Office of the Revenue Commissioners, Cork East District, Government Offices, Sullivan's Quay, Cork. If the person concerned has any queries on completing the form, he or she should contact the Revenue Commissioners' PAYE inquiries line 1890 22 24 25. When the completed form is received by the Revenue Commissioners the matter will be progressed by them.

The explanatory leaflet on Health Expenses Relief —IT6 and the forms for Med 1 and Med 2 may be downloaded from the Revenue Commissioners' website, www.revenue.ie.

Tax Incentive Scheme.

195. **Mr. R. Bruton** asked the Minister for Finance the number of applicants who have availed of the specific tax break brought into being by him some years ago, concerning the need to develop park and ride facilities in and around Dublin city and county; and if he will make a statement on the matter. [7194/04]

Minister for Finance (Mr. McCreevy): In order to promote the provision of park and ride facilities, in the Finance Act 1999 I introduced accelerated capital allowances of up to 100% for capital expenditure on the construction or refurbishment of park and ride developments in or near designated urban areas which provide parking facilities for commuters using public transport. Relief is also available for expenditure on the construction or refurbishment of related residential developments which are located at park and ride facilities. Guidelines on the operation of the scheme were issued by the Minister for the Environment and Local Government in August 1999. The guidelines set out various criteria which a park and ride development and residential developments located at park and ride facilities must meet to

qualify under the scheme. Certification of a development for the purposes of obtaining relief under the scheme is carried out by certain local authorities.

The Finance Act 1999 also provided for capital allowances for commercial developments located at these park and ride facilities. Guidelines in regard to the commercial development element of these park and ride facilities were issued in July 2001 after discussions with EU Commission officials on State aid rules.

In my recent budget I extended the qualifying period from 31 December 2004 to 31 July 2006, provided a planning application has been received by a planning authority by 31 December 2004. Based on the latest information received from the Department of Transport, one application for certification to avail of the capital allowances has been made.

Decentralisation Programme.

196. **Mr. Kenny** asked the Minister for Finance if he will consider proposals from military personnel to decentralise the Department of Defence, military and Civil Service personnel to a single location at McKee Barracks, Kildare; and if he will make a statement on the matter. [7251/04]

Minister for Finance (Mr. McCreevy): The Government decided on 1 July 2003 last that Magee Barracks, Kildare would be among the State lands released to the Department of the Environment, Heritage and Local Government for inclusion in the affordable housing initiative under Sustaining Progress. The future development of that site is a matter for that Department and Kildare County Council.

Subsequently on 3 December 2003 the Government decided that the Defence Forces headquarters would move to the Curragh and the headquarters of the Department of Defence would be located in nearby Newbridge. The background to this decision is set out at pages B.25 and B.26 of the budget book 2004.

Northern Ireland Issues.

197. **Caoimhghín Ó Caoláin** asked the Minister for Foreign Affairs if his attention has been drawn to the continuing refusal of the Ulster Unionist Party and Democratic Unionist Party representatives on Lisburn City Council to accommodate any measure of power-sharing on that authority, their continuing exclusion of the Sinn Féin, SDLP and Alliance Party representatives from all positions on that body and on external bodies; if the Government has raised this corrosive practice with the British Prime Minister or the Northern Secretary of State; and if he will make a statement on the matter. [7111/04]

Minister for Foreign Affairs (Mr. Cowen): In recent years, power-sharing arrangements have increasingly become the norm across local

authorities in Northern Ireland. The current practices within Lisburn City Council are a regrettable departure from this encouraging trend.

Partnership politics represents the way forward in Northern Ireland, both in regard to the operation of the devolved institutions and local government. In its contacts with the British Government and with the political parties in Northern Ireland, the Government has availed of all opportunities to advocate the principle and practice of partnership politics and we will continue to do so.

Furthermore, I have asked officials to continue to closely monitor the situation in Lisburn City Council and to keep me informed of all relevant developments, particularly in the context of the annual general meeting of the council, due to take place in the summer. I hope the outcome of that meeting will represent progress towards a power-sharing dispensation on Lisburn City Council.

Rockall Island.

198. **Mr. F. McGrath** asked the Minister for Foreign Affairs the position regarding the ownership of Rockall Island off the Irish coast; and if he will make a statement on the matter. [7283/04]

Minister for Foreign Affairs (Mr. Cowen): Concern in regard to the issue of Rockall arose in the past from then unresolved fears that jurisdiction over Rockall and similar rocks and skerries was thought to be central to the mineral rights in the adjacent sea bed and to fishing rights in the surrounding seas. However, during the course of the Third United Nations Conference on the Law of the Sea, the Irish delegation worked hard to establish a satisfactory legal regime applicable to islands. The United Nations Convention on the Law of the Sea, which was adopted at Montego Bay at the conclusion of the conference on 10 December 1982, provides at Article 121 paragraph 3 that, "Rocks which cannot sustain human habitation or economic life of their own shall have no exclusive economic zone or continental shelf".

Article 121(3) applies to Rockall. Ireland ratified the convention on 21 June 1996. The United Kingdom acceded to the convention on 25 July 1997. It is accordingly accepted by both States that Rockall cannot be used as a basis for delimiting their respective continental shelves or fisheries zones. While the United Kingdom continues to claim jurisdiction over Rockall, this claim is not accepted by Ireland. Each country remains aware of the position of the other.

Port Security Procedures.

199. **Caoimhghín Ó Caoláin** asked the Minister for Foreign Affairs if his attention has been drawn to the practice by the Scottish police at the Stranraer ferry port of demanding that Irish

[Caoimhghín Ó Caoláin.]

nationals write their names in English on their embarkation cards; if this practice is being applied to all passengers with non-English names; if the Irish are being singled out; and if he will seek an immediate end to the practice. [7104/04]

Minister for Foreign Affairs (Mr. Cowen): My Department has not received any recent complaints about a practice requiring that Irish nationals write their name in English on their embarkation cards at Stranraer ferry port. We have, in the past, consistently raised our concerns with the British authorities that the provisions of the British Terrorism Act 2000 be applied sensitively to ensure they do not cause embarrassment to travellers, nor discriminate against persons travelling between the two islands.

I would be concerned if Irish nationals travelling via Stranraer ferry port were being discriminated against on linguistic grounds. I have asked the Embassy of Ireland, London, to raise the Deputy's concerns with the British Foreign and Commonwealth Office. In addition, I have also asked our Consul General in Edinburgh to look into this matter. I will respond directly to the Deputy when in receipt of a reply from the British authorities.

Visa Applications.

200. **Mr. N. O'Keefe** asked the Minister for Foreign Affairs the position regarding an application for an entry visa to Ireland in respect of two persons (details supplied). [7196/04]

Minister for Foreign Affairs (Mr. Cowen): Decisions on visa applications such as the ones referred to are made by the Department of Justice, Equality and Law Reform, which has responsibility for all immigration matters. The applications which were submitted to the Honorary Consulate in Kenya were recently forwarded to the Department of Justice, Equality and Law Reform for consideration. It is expected that the Department of Justice, Equality and Law Reform will make a decision on these applications in the very near future. Once the Department of Justice, Equality and Law Reform has made its decision it will inform the visa office. The applicants in turn will be informed of this decision through the Honorary Consulate.

Diplomatic Representation.

201. **Mr. G. Mitchell** asked the Minister for Foreign Affairs the reasons Ireland has established diplomatic relations with Burma-Myanmar as of 10 February 2004; and if he will make a statement on the matter. [7232/04]

203. **Mr. G. Mitchell** asked the Minister for Foreign Affairs his views on the way in which the establishment of diplomatic relations with Burma-Myanmar as of 10 February 2004 can contribute more directly to promoting the process

of democratisation and national reconciliation there; and if he will make a statement on the matter. [7235/04]

Minister for Foreign Affairs (Mr. Cowen): I propose to take Questions Nos. 201 and 203 together.

The decision to establish diplomatic relations with Burma-Myanmar was taken in the context of Ireland's current Presidency of the European Union and the need for Ireland, as EU Presidency, to be in a position to deal directly with the Burmese authorities. Of the other EU member states, only Luxembourg does not have diplomatic relations with Burma.

Our previous unwillingness to appoint an ambassador to Burma, however satisfying it may have been as a gesture of disapproval, had no effect on the behaviour of the Burmese authorities. As Presidency of the EU, we have both the opportunity and the responsibility to speak to the Burmese authorities on behalf of the EU. We will in particular demand the release of Daw Aung San Suu Kyi, and other political prisoners, the participation of the National League for Democracy in the forthcoming national convention, a timetable for progress towards democracy, and an improvement in the human rights situation in Burma.

Our ambassador designate visited Burma from 23 to 25 February. The ambassador used this opportunity to convey our views to the Burmese Deputy Minister for Foreign Affairs, who he met along with other EU Heads of Mission. He also met with five members of the central executive committee of the National League for Democracy and with representatives of Burma's ethnic nationalities. This visit, and the access the ambassador gained, confirmed the practical value of the Government's decision to establish diplomatic relations.

Both Ireland and the EU are strongly critical of serious and persistent human rights abuses, the lack of fundamental freedoms, and the absence of political progress in Burma. The EU Common Position on Burma, which provides for a visa ban on members of the regime and a freeze on all their financial assets in the European Union, is due to expire on 29 April 2004. Ireland, together with our EU partners, will discuss in due course what revisions in the common position, if any, may be necessary in view of developments in Burma.

