



DÍOSPÓIREACHTAÍ PARLAIMINTE  
PARLIAMENTARY DEBATES

**DÁIL ÉIREANN**

TUAIRISC OIFIGIÚIL—*Neamhcheartaithe*  
(OFFICIAL REPORT—*Unrevised*)

Wednesday, 11 May 2005.

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## DÁIL ÉIREANN

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*Dé Céadaoin, 11 Bealtaine 2005.*  
*Wednesday, 11 May 2005.*  
 —

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

—  
*Paidir.*  
*Prayer.*  
 —

### Visit of Australian Delegation.

**An Ceann Comhairle:** Before proceeding with business, I wish on my own behalf and that of the Members of Dáil Éireann to offer a céad míle fáilte — a most sincere welcome — to our parliamentary colleagues from the New South Wales Legislative Assembly, led by the Deputy Speaker, Mr. John Price. I express the hope that they will find their visit enjoyable, successful and to our mutual benefit.

### Leaders' Questions.

**Mr. Kenny:** I welcome the delegation from New South Wales, whose colleagues from Tasmania were here yesterday.

I would like to raise the issue of today's announcement of the repayment by the Government of illegal charges taken from thousands of patients in public nursing homes in long-stay beds over a long number of years. I seek assurances from the Taoiseach. First, as this matter was discovered in this House, having been raised by Deputy Perry, myself and others on several occasions, will the Tánaiste announce the detail of how the Government intends to deal with this in the House? Second, how long will that process take? I understand that 20,000 are to be paid promptly and another 40,000 in respect of the estates involved before the introduction of the Statute of Limitations, to which I will come later. Third, can the Taoiseach assure us that there will be no need to apply for compensation regarding charges? When overpayment in respect of drugs was discovered — the €2,000 *ex gratia* payment referred to by the Tánaiste — the initial decision was that it should be paid only to those who applied, although the Government later relented.

How long will it take, when will the Supplementary Estimate be introduced, and for how much will it be? Are the Taoiseach and the Government satisfied that they are not entering into an area of grave constitutional difficulties regarding the introduction of a Statute of Limitations?

**The Taoiseach:** Deputy Kenny raised several questions. We will announce the scheme's full details today, dealing with all aspects that have come to light to date. I have been part of a Cabinet sub-committee with the Minister for Finance, Deputy Cowen, the Tánaiste and Minister for Health and Children, Deputy Harney, and the Attorney General. We have met several times to discuss making this an easy, transparent process that is facilitative and not adversarial. We are trying to make it as simple as possible and have examined the best ways to make payments.

Records do not exist in all cases; that is an important point. In many of the hospitals and institutions there do not seem to be many records at all, so the process will not be easy. We are considering the use of an outside agency with experience in mass claims. Many of them exist, since this has happened elsewhere. It will take time and require a legislative base. That legislation is now being prepared. I have no doubt that more cases will arise over time that will require examination, but in the last number of months a wide range of claims has come in on the telephone line regarding different aspects. We have tried to cover all those in today's announcement.

Paying back exactly the amount that people paid may be burdensome rather than easy. One of the things that we examined, which will be in today's document, is giving 80% of the contributory pension claim to try to ease payments. We have considered how we can do it in the most efficient way possible. It will take time, and if money is required this year, a Supplementary Estimate will have to be made. However, before the process is set up, we will have to tender for a claims group to do it. It will obviously have to work under the guidance of the HSE, however. If that legislation is passed in the autumn I do not envisage a great amount being paid out this year. However, it should be up and running on a full-year basis next year to deal with claims.

**Mr. McCormack:** Will it be paid before the election?

**The Taoiseach:** It will take some years.

Deputy Kenny's last point concerned constitutional aspects. The Attorney General has been involved throughout, and there are many legal issues. One cannot be certain in such instances that people will not challenge decisions, but in so far as we have been advised, we have tried to protect that as much as we can.

**Mr. Kenny:** How much does the Taoiseach expect the Supplementary Estimate to be for — €500 million, €1 billion or more? Second, does the Statute of Limitations apply to those in psychiatric institutions or those who have been in long-stay beds who suffer from intellectual disabilities? Third, why is it necessary to introduce a specific statute for this type of claim, which is quite unusual, in that public institutions and bodies are involved, obviously with the consent

[Mr. Kenny.]  
of the Department? Section 71 of the Statute of Limitations 1957 deals with the general law in Ireland. Is there no likelihood of claims that the Government was involved in a fraudulent State cover-up? In February 1987, the late John Boland, then Minister for Health, introduced and had Government approval for proposals to deal with the illegality, but that was subsequently dropped by the incoming Government in March of that year, in which the current Ceann Comhairle was Minister for Health.

**An Ceann Comhairle:** The Ceann Comhairle should not be drawn into debate on the floor of the House.

**Mr. Kenny:** The Ceann Comhairle is not being drawn into the debate. When he was Minister for Health, the Ceann Comhairle was part of an Administration that dropped proposals from a previous Government which had dealt with this matter and would have put in on a legal basis. How can the Government introduce a Statute of Limitations for six years back when the Government of 1987 knew these charges were illegal and that the preceding Government had a proposal to deal with them? Is the Government not entering into an area of grave constitutional difficulties? The Taoiseach told us before Christmas——

**An Ceann Comhairle:** The Deputy's time is long concluded and I ask him to give way to the Taoiseach.

**Mr. Kenny:** ——that the Act introduced by the Tánaiste was constitutional but the Supreme Court shot that down. How certain is he, based on the advice of the Attorney General, that what he is now doing will stand up? How is it that the Cabinet could last week approve money for two State drivers for the Fianna Fáil Leader of the Seanad——

**An Ceann Comhairle:** I ask Deputy Kenny to give way to the Taoiseach.

**Mr. Kenny:** ——but refuses to deal with these cases?

Finally, in the case of many patients——

**An Ceann Comhairle:** The Deputy may not ask any more questions.

**Mr. Kenny:** ——their probate was not taken out. Will the Government force people to take out probates before they apply for compensation in respect of these charges?

**An Ceann Comhairle:** Deputy Kenny is being disorderly.

**The Taoiseach:** I will resist the temptation to go back to 1976 and talk about all those involved in this issue. It is more important than that.

**Mr. Kenny:** The issue was dealt with in 1987 and approved by the then Cabinet.

**The Taoiseach:** The estimate is approximately €850 million which will be paid out over a number of years. There is no question of fraud in the judgment of the Supreme Court, which I am sure Deputy Kenny read. Although there are several categories for which this arises, the six-year rule will not generally apply for persons of unsound mind because they were not in a position to deal with this situation. We have endeavoured to deal with the matter as carefully as we can but this does not protect from the possibility of people taking cases or actions under some particular area.

We have followed the Supreme Court judgment and the Attorney General's advice. I said some weeks ago I was not certain whether legislation would be required for certain categories of patients. The advice is that there are several categories to which payment could be made without legislation. However, to cover all the categories that have come to light — Deputies will see today it is quite a detailed and extensive list — these particular categories must be covered by legislation. We have been advised that primary legislation is the best way of dealing with this.

The Government has set out to ensure the process is facilitative for the public rather than adversarial and that it is one where speed and due process are important. We already have the *ex gratia* scheme which will be taken into account. The scheme will be announced today and the legislation will be prepared. If it is deemed to be the best approach to deal with the issue effectively, we will tender for a claims agency. There are many such agencies in Europe and the United States which have dealt effectively with similar issues. It will take some considerable time. I emphasise that we are talking about public patients in the various institutions. The scheme does not cover the categories of private patients in other institutions.

**Mr. Rabbitte:** I come back this morning to the case of the O'Hara family. I understand the Health Service Executive is in discussions with the family about a care package. Until this is concluded, I will not return to yesterday's further misrepresentation by the Taoiseach.

On the issue raised by Deputy Kenny, I point to the question of political accountability for this scandal. The Taoiseach did not answer the question about how much the scheme will cost but the spinners he put out last, after he refused to answer questions about it in the Dáil, said it will cost €1 billion. Is this the case or will it cost more or less than that? What is the Taoiseach's response in terms of his political accountability for the issue of illegal nursing home charges?

The Minister, Deputy Martin, claims he got the brief on this matter but did not read it. We know the two Ministers of State at his then Department read it and we know his advisors were present

and that they now say they did not read it. In respect of the critical missing file that was referred to the Attorney General and about which we were told there was a conflict of evidence, we now have the evidence of a principal officer. Mr. Hardy makes clear it was his understanding the letter had gone to the office of the Minister. Moreover, he told the committee that "everybody else in the Department was of the same view".

More pertinently, we now have an e-mail from the workshare partner of the person who prepared the file for the Attorney General. She says in this e-mail, which did not find its way into the Travers report, that she was called in my Mr. Michael Corban in the Minister's office. Of this meeting she says:

He remarked that the issue seemed complicated and he asked me if I would explain it to him. My understanding was that he was about to give the submission to the Minister and wanted to be able to explain generally what it was about. As far as I recall, I said something along the lines that it was about the need to change legislation but that the Minister would need to read the submission for himself as it was quite detailed.

That did not get into the Travers report and if it did——

**Mr. Martin:** It did.

**Mr. Rabbitte:** It did not.

**Mr. Martin:** There was a conflict of interest in respect of this evidence. Deputy Rabbitte has only one agenda in this matter.

**An Ceann Comhairle:** I ask the Minister to allow Deputy Rabbitte to continue without interruption.

**Mr. O'Dea:** Deputy Rabbitte is lying.

**Mr. Rabbitte:** Now listen to them.

**Mr. McCormack:** The Ministers are rattled.

**Mr. Rabbitte:** The Minister, Deputy Martin, is responsible in this matter. His only defence is that he did not read the briefing document. Mr. Kelly lost his job but it is the Minister who should have lost his job. If he had an ounce of respect for his office, he would now tender his resignation.

**Mr. Martin:** That is what Deputy Rabbitte wants.

**Mr. McCormack:** That is what the Minister should do.

**The Taoiseach:** Deputy Rabbitte seems not to be asking me a question but to be making a statement. The Travers report is a comprehensive examination of all the facts. The report is being

examined comprehensively before a Joint Oireachtas Committee and people are giving their evidence. Deputy Rabbitte knows many of the issues he raises are dealt with fully in the report. The Deputy wants to make a political judgment in respect of those aspects. Everybody can study the report and the evidence. I will attempt neither to rewrite the Travers report nor to put a political spin on the evidence which has been heard by the committee.

Deputy Rabbitte began by raising the figure of €1 billion. It is not precisely known how many will respond to the scheme. The Tánaiste's latest figure is €850 million but we cannot know how many claims will come in, for what periods, for what amounts and all other relevant data until the scheme is in place. The cost could well go to €1 billion and we will have to make supplementary provision for that.

**Mr. McCormack:** That Minister is getting his payback.

**Mr. O'Dea:** Somebody should quiet that poltroon.

**Mr. Rabbitte:** In the words of a United States Senator, "a billion here and a billion there and soon you are talking big money". This Government has no regard for money.