Ireland continues to work with Burma's Asian neighbours to encourage them to bring their influence to bear on Rangoon. For example, the question of Burma was on the agenda for the EU Ministerial Troika to India, 16 February, and was discussed during the troikas at political director level with China, 26 February, and Japan, 27 February. These concerns will feature in discussions at the ASEM Foreign Ministers' Meeting, which I will host in Kildare in April 2004.

Our goals continue to be the return of democracy to Burma, an end to human rights violations, and the realisation of peace and prosperity for the long suffering people of Burma. It is our belief that the appointment of an ambassador to Burma increases our influence and credibility in the efforts to promote these goals by the EU and international community.

Human Rights Issues.

202. **Mr. M. Higgins** asked the Minister for Foreign Affairs if his attention has been drawn to the fact that, as of January 2004, there were 145 Tibetan political prisoners being held, including nine women; the Government's position on this issue; and if the Government plans to take any action. [7234/04]

Minister for Foreign Affairs (Mr. Cowen): The Government continues to have concerns regarding the protection of the human rights of the Tibetan people, including political prisoners, and takes this issue very seriously. Officials in my Department continue to monitor the situation and are in regular contact with NGOs and other interested groups, who bring particular cases to our attention. These human rights concerns are raised with the Chinese authorities both bilaterally and through European Union channels, including through the framework of the EU-China Human Rights Dialogue.

Last week, on 25 February 2004, my colleague, the Minister of State with responsibility for overseas development and human rights, Deputy Tom Kitt, held a meeting in Dublin with representatives of Tibet Action Ireland, the Tibetan Community in the UK and the Free Tibet Campaign, at which the general situation in Tibet, and human rights concerns in particular, were discussed.

The issue of human rights in Tibet was raised with the Chinese Government most recently at the EU-China Human Rights Dialogue meeting, which took place in Dublin on 26 and 27 February 2004. At this meeting the EU raised its concerns at the human rights situation in Tibet, highlighting in particular the imprisonment of Buddhist monks. The EU urged the Chinese authorities to address the human rights situation in Tibet, investigate the reports of imprisonment of Buddhist monks and renew its contacts with the representatives of the Dalai Lama. In response, the Chinese authorities indicated a willingness, in principle, to continue to meet representatives of the Dalai Lama, though no date for a future meeting was given.

The Government has consistently called on the Chinese authorities to respect fully the rights of the Tibetan people, including prisoners. We will continue to address our ongoing concerns regarding the protection of human rights in Tibet, along with the general human rights situation in China, both bilaterally and within the framework of the EU-China Human Rights Dialogue. We will also continue to encourage and support direct

talks between the representatives of the Dalai Lama and the Chinese authorities.

Question No. 203 answered with Question No. 201.

Foreign Conflicts.

204. **Mr. F. McGrath** asked the Minister for Foreign Affairs if he will raise the issue of civilian casualties (details supplied) during the US-UK invasion of Iraq with the US President Bush at the proposed EU summit. [7236/04]

Minister for Foreign Affairs (Mr. Cowen): The Government does not have any information on casualty figures other than those readily available in the public domain. These usually vary between 8,000 and 15,000. My officials have been in contact with relevant multilateral organisations on this matter but none of the organisations involved was in a position to give us such figures, as they either did not compile them or could not guarantee their reliability.

The Government has from the outset called on all parties in the conflict in Iraq to respect their obligations under international law. This policy is in keeping with the public pronouncements of UN Secretary General Annan and had been established long before the adoption of Security Council Resolution 1483. This resolution calls upon all concerned to comply fully with their obligations under international law, including, in particular, the Geneva Conventions of 1949 and the Hague Regulations of 1907. The protection of civilians in time of war is specifically covered by the Fourth Geneva Convention. The US and UK have publicly committed themselves to doing so.

The Government will continue to stress the importance of adhering to international law in appropriate contacts with the US. As for the summit meeting that will take place with the United States in June, the Taoiseach will represent all the member states of the European Union and, accordingly, will convey to President Bush positions which will have been agreed by the Union as a whole.

Special Educational Needs.

205. **Mr. Ardagh** asked the Minister for Education and Science if he will resource the allocation of a full-term learning support teacher as requested by the parents association of a school (details supplied) in Dublin 12. [7097/04]

Minister for Education and Science (Mr. N. Dempsey): The school in question currently has the services of a shared learning support teacher. My Department is currently reviewing existing arrangements for the allocation of special educational supports to primary schools. In that context, my officials have initiated discussions on the matter with representative interests. At this stage, it would be premature to anticipate the outcome. I can confirm, however, that the basic purpose of that review is to ensure that each

[Mr. N. Dempsey.]
school has the level of resources required to cater for its pupils with special educational needs.

206. **Mr. Ardagh** asked the Minister for Education and Science if he will report on the application, already submitted for additional resource teacher hours for a school (details supplied) in Dublin 12. [7098/04]

Minister for Education and Science (Mr. N. Dempsey): I can confirm that my Department has received applications for special educational resource, SER, from the school referred to by the Deputy. The school in question has the services of two full-time resource teachers and one part-time resource teacher.

SER applications received between 15 February and 31 August 2003 are being considered at present. In all, more than 5,000 such applications were received. Priority was given to cases involving children starting school last September and all these cases were responded to at or before the commencement of the current school year.

The balance of more than 4,000 applications has been reviewed by a dedicated team comprising members of my Department's inspectorate and the National Educational Psychological Service, NEPS. These applications are being further considered in the context of the outcome of surveys of SER provision conducted over the past year or so. Account is also being taken of the data submitted by schools as part of the recent nationwide census of SER provision.

The processing of the applications is a complex and time-consuming operation. However, my Department is endeavouring to have this completed as quickly as possible and my officials will then respond to all applicant schools. Pending a response, schools are advised to refer to Circular 24/03, which issued in September 2003. This circular contains practical advice on how to achieve the most effective deployment of resource already allocated for special educational needs within the school.

207. **Mr. Crowe** asked the Minister for Education and Science if he will report on the progress of the school for autism in Middletown, County Armagh. [7099/04]

Minister for Education and Science (Mr. N. Dempsey): It is intended that the facility in question will be purchased, funded and operated on a joint North-South basis to serve the needs of children and young persons with autism in both jurisdictions.

The purchase cost involved is £3 million sterling. Precise details of the annual operating costs will not be available until final decisions have been taken on the required level of specialist inputs involved in the various elements of the centre's activities. However, current estimates suggest an overall annual operating cost

of approximately €2 million. No funding has been expended to date on the project.

Proposals for the centre envisage the following: an educational assessment service for children and young people referred to the centre with a suspected or confirmed autistic spectrum disorder; a training and advisory service for teachers, other professionals and parents; an individual learning centre; an autism research, dissemination and information service; and residential accommodation with care staff.

The proposed centre at Middleton will not replace any existing service provision for children with autism. Rather, it will complement existing services by providing specialist back-up support, advice and guidance on best practice to service providers North and South. The final terms of the purchase contract are currently under discussion with the owners of the facility.

Residential Centres.

208. **Ms Shortall** asked the Minister for Education and Science if he will provide, in respect of the Finglas children centre for the period 1 August 2003 to 31 January 2004, the number of times the gardaí had to be called to the centre to deal with out of control behaviour; the number of abscondances which occurred; the cost of the damage done to those recently refurbished premises by residents; the number and nature of crimes committed by residents while at large; the number of incidents in which staff were subjected to violent threats; the number of staff sick-leave days taken in this period; and if he will make a statement on the operation of this centre. [7181/04]

Minister for Education and Science (Mr. N. Dempsey): In the light of the concerns which have been raised about the operation of the Finglas Child and Adolescent Centre by key stakeholders both internal and external to the centre, my Department has commissioned a review of the operation of the centre. The terms of reference for this review are to identify the issues and problems which are affecting the efficient and effective operation of the centre and adversely impacting on the task of caring for troubled children and to make recommendations to address the shortcomings identified. The review is being undertaken by Mr. Michael Donnellan, director of Trinity House School. It is expected that the report and recommendations will be completed within six weeks from its commencement next week. I understand that the various stakeholders at the centre are supportive of this review and I urge all involved to participate fully with the reviewer. I am most concerned that the current difficulties facing the centre are addressed as quickly as possible.

In regard to the specific queries raised by the Deputy, my Department has consulted with the centre and I understand that during the period 1 August 2003 to 31 January 2004: the gardaí were not called to the centre to deal with any incidents

of out of control behaviour; there were 85 incidents when boys absconded, 51 of which incidents occurred at the centre; there was no significant damage done to the premises; and three boys who were not in the centre, having either absconded or being on home leave, were convicted of offences, which included the unlawful taking of a motor vehicle, criminal damage, trespass with intent and larceny, criminal damage and trespass, and criminal damage trespass with intent and larceny. One boy was involved in two incidents which resulted in convictions. One other boy has been charged with the theft of a mobile phone and failure to appear in court; there were 15 incidents where staff were subjected to violent threats; and a total of 2,118 days sick leave was taken by staff, other than teaching staff and the director-deputy directors, at the centre.

Teachers' Retirement.

209. **Mr. F. McGrath** asked the Minister for Education and Science if he will make issues (details supplied) a matter of priority. [7183/04]

Minister for Education and Science (Mr. N. Dempsey): The principal issue raised by the Deputy is the question of the age at which teachers should retire. This issue, including the age at which public servants generally should retire, has been the subject of a Government decision which was announced in the budget and has been explained to the public service unions. The decision reached, with which I am in full agreement, is that the generality of new entrants to the public service from 1 April 2004, including teachers, should retire at age 65.

Teachers already in service may continue to avail of the existing provisions for early retirement, including the scheme of early retirement introduced under the PCW agreement. The latter scheme was introduced some years ago on a pilot basis pending review in the light of the Report of the Commission on Public Service Pensions. The commission, in its report of 2001, recommended that the pilot scheme be continued for a further five years and be further reviewed at that time.

The commission also recommended the introduction of cost neutral early retirement. The Minister for Finance in his Budget Statement indicated that he will examine the possibility of providing for some form of optional early retirement with payment of actuarially reduced benefits which would have a cost neutral effect, as recommended by the commission.

The Minister for Finance also announced in his Budget Statement that the Government has decided to implement the bulk of the commission's recommendations. A joint management-union group has been established as a forum within which practical aspects of the implementation of the commission's recommendations can be discussed. Both my Department and the teachers' unions will have an

opportunity at this forum to put forward their views on the various matters raised by the Deputy.

Schools Refurbishment.

210. **Mr. Wall** asked the Minister for Education and Science if his Department will investigate the urgent need for funding in regard to very necessary central heating repairs for a school (details supplied) in County Kildare in which, due to such heating problems, the children have had to be sent home; and if he will make a statement on the matter. [7184/04]

Minister for Education and Science (Mr. N. Dempsey): My Department has not been notified of any problems with the heating system in the school to which the Deputy refers.

The school authority made an application for funding under the summer works scheme, SWS. In the application form, the school was required to state the highest priority works required at the school. No application was made for repairs to the heating system.

A list of successful applicants under the SWS will be published on my Department's website at www.education.ie no later than 5 March next.

Higher Education Grants.

211. **Mr. M. Moynihan** asked the Minister for Education and Science if a PLC College can, by definition, offer a postgraduate course; if so, if a graduate student on such a postgraduate course is eligible to apply for a higher education grant; if the postgraduate teacher's diploma in commercial skills at the Cork College of Commerce is the equivalent of a higher diploma in education in terms of qualification; the rate of remuneration paid to persons who hold each qualification; and the eligibility of such persons to apply for and obtain permanent positions in second level schools. [7185/04]

Minister for Education and Science (Mr. N. Dempsey): The circumstances surrounding the case on which the Deputy based his question are under review in my Department at present. A response will be furnished directly to the Deputy in due course.

School Transport.

212. **Mr. Wall** asked the Minister for Education and Science if his Department will investigate the application for school transport for a person (details supplied) in County Kildare; and if he will make a statement on the matter. [7186/04]

Minister for Education and Science (Mr. N. Dempsey): The person referred to by the Deputy in the details supplied lives more than two miles from the local school, and is fully eligible for transport to that school only.

My Department understands that the pupil is attending the next nearest school in the town. The bus service to this school passes 2.1 miles

[Mr. N. Dempsey.]
from the pupil's home. Concessionary fare-paying transport on the existing service to that school may be allowed subject to there being room available on the bus after all fully eligible pupils have been accommodated and provided no extra cost is involved by way of extending or altering the bus route. The current charge for concessionary tickets is €26 per pupil per term. The local Bus Éireann office will advise on the position regarding concessionary fare-paying transport.

Harbours and Piers.

213. **Mr. P. Breen** asked the Minister for Communications, Marine and Natural Resources if the application for funding by Ballyvaughan Harbour in County Clare can be considered in order to construct a slipway and parking area at the new pier, Ballyvaughan; and if he will make a statement on the matter. [7096/04]

Minister for Communications, Marine and Natural Resources (Mr. D. Ahern): Ballyvaughan Pier is owned by Clare County Council and responsibility for its maintenance and development is a matter for the local authority in the first instance. Clare County Council has not submitted a proposal to my Department for the development of Ballyvaughan Pier. I would therefore recommend that the Deputy contact Clare County Council to determine what proposals, if any, the local authority has for the development of Ballyvaughan Pier. Any proposal that the local authority submits under my Department's fishery harbours development programme in respect of Ballyvaughan in the period 2004 to 2006 will be considered in the context of the funding available for works at fishery harbours generally and overall national priorities.

Arts Funding.

214. **Mr. Wall** asked the Minister for Arts, Sport and Tourism if he has had representations for Ballet Ireland in regard to its financial difficulties; the reply to such inquiries and the concerns he has in respect of possible loss of tourist revenue due to the group's difficulties; his views on documentation (details supplied); and if he will make a statement on the matter. [7172/04]

Minister for Arts, Sport and Tourism (Mr. O'Donoghue): In 2003, I received a number of representations on behalf of Ballet Ireland. In my reply to these representations, I advised that support of arts organisations, including Ballet Ireland, is a matter for the Arts Council, and my Department is not in a position to provide any direct financial support. The Arts Council is independent in the context of its funding decisions, and I could not therefore become involved in any intermediary role between the council and any organisation seeking funding.

Question No. 215 answered with Question No. 150.

Food Irradiation.

216. **Dr. Upton** asked the Minister for Health and Children the action he intends taking following the results of a survey carried out by the FSAI which showed that more than 50% of herbal supplements and herbal substances were irradiated but not labelled as such; and if he will make a statement on the matter. [4937/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): While irradiation is not suitable for all foods, the process is generally considered safe when carried out under controlled conditions and in suitable facilities.

European Community legislation, transposed into Irish law by S.I. No. 297 of 2000, covers general and technical aspects for carrying out the irradiation process, conditions for authorising food irradiation, exemptions, and labelling requirements of irradiated foods. The legislation sets out a list of foods and food ingredients that are authorised across the EU for treatment with ionising radiation. Currently, only dried aromatic herbs, spices and vegetable seasonings, with a permitted maximum overall average absorbed dose of 10 kGy, are listed, though, for the time being, in some member states a number of other food types may be irradiated under national authorisations.

In November 2002, the Food Safety Authority of Ireland, FSAI, conducted a survey of herbal supplements available in central Dublin retail outlets. Of the 24 samples taken, ten —42%—tested positive, six samples were wholly irradiated while four others contained irradiated components. None was labelled to indicate exposure to ionising radiation. The second phase of this survey was carried out in 2003 and found that 50% of the herbal supplements tested had been wholly or partially irradiated. Again the labelling failed to indicate exposure to ionising radiation.

In its report on the 2003 survey, published in February 2004, the FSAI stated that there were no immediate food safety concerns arising from the survey. However, in view of the inadequate labelling of some of the products surveyed, and following a meeting with the authority, the health food industry agreed to remove the irradiated product batches from the Irish market and provide action plans on how to address the problem long term. The authority is planning to hold further meetings with the industry in the near future to review progress on the industry action plans after which the authority will carry out further sampling and analysis to ensure the problem is being resolved.

Health Board Services.

217. **Mr. Healy-Rae** asked the Minister for

Health and Children if he will reconsider the cut in home help hours in view of the fact that they are having a detrimental effect on the people for whom they are providing the service; and if he will make a statement on the matter. [7105/04]

Minister of State at the Department of Health and Children (Mr. Callely): I wish to inform the Deputy that the aim of the home help service is to enable people to remain living at home, where appropriate, who would otherwise need to be cared for in long-stay residential care and that this service is an essential support to families and informal carers. The home help service by its nature is a flexible service which is designed to respond to clients' needs. The service is targeted at high and medium dependency clients in accordance with their assessed needs. As a result, therefore, the level of service required in individual cases will fluctuate from time to time. To ensure effective prioritisation of the service, assessments are undertaken at local sector level

and are carried out by the public health nursing services.

There are a number of reasons demand for home help service has been increasing, such as demographic factors. Approximately 6,000 additional people come into the over 65 age bracket every year and there has been a proportionately higher percentage increase in the more dependant over 80 age category. These factors may necessitate some minor adjustments in the provision of the home help service. Basically, what this means is that, although a small percentage of clients may have had their hours reduced, this has been counter-balanced by others receiving the service for the first time. I have been assured by all health boards that the provision of the home help service is organised on the basis that the most vulnerable clients are given priority. The following table illustrates funding allocated to the home help service by health board area in 2003 and the percentage increase in funding for this service as compared with 2000.

Authority/Health Board	Expenditure in 2003 on Home Help Service	Percentage Increase in Expenditure since 2000
	€	%
Eastern Regional Health Authority	21,650,641	45.74
Midland Health Board	8,671,000	147.81
Mid-Western Health Board	9,574,315	136.62
North Eastern Health Board	8,165,391	107.05
North Western Health Board	8,347,268	131.62
South Eastern Health Board	9,196,719	155.07
Southern Health Board	31,300,000	154.47
Western Health Board	13,513,791	122.98
Total	110,419,125	

The total increase in expenditure on the home help service across all health board areas since 2000 is 113.59%. The Deputy might also wish to note that an additional €3.748 million has been allocated by my Department to this service in 2004.