**Mr. O'Dea:** That is very funny. We get value for money while the Labour Party had no such success.

**An Ceann Comhairle:** The Minister, Deputy O'Dea, should allow Deputy Rabbitte to continue without interruption.

**Mr. Rabbitte:** Wee Willie Winkle runs through the town. Upstairs, downstairs in his nightgown.

*(Interruptions).*

**Mr. O'Dea:** Deputy Rabbitte is the Woody Allen of Marxism.

**An Ceann Comhairle:** I advise the Minister that the Chair will have to treat him like any other Deputy who is disorderly.

*(Interruptions).*

**Mr. McCormack:** The Ceann Comhairle should be careful in case the Minister writes about him next Sunday.

**An Ceann Comhairle:** Deputy Rabbitte should be allowed to continue without interruption.

**Mr. Rabbitte:** We are talking about persons in nursing homes who were illegally charged by the Government at a cost to the taxpayer of what the Taoiseach now says could be €1 billion. We have a Minister in office who was provided with this legal advice in a comprehensive brief from the

[Mr. Rabbitte.]  
South Eastern Health Board and he did not bother to read it.

**Mr. Martin:** That is not the case.

**Mr. Rabbitte:** That is his defence and it is completely unbelievable. We now find from the evidence being presented before the committee and from the e-mail I have read that the critical report which was prepared for referral to the Attorney General to advise the Government, a file that heretofore had gone missing, that could not be explained and which led to the removal of the Secretary General of the Department, was in the Minister's office.

**Mr. Martin:** We do not find that.

**An Ceann Comhairle:** I ask the Minister—

**Mr. Martin:** On a point of order, we do not find that. The committee has not found that.

**Mr. Rabbitte:** The person whose work partner prepared the file—

**An Ceann Comhairle:** Deputy Rabbitte's minute has concluded.

**Mr. Rabbitte:** —was asked to explain it to Michael Corban so that he could explain it to the Minister. The basis was that legislation would be required to put it right. Now we know that it was he who was culpable and not Michael Kelly. Will there be any political accountability in this House for a scandal which, by the Taoiseach's own admission, has cost the taxpayer €1 billion?

**Mr. O'Dea:** What did the late Brendan Corish of the Labour Party do?

**Mr. Rabbitte:** Is Willie standing up?

**An Ceann Comhairle:** Allow the Taoiseach to speak without interruption.

*(Interruptions).*

**Mr. O'Dea:** The late Brendan Corish knew what John Boland was signing; he was aware of the situation—

**Mr. Howlin:** Perhaps Deputy O'Dea should give evidence.

**Mr. M. Higgins:** He thinks he is down at the *Sunday Independent*.

**An Ceann Comhairle:** Allow the Taoiseach to speak without interruption.

**The Taoiseach:** I endeavoured to respond seriously to what Deputies Kenny and Rabbitte raised in regard to nursing home charges and to state that we are trying to deal with the issue in a comprehensive way. I know Deputy Rabbitte

really wants to talk about the Travers report. I cannot rewrite the Travers report, so there is no point getting into it. I will not get into the arguments. Deputy Rabbitte is making a political point that if all this had been resolved in the past year or two, it would have meant all that happened since 1976 would not have happened. He knows that is nonsense. The intelligent public knows that if this had been sorted out a year ago—

**Mr. Timmins:** The Government is responsible for nothing.

**An Ceann Comhairle:** Allow the Taoiseach to speak without interruption.

**The Taoiseach:** If it had been sorted out a year ago, it might have cost €800 million as opposed to €850 million. That is not the point. The fact is that from 1976 when the late and great Brendan Corish was Minister for Health, problems arose as a result of this. Several Ministers from both sides of the House were involved since. We must solve what the Supreme Court said. Throwing the issue around and trying to claim the €1 billion cost arose under the former Minister for Health and Children, Deputy Martin, is really a waste of time. It is not even smart politics.

**Caoimhghín Ó Caoláin:** Is the Taoiseach aware of the great disappointment and, indeed, anger in the disability sector and among people with disability at the Government's refusal to adopt their proposals to salvage the flawed Disability Bill which is now on Committee Stage? The disability legislation consultation group was set up by the Government to facilitate an input by the sector in the framing of the Bill but is the Taoiseach aware that later today, the DLCCG will consider its future, including the option to pull out of the process and of opposing the Disability Bill outright?

Will the Taoiseach confirm that the Minister of State, Deputy Fahey, told the DLCCG that the Government will not meet its five minimum demands? Is it also the case that the Minister of State, Deputy Fahey, said there would be no purpose in the DLCCG meeting the Taoiseach on this grave issue? Is that the Taoiseach's view?

What role does the Taoiseach believe the DLCCG can serve if its minimum recommendations to salvage this legislation are not taken on board by Government? I avail of the opportunity to make a last minute appeal to the Taoiseach. Will he use the opportunity of Committee Stage of the legislation to ensure the key and critical proposals of the DLCCG, which represents the entire disability sector, are taken on board and enshrined in the legislation and that we have legislation which meets the needs of people with disability and removes the shame of further conflict with that sector?

**The Taoiseach:** The Government continues to work long and hard with the disability groups. As

I said several times previously, no other Bill with which I have been involved over 20 years has taken so much time, effort and consultation. Deputy Ó Caoláin is wrong to say the Government set up the consultation group. The consultation group was involved when the Bill was being prepared over the past three or four years. I met the group many times and the Bill has now been published.

The group met the Minister of State, Deputy Fahey, myself and other Ministers many times and has asked for a whole host of amendments. A large number of amendments have been conceded, if not the five minimum points. There were 40 or 50 points. We have committed to review the legislation after five years, the definition of "substantial restriction" is to be amended to include disordered thought process, there is to be provision for intervention early in life to ameliorate a disability, the option of chief executive officer of the Health Service Executive is to be removed from the Bill and so on. The group requested a large number of amendments, which it has received.

Last Friday the DLGC asked the Minister of State, Deputy Fahey, to look at five further areas. I can go through them if required but I would not have time now. The Government discussed them again yesterday and will respond to the group. The Minister of State will also do so. I will write to the group giving our position on them.

This is the last Bill in a range of legislation which this Government has brought in, including the Employment Equality Act, the Equal Status Act, the Equality Act, the Education for Persons with Special Educational Needs Bill and the Comhairle (Amendment) Bill.

We have also put in place the additional resources which we were asked to do last year. The Minister for Finance announced the provision of a special disability multi-annual funding package of €900 million covering the years ahead. We have brought in a range of legislation, including this Bill. We are trying, in every way we can, to accommodate the Bill.

There is one amendment which is not possible, that is, to state in legislation a position on resources. That has never been done in Irish legislation.

**Mr. McCormack:** There are things happening now that never happened before.

**The Taoiseach:** We have explained that at length to the group. I do not believe I will live to see a Minister include such a provision in a Bill. Members are telling people they should keep pushing for something which has never happened since the foundation of the State and which is unlikely to happen this side of the year 4000. I have received letters stating this has happened in Canada and America. It has not happened anywhere in the world, including New South Wales, Tasmania or elsewhere. We will try everything we can to make this legislation as perfect as possible

but we are not about to include a provision which is not in legislation anywhere in the world and has never been done in this country. It is wrong for Members to advise people to keep pressing for something which is impossible.

**Caoimhghín Ó Caoláin:** I ask the Taoiseach to answer this question directly. He has indicated he will write to the DLGC but will he not meet the group? That is critically what is required. I urge him to do so and to confirm that in the House.

It is not good enough for the Taoiseach to say rights-based legislation of the type sought does not exist in any other jurisdiction. So what? What is wrong with this country taking the lead in terms of a global approach to the needs of people with disability? What is wrong with Ireland setting out best practice and giving a lead in the world on such matters? It is time we did so and had the courage to give leadership in such important issues.

The National Parents and Siblings Alliance estimates that even under the new multi-annual funding programme, it will take until 2021 before the current backlog of people looking for residential care can be accommodated and that does not take into account those who will come on stream in the intervening years. I know a little bit about that on a personal level.

For the Taoiseach to say no Minister here or anywhere would ensure the ring fencing of resources in legislation is not true.

The Government introduced legislation in 2001 pertaining to the horse and greyhound industry that ring-fences revenue raised in that industry.

**An Ceann Comhairle:** The Deputy's time has concluded.

**Caoimhghín Ó Caoláin:** Is it not just as important to ring-fence the needs of people with disability as it is to look after the betting industry in this State?

**Mr. Morgan:** Absolutely.

**Caoimhghín Ó Caoláin:** All I can say is "shame".

**Mr. O'Dea:** What happened to Shergar?

**Caoimhghín Ó Caoláin:** Generalissimo O'Dea is probably riding it off into the hills. Be off with him.

**An Ceann Comhairle:** Let the Taoiseach speak without interruptions.

**The Taoiseach:** Deputy Ó Caoláin knows that he is mixing points up.

**Caoimhghín Ó Caoláin:** Not at all. If the Taoiseach answers the questions—

**The Taoiseach:** The Deputy has had his three minutes.

**Caoimhghín Ó Caoláin:** The Taoiseach is mixed up because he has not got the text.

**The Taoiseach:** The Deputy is only allocated one minute and has spoken for three minutes. He knows he is mixing up issues.

**Mr. J. Higgins:** He has learned much from the Taoiseach.

**The Taoiseach:** The legislation goes far beyond anything to be found anywhere else. I mentioned the one area which it cannot cover. It has an independent assessment of need and a statement of services to which they are entitled.

**Mr. Morgan:** Deputy Ó Caoláin has asked a question.

**The Taoiseach:** It has access to an appeals process to deal with complaints about the assessment of service statement. Ultimately, it has access to the courts to enforce the decisions of an independent appeal. It has transparent multi-annual funding commitments of capital and current expenditure. It has clear and transparent sectoral commitments.

**Caoimhghín Ó Caoláin:** The Taoiseach should leave his text and answer the question.

**The Taoiseach:** Every one of those issues is in the legislation.

*(Interruptions).*

**The Taoiseach:** It is the same old question and Deputy Ó Caoláin should be honest. He and his party never believed that the Government would introduce the Employment Equality Act, the Equal Status Act, the Equality Act 2004, the Education for Persons with Special Educational Needs Bill, the Comhairle (Amendment) Bill and a very good Disability Bill. He clings on to the hope that he can get some political gain by ranting on.

**Caoimhghín Ó Caoláin:** Answer the question.

**The Taoiseach:** I will answer the point today. Deputy Ó Caoláin is being entirely dishonest in this debate.

**Caoimhghín Ó Caoláin:** Will the Taoiseach answer my question?

*(Interruptions).*

**An Ceann Comhairle:** Deputy Ó Caoláin cannot come into this House, ask a question and then frustrate a Government member who wishes to answer the question.

**Caoimhghín Ó Caoláin:** I am entitled to an answer.

**An Ceann Comhairle:** The Deputy cannot frustrate another Member of the House when he or she is called by the Chair to speak.

**Caoimhghín Ó Caoláin:** No one is——

**An Ceann Comhairle:** I ask the Deputy to behave himself. If he does not wish to do so, he knows what to do.

**Caoimhghín Ó Caoláin:** I have asked the Taoiseach a question.

**An Ceann Comhairle:** If the Deputy opens his mouth once more, he will leave the House.

**Caoimhghín Ó Caoláin:** I will not give the Chair that satisfaction.

**An Ceann Comhairle:** Very well. Deputy Ó Caoláin will leave the House.

I move: "That Deputy Ó Caoláin be suspended from the service of the Dáil."

Question put.

**Caoimhghín Ó Caoláin:** Vótáil.

**An Ceann Comhairle:** In accordance with Standing Order 61, the division will take place on Thursday next at the beginning of business.

**Mr. Allen:** This is ridiculous. The Chair is becoming very tetchy.

**An Ceann Comhairle:** Deputy Ó Caoláin is to leave the House.

*Deputy Ó Caoláin withdrew from the Chamber.*

**Mr. Kenny:** The Members on the other side of the House should beware.

## Ceisteanna — Questions.

### Departmental Website.

1. **Mr. Rabbitte** asked the Taoiseach the frequency with which his Department's website is updated; if he has satisfied himself with the quality of the website of his Department; and if he will make a statement on the matter. [11822/05]

**The Taoiseach:** My Department's three websites are updated regularly and new information and publications are added as necessary. Each division is responsible for ensuring the information on their own area of the Department's websites is accurate and up to date. There are four people within the Department with access to update the content on the websites as required.

The Department's websites are regularly tested for broken links and to ensure that they are compliant with the WAI level 2 accessibility guidelines. These are universal principles for publishing information on the Internet, which include the promotion of a high degree of usability for people with disabilities.

**Mr. Rabbitte:** I do not recognise the Taoiseach's reply from the information that I have. The Taoiseach's site is rarely updated. For example, when I put down the question on 12 April, the most recent item under the "latest news" section was a statement dated 14 March which listed planned trips by Ministers for St. Patrick's day. The most recent speech or statement from the Taoiseach was his address to the EU — US summit on 22 February. Similarly, on 12 April, the most recent item under "news" was the Department's strategy statement for 2003 to 2005 which was posted in 2003 and the most recent item under "Government press releases" was the announcement on 25 January from the Government Chief Whip concerning the legislative programme for that Dáil session. The Taoiseach's website is meant to be the Government's flagship website. I also noticed that if a person from any part of the world wishes to log on to "Bertie Ahern", he or she is immediately transferred to the Taoiseach's website, thus establishing clearly proprietorial ownership of that office.

**Ms Hanafin:** That is because he is the Taoiseach.

**Mr. Rabbitte:** That is true. The Minister for Education and Science has reason to be grateful to him. As a democrat I accept this. However, it would be helpful to the rest of the world and to his "subjects" if he kept his website updated.

**The Taoiseach:** I will not argue with Deputy Rabbitte about this issue. The website should be updated all the time. For their own reasons, the departmental staff do not put up every statement. They tend to put up major statements on the programme. They do not put items up on a daily basis as I have seen for myself. The *www.bettergov.ie* website, which concerns modernisation and better regulation also seems to have more material on it. However, the main site provides a range of information with regard to the functions and workings of the Department. Not all the statements made by myself or the Ministers of State at the Department are put up. The main reports and issues are put on the site. I will bring some of the issues raised by the Deputy about how people are accessing the site to the Department's attention.

### Active Citizenship.

2. **Caoimhghín Ó Caoláin** asked the Taoiseach the role and function of the task force on active citizenship which he announced on 14 April 2005;

the responsibilities of his Department with regard to the task force; and if he will make a statement on the matter. [12744/05]

3. **Mr. Rabbitte** asked the Taoiseach the role of the new task force he recently announced to determine the persons among whom to promote greater participation in communities and society; the membership of the task force; when it is expected to report; and if he will make a statement on the matter. [13044/05]

4. **Mr. Kenny** asked the Taoiseach the role of the new task force on active citizenship; and if he will make a statement on the matter. [14070/05]

5. **Mr. Sargent** asked the Taoiseach the role of the new task force on active citizenship he announced in April 2005; and if he will make a statement on the matter. [14829/05]

6. **Mr. J. Higgins** asked the Taoiseach if he will report on the role and membership of the proposed new task force on active citizenship. [15225/05]

**The Taoiseach:** I propose to take Questions Nos. 2 to 6, inclusive, together.

It is widely accepted that the quality of life is significantly enhanced by the willingness of people to become involved and active in their communities across the wide range of issues and interests which make up our civil society. It is equally recognised that there are many pressures which can inhibit such participation. Accordingly, I have decided to establish a task force on active citizenship to advise me and the Government on the steps which can be taken to encourage active participation.

The task force, whose membership and detailed terms of reference will be announced shortly, will comprise people from a variety of backgrounds and they will be asked to draw on the experience of existing organisations, as well as academic research and international practice, to identify specific measures which we can take in the short term, as well as issues which we need to address for the long term.

*Additional information not given on the floor of the House.*

It is also important that the task force should stimulate discussion and debate about the challenge of maintaining and developing active citizenship and a participatory society. I intend that the task force should make its report within six months of commencing its activity, and that the many groups and individuals with experience and views will have an opportunity to make an input to its work.

**Mr. Rabbitte:** Have terms of reference been issued? Has there been a public announcement of the task force membership?

**The Taoiseach:** I have not announced the membership. However, a large number of organisations have pressed for this since the publication

[The Taoiseach.] of the White Paper on volunteerism two years ago which at the time was chaired by Chris Flood. A large conference of all of the organisations active in this area was held recently. It was organised as the annual conference of The Wheel, a body which draws on representatives from a wide range of voluntary organisations. I spoke on this issue at the conference. The representatives gave me their views on the kind of terms of reference they want. More broadly, as similar developments have also happened internationally, my Department has been examining other experiences as well as research carried out elsewhere on this subject. An enormous number of organisations in the country which are active in volunteerism would like to be on the task force but it is not possible to include them all. We will let organisations nominate individuals because they are national organisations such as the Society of St. Vincent de Paul and women's organisations. I will try to ensure the process does not drag on indefinitely and get terms of reference that give a guideline to short-term actions. It could possibly remain in place for some medium and longer term issues. Many of these organisations have done excellent work and carried out research themselves. They are now trying to ensure that some of these issues are addressed on a national basis. The annual conference of The Wheel and the papers connected with it set out what they have done and what they think the country and State agencies can do. We will base the terms of reference on the papers submitted at the annual conference.

**Mr. Rabbitte:** Does the Taoiseach agree that provision must be made not just for the great, the good, the rich and the powerful but also for the disadvantaged and marginalised in any true civic republican concept of citizenship? In that sense, does he acknowledge there is a conflict between his allegiance to this concept and the decision by the Minister for Community, Rural and Gaeltacht Affairs, Deputy Éamon Ó Cuív, and the Minister of State at the Department of Community, Rural and Gaeltacht Affairs, Deputy Noel Ahern, to stop core funding for an organisation like the Community Workers Co-operative? This organisation has promoted active citizenship, focusing on issues of disadvantage and exclusion and yet its very existence is threatened by the removal of core funding by the Government.

**The Taoiseach:** There is already extensive public funding of voluntary organisations across a wide range of Departments and the majority of jobs in voluntary organisations are directly supported by public funds. Some people have even argued that this tips the balance away from direct voluntary participation in some organisations. I do not subscribe to that view because I do not see how organisations can raise funds for their own positions and salaries. It is important that an initiative in direct community and voluntary effort should be supported and the terms upon

which public funds are made available should be promulgated widely and made capable of being assessed in the most consumer-friendly way possible, consistent with the proper rules.

With regard to the decision by the Minister of Community, Rural and Gaeltacht Affairs to cease core funding for the Community Workers Co-operative, the particular form of funding which was involved in the co-operative movement had criteria attached to it. The Minister and his Department are responsible for ensuring these criteria are met. I had planned on finding out more about this particular case yesterday because Deputy Rabbitte had highlighted it, but I will check on it for the Deputy. I am not in position to give information about the decision or the criteria that were used to judge the co-operative's application. An issue that arises with many of these organisations, although I do not know if it applies to this particular organisation, is that they are established on a pilot basis for a few years and then immediately wish to become mainstream, which is another major problem. I know that the Community Workers Co-operative is eligible to apply for funding under many other headings and I am sure it will examine that. I think I advised it to do so when it wrote to me some time ago. However, I will check on what is the latest position.

**Mr. Kenny:** I read the Taoiseach's speech at The Wheel, which was well-written. In it, he said "Happy the society that has people who act rather than lament, who organise rather than complain, who accept a personal responsibility rather than walk by on the other side". This is a very deep sentiment. In that context, I wish to raise three issues with him.

It appears that one of the consequences of the individualisation of tax has been that many women who used to be involved in voluntary work and who returned to the workforce no longer have the time to engage in voluntary work. Many voluntary organisations are now forced to raise money to pay for what was done on a voluntary basis before as a consequence of tax individualisation. Does the Taoiseach regard this as a consequence or a problem?

The Taoiseach stated that the country requires a civic and participative society where people are involved in the actions of a progressive society. In many communities, where groups get together to work for objectives or targets, for example, community crèche facilities, when they do the work and go through all the necessary processes and get their facility, in most cases, they find themselves hamstrung by serious water charges and commercial rates. Is this not a contradiction in that the State wants to help communities to help themselves but through helping them, burdens them with demands they cannot meet?

Yesterday, Young Fine Gael identified the issue of social isolation and psychological pain as two very important factors in our rates of suicide and depression. Will the task force examine this

area because it appears there is a considerable amount of people whose lives are emotionally shattered and who, because of lack of services, are not in a position to contribute to the kind of society the Taoiseach so eloquently spoke about in his speech at The Wheel?

**The Taoiseach:** I accept there are deep social and cultural factors which can hamper people's participation in various organisations. For example, a change in work and community patterns is a major factor in that. However, there are examples of sporting, cultural and social organisations which have an enormous impact on people's lives and whose members put in a considerable amount of effort into their work. It is not just the result of the work cycle. The busiest organisations are often run by people who, on the surface, should not have the time for them. At the same time, there are organisations whose members are not really involved in anything or are unemployed and who contribute a few hours to the organisation's activities but it does not work. I used to complain that the places in my constituency with the highest unemployment rates, which thankfully have decreased, had clubs that found it hardest to recruit managers and mentors to run them.

I accept that there are problems. Issues like personal responsibility, liability, access to support, advice, recognition and encouragement need to be examined. Public liability is probably the biggest factor in dissuading people from voluntary work because insurance issues crop up regardless of the work that is being done. If someone wishes to run a dance, music or contact sport class, the first thing he or she faces is insurance. A person almost ends up becoming an actuary rather than a trainer.