Since my appointment as Minister of State I have been encouraging the Eastern Regional Health Authority and the health boards to introduce home care packages including home based subvention for clients applying for nursing home subvention as an alternative to long-stay residential care. The criteria that apply for home based subvention are the same as apply for nursing home subvention. I am pleased to advise that a number of health boards are developing personal care packages that are more focused on individual care needs, for example, public health nurse service, attendance at day care, day hospital and rehabilitation, and the provision of respite care, home help and care assistance.

Hospital Services.

218. **Mr. Ring** asked the Minister for Health

and Children the reason a person (details supplied) in County Mayo was not admitted to Galway Regional Hospital on the date given to them. [7107/04]

Minister for Health and Children (Mr. Martin):

The provision of hospital services for people living in County Mayo is a matter for the Western Health Board. My Department has, therefore, asked the chief executive officer of the board to reply directly to the Deputy in regard to the matter raised.

Eating Disorders.

219. **Dr. Upton** asked the Minister for Health and Children the number of public beds specifically available for the care of persons suffering eating disorders; and the plans he has to improve the medical care on offer to persons suffering from these disorders. [7114/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): Persons presenting with eating disorders are generally treated through the psychiatric services of their

[Mr. T. O'Malley.] local health board. Outpatient psychiatric services are provided from a network of hospitals, health centres, day hospitals and day centres. Where in-patient treatment is deemed necessary, it is provided in the local acute psychiatric unit or hospital, beds being allocated on the basis of patient need at any particular time. A tertiary referral service for eating disorders is available to public patients in St. Vincent's Hospital, Elm Park, Dublin where three in-patient beds are designated for this purpose. A similar service is available privately at St. Patrick's Hospital, James's Street, Dublin and at St. John of God Hospital, Stillorgan, County Dublin.

The Working Group on Child and Adolescent Psychiatry will this year commence the preparation of a report on services for people with eating disorders and how they can best be developed in the short, medium and long term.

Health Board Services.

220. **Mr. N. O'Keeffe** asked the Minister for Health and Children if he will assist in having domiciliary allowance awarded to a person (details supplied). [7197/04]

Minister of State at the Department of Health and Children (Mr. T. O'Malley): The assessment of entitlement to and payment of the domiciliary care allowance in any individual case is a matter for the relevant health board. Accordingly, a copy of the Deputy's question has been forwarded to the chief executive officer, Southern Health Board, with a request that he examine the case and reply directly to the Deputy as a matter of urgency.

Hospital Waiting Lists.

221. **Mr. F. McGrath** asked the Minister for Health and Children if there are results on practical measures to reduce waiting lists for patients on trolleys at Beaumont Hospital, Dublin 9; and if he will make a statement on the matter. [7198/04]

Minister for Health and Children (Mr. Martin): Services at Beaumont Hospital are provided under an arrangement with the Eastern Regional Health Authority and my Department has, therefore, asked the regional chief executive of the authority to examine this issue and to reply to the Deputy directly.

Health Board Services.

222. **Dr. Upton** asked the Minister for Health and Children if he will investigate the cutback in budgetary allocation to an organisation (details supplied) which has received a reduction of 5% for 2004 and has not had an increase since 2001; and if he will make a statement on the matter. [7199/04]

Minister of State at the Department of Health and Children (Mr. Callely): As the Deputy will

be aware, the provision of health services in Dublin 6W is, in the first instance, the responsibility of the South Western Area Health Board acting under the aegis of the Eastern Regional Health Authority. The SWAHB is obliged by legislation to organise its activity in line with the available funding and as a result to adjust that activity where necessary to reach a level that can be sustained.

It should be noted that the number of home help hours provided in Dublin south city in 2003 was 91,803 which was higher than the previous year. The board recognised the difficulties that the organisation involved was experiencing in 2003 and as a result did not reduce the grant allocated to this organisation.

The authority has received an additional allocation from my Department in 2004 amounting to €1.172 million for home help services and will allocate this funding to the three area boards for distribution to the various home help services. The level of funding to be made available to the organisation will be determined as part of this process.

Hospital Services.

223. **Mr. McHugh** asked the Minister for Health and Children if he will request an interim report from Comhairle na nOspidéal on its review of neurosurgical services here in regard to capacity and geographical location. [7229/04]

224. **Mr. McHugh** asked the Minister for Health and Children when Comhairle na nOspidéal is expected to have completed its report on the neurosurgical services here in regard to capacity and geographical location. [7230/04]

225. **Mr. McHugh** asked the Minister for Health and Children if Comhairle na nOspidéal will be encouraged to visit other neurosurgical models with similar geographics, transportation and demographics as Ireland in the course of its review here of neurosurgical services here in regard to capacity and geographical location. [7231/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 223 to 225, inclusive, together.

As the Deputy is aware, I asked Comhairle na nOspidéal to carry out a review of neurosurgical services and to prepare a report for my consideration. Comhairle was asked to focus, in particular, on the provision of adequate capacity and consideration of equity of access to neurosurgical services having regard to best practice in the provision of quality health care. Comhairle established a committee to review neurosurgical services.

The work of the committee on neurosurgical services is ongoing and I understand it is endeavouring to have a report prepared for consideration of Comhairle na nOspidéal before the end of the year. I do not intend to request an

interim report. I also understand that the committee is considering the most appropriate way in which it can gather the information it requires regarding the organisation of neurosurgical services in other countries.

Health Board Staff.

226. **Ms McManus** asked the Minister for Health and Children the number of employees who have been employed on contract by the Western Health Board in 2002, 2003 and 2004; the number taken on through an agency; and if he will make a statement on the matter. [7233/04]

Minister for Health and Children (Mr. Martin): The chief executive officer of each health board-authority is responsible for the management of the workforce in his/her region, including the employment of staff on a contract or agency basis. My Department has therefore asked the chief executive officer of the Western Health Board to investigate the matters raised by the Deputy and reply to her directly.

National Treatment Purchase Fund.

227. **Mr. Durkan** asked the Minister for Health and Children the specialty areas which have necessitated treatment for patients outside the jurisdiction; his plans to provide for such services here; and if he will make a statement on the matter. [7252/04]

228. **Mr. Durkan** asked the Minister for Health and Children the extent to which specialty services are available throughout the country; the areas in respect of which it is proposed to extent such services; and if he will make a statement on the matter. [7253/04]

Minister for Health and Children (Mr. Martin): I propose to take Question No. 227 and 228 together.

Circular 21/85, which was issued by my Department, sets out the criteria that must be applied when considering applications for authorisation to receive medical treatment outside the State. The responsibility for applying these criteria to the specific circumstances of each case rests with the health boards and the ERHA. Information in regard to the type of procedures funded under the terms of this circular is not routinely collected by my Department. Therefore, my Department has asked the chief executive officers of the health boards and the ERHA to communicate directly with the Deputy in regard to the specialty areas which have necessitated treatment for patients outside the jurisdiction.

The recently published Comhairle na nOspidéal Report on Consultant Staffing provides details on the distribution of consultant staffing and related specialties nationally. In the past five years there has been an increase of 31% in the number of consultant posts. These new

posts are providing additional and new services to the population all over the country.

The National Task Force on Medical Staffing recommended a substantial increase in the total number of consultants from some 1,800 at present to 3,000 by 2009 and 3,600 by 2013. This will greatly improve the availability of consultant-provided services throughout the country.

I recently announced the composition of the Acute Hospitals Review Group which will be chaired by Mr. David Hanly. The Acute Hospitals Review Group will prepare a plan for the Interim Health Services Executive for the configuration of acute hospital services, taking account of the recommendations of the National Task Force on Medical Staffing.

Hospitals Building Programme.

229. **Mr. Durkan** asked the Minister for Health and Children the remaining proposals to be implemented in the Naas Hospital Development Plan; when he expects these proposals to become operational; and if he will make a statement on the matter. [7255/04]

Minister for Health and Children (Mr. Martin): Responsibility for the provision of services at Naas General Hospital rests with the Eastern Regional Health Authority. A major development programme in two phases, phases 2 and 3A, at the hospital commenced on site in November 1999. Phase 3A, which includes additional accommodation and enabling works for future phases, phases 3B and 3C, commenced on site as a variation to the phase 2 contract in April 2002. Phases 2 and 3A were completed in September 2003 and have been equipped and commissioned.

It is anticipated that the remainder of the development, phases 3B and 3C, will be procured on a phased basis with construction planned for commencement in late 2004 and completion in 2005-07. Equipping and commissioning of phases 3B and 3C are planned for 2008.

Hospital Services.

230. **Mr. Durkan** asked the Minister for Health and Children the impact he expects in respect of Naas Hospital arising from the proposals contained in the Hanly Report; and if he will make a statement on the matter. [7256/04]

Minister for Health and Children (Mr. Martin): The Report of the National Task Force on Medical Staffing, the Hanly Report, deals with the reorganisation of acute hospital services in two regions, the East Coast Area Health Board and the Mid-Western Health Board and sets out a series of principles regarding the development of acute hospital services nationally.

I recently announced the composition of a group to prepare a national plan for acute hospital services. The group, to be chaired by Mr. David Hanly, will prepare a plan for the Interim Health Services Executive for the reorganisation

[Mr. Martin.]
of acute hospital services, taking account of the recommendations of the National Task Force on Medical Staffing including spatial, demographic and geographic factors. I anticipate that the future role of Naas Hospital will be examined in this context.

Hospital Staff.

231. **Mr. Durkan** asked the Minister for Health and Children the number of staff in all disciplines required at Naas General Hospital; the numbers currently available; when he expects to be in a position to ensure the availability of adequate staff in all categories to be appointed; and if he will make a statement on the matter. [7257/04]

Minister for Health and Children (Mr. Martin):
Responsibility for the provision of services at Naas General Hospital rests with the Eastern Regional Health Authority. My Department has, therefore, asked the regional chief executive of the authority to examine the matters raised by the Deputy and to reply to him directly.

Question No. 232 answered with Question No. 121.

Hospital Waiting Lists.

233. **Mr. Durkan** asked the Minister for Health and Children the current waiting period for heart or hip replacement surgery; and if he will make a statement on the matter. [7259/04]

234. **Mr. Durkan** asked the Minister for Health and Children the current number of patients awaiting heart or hip surgery; the number of such patients treated under the treatment purchase scheme since the scheme's inception; and if he will make a statement on the matter. [7260/04]

235. **Mr. Durkan** asked the Minister for Health and Children the cost to date of the treatment purchase scheme; the extent to which the treatments involved are available here; and if he will make a statement on the matter. [7261/04]

Minister for Health and Children (Mr. Martin):
I propose to take Questions Nos. 233 to 235, inclusive, together.

The total number of people on public hospital in-patient waiting lists for cardiac surgery as at 30 September 2003, the latest date for which figures are available, was 228. This includes 78 adults waiting over 12 months for cardiac surgery.

The total number of adults waiting for orthopaedic procedures, either as an in-patient or as a day case, was 3,023. The total number of adults waiting more than 12 months for in-patient treatment in the specialty of orthopaedics was 794, which represents a decrease of 42% between September 2002 and September 2003.

The cost of the national treatment purchase fund to date is as follows: 2002, €5.012m; 2003, €30.057m Provisional Outturn; 2004, €44.00m Allocation.

The NTPF purchases procedures from private and public hospitals in Ireland. Where it is not possible to treat patients within a reasonable period in Ireland, either in public or private hospitals, arrangements can be made to refer the public patients for treatment abroad, having regard to quality, availability and cost. If patients are prepared to exercise choice by travelling to where there is capacity, they can be treated much quicker in many instances. To date the fund has arranged treatments for more than 11,000 patients.

My Department has asked the chief executive officer of the NTPF to reply directly to the Deputy in regard to the number of patients who have undergone heart or hip surgery under the NTPF since its inception.

Question No. 236 answered with Question No. 128.

Hospital Staff.

237. **Mr. Durkan** asked the Minister for Health and Children his views on the ever increasing influence of agency nursing staff; and if he will make a statement on the matter. [7263/04]

Minister for Health and Children (Mr. Martin):
The Health Services Employers Agency carries out quarterly national surveys of the nursing resource, including use of agency nurses. The numbers of agency nurses used in the public health service for the months mentioned are as follows:

Month	Average Number of Agency Nurses used per Day
September 2000	414
January 2001	423
April 2001	499
July 2001	417
October 2001	397
January 2002	459
April 2002	384
September 2002	416
December 2002	346
March 2003	307
June 2003	294
September 2003	317
December 2003	329
Average 2001	434
Average 2002	401
Average 2003	312

The above figures demonstrate significant fluctuations. However, a comparison of the averages for 2001 to 2003, inclusive, clearly shows a continuous and substantial downward trend. The average number of agency nurses used per day during 2003 was 122 fewer than in 2001. It was also 187 fewer than the number used during

April 2001, the highest monthly number recorded since the surveys began.

Agency nurses are used for operational reasons. For example, to cover unexpected absences or to deal with temporary fluctuations in workflows.

Question No. 238 answered with Question No. 128.

Hospital Services.

239. **Mr. Durkan** asked the Minister for Health and Children the degree of consultation entered into by his Department, or agents thereof, with management, staff or patients at Peamount Hospital, Newcastle, County Dublin prior to entering into proposals that will culminate in the closure of the tuberculosis or respiratory unit at the hospital; and if he will make a statement on the matter. [7265/04]

240. **Mr. Durkan** asked the Minister for Health and Children how a service will be provided to the catchment area previously served by the chest and respiratory unit at Peamount Hospital, Newcastle, County Dublin; if his attention has been drawn to the legitimate concerns of patients regarding the availability of a service to meet their condition in the future in view of the seriously competing demands within the general hospital services throughout the greater Dublin area and the country and the likelihood, after the proposed closure of the facility, that such patients will be left without a service; and if he will make a statement on the matter. [7266/04]

Minister for Health and Children (Mr. Martin): I propose to take Questions Nos. 239 and 240 together.

Responsibility for the provision of services at the hospital rests with the Eastern Regional Health Authority. My Department has asked its CEO to examine the matters raised and to reply to the Deputy directly.

Questions Nos. 241 and 242 answered with Question No. 145.

Motor Insurance Claims.

243. **Mr. J. Bruton** asked the Minister for Transport his plans to implement legislation in the immediate future to assist drivers of insured vehicles who are hit by cars that are neither taxed nor insured because the insured driver must bear the brunt of all car repair costs when he or she cannot make an insurance claim against another insurance company; and if he will make a statement on the matter. [7202/04]

Minister of State at the Department of Transport (Dr. McDaid): I have no such plans.

In 1988 there was an agreement between the then Minister for the Environment and the Motor Insurers' Bureau of Ireland. As a result the bureau undertakes liability to pay compensation to innocent victims of motor vehicle accidents involving uninsured drivers and untraced vehicles. The compensation covers personal injuries and injury to property, in the case of accidents caused by uninsured drivers, and personal injury in the case of accidents caused by hit and run accidents.

The position accords with the current requirements of the EU motor insurance directives. There is a European Commission proposal under discussion for a further motor insurance directive that would, *inter alia*, make some provision for property damage in hit and run accidents in certain circumstances. Ireland is supportive of the proposal in principle provided adequate safeguards are included in order to exclude fraudulent claims.

Taxi Regulations.

244. **Mr. M. Higgins** asked the Minister for Transport the response he proposes to make to a specific report in April 2003 by the European Parliament to the serious plight of a small number of Irish pre-deregulation taxi families; his views on the report, if it is his intention to implement it; and if so, the sections of same and the timescale involved. [7113/04]

246. **Mr. Carey** asked the Minister for Transport if he intends implementing the recommendations of the European Parliament report on the deregulation of the taxi industry; and if he will make a statement on the matter. [7214/04]

248. **Mr. F. McGrath** asked the Minister for Transport the position regarding the serious plight of a small number of pre deregulation taxi families; if he will implement the recommendations of the impartial European Report; and if he will make a statement on the matter. [7270/04]

Minister for Transport (Mr. Brennan): I propose to take Questions Nos. 244, 246 and 248 together.

The Government approved the implementation on a phased basis of the recommendations of the taxi hardship panel. The independent three person panel was established to report, in general terms, on the nature and extent of extreme personal financial hardship that may have been experienced by taxi licence holders arising from loss of income as a direct result of the liberalisation of the taxi licensing regime. The panel recommended the establishment of a scheme to provide payments to taxi licence holders who fall into one of six

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categories that it assessed as having suffered extreme personal financial hardship arising from taxi liberalisation.

I am aware of the report of the EU Committee on Petitions and their fact finding mission to Ireland on the effects of taxi liberalisation. As I have explained previously in the House and to the committee, based on legal precedent there can be no legal duty on the State to compensate taxi licence holders for open market licence values that may have existed prior to liberalisation. The position remains unchanged and I have no proposals to reopen either the terms of the taxi hardship panel report or the Government's decision on it.

The process of implementing the panel's recommendations through the taxi hardship payments scheme is well under way with Area Development Management Limited administering and managing it. Payments to qualifying persons commenced in December 2003.

With regard to the third recommendation of the EU Committee report concerning regulation and standards, the Taxi Regulation Act 2003, enacted in July 2003, provides a legislative basis for the establishment of the commission for taxi regulation. A commissioner must also be selected by open recruitment competition held by the Civil Service and Local Appointments Commission.

Following a competition for the post of taxi commissioner in 2003, the Civil Service and Local Appointments Commission was unable to recommend a candidate for appointment. A further recruitment competition is being progressed with an enhanced salary and the closing date for receipt of applications is 4 March 2004.

The taxi commission will be an independent public body. Its principal function will be the development and maintenance of a new regulatory framework for the control and operation of small public service vehicles and their drivers. It will pursue a range of objectives that will be focused on the promotion of quality oriented services by all small public service vehicle operators and drivers. This will be based primarily on the deployment of new qualitative standards, to be applied to the licensing and ongoing operation of small public service vehicles and their drivers, that will be focused on the enhancement of customer services.

Dublin Bus Refunds.

245. **Mr. O'Connor** asked the Minister for Transport how much moneys Dublin Bus accrued for the past five years from the public who pay more than is required for bus journeys and

change is not given on buses and is then not claimed; the good use it is proposed for the moneys; and if he will make a statement on the matter. [7213/04]

Minister for Transport (Mr. Brennan): The issue of uncollected change accruing to Dublin Bus is an operational matter for the company. An exact fare and no change system was introduced in response to a situation where a number of drivers were assaulted for cash. Under the company's arrangements, Dublin Bus offers customers a change receipt in lieu of change. It can be cashed at a later date and it has no expiry date. In other cities with an exact fare system no refund facility is offered.