There is an enormous amount of goodwill in organisations and with some collective thinking, they can possibly give some new insights into the best way to proceed. It is the best practice of good organisations that will raise standards in other organisations.

Deputy Kenny's remarks about suicide and related issues are important. I read last week's debate in the House on suicide. While the figures are down on five or six years ago, they are still alarming. On questions the Deputy asked me, I recently read the detailed report of one of the alcohol association groups, which made 77 recommendations. The report's contents, including case studies on suicides, are devastating. I will not claim to be an expert in this field but isolation and alcohol, which are the causes in other countries, seem to be the growing causes here based on the evidence of some of these surveys. The matter requires more research but, subject to correction of the record, post mortems found that over 90% of suicide cases had alcohol in their systems. Of these, the amount of alcohol was large in almost 40%. Much of this is related to alcohol usage in the home. I am not an expert but

the figures indicate a trend of isolation and not pub culture.

There is a connection that requires research, of which there is much according to last week's Official Report. The Government is rightly funding much of this research. Organisations have told me of their many good practices. They believe that, by working together, they can get young and old people in a wider base in the community to actively participate. This good practice could aid the lifestyles of young and old people in particular. Great work is being done with bowls, a hugely competitive game which does not involve great costs, during the winter for older people. Many people say a small amount of money for these areas would make for more active lifestyles, which is an interesting point.

**Mr. Sargent:** I welcome the new task force on active citizenship. Does the Taoiseach regard the work of the task force as including the proposal of indicators that might be useful in respect of levels of involvement by people in community life and preventing the type of problems he referred to? Will he consider quality of life indicators as aspects of the terms of reference? Suggestions include young people's involvement in organisations or voter turnouts, which is one we are well aware of. A number of indicators from Scandinavian countries would form a useful guideline for quality of life indicators.

Deputy Kenny has referred often to an issue regarding younger people. They are displaying a trend of less involvement in community activity. Will the Minister for Education and Science consider the work being done by a number of student councils in terms of citizenship?

**An Ceann Comhairle:** The Deputy should ask his question of the Minister at the appropriate time.

**Mr. Sargent:** I will as I do not wish to short circuit the process. The Minister's presence reminded me about issues such as the weight of schoolbags and others that are pertinent to the many students who contact me from time to time. Is the Taoiseach open to suggestions from the task force such as lowering voting age to tackle the low voter turnout we are all suffering at present? Will the Taoiseach see the task force's role in the system as advisory or something beyond this?

**The Taoiseach:** The Deputy mentioned Scandinavian models and is correct that there is substantial literature on the matter, which has been considered by a number of international bodies. I read some of the recommendations of a good report from the OECD. The task force will consult recognised international experts in this field, many of whom have been working on this here and in other countries for a long time. In the Scandinavian model, organisations tend to work well together, which is not always the case here.

[The Taoiseach.]

I understand people will fight for their patch but the models require working in an integrated way. However, we can examine what is being done.

The Minister for Education and Science has and continues to actively support schools engaged in the civic civil political association and getting students involved at a younger age, voting for their councils, participating on them etc. The Minister is actively interested in this. Regarding many other organisations, we are lucky that Ireland is still ahead in terms of people who want to be active in groups, for example, historical, cultural, social, sporting and other groups. This is about recognition. People believe their civic society engagement should be given support and that their good ideas and works should be expanded nationally. They make the point that Northern Ireland should be included, which I support.

**Ms O'Sullivan:** Presumably, many people who have already voluntarily invested much of their time in giving to society will invest time in this. Has the Taoiseach given them an indication that there will be results from this investment? I refer to the suicide task force matter raised by Deputy Kenny. The task force reported seven years ago but only a small number of its recommendations have been implemented. Has the Taoiseach told the new task force that its recommendations will be translated into action?

**The Taoiseach:** Yes, otherwise people's efforts will be pointless. Encouragingly, many recommendations from the White Paper on supporting voluntary activity have been taken by various Government and statutory agencies and are being successfully implemented. I do not wish to use monetary terms, but the amount of resources the State gives to groups is enormous. Many of these activities are now mainstream, with people who used to engage part-time, at night or on Saturdays now doing so on a full-time basis and there are huge resources, such as in premises. There are approximately 5,000 capital structures in one form or another under development around the country through voluntary groups, including sporting, cultural and caring groups. As I told Deputy Rabbitte, the types of organisations being represented are high profile. If they make good recommendations, we should act on them and I will do everything I can to ensure this happens.

#### Commissions of Investigation.

7. **Caoimhghín Ó Caoláin** asked the Taoiseach the further reports from Mr. Justice Henry Barron that he expects to receive in 2005; and if he will make a statement on the matter. [12745/05]

8. **Mr. Kenny** asked the Taoiseach when he next expects to receive a report from the Barron inquiry; and if he will make a statement on the matter. [14069/05]

9. **Mr. Rabbitte** asked the Taoiseach the outcome of the meeting between representatives of his Department and members of Justice for the Forgotten on 13 April 2005; and if he will make a statement on the matter. [14213/05]

10. **Mr. Rabbitte** asked the Taoiseach when he expects to receive the outstanding reports from Mr. Justice Barron; and if he will make a statement on the matter. [14214/05]

11. **Mr. Sargent** asked the Taoiseach if he will report on the new commission of investigation headed by barrister Patrick MacEntee, SC, to examine questions concerning the Garda inquiry into the 1974 Dublin and Monaghan bombings; and if he will make a statement on the matter. [14824/05]

12. **Mr. J. Higgins** asked the Taoiseach if he will report on the April 2005 meeting between representatives of his Department and Justice for the Forgotten. [15203/05]

13. **Mr. J. Higgins** asked the Taoiseach when he next expects to receive a report from Mr. Justice Henry Barron; and if he will make a statement on the matter. [15204/05]

**The Taoiseach:** I propose to take Questions Nos. 7 to 13, inclusive, together.

I have received Mr. Justice Barron's report into the murder of Seamus Ludlow and I expect that, following necessary consideration, the report will be forwarded to the Oireachtas in the coming weeks.

I understand Mr. Justice Barron expects to complete his report on the Dundalk bombing of December 1975 and the Castleblaney bombing of 1976 and other incidents later this month.

The Oireachtas joint committee which examined the Barron report into the 1974 Dublin and Monaghan bombings last year recommended the establishment of a commission of inquiry to examine matters relevant to this jurisdiction, including specific aspects of the Garda investigation at the time and missing documentation. On 26 April 2005, the Government established a commission of investigation, with Mr. Patrick MacEntee SC, as sole member, in accordance with that recommendation.

The terms of reference reflect the recommendations of the Oireachtas committee that examined Mr. Justice Barron's report. The commission has been asked to produce its report within six months.

Officials from my Department met representatives of Justice for the Forgotten on 13 April last. At this meeting, the group's representatives raised their concerns about the commission's terms of reference, especially with regard to the role of victims' representatives, and their view that there should be public hearings and public access to evidence seen by the commission.

As I have said, the terms of reference derive from the recommendations of the Oireachtas committee and the question of interaction with the families and the conduct of the investigation

is now a matter for the sole member. The group also expressed dissatisfaction that the terms of reference did not extend to the issue of alleged collusion. I am fully aware of the views of Justice for the Forgotten but I urge the group to reserve judgment on the commission's work until it has produced its report.

**Mr. Kenny:** I note from the Questions Paper that Question No. 7 is in the name of Deputy Ó Caoláin but the Chair had him put out.

**An Ceann Comhairle:** He is unavailable.

**Mr. Morgan:** Maybe we will get him back.

**Mr. Kenny:** He is unavailable.

I understand that the Justice for the Forgotten Group are unhappy with the range and remit of the investigation which has been approved with Mr. MacEntee, Senior Counsel, to investigate the Garda inquiry into the 1974 Dublin and Monaghan bombings. Is the Taoiseach happy that this commission of investigation, which is essentially a private inquiry, will be able to deal with the matter?

Now that the British general election is over and Prime Minister Blair is back in office, will the Taoiseach raise this matter with him again when he meets him? Will he specifically raise with Prime Minister Blair the question, now being thrown about, of collusion in these bombings in the hope that full information will be given and made available for this investigation?

I understand that one more report is due in respect of the Barron inquiry relating to Dundalk, Castleblaney and the Miami Showband atrocities among others. When might this become available?

**The Taoiseach:** Regarding the Ludlow report, the Government wishes to publish the report to the greatest extent possible in the form it was received from Mr. Justice Barron. We will consider the report and any necessary redactions based on right to life considerations very shortly. We will publish the report as fully as possible.

The Oireachtas committee recommended that the Minister for Justice, Equality and Reform consider extending the terms of the order establishing the commission of investigation to include other aspects, and these recommendations remain under active consideration. The committee indicated that we should examine the bombings in 1972 and 1973, the Clones file and the Crinnion, Wyman, Littlejohn brothers cases. These questions will be examined.

I am grateful to the Oireachtas committee for the opportunity afforded to the relatives of the victims of the bombings to tell their stories and put forward their views. I also welcome the recent inquest into the deaths of the victims of 1972 and 1973 bombings. I welcome the coroner's report, which is currently being prepared and will be forwarded to my office when completed. The com-

mittee made a number of recommendations relating to victims which require consideration. It is clear from the testament of relatives who appeared before the committee that the response by the State at the time fell far short of what was required. This was not disputed by anyone who appeared before the committee, and I do not dispute that. However, we have made considerable progress in addressing the needs of victims, North and South, through the memorial fund in Northern Ireland and the remembrance fund commission.

The concept of a committee of investigation is a different system of dealing with inquiries. It is outlined in the legislation which we passed. The workings of it are best left to Mr. MacEntee. Obviously if he asks that he extend or examine the terms of reference, I will accept that. I followed the system right through and I will continue to do that. This is one of the first times we have used this system and if Mr. MacEntee has a view regarding the terms of reference I will not argue with that.

Regarding the question of collusion, we have raised this issue time and again with the British Government and we will continue to do so. However, I must be honest with Deputy Kenny and point out that I believe we will never be satisfied on this issue, but I guarantee him that I will continue to pursue it. The British position on this, both within its security and Government systems, and I am sure its legal system if we could ever get to it, is that it has maintained that it has made available the information that it has on the subject. The former Secretary of State, Mr. Paul Murphy, wrote to the Oireachtas committee to this effect. While I will continue to pursue this issue I honestly do not see us progressing any further on it. However, I will pursue it because it is as annoying to me as it is to anyone else. The British system works perhaps on a different basis from how we work.

**Mr. Costello:** I welcome the establishment of the investigation under Mr. Patrick MacEntee, Senior Counsel. It was one of the recommendations proposed by the committee and by the Breen and Buchanan inquiry. However, there is considerable anger among the Justice for the Forgotten Group regarding the terms of reference and a sense of frustration among the group that no action has been taken in regard to the main proposal for the establishment of a inquiry under the auspices of the British Government in Northern Ireland or in Britain to seek to establish the facts there in terms of collusion and other matters. Given that to date there has been no co-operation with the joint committee or from the British Prime Minister with the Taoiseach, although the Prime Minister now has a new mandate, will the Taoiseach raise the issue again with him? If the Prime Minister is not forthcoming and given that 12 months have elapsed since the report was first laid before this House, can we move to the next stage of the recommendations

[Mr. Costello.]

of the Committee on Justice, Equality, Defence and Women's Rights and take the British Government to the European Court of Human Rights for failure to co-operate in any way with the investigation and the serious matters of criminality that have been raised in respect of which the findings were clearly that the perpetrators came from the British jurisdiction?