Over the past five years the value of unreclaimed change tickets averaged €1.9 million per annum and is equivalent to less than 1% of turnover. All of the unclaimed amounts are reinvested by Dublin Bus for the purposes of: discounting prepaid fares by in excess of €6 million per annum; minimising price increases for the cash customer; and maintaining and developing service levels across the network.

Question No. 246 answered with Question No. 244.

Public Transport.

247. **Mr. R. Bruton** asked the Minister for Transport the discussion he has had with Dublin Bus concerning the need to provide a feeder bus service for outlying communities on to the new Luas line from Tallaght to the city centre; his views on the need for the service to maximise use of the new Luas line when it opens; and if he will make a statement on the matter. [7215/04]

Minister for Transport (Mr. Brennan): My Department and Dublin Bus are discussing changes to its services to integrate the Luas project. The company will advise the public in good time before any changes are made to the network.

Question No. 248 answered with Question No. 244.

Road Traffic Offences.

249. **Mr. Gregory** asked the Minister for Justice, Equality and Law Reform the statistical breakdown of persons detected driving at excessive speeds in different speed limit zones. [7112/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I am informed by the Garda authorities that no such breakdown is available. The compilation of such information would involve a disproportionate amount of Garda time and resources that cannot be justified.

Drug Abuse.

250. **Mr. Crowe** asked the Minister for Justice, Equality and Law Reform if his attention has been drawn to the increase in drug users brewing crack cocaine; and the steps his Department and related organisations intend to take to respond to the problem. [7279/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): The Garda authorities have informed me that for many years the Garda national drugs unit, in co-operation with the Forensic Science Laboratory, has been proactive in monitoring the incidents of crack cocaine use here. In 2003 less than 2.5% of the total number of cases forensically screened showed crack cocaine to be present. Reports indicate an increased level of cocaine use in Ireland but offences involving cocaine still remain a small proportion of the overall number of drug offences annually.

In accordance with a commitment in the annual policing plan for 2003, the Garda research unit in conjunction with the Garda NDU are researching cocaine usage and criminal activity and will make policing recommendations accordingly. The research will provide a better insight into the links between cocaine usage and criminal activities and will inform police management about appropriate policing strategies.

The Government's overall policy to tackle the drug problem is set out in the National Drugs Strategy 2001-2008 entitled Building on Experience. Responsibility for co-ordinating its implementation lies with my colleague, the Minister of State at the Department of Community, Rural and Gaeltacht Affairs, Deputy Noel Ahern. He has already stressed that the matter of cocaine use will be kept under close review. As a result of the reports indicating increased levels of cocaine use in Ireland, the national advisory committee on drugs recently presented him with an overview study on cocaine use here for his consideration.

Road Traffic Offences.

251. **Mr. J. Bruton** asked the Minister for Justice, Equality and Law Reform the breakdown of data regarding the 15 offences for speeding that had taken place on the Drumree Road, Dunshaughlin, County Meath, west of a public house (details supplied) in Dunshaughlin, that were outlined in the reply to Question No. 1186 of 30 September 2003; when the speeding offences occurred; and if he will make a statement on the matter. [7108/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): It has not been possible to compile the information requested within the

time allowed. I will convey it to the Deputy as soon as it becomes available.

Garda Investigations.

252. **Mr. Costello** asked the Minister for Justice, Equality and Law Reform the progress of the Garda investigation into the case of a person (details supplied) in Dublin 7; and if he will make a statement on the matter. [7200/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): A Garda superintendent was appointed to investigate the matter and a file is being prepared for the Director of Public Prosecutions.

I have no role in the investigation or prosecution of cases. Therefore, it would be inappropriate for me to comment further on the matter at this time.

Registration of Title.

253. **Mr. Ellis** asked the Minister for Justice, Equality and Law Reform if his Department will complete a dealing for a person (details supplied) in County Leitrim that has been lodged for some time. [7201/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I am informed by the Registrar of Titles that an application for registration by way of a Land Commission schedule was lodged on 12 February 2001. Schedule No. 93587 refers.

Land Commission schedule applications are deemed to be registered as of the date of vesting that is prior to the date of lodgement of the documents in the Land Registry. Accordingly, registration in the Land Registry of Land Commission cases is afforded a lower priority than the registration of other dealings.

A query was issued on 11 November 2003 and a reply was received. The application is receiving attention in the Land Registry and will be completed as soon as possible.

Motor Regulations.

254. **Mr. J. Bruton** asked the Minister for Justice, Equality and Law Reform if he has initiated an investigation into the number of car crashes in which the vehicle driver has no insurance and no tax; and if he will make a statement on the matter. [7202/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): A survey of motor tax, motor insurance and national car test compliance was carried out in 2001. It was jointly published by the Department of the Environment, Heritage and Local Government, the National Roads Authority and the Garda Síochána. It examined the number of car crashes in which the vehicle driver had no tax or insurance.

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The survey examined a five year period from January 1996 and showed that motor tax details were available for approximately 65,000 vehicles involved in crashes. Of these approximately 5% were recorded as being untaxed by the investigating officer.

Insurance details were available for approximately 60,000 vehicles and 2.5% were found to be non-compliant with respect to insurance.

Departmental Files.

255. **Mr. J. Higgins** asked the Minister for Justice, Equality and Law Reform if he will give a full report on the discovery of his Department's files in an illegal dump in County Tyrone. [7203/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): My Department received a report from a journalist that some of its documents were allegedly found in an illegal dump site in County Tyrone. The Garda Síochána is investigating the matter. Therefore, it would not be appropriate for me to comment at this stage.

256. **Mr. J. Higgins** asked the Minister for Justice, Equality and Law Reform if his Department requested the PSNI to visit and question a journalist who found files from his Department in an illegal dump in County Tyrone. [7204/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): My Department did not contact the PSNI or request it to do anything about the matter.

Travel Documents.

257. **Mr. G. Mitchell** asked the Minister for Justice, Equality and Law Reform when documents presented by a person (details supplied) in Dublin 8 in August 2002 will be returned or replaced; and if he will make a statement on the matter. [7237/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): My Department's records show that the travel document of the person was retained as there were indications that it had been interfered with. This is the normal practice of the Department in such circumstances.

Recently the person concerned contacted my Department's immigration division about a new travel document. She was advised to make a fresh application for consideration. A form was issued to her but to date no application has been received.

There is no record that the person's "green book" was retained by my Department. If it is no

longer in her possession then she should contact the immigration division who will address the matter.

Decommissioning of Arms.

258. **Mr. F. McGrath** asked the Minister for Justice, Equality and Law Reform if Sinn Féin and the Worker's Party were ever involved in a process of decommissioning or facilitated it. [7238/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I refer the Deputy to the various reports made by the Independent International Commission on Decommissioning.

Prison Committals.

259. **Mr. F. McGrath** asked the Minister for Justice, Equality and Law Reform the position with regard to a person (details supplied) in Limerick Prison; and if he will make a statement on the matter. [7239/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I refer the Deputy to my reply to Question No. 373 of 2 March, 2004.

Northern Ireland Issues.

260. **Mr. O'Dowd** asked the Minister for Justice, Equality and Law Reform further to the decision of the Louth County Coroner, that the recovery of the remains of a person (details supplied) did not fall within the Criminal Justice (Location of Victims' Remains) Act 1999, if there will be a full Garda investigation into the person's murder; and if he will make a statement on the matter. [7240/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): I am informed by the Garda authorities that, as the discovery of the remains of the person in question was adjudged not to fall within the terms of the Criminal Justice (Location of Victims' Remains) Act 1999, the Garda Síochána conducted a thorough forensic examination of the scene and the remains. I am further informed that the Garda Síochána has conducted inquiries to gather evidence and has also been in contact with the Police Service of Northern Ireland to advance the investigation.

Political Party Funding.

261. **Mr. Kenny** asked the Minister for Justice, Equality and Law Reform if he has evidence of organised crime funding parties involved in politics here; if so the nature of such activity; and if he will make a statement on the matter. [7268/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): The Deputy will appreciate that the collection of evidence in regard to criminal

activity in particular cases is a matter for the Garda Síochána. However, in so far as the Deputy's question may arise in the context of public comments which I have made relating to the funding of a particular party in this House, I can tell him on the basis of the briefings available to me that I stand by those comments and that will remain my position until such time as it is clear that all criminal activity carried out by or to the benefit of a particular paramilitary organisation, with links to that party, has ceased completely.

Deportation Orders.

262. **Mr. O'Dowd** asked the Minister for Justice, Equality and Law Reform if he will reconsider the decision to deport persons (details supplied). [7291/04]

Minister for Justice, Equality and Law Reform (Mr. McDowell): Deportation orders were signed on 5 January 2004 in respect of the persons concerned. The orders were signed following consideration of their cases taking account of the criteria set out in section 3 of the Immigration Act 1999 and having regard to section 5 of the Refugee Act 1996 (Prohibition of Refoulement). Each case was considered in the light of all relevant information available at the time of the decision to deport. The safety of returning—refoulement—was not found to be an issue in these cases.