**The Taoiseach:** I thank the Deputy for his support for the inquiry and the setting up the committee of investigation. The Deputy is right in pointing out that following the recommendation of the committee and Judge Cory, we have also set up a tribunal of inquiry, which will be chaired by Mr. Justice Peter Smithwick. I inquired about that yesterday and I have been advised that preparations are being made to get that under way shortly. I understand that will happen in the summer.

I ended up having an unsatisfactory discussion in the springtime with the British Government on this issue. The new Secretary of State will be the fourth Secretary of State for Northern Ireland who next week I will have had the pleasure of meeting on this issue. I will raise it with Mr. Peter Hain. I will also raise it again with the Prime Minister. As I have said previously in the House, this issue is passed from whatever Minister one is dealing with, whether the Prime Minister or a Minister back into the security system which puts forward the position that it is giving all the information available but it is not like our system. I will continue to raise with the British the question on the inquiry raised by Deputy Costello and the question of collusion.

**Mr. Costello:** Will the Taoiseach refer to the final point of my question? He said he has raised the issue I asked about four times. Failing a positive response, the next stage of the committee's recommendations is that we take legal action through the European Court of Human Rights in the context of the British Government's failure to respond in any form to these very serious issues of criminality and murder. Is the Irish Government prepared to begin that process now?

**The Taoiseach:** I appreciate what Deputy Costello said. I have followed the committee's recommendations to the letter of the law from the beginning of the process five years ago. I will continue to do so because I owe it to the committee which has done a great deal of work on the matter. I need to take legal advice on how to pursue the matter but I am prepared to follow it up.

**Mr. Sargent:** My understanding is that the terms of reference do not refer to the rights of the victims of the bombings. Arising from that, if, in the unlikely event that there is to be co-operation from Justice for the Forgotten and there is some *quid pro quo*, is it the case that lawyers' fees will be paid as is the case for the Garda and

Department of Justice, Equality and Law Reform lawyers? Will these issues be on the table? While I do not want to go over the ground of the Good Friday Agreement and the lack of co-operation from the British Government, on the basis that we do not have much time, is the Government open to the suggestion from Justice for the Forgotten that the case should ultimately be brought to Europe and is it prepared to assist the group financially or in any other way? Given that it is not to be a public inquiry, is there any public component to the commission's hearings, which might at least answer some of the criticism that it will not be publicly accountable in the way Justice for the Forgotten would like?

**The Taoiseach:** The fees issue and how he will interact with the families are matters with which the sole member can now deal under the legislation. I am open to any change in this, which is why I would like the legal representatives for the Justice for the Forgotten group to stay with the case because we have all brought it much further than has been the case up to now. My Department has discussed further fees payments, and the group can discuss the matter with my Department officials which has been the case throughout the process.

One of the things about committee investigations is that they do not go on for too long. However, I will certainly follow the recommendations of the sole member. I will not take issue with anything he wishes to say in this regard.

#### **Request to move Adjournment of Dáil under Standing Order 31.**

**Mr. Gogarty:** I seek the adjournment of the Dáil under Standing Order 31 to raise a matter of national importance, namely, the need to tackle the worsening social problem of under age binge drinking through the introduction of additional measures such as making it easier for the Garda Síochána to secure prosecutions in the courts through a lower burden of proof than is required at present as well as through the labelling of bottles and cans to show where they were sold. In addition, there should be a review of the legal issues involving home deliveries from off-licences to people who are under the legal age to purchase it but who often get away with it because of this loophole.

**Mr. Boyle:** I seek the adjournment of the Dáil under Standing Order 31 to discuss a matter of national importance, namely, that the Minister for Finance make a statement to the House on the views expressed by the IMPACT trade union that Civil Service specialists choosing to remain in Dublin instead of moving in tandem with the Government's relocation programme could cost the State €50 million a year, with these State employees not working due to continuing Government indecision.

**Mr. Morgan:** I seek the adjournment of the Dáil under Standing Order 31 to discuss the following matter of great public concern, namely, the urgent necessity for the Government to abandon its ludicrous plans to build incinerators at Ringaskiddy, Ringsend and Carranstown, and recognising the overwhelming opposition of communities throughout the State to incineration, the further need for the Government to abandon its incineration policy and to replace it with a zero waste strategy that will meet the needs of the people of this State and this island.

**An Ceann Comhairle:** Having considered the matters raised, I do not consider them to be in order under Standing Order 31.

### Order of Business.

**The Taoiseach:** It is proposed to take No. 18, Dormant Accounts (Amendment) Bill 2004 [*Seanad*] — Report Stage (resumed) and Final Stage; No. 19, Electoral (Amendment) Bill 2005 — Second Stage (resumed); and No. 20, Driver Testing and Standards Authority Bill 2004 — Second Stage (resumed). Private Members' business shall be No. 45, motion re report of the Health and Safety Authority Inspection Programme in Accident and Emergency Units (resumed), to conclude at 8.30 p.m.

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

**Mr. Kenny:** When will we have the third level students support Bill and the University College Galway (amendment) Bill? Is the Taoiseach happy that, in respect of the University College Galway Bill, the status of the Irish language will be maintained as Galway must give preference to the language? When will the national roads infrastructure Bill be produced and will that reform include the absorption into it of the critical infrastructure Bill which is no longer on the stocks?

Will the Taoiseach comment on the fact that support was given practically unanimously yesterday by the European Parliament to provide assistance to the McCartney sisters to investigate the murder of their brother—

**An Ceann Comhairle:** It does not arise on the Order of Business. I suggest he raises the matter in another way.

**Mr. Kenny:** —but Sinn Féin representatives voted against it on the basis that it was not deemed to be a political murder.

**An Ceann Comhairle:** It does not arise on the Order of Business. I will allow the first three questions, even though some of them were answered yesterday.

**Mr. Kenny:** As it is one of the atrocities of the troubles over the past 30 years, I thought it would

be worthy of a comment from the Taoiseach and Prime Minister of the country.

**An Ceann Comhairle:** The Deputy is out of order.

**The Taoiseach:** On the third level students support Bill, consultations are taking place between the Department and the relevant stakeholders. I have not got a date for it, but the discussions are continuing. The heads of the University College Galway (amendment) Bill are expected shortly. It is a short Bill, which will be available shortly. The national roads infrastructure Bill is now called the roads (miscellaneous provisions) Bill. It is being drafted but I do not have a date for it.

**Mr. Rabbitte:** On the Supplementary Estimate to compensate people who were illegally charged in nursing homes, what is the estimate of the cost in this financial year?

**An Ceann Comhairle:** It is not appropriate to go into detail on what might be in an Estimate.

**Mr. Rabbitte:** I am not going into detail, Sir. I just want a ballpark figure of the Government's best estimate of the global cost in this financial year.

**An Ceann Comhairle:** I suggest that the Deputy should submit a question to the appropriate Minister.

**Mr. Rabbitte:** The Government has been seized of this matter—

**An Ceann Comhairle:** We cannot discuss what might be in an Estimate on the Order of Business or we could be here all day.

**Mr. Rabbitte:** I am sure the Taoiseach has the answer at his finger tips.

**An Ceann Comhairle:** As the question is appropriate to the Minister for Health and Children, I suggest the Deputy submits it to her office.

**Mr. Rabbitte:** My second question relates to the assertion this morning by the Minister for Enterprise, Trade and Employment that the e-mail I put on the record of the House is in the Travers report. It is not.

**An Ceann Comhairle:** Deputy, it does not arise on the Order of Business. That matter has already been dealt with in Leaders' Questions.

**Mr. Rabbitte:** I want to ask you, Sir, whether you will take any steps to cause the Minister to correct the record.

**An Ceann Comhairle:** Deputy, it is not a matter for the Chair.

**Mr. Rabbitte:** How do I go about getting the—

**An Ceann Comhairle:** The Deputy has been in the House for long enough to know how to deal with the matter. He can submit a question and if he is not happy he can table a substantive motion on the floor of the House.

**Mr. Rabbitte:** I am merely drawing to your attention, Sir, that the Minister misled the House this morning.

**An Ceann Comhairle:** I would prefer if the Deputy did not speak continually each morning in breach of Standing Order 26.

**Mr. Rabbitte:** I do not.

**An Ceann Comhairle:** He is doing so now.

**Mr. Rabbitte:** I would be greatly obliged if the Taoiseach gave us a ballpark figure for the cost—

**An Ceann Comhairle:** That does not arise. The Deputy should ask a question of the Taoiseach. If we were to allow those questions on the Order of Business, we would be here all day.

**Mr. Rabbitte:** I am entitled on the Order of Business to ask a question about a Supplementary Estimate that is promised in the House.

**An Ceann Comhairle:** Yes, the Deputy may ask a question on when it might come before the House, but not on its detail.

**Mr. Rabbitte:** I am merely asking the Taoiseach to state the approximate cost for this financial year.

**An Ceann Comhairle:** We cannot discuss what might be in an Estimate.

**Mr. Rabbitte:** That is a simple, straightforward matter.

**An Ceann Comhairle:** Yes, I agree, and there is a structured way of dealing with it in the House

**Mr. Rabbitte:** If the Ceann Comhairle had his way, he would not permit anybody in the House to raise any issue of importance to citizens. The Taoiseach would have answered this question five minutes ago had the Ceann Comhairle stopped interrupting me.

**An Ceann Comhairle:** Deputy, the Chair does not interrupt anybody, the Chair intervenes. If the Deputy wishes me to read out Standing Order 26 once again, I will do so.

**Mr. Rabbitte:** No.

**An Ceann Comhairle:** The reality is that Deputies cannot enter the House morning after

morning and ask about the details of Supplementary Estimates. If this were permitted, every Deputy on all sides of the House would ask a question on a matter about which he or she was concerned and we would be here all day. I call Deputy Sargent.

**Mr. Rabbitte:** With the permission of the Ceann Comhairle, I would like to ask the Taoiseach if the Government has a ballpark figure for the cost to be refunded this year in respect of nursing home charges.

**The Taoiseach:** The overall figure that the Tánaiste has mentioned is €850 million. Obviously, it depends on when the legislation is passed and on the system set up to pay the claims. We have not got a figure for this year but if there is a payment to be made this year, a Supplementary Estimate will obviously be required.

**Mr. Sargent:** Unless circumstances have changed rapidly in the past five minutes, I can take it that the national roads infrastructure Bill will not be published today. Will the Taoiseach state whether the Minister for the Environment, Heritage and Local Government will take the opportunity to make a statement to the Dáil on his decision on the M3?

**An Ceann Comhairle:** That does not arise on the Order of Business. I call Deputy Allen.

**Mr. Sargent:** It arises in every media outlet in the country. Will the Dáil have any relevance—

**An Ceann Comhairle:** There are ways of raising the matter in the House in a structured way. If the Deputy wishes to do so—

**Mr. Sargent:** The Taoiseach has an opportunity to say whether the Minister for the Environment, Heritage and Local Government regards this House as relevant.

**An Ceann Comhairle:** I call Deputy Allen.

**Mr. Boyle:** On a point of order, my understanding of the Order of Business is such that if the Government has promised to introduce legislation and make legislative proposals, it is in order for any Deputy to ask a question—

**An Ceann Comhairle:** A Deputy may ask a question on when Bills might come before the House but not on their content.

**Mr. Boyle:** It has been reported in the media today that the Minister for the Environment, Heritage and Local Government will make a statement—

**An Ceann Comhairle:** The Deputy is being disorderly. I call Deputy Allen.

**Mr. Sargent:** Where is the statement to be made?

**An Ceann Comhairle:** The Deputy knows how he can raise the matter when he is in order in this House.

**Mr. Sargent:** I am asking a question which is fairly relevant to this House.

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

**Mr. Sargent:** Will the Dáil be involved in that statement?

**Mr. Allen:** When will the legislation dealing with the referendum on the draft EU constitution be considered in the House? Has the Government finalised its wording? There has been no consultation with my party in recent weeks but I have read reports about sections being added and deleted from the Bill.

**An Ceann Comhairle:** The Taoiseach, on the legislation.

**Mr. Allen:** When will the final draft of the legislation be ready?

**The Taoiseach:** The Government is working to finalise its proposals in that regard. The Minister for Foreign Affairs is away but we would be very glad to complete the consultations with the Deputy's party.

**Ms McManus:** I have two questions. First, the Minister for Enterprise, Trade and Employment, Deputy Martin, misled the House this morning. He e-mailed——

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

**Ms McManus:** I am asking a question about it. The e-mail is not mentioned in the Travers report. How does one ensure that the record of the House is corrected?

**An Ceann Comhairle:** If the Deputy has an allegation to make against the Minister, she can table a motion of substance. The Deputy stated that she had a second question.

**Ms McManus:** Have I no other way of correcting the record of the House?

**An Ceann Comhairle:** The Deputy may put a substantive motion before the House. If the Deputy has an allegation to make against the Minister——

**Ms McManus:** Is it the case that I have no other way of getting the record of the House corrected?

**An Ceann Comhairle:** Has the Deputy a second question?

**Ms McManus:** I am asking the Chair to confirm that there is no other way in which the record can be corrected.

**An Ceann Comhairle:** As I understand it, the Minister made a disclaimer in the House this morning and, if so, it must be accepted. That has always been the procedure. Many rulings have been made by my predecessors since the establishment of the State.

**Ms McManus:** I appreciate that.

**An Ceann Comhairle:** If the Deputy is not prepared to accept the disclaimer, the only way forward is to lay a substantive motion before the House.

**Ms McManus:** I am prepared to accept the information the Chair is giving me but this is a matter of fact rather than opinion.

**An Ceann Comhairle:** As the Chair has pointed out, if the Minister made a disclaimer to the House this morning, the Deputy must accept it. If she does not, the option open to her is to table a substantive motion.

**Ms McManus:** Even if it is not true.

**An Ceann Comhairle:** The Deputy must accept the disclaimer. Many rulings have been made by the Chair, dating back to the establishment of the State.

**Ms McManus:** Even though it is not true.

**An Ceann Comhairle:** As I have pointed out, the Deputy must accept the disclaimer. This is not a court of law and one cannot run the business of the House unless Members show some respect for each other. If the Minister made a disclaimer to the House, we must accept it. If the Deputy has a problem with it, she knows the option available to her.

**Ms McManus:** May I ask my second question?

**An Ceann Comhairle:** Yes, if it is in order.

**Ms McManus:** The Health (Amendment) Bill 2005 was rushed through this House and guillotined. The Minister stated it had to be rushed through because money was being lost to the State. The Bill legitimised charges on elderly people in nursing homes and it was passed in the House. Will the Taoiseach confirm that the relevant regulations have not been made?

**An Ceann Comhairle:** The Taoiseach, on the regulations.

**Ms McManus:** Is it true that the regulations will not come into effect until autumn, as reported today?

**The Taoiseach:** I confirm that the regulations have not yet been made. They are being drafted and I do not know the date to which they will apply.

**Mr. Timmins:** The Chairman will be surprised to hear that 40% of the cost of a new house goes to our caring Government. In view of the fact that my good colleague, the Minister for the Environment, Heritage and Local Government, states on his website that levies are “a crude form of taxation on home ownership”——

**An Ceann Comhairle:** Has the Deputy a question appropriate to the Order of Business?

**Mr. Timmins:** ——and that it is “immoral for any Council to impose such a massive tax burden on people building a home”, when can we expect the planning and development amendment Bill to amend section 48 of the Planning and Development Act?

**The Taoiseach:** There is no planning and development amendment Bill.

**Mr. Timmins:** It is on the Minister’s website.

**The Taoiseach:** It is not on my list.

**Mr. Timmins:** The Minister states that the levies are “a crude form of taxation on home ownership”.

**The Taoiseach:** Legislation has been enacted but there is no Bill proposed to amend it.

**Mr. Timmins:** On this occasion, I agree with my colleague——

**An Ceann Comhairle:** We cannot have a debate on the matter.

**Mr. Timmins:** I expect to see another Bill shortly.

**Mr. Gilmore:** Let me refer the Chairman to the documents laid before the Dáil, as referred to on today’s Order Paper. The first is the National Monuments Act 1930 (Section 14B) Regulations 2005, a copy of which I have obtained since the Order Paper was circulated this morning. The regulations anticipate the announcement which I understand the Minister for the Environment, Heritage and Local Government is about to make to the public on the M3 motorway running through the Tara-Skryne valley.

The regulations provide for changes to the environmental impact study process and I have two questions thereon. First, given that they were made on 29 April, why did they not appear on the Order Paper until today, 11 May? Second,

will the Minister for the Environment, Heritage and Local Government make a statement in the House today on the changes that have given rise to the regulations and to the reference thereto on today’s Order Paper? Will we have an opportunity to question him on this issue?

**An Ceann Comhairle:** The first question is in order. The Taoiseach, on the regulations.

**The Taoiseach:** The Deputy asked me why the regulations were not referred to on the Order Paper before today if they were made on 29 April. I will ask the Department to provide an answer, which I will forward to the Deputy.

**An Ceann Comhairle:** I call Deputy Pat Breen.

**Mr. Gilmore:** The Minister for the Environment, Heritage and Local Government was in the House until approximately ten minutes ago. He left to attend a press conference.

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

**Mr. Gilmore:** He left in circumstances——

**An Ceann Comhairle:** As the Deputy knows, under Standing Order 26, the Taoiseach is entitled to defer an answer on regulations until another day.

**Mr. Gilmore:** The Minister for the Environment, Heritage and Local Government should be in this House to answer questions that relate to his area of responsibility.

**An Ceann Comhairle:** That does not arise on the Order of Business. I call Deputy Pat Breen.

**Mr. Gilmore:** This is a discourtesy to the House.

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

**Mr. Gilmore:** It arises because——

**An Ceann Comhairle:** It does not arise. The Chair has ruled on the matter.

**Mr. Gilmore:** ——the document is on the Order Paper.

**An Ceann Comhairle:** I ask the Deputy to accept the Chair’s ruling.

**Mr. Gilmore:** On a point of order, this document is on the Order Paper.

**An Ceann Comhairle:** Yes. The Deputy was entitled to ask a question, he did so and the Taoiseach answered it.

**Mr. Gilmore:** Will the Ceann Comhairle hear me out? There is a procedure which provides for

the annulment of regulations within 21 sitting days from the time the regulations are made. The regulations were made on 29 April but did not appear on the Order Paper until 11 May. The Minister for the Environment, Heritage and Local Government who was in the House until ten minutes ago has scarpered off to attend a press conference to address this issue.

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

**Mr. Gilmore:** I want an answer. One of our responsibilities in this House is to address regulations, for which a procedure is provided. Regulations made on 29 April did not appear on the Order Paper until today. What caused that delay? Will that delay affect the right of Members to put down a motion annulling the regulations within the 21 days permitted, if they so wish?

**An Ceann Comhairle:** The Deputy is being repetitive. He asked the question and the Taoiseach has answered it. Under Standing Orders the Taoiseach is entitled—

**Mr. Gilmore:** The Taoiseach did not answer. He deferred the answer.

**An Ceann Comhairle:** Standing Order 26 states specifically the proviso that “the Taoiseach may defer replying to a question relating to the making of secondary legislation to another day.”

**Mr. Gilmore:** The question is not about the making of secondary legislation.

**An Ceann Comhairle:** We are not debating the matter. The Chair has ruled on the matter.

**Mr. Gilmore:** On a point of order.

**An Ceann Comhairle:** The Chair will take a point of order.

**Mr. Gilmore:** My question was not about the making of secondary legislation.

**An Ceann Comhairle:** That is not a point of order.

**Mr. Gilmore:** The question was about—

**An Ceann Comhairle:** The Deputy should resume his seat. He has asked a question which the Taoiseach answered in accordance with Standing Order 26.

**Mr. Gilmore:** The Taoiseach did not answer the question.

**An Ceann Comhairle:** In accordance with Standing Order 26, the Taoiseach answered the question.

**Mr. Rabbitte:** This matter goes to the heart of the way this House conducts its business.

**An Ceann Comhairle:** Deputy Rabbitte should sit down.

**Mr. Rabbitte:** There are long-standing provisions for the making of a regulation and the facility available to this House, if it has the votes, to annul those regulations within 21 days. Deputy Gilmore asked whether 14 of those 21 days have elapsed.

**An Ceann Comhairle:** The Deputy asked a legitimate question to which the Taoiseach gave a legitimate answer under Standing Order 26.

**Mr. Rabbitte:** Have 14 days elapsed? Why can we not get an answer? What is the answer?

**An Ceann Comhairle:** Standing Order 26 is quite specific, a question on secondary legislation need not be answered on the day it is asked. It may be deferred to another day. The Standing Orders are laid down by the Members of the House.

**Mr. Rabbitte:** I am asking for a ruling. The Ceann Comhairle has a responsibility to protect the rights of this side of the House as well as those of the Government side. Why can the Taoiseach not tell us why 12 or 13 days have elapsed since the making of the regulations? Do we still have 21 days from today to put down a motion to annul the regulations if we are so minded?

**The Taoiseach:** The rule regarding the making of regulations has been stated. I am not sure whether the 21 days is effective from the date the regulations appear on the Order Paper, or from the date they are made. That can be easily checked. I will find out why there was a delay and will shortly inform the Deputy about that matter.

**Mr. P. Breen:** We are all aware of the recent case in New York involving a Limerick woman who died following cosmetic surgery. When will the medical practitioners Bill be published? Will it protect patients from foreign practitioners who have been the subject of medical negligence in other countries?

**The Taoiseach:** Further heads of this Bill are expected. The Bill was almost ready but other issues are under examination. I do not know what those issues are but the Bill is likely to be published early next year.

**Mr. Kenny:** When can we expect to see No. 83, the transport reform Bill and No. 86 the transport (increase in CIE borrowings) Bill? Will the Taoiseach indicate when the Cabinet will receive the McCann report on the proposal for re-opening the Sligo-Ennis line, western rail corridor?

[Mr. Kenny.]

Has the Government contacted the British Government in respect of the savage murder of a young woman in London, to assist with, or inquire into, the arrest of those responsible? The young woman's father is from my area.

**The Taoiseach:** The McCann report is not yet with the Government but the Minister for Transport will attend a conference about that matter at the weekend. He may have the report now.

There is no date for the transport reform Bill, to reform public transport. The work on draft heads of the transport (increase in CIE borrowings) Bill is under way and the legislation is expected later this year.

The Department of Foreign Affairs has been in touch with the British Government about the case Deputy Kenny mentioned but I am not aware of the arrangements made.

**Mr. Broughan:** What is delaying the Foyle and Carlingford fisheries Bill and when can we expect it? Many urban areas, including Dublin and Cork, urgently await the business improvement districts Bill. When can we expect to see that Bill?

I urge the Taoiseach to ensure the employment permits Bill is brought forward before the end of the session, in light of the continuing complaints we each receive about the serious mistreatment of migrant workers.

**The Taoiseach:** The Bills will be before the House in this session. The Foyle and Carlingford fisheries Bill is a large Bill but will be here in this session. The employment permits Bill will be available soon.

**Mr. Kehoe:** The Taoiseach is to visit the sunny south east on Friday at the invitation of the Minister of State at the Department of Agriculture and Food, Deputy Browne. Will he avail of the opportunity to visit Wexford General Hospital?

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

**Mr. Kehoe:** The visit would give the Taoiseach an opportunity to see the crisis there.

When will the health Bill come before the House?

**Mr. Kenny:** The Deputy is learning very fast.

**The Taoiseach:** The Bill will come before the House later this year.

**Ms Cooper-Flynn:** No. 57 on Tuesday's Order Paper concerns the western rail corridor. I understand Mr. McCann's report was presented to the Department of Transport yesterday. Given the Taoiseach's positive comments about this—

**An Ceann Comhairle:** That matter has been dealt with already.

**Ms Cooper-Flynn:** I am entitled to ask a question about a matter on the Order Paper.

**An Ceann Comhairle:** The Deputy may not be repetitive. The question has already been asked and answered.

**Ms Cooper-Flynn:** My question is not repetitive. Deputy Kenny asked when Mr. McCann's report would be with the Minister. I understand it is already with the Minister. In light of that—

**An Ceann Comhairle:** That is not the question.

**Ms Cooper-Flynn:** The Taoiseach seems anxious to answer because he made positive utterances about this matter in Sligo last week, which were most welcome. In those circumstances—

**An Ceann Comhairle:** The Deputy is making a speech.

**Ms Cooper-Flynn:** I am not. The Taoiseach would like to reply.

**Mr. Timmins:** The Taoiseach should take the Deputy back into Fianna Fáil.

**Ms Cooper-Flynn:** When will the Government be in a position to make a decision on this matter? Will the Minister be in a position—

**An Ceann Comhairle:** That question has already been answered.

**Ms Cooper-Flynn:** The Taoiseach has not answered this question. He answered a separate question. Given that he was very positive—

**Mr. P. McGrath:** The Taoiseach should invite the Deputy back into his party.

**Ms Cooper-Flynn:** The Taoiseach wants to answer.

**The Taoiseach:** Up to last week the report had not been published. It will be part of the ten year multi-annual transport plan.

#### **Dormant Accounts (Amendment) Bill 2004** [Seanad]: Report Stage (Resumed).

Debate resumed on amendment No. 8:

In page 5, to delete lines 40 to 45 and substitute the following:

“32.—(1) The Board shall consist of a chairperson and 10 ordinary members appointed by the Minister and shall include—

(a) an officer of the Minister not below the rank of principal officer,

(b) a person who, in the Minister's opinion, represents the interests of the financial services industry,

(c) 4 persons who—

(i) in the Minister's opinion, have knowledge of, or experience in relation to, the purposes for which disbursements may be made, and

(ii) are appointed by the Minister after consultation with the organisations that the Minister considers to be representative of the purposes so specified, and

(d) 4 persons who, in the Minister's opinion, have knowledge of, or experience relating to any other matters that appear to the Minister to be relevant to the Board's functions.”.

—(Deputy McGinley).

**Mr. McGinley:** This amendment goes to the core of this Bill because it deals with the composition of the new board and the emasculation of the old one. Yesterday, I said this is a reversal of Government policy for many years. There are probably more boards in this country than in many other countries of our size. There are boards to deal with every matter which does not seem to cause any problem.

They seem to be operating very effectively. We all remember when planning appeals went directly to the Minister of the day and he or she had the last word on planning permission. In our combined wisdom the Members of this House did not think that was the right way to proceed so we established An Bord Pleanála. Now one applies for planning permission and if anyone is unhappy with the decision it is referred to An Bord Pleanála, which makes a decision and that is usually accepted. That system seems to be operating very effectively.

This amendment refers to the composition of the new board. The existing board has done its work very well. It has issued regular reports which we appreciate and value. I have not heard any great criticism of how it has been carrying out its work or duties so far. The new board will be chosen by the Minister and his colleagues. We do not yet know who will be on that board but whoever is on the board will have no powers whatsoever. The Minister will have the last word. I do not know what will be the function of the new board. There will be nine or ten people on the board and they will travel to Dublin regularly to meet. Is there need for such a board when the Minister will have the power to make decisions?

The heart of the matter is that the board is being dissolved and a new board, which will be just a fig leaf, will be established in its place. The powers will revert to the Government. This reverses what has happened for many years where boards were granted powers. Boards deal with several departments. CIE, for example, has a board. The National Roads Authority does its work effectively. There are many other areas where boards exist, but this is a reversal of a policy established two or three years ago by the former Minister for Finance. At the time he was adamant that the system should be operated in this way so there would be no accusations of a

slush fund or irregularities. The position has changed in two or three years. The philosophy behind the disbursement of these funds has changed.

We discussed this at length on Committee Stage, but if the provisions of this amendment are not taken into consideration, the entire philosophy behind the disbursement of funds will be changed. It will politicise the process instead of leaving it to the independent board. I feel very strongly about this, as does my party. We hope that the Minister yields somewhat on this issue.

**Mr. O'Shea:** This is a sensible amendment. The Minister may be concerned that his hands, or those of his successor, will be tied, but I do not see it that way. I am not a fan of nominees on boards because, as I said on Committee Stage, some people are good at getting elected to these positions, but they may not be the people one would want. The Minister is proposing an emasculated version of the present board. The board operates in an area where, as the Minister of State at the Department of Community, Rural and Gaeltacht Affairs, Deputy Noel Ahern, stated on Second Stage, approximately €200 million is involved.

One person will be nominated to represent the community and voluntary sector, another to represent the educational sector and a third to represent the disability sector. I will not go into detail on the personalities on the board, but there is not much difference between the proposal in the Fine Gael amendment in the name of Deputy McGinley and that in the Bill. The amendment tightens up the provision slightly.

The first proposal is that the Bill should include an officer of the Minister not below the rank of principal officer. There is a principal officer from the Department on the present board. On Committee Stage it was stated that sometimes the nominee of the Minister, a Department official, is considered as the Minister's spy, but I take a different view. Someone who has reached the level of principal officer in a Department is highly experienced, would have good general knowledge of the law obtaining in various areas and would bring expertise to the position. There are few, if any, State boards that would not benefit from having someone of that calibre from the State sector on the board.

The proposal in the Bill and in the amendment seem to be *ad idem*. As I understand it, there was no responsibility on the Minister to appoint someone who was not below the rank of principal officer. It is no harm including this in the Bill. For instance, a Minister may be at odds with the public service and may, for revenge, decide not to appoint a member of the public service. There is no harm in closing off that possibility. There is probably general agreement among Members in favour of having someone of senior rank from the parent Department on State boards.

There is a person on the present board who represents the interests of the financial industry. I am not sure the interests of that industry are paramount, but this person is useful in the context of knowledge of the financial industry. The

[Mr. O'Shea.]

former Minister for Finance, Charlie McCreevy saw that, with such large sums involved, the expertise of someone from the Irish Bankers Federation, in this case, was important. I do not see what the problem is here.

Paragraphs (c) and (d) bring a certain order to the composition of the board and refer to knowledge or experience relating to matters that appear to the Minister to be relevant to the functions of the board. One cannot have people with minute knowledge of every sector, whether the voluntary, community or disability sector. The amendment would improve the Bill and the Minister has not presented any argument that alters my view in that regard.

**Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív):** I hope I will be able to persuade Members that I what I am proposing is stronger than the amendment. When one is thinking of law one has to read the words carefully. I agree with Deputy McGinley that there are roles for independent boards carrying out certain functions. We all agree with that as a matter of principle. The question we have to decide is where it is more appropriate for a board and where it is more appropriate for Departments to carry out certain functions. For example, in the case of An Bord Pleanála, I agree it should be done by an independent board. That function was much better taken out of the hands of politicians and I have no argument with that.

There are other functions that we have taken out of the hands of politicians and put in the hands of boards where we made a mistake. It is not a simple matter. It is not a case of all or nothing in these cases. If we were debating this issue a year ago Deputy McGinley might have had a slightly different view of An Bord Pleanála. We all heard much criticism of the fact that a certain NGO had a disproportionate power to nominate people representing a particular point of view and that the contrary point of view in regard to rural development was not represented in the bodies that nominate to An Bord Pleanála. There was a perception that there was an overweening tendency in one direction because of the nominating powers of a certain body on that board as opposed to the contrary view which might be slightly more tolerant and have a different perspective on rural communities, rural life, parishes and the way in which rural society works. There is an interesting debate about nominating bodies.

Let us compare what is being proposed by the amendment and what is contained in the section. I did not amend this section on Committee Stage in the Seanad following representations and arguments made by the Opposition. The knowledge, experience, skills, personalities, integrity and ability of members rather than who suggested their names is of paramount importance. All members of the board must have those qualities. The previous board required that only three members fall into that category. The issue of financial expertise was suggested when the board was being set up. One could see the money issue as relatively minor but the board does not have

any function in handling money directly. In other words, it does not have to look after the investments and so on. It is a disbursement board with a social ethos. That is not to say a person with a financial expertise should not be a member of the board but I am not sure if they have to be specifically mentioned on the board. The disbursement of this money and the plan is much more about social focus than any marvellous financial wizardry. If it was an investment board that was investing and putting money aside and had to look after the investments, which in this case is done by the finance agency, I would say a person with expertise on how to get the maximum return on one's investment was needed. That is not what is at issue here, this is about a plan and disbursements. Therefore, that is a provision that has run its course given that the board is up and running.