It now transpires that the birth of a child in the State to one of the applicants, which would have been a factor in considering whether or not to deport, had not been made known by the applicant to my Department at the time the deportation order was made. In fact, this information was not provided until four months after the birth by which time the deportation orders had been made and served. The applicants will now be asked to make further representations as to why they should not be deported. In the light of any new information received, I will reconsider the cases taking account, *inter alia*, of the Supreme Court decision of 23 January 2003 in the L. v. O case. In the meantime, the Garda National Immigration Bureau has been requested not to enforce the deportation orders in respect of the persons concerned.

Local Authority Housing.

263. **Mr. Gregory** asked the Minister for the Environment, Heritage and Local Government if he will detail the arrangements made with the Cúid Housing Association for the management of the Clarion Quay social housing scheme; if provision was made for management charges in addition to rent; the level of rent provided for, and if income related, as are local authority rents;

and the way it is intended to fund increasing management charges in social housing apartment schemes. [7100/04]

Minister of State at the Department of the Environment, Heritage and Local Government (Mr. N. Ahern): Management and maintenance arrangements for projects, such as the Cúid project at Clarion Quay, which was provided under my Department's capital loan and subsidy scheme for voluntary housing projects, is a matter for the relevant approved housing body.

Management and maintenance costs are met from the rental income generated by the project as well as an annual management and maintenance subsidy allowance which is paid to approved housing bodies in respect of each dwelling funded under the scheme. For the year 1 July 2003 to 30 June 2004, this allowance is €607 per dwelling in the administrative areas of all city councils including Dublin. This amount is adjusted each year in line with movements in the consumer price index. Housing authorities pay this allowance to the approved housing bodies and recoup their expenditure from my Department.

Under the terms of the capital and subsidy scheme, the rent payable to an approved housing body, by a tenant, is based on household and subsidiary income in the previous tax year. There is no maximum on the rent payable on the principal household income. However, the contribution to the rent by each subsidiary earner is subject to a maximum of €25.39 per week.

Where a tenant of a capital loan and subsidy scheme project produces satisfactory evidence of a fall in income to an approved body and of the likelihood of such a fall being sustained for at least four weeks, the weekly rent may be adjusted to the level appropriate to the reduced rate of income for the full duration of the reduction in income.

Hunting on State Lands.

264. **Mr. Gregory** asked the Minister for the Environment, Heritage and Local Government the recommendation of the Heritage Council regarding the introduction of hunting on State lands; if this recommendation conforms to best practise and official policy for the past 30 years; if it is his intention to reject the Heritage Council recommendation; if so, the reasons for doing so and the locations involved; and if he will make a statement on the matter. [7101/04]

272. **Mr. Stagg** asked the Minister for the Environment, Heritage and Local Government if his attention has been drawn to the unanimous report of the independent scientific group dated 18 June 2002 and which concluded that a blanket ban on hunting on State owned lands was without

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justification, and that if this ban were lifted or modified that no international agreements would be breached; and if in view of this report he will reconsider the blanket ban on hunting on State lands and the way in which it might be modified. [7247/04]

273. **Mr. Stagg** asked the Minister for the Environment, Heritage and Local Government the international agreements or obligations which the Government would be in breach of if it were to allow hunting on State lands. [7248/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): I propose to take Questions Nos. 264, 272 and 273 together.

In 1999, my predecessor requested the Heritage Council to review the existing policy of no hunting on national parks and wildlife lands, taking into account the implications for wildlife conservation, sustainability, the interests of recreational users, potential impacts on the amenity value of the land, European and international policies and relevant issues of public safety. The council recommended that the current policy of not allowing hunting on State lands acquired for nature conservation purposes and managed by the National Parks and Wildlife Service should be maintained.

Following the advice issued by the Heritage Council and at the request of the National Association of Regional Game Councils, NARGC, my predecessor agreed, without prejudice, to a joint examination by a scientific group, comprising officials of my Department and nominees of NARGC, of the question of permitting hunting on State lands, from a scientific perspective only.

I have recently given careful consideration to all aspects of this matter, including the conclusions of the scientific group. While the group considered that scientific reasons would not obtain for an automatic ban where hunting is sustainable, its report did not advance specific advice on how populations and sustainability should be assessed.

While the group's report did propose a methodology for considering this matter further, the implementation of this would require significant national parks and wildlife personnel resources which would have to be diverted from other priority work. Furthermore, other considerations, for example public safety and the purpose for which the properties were acquired, have also to be taken into account.

Following a review of all of the issues I have concluded, therefore, that the established policy should continue to apply. This is a matter of national policy, rather than being mandated by international agreements.

Local Authority Funding.

265. **Mr. O'Dowd** asked the Minister for the Environment, Heritage and Local Government if he will make funds available to provide funding for a new bridge at Narrow Water linking Carlingford in County Louth with Warrenpoint in County Down; and if he will make a statement on the matter. [7102/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): The initial selection and prioritisation of projects to be funded from non-national road grants in County Louth is a matter for Louth County Council. No application has been received in my Department from Louth County Council for funding in 2004 for a new bridge at Narrow Water linking Carlingford in County Louth with Warrenpoint in County Down. It is, however, open to the council to prioritise this project for funding under the EU co-financed specific improvement grant scheme in 2005, when applications are sought later this year by my Department.

As this would be a cross-Border project, an agreement with the roads service in Northern Ireland would be necessary regarding their contribution towards the project. I understand that no such agreement has yet been concluded.

Planning Issues.

266. **Mr. R. Bruton** asked the Minister for the Environment, Heritage and Local Government if his attention has been drawn to the very high number of planning applications being deemed invalid since the new planning regulations have come into force; and if he has satisfied himself that the high rejection rate is genuinely in the public interest and does not represent excessive regulation in the context of the principles of regulation set out by the recent Government strategy paper on regulation. [7189/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): The system of invalidating incomplete applications was introduced in the Planning and Development Regulations 2001 in response to complaints that a high proportion of applications for planning permission could not be processed by planning authorities because they did not comply with the requirements of the planning code. My Department is currently reviewing the regulations to ensure that they achieve the aim of streamlining the planning system without imposing unnecessary burdens on persons applying for planning permission. Arising from this review, it may be appropriate to consider some amendment of the regulations later this year.

Local Authority Pensions.

267. **Mr. McGuinness** asked the Minister for the Environment, Heritage and Local Government his plans to regrade the small number of retired town clerks for pension purposes; if he will review the three cases and make the appropriate changes; and if he will make a statement on the matter. [7190/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): Complaints and disputes in regard to individual pension issues affecting retired local authority staff may be appropriately addressed to the relevant local authority. Should any issue remain unresolved following internal review by the local authority, the matter may be referred to the pensions ombudsman for determination.

Without prejudice to any such complaint or dispute, it is a generally established principle that pensions of retired public sector—including local authority—staff may not be increased to take account of any pay increases which are applied to the pensioners' former posts as a result of regrading, restructuring or changes in duties or conditions of service that take place after they retire.

Housing Grants.

268. **Mr. Ellis** asked the Minister for the Environment, Heritage and Local Government if his Department will award a new house grant to a person (details supplied) in County Leitrim. [7191/04]

Minister of State at the Department of the Environment, Heritage and Local Government (Mr. N. Ahern): An inspection with a view to payment of the grant, if in order, has been arranged by appointment.

Motor Taxation.

269. **Mr. J. Bruton** asked the Minister for the Environment, Heritage and Local Government if the on-line payment facility for car tax will be enhanced and amended to ensure that verification must be received of the car owner having a verifiable traceable car insurance when logging on to pay their car tax through the Internet system recently established by him; and if he will make a statement on the matter. [7192/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): Motorists taxing cars on-line are required to provide details of insurance company, policy number and expiry date and to give a declaration as to the veracity of this information. This information is maintained on the national vehicle and driver file and is transmitted to the gardaí as part of the

regular update of PULSE. False declarations are subject to penalties of up to €1,270.

I understand that the Minister for Transport is in discussion with the insurance industry in relation to the establishment of a comprehensive database of motor insurance details. Such a database would facilitate on-line insurance verification.

Hunt Licences.

270. **Mr. Sargent** asked the Minister for the Environment, Heritage and Local Government if the licensing of stag hunting will cease in view of the fact that the quarry in this activity is in fact domesticated. [5062/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): As stated in reply to Questions Nos. 971, 972, 973, 974, 975 and 976 of 27 January 2004, the legal advice to the Government is that the Minister for the Environment, Heritage and Local Government may grant to the master or other person in charge of a pack of stag hounds a licence authorising the hunting of deer by that pack during such period or periods as is or are specified in the licence. Licence applications from the Ward Union Hunt Club continue to be determined on their merits in accordance with this legal advice.

Animal Welfare.

271. **Mr. Sargent** asked the Minister for the Environment, Heritage and Local Government if he will report on the number of dog pounds and their location here; if his attention has been drawn to the need in County Clare for a properly resourced dog pound; and if he will make a statement on the matter. [5056/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): There are 36 dog shelters/pounds operated by local authorities and the ISPCA in this country, one in each city council and county council area other than Carlow and Kilkenny who share a facility; Galway County where there are three dog shelters/pounds; and Wexford County where there are two. These shelters/pounds are resourced from the receipts of dog licence fees. I have received no representations regarding the provision of an additional dog pound in County Clare.