The issue of principal officer representation on the board is interesting. I said on Committee Stage that I do not have a black or white view and I do not know if there is a black or white view in the public service about it. It is not a question of I having a different view from the public service. Doctors differ and patients die. In this case there is a different view. On the issue of State boards there are two theories, the first is that they exist, not like private companies to do as they wish but to implement Government policy. The second theory is more prevalent nowadays that the directors of the board or a nominee of the board do not have any regard for Government policy and are free agents. I am still of the former view, that is, that there is an obligation on the appointees to State boards to have cognisance of Government policy because at the end of the day anything else would not lead to coherence.

One of the arguments in favour of having a nominee of the Minister on a State board in the form of a public servant of the rank of principal or above is that is one way of trying to ensure Government policy is reflected in decisions of the board. The argument against is that frequently a board has to refer a matter to the Minister who has to get advice. Normally that advice comes from the section in the Department dealing with the particular board. For example, if Údarás na Gaeltachta, the Western Development Commission and so on, want a change in a ministerial power they would write to the Minister who would seek advice from his civil servants. Normally the civil servant who would prepare the advice would be the principal officer, the assistant secretary and the Secretary General but it is largely driven by the principal officer in the section dealing with it. This is an interesting debate and I do not have a black or white view on it. If the principal officer who advises the Minister is also a member of the board who put the proposal to the Minister, he or she winds up in a slightly invidious position because he or she is advising the Minister on an issue on which he or she helped to make the decision. If the civil servant had opposed that issue at the board and it comes to the Minister and he or she advises the Minister who goes against it, the allegation would be made that the civil servant used the power to betray

the Minister. There is an argument for saying the public servant is better dealing with the boards on behalf of the Minister in direct dealings with the board and the public servant acting on the Minister's behalf outside of the board. I do not have a fixed view on this matter but I am not convinced it is always the case that the best arrangement is to have the public servant on the board. I am not convinced absolutely in one direction or the other. It is an open question.

With Údarás na Gaeltachta, a board that works under the remit of my Department, we have developed a sophisticated interaction between the board and the executive of Údarás and my Department which is positive. This is achieved by regular discussion and a series of meetings but not by having a member on the board. To a certain extent it is better as it leaves the board freer and it allows the us to act as per the Department's and the Minister's interests. I do not wish to tie my successor on this issue. I am not saying firmly whether during my term of office I will put a principal officer on the board. It is a matter on which I have two views and I am not 100% certain. It is a case of making a decision as matters evolve and in the circumstances of the time and I do not want to enshrine it in legislation. In certain cases, I have opted not to put civil servants on State boards even though my predecessors did. I can see the contrary argument and I do not wish to tie my successor's hand on that issue.

On the issue of community and voluntary representation the amendment proposes that the board shall include four persons who, in the Minister's opinion, have knowledge of, or experience in relation to, the purposes for which disbursements may be made.

The Bill refers to not fewer than four of the ten ordinary members and I have stated previously that all the members must have knowledge and experience. The Bill as it stands states that not fewer than four of the ten ordinary members appointed in this regard shall be persons whom in the Minister's opinion have knowledge in fields relating to the purposes for which the disbursements may be made under section 41, in other words, social and economic deprivation, educational disadvantage and disability. I propose that the members are appointed following consideration by the Minister of any submissions received in response to a published notice indicating that appointments will be made to the board and inviting recommendations relating to those appointments.

Deputy McGinley's amendment proposes that they have the knowledge and experience but I have gone further. I have proposed something slightly more comprehensive than Deputy McGinley.

I refer to Deputy McGinley's amendment :

(c) 4 persons who—

(ii) are appointed by the Minister after consultation with the organisations that the Minister considers to be representative of the purposes so specified,

I ask Deputy McGinley to reflect on his proposal. The Deputy is saying that I nominate the bodies

so that I as Minister or whoever succeeds me as Minister nominates the bodies who can send in the names. The Deputy's amendment does not propose the Minister must take their advice on the names. I simply have to consult and I consult with bodies of my choosing. My proposal is wider. I propose putting an advertisement in the newspapers and any body who believes it is relevant can send in names. If the Deputy's amendment is accepted, the Minister is not tied to accepting the names and I accept this is also true in the case of my proposal. However, the Deputy's case does not tighten up on that. In the case the Deputy proposes, the Minister is given more power as the only bodies who can nominate names are the bodies the Minister chooses, whereas in my proposal anybody relevant to the sector can nominate a name. I am much more liberal in this regard and I am giving much less power to the Minister in terms of this consultation process.

In both cases the reality is that the Minister, allowing that very competent names are proposed, would be a fool if he totally ignored the names. We discussed freedom of information provisions yesterday. These would obviously come to the Minister and the Department and it would be easy to check on who was nominated.

I have a bit of a fetish about the next issue. I had this experience when I was in the Department of Agriculture and Food. I am not keen on bodies nominating people to boards, my problem being they become somewhat the prisoner of the body who nominates them. It is a very technical point. I am slightly keener on the idea that bodies can propose names of people to be appointed. Technically speaking the Minister makes the appointment so that if a body has nominated or suggested a name and then applies pressure for the nominee to take a narrow view of things, the nominee can say he or she is acting in the public good, will act independently and will not answer to the nominating body because his or her appointment was made by the Minister. This will give the nominee a totally free hand to act in the interests of the board and not merely representing a particular organisation or sector. This is an esoteric point but it gives board members who might have been suggested by a body that little bit of extra freedom when they are acting on the board.

In summary, I suggest Deputy McGinley reflects on what I have said. In neither case is one bound by the names nominated. In the case of the amendment to this section which is the key section and is important to all of us, the Minister will be given the right to nominate those who can nominate names whereas in my proposal, any body of the view that it is relevant to the sector, be it big or small or local or whatever, would be allowed nominate names for appointment to the board. The Minister would therefore have less control under my suggestion than under the Deputy's proposal. The Deputy may not have intended this but his amendment would give the Minister more power and allow more room for allegations that the Minister picked the bodies that he thought were friendly towards him rather than my suggestion of public advertisement. The

[Éamon Ó Cuív.]

Minister must then trawl through the names suggested. In neither case is the Minister constrained by the names suggested but one would be very foolish to ignore the names and would do so at one's peril.

**Mr. McGinley:** The difficulty arises with subsection (1)(c) where nominating bodies are given the power to nominate members or to recommend members to be appointed by the Minister. I have listened carefully to the Minister's reply. As proposed by the Minister the board will be nominated by the Minister with no nomination from the voluntary sector or the community sector and this is fine. The board is the Minister's creature, if I can put it that way. There will be the Minister's people on the board. It will be a board of ten members with a chairman. If four members are to be nominated by bodies this will strengthen the board. It will give the board some independence.

**Éamon Ó Cuív:** That is not what the Deputy's amendment says. It refers to persons appointed by the Minister.

**Mr. McGinley:** They will be nominated by the bodies and sanctioned by the Minister.

**Éamon Ó Cuív:** I ask the Deputy to read his amendment. It proposes the Minister consults with the bodies he thinks are important and then he can nominate what four members he wishes.

**Mr. McGinley:** Does the Minister intend having discussions with these organisations?

**Éamon Ó Cuív:** I am serious about this point. The Deputy's amendment proposes the members are appointed by the Minister following consultation with organisations that the Minister considers to be representative of the purposes so specified. It proposes the Minister makes the appointment, he must consult but he decides with whom he will consult.

I accept that what I have inserted in the Bill was a change brought in on Committee Stage in the Seanad and therefore there was not time to reflect on it. My proposal is that they are appointed following consideration by the Minister of any submissions received in response to a published notice indicating that appointments will be made to the board and inviting recommendations relating to those appointments. The mechanics are the same in that they are all appointed by the Minister and the only difference between us is that I propose putting an advertisement in the newspapers and any body who regards itself as representative of the interests involved can send in a submission. I do not choose which organisations those are. The Deputy's amendment is giving the Minister the power to choose the nominating organisations and to exclude those he does not favour. I propose putting an advertisement in the newspapers and any relevant organisation, whether I like it or not can nominate. My proposal gives much more power

to organisations than does the Deputy's amendment which will constrain it to the Minister's choice of organisation. Does the Deputy understand me?

I know this is not what was intended. I guessed the amendment was originally drafted before my provision was inserted in the Bill which was drafted on the Seanad version of the Bill. The Deputy's amendment would hand more power back to the Minister to allow him nominate the organisations.

**Mr. McGinley:** Section 30(1) of the Bill states:

The Board shall consist of a chairperson and 10 ordinary members, all of whom are to be appointed by the Minister from persons who, in his or her opinion, have knowledge of, or experience relating to, matters that appear to the Minister to be relevant to the Board's functions.

Does it specify there—

**Éamon Ó Cuív:** Section 30(3) states:

Not fewer than 4 of the 10 ordinary members appointed under this section are to be persons who—

(a) in the Minister's opinion, have knowledge of, and experience relating to, the purposes for which disbursements may be made under section 41, and

(b) are appointed following consideration by the Minister of any submissions received in response to a published notice indicating that appointments will be made to the Board and inviting recommendations relating to those appointments.

**Acting Chairman (Dr. Cowley):** I remind Members that this is not Committee Stage.

**Éamon Ó Cuív:** I am just trying to be helpful. I believe that what I am suggesting is more open. The Deputy is suggesting that the Minister gets to choose the bodies that can make recommendations. I am proposing to place an advertisement in the newspapers and anybody wishing to do so can make a submission. The Deputy seeks to give me the power to select the organisations and I want to leave it open to anybody. I am being more open. This leaves two differences between us, the other one being the Deputy's proposal to require the board membership to include a person representing the interests of the financial services industry and a principal officer. I have given my reasons for opposing that provision. I am not against it but I do not want to write it in for my successors.

**Mr. McGinley:** Do I understand that community and voluntary bodies will have the opportunity to make representations or submit names and the Minister will then exercise his power of selecting four of them?

**Éamon Ó Cuív:** This is more or less what the Deputy proposes except that he would have me

nominate the bodies. I am suggesting that any body could do so, which is more liberal than the Deputy's suggestion.

**Mr. McGinley:** However, ultimately they will be members of a board that has little or no power. I do not know what the board will do other than writing reports on the Minister's activities. It will be very difficult for a board selected by the Minister to write critical reports of how he carries out his activities in the disbursement of these funds.

**Éamon Ó Cuív:** Aontaím leis an phointe ginearálta, ach ní aontaím leis an leasú atá á phlé againn. Ar an leasú, is liobráláí é an rud atá i gceist agamsa ná an rud atá i gceist ag an Teachta.

**Mr. McGinley:** Más mar sin é, níl a fhios agam cad é a shílím.

Amendment, by leave, withdrawn