Questions Nos. 272 and 273 answered with Question No. 264.

Postal Votes.

274. **Mr. Kenny** asked the Minister for the Environment, Heritage and Local Government if arrangements can be made to allow for spouses of Army personnel serving abroad to have a

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postal vote in the same manner as do spouses of diplomats; the numbers estimated to be in this category; and if he will make a statement on the matter. [7249/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): No proposals in this regard have been made to my Department by the Department of Defence or by interested persons. If such a case is made, I will ensure that it is carefully considered.

Waste Disposal.

275. **Mr. J. Higgins** asked the Minister for the Environment, Heritage and Local Government the Government policy relating to the disposal of waste by Government Departments. [7250/04]

Minister for the Environment, Heritage and Local Government (Mr. Cullen): Government policy in relation to waste is set out in the policy statements *Waste Management: Changing Our Ways* (1998) and *Preventing and Recycling Waste: Delivering Change* (2002) and the Waste Management Acts 1996 to 2003 place a general duty of care on holders of waste to ensure that waste is managed in a manner that does not cause environmental pollution. In so far as my own Department is concerned, the Deputy may wish to note that the Department's offices at the Custom House were certified last September to ISO 14001:1996, the international standard for environmental management systems. This certification followed an audit of the Department's environmental management systems, including those relating to waste management, by an accredited body, the National Standards Authority of Ireland.

While it would be a matter for other Departments to ensure that their waste management practices comply with the policy requirements outlined above, my Department has provided support in the form of a green Government guide which issued to all Departments. In addition, building on my own Department's success in achieving ISO 14001 certification, consideration is currently being given to mechanisms through which the initiative might be extended to other Departments.

Ministerial Travel.

276. **Mr. Naughten** asked the Minister for Community, Rural and Gaeltacht Affairs the locations in County Roscommon which he has visited over the past six months; the groups or organisations with which he held meetings; the purpose of such meetings; and if he will make a statement on the matter. [7276/04]

Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív): I presume the question

relates to visits by me on official ministerial business. In answer to the Deputy's question, I wish to advise him of the following: I travelled to Roscommon on Thursday, 15 January 2004 and the following is a timetable of my official day there. At 4.00 p.m. a meeting with Clontuskert Development Committee to discuss the development of community facilities took place; at 5.00 p.m. a meeting with St. John's Hall Committee, Lecarrow, Roscommon, to discuss development of community facilities took place; at 6.00 p.m. a meeting with Ballyforan Hall Committee in Ballyforan, to discuss development of community facilities took place; and at 8.00 p.m. I addressed the south Roscommon Community Forum and also attended the AGM with Mr. Michael Kelly at the community centre, Four Roads.

National Drugs Strategy.

277. **Mr. Crowe** asked the Minister for Community, Rural and Gaeltacht Affairs if his attention has been drawn to the growing concern among addiction services at the use of cocaine and the significant usage of crack cocaine; and the extra resources he has allocated to research or pilot programmes designed to address this growing problem. [7278/04]

278. **Mr. Crowe** asked the Minister for Community, Rural and Gaeltacht Affairs if his attention has been drawn to the increase in injecting cocaine; and his Department's intended response to this growing phenomenon particularly in the Dublin area. [7280/04]

Minister of State at the Department of Community, Rural and Gaeltacht Affairs (Mr. N. Ahern): I propose to take Questions Nos. 277 and 278 together.

My Department has overall responsibility for co-ordinating the implementation of the National Drugs Strategy 2001-2008 as well as funding the work of the local drugs task forces, LDTF, and the Young People's Facilities and Services Fund, YPFSF. As I have outlined to this House on a number of occasions recently, I am confident that through the implementation of the 100 actions in the strategy and through projects and initiatives operated through the LDTFs and the YPFSF, the problem of cocaine use can be addressed. As the Deputy is aware, these initiatives are concentrated in the Dublin region in the areas of highest drug misuse.

In this context, a range of projects are being supported under the LDTF plans and these focus on prevention, treatment and rehabilitation as well as curbing local supply for a range of drugs, including cocaine. As the Deputy will be aware, most drug abusers engage in poly-drug use and, therefore, projects should be able to address this

pattern of usage, rather than concentrating on one drug to the exclusion of others.

In terms of resources, to date, the Government has allocated or spent almost €145 million on LDTF initiatives and projects supported under the YPFSF. In regard to the prevalence of cocaine use, the National Population Survey of Drug Use published by the National Advisory Committee on Drugs, NACD last October 2003 shows that 3.1% of the population have ever used the drug, 1.1% used it in the last 12 months and 0.3% used in the last month. Compared with similar surveys undertaken in other European countries, these figures suggest that Ireland is roughly average in terms of use.

While there is evidence that suggests that cocaine use has increased, the Deputy should be aware the numbers presenting for treatment are still very low and, in total, make up approximately 1% of those in treatment. Similarly, cocaine related offences remain relatively small compared to other drugs and account for approximately 3% of all such offences. In regard to treatment modalities, the Deputy will be aware that there is no substitution treatment drug for cocaine and I am advised that existing services such as counselling and behavioural therapy are the best options available. In this context, it is worth noting that the three area health boards of the Eastern Region Health Authority have recruited additional counsellors and outreach workers in the last number of years.

In addition, I should point out that regional drugs task forces have been established and are currently mapping out (i) the patterns of drug misuse in their areas and (ii) the level and range of existing services. Where cocaine use is found to be a problem, this can be reflected in the measures proposed in their future action plans. I can assure the Deputy that I am keeping the matter of cocaine use under review. Furthermore, it should be noted that the strategy provides for an independent evaluation of the effectiveness of the overall framework by end 2004. This will examine the progress being made in achieving the overall key strategic goals set out in the strategy and will enable priorities for further action to be identified and a re-focusing of the strategy, if necessary. The need to amend the strategy to reflect changing patterns of drug use will be considered in that context. Finally, the Deputy should note that primary responsibility for drug addiction services lies with my colleague, the Minister for Health and Children, Deputy Martin.

Anti-Poverty Strategy.

279. **Mr. F. McGrath** asked the Minister for Social and Family Affairs the strategies that are

in place to tackle poverty in the 71,000 poorest households in the State; and if she will make a statement on the matter. [7272/04]

Minister for Social and Family Affairs (Mary Coughlan): Based on the results of the 2001 Living in Ireland Survey undertaken by the Economic and Social Research Institute, ESRI, it is estimated that some 5.5% of households are experiencing consistent poverty. This equates to approximately 71,000 households.

The national anti-poverty strategy, NAPS, together with the national action plan against poverty and social exclusion, NAPS/inclusion, provide the framework for the strategic response by Government to the issues of poverty and exclusion. The reduction and eventual elimination of consistent poverty has been a priority goal of the NAPS since its inception. Latterly, the NAPS/inclusion, covering the period from 2003 to 2005, incorporates the commitments made in the NAPS and in the current social partnership agreement, Sustaining Progress. The NAPS/inclusion sets out the ambitious targets across the range of policy areas, including employment, income support, health, education, health and housing and accommodation, which impact on poverty and social exclusion. It also addresses the needs of certain groups within society who are particularly vulnerable to poverty and social exclusion. These groups include women, children and young people, older people, people with disabilities, travellers, prisoners and ex-prisoners.

Under the partnership agreement, Sustaining Progress, a range of special initiatives are being undertaken, most of which are of direct relevance to combating poverty, including in particular the initiatives on ending child poverty, tackling educational disadvantage, supports for the long-term unemployed and other vulnerable workers, supports for carers, housing and accommodation initiatives and migration and inter-culturalism.

Institutional structures have been established to monitor and evaluate progress in all areas of the NAPS and NAPS/inclusion. These structures are facilitated and supported by the Office for Social Inclusion, OSI in my Department. OSI is also involved in co-ordinating the process across Departments and agencies and in implementing key support functions related to the strategy. The challenge now is to sustain and build on the progress we have made to date so that we can achieve our overarching objective of building a fairer and more inclusive society.

Social Insurance.

280. **Mr. Ring** asked the Minister for Social and Family Affairs the steps she intends to take to improve qualifying conditions on optical and

[Mr. Ring.]
dental benefits for persons paying PRSI contributions (details supplied). [7274/04]

Minister for Social and Family Affairs (Mary Coughlan): The treatment benefit scheme provides a range of benefits in the areas of dental, optical and aural treatment for qualified PRSI contributors and their dependent spouses. The PRSI contribution conditions relating to entitlement to these benefits vary depending on the age of the insured person. Persons aged under 21 must have at least 39 contributions paid since first starting work in order to qualify. Persons aged from 21 to 24 must have at least 39 contributions paid since first starting work and have at least 39 weeks contributions

paid or credited in the relevant tax year. In the case of persons aged over 25 the requirement is that they have at least 260 PRSI contributions paid since first starting work and 39 paid or credited in the relevant tax year.

These qualifying conditions are necessary to ensure a realistic relationship between entitlement to benefit and a continuing or recent attachment to the workforce through an active PRSI contribution record. I have no plans, at present, to change the current qualifying conditions of the treatment benefit scheme. Any changes in this scheme would have financial implications and would be a matter for consideration within the constraints of budgetary policy and the best targeting of available resources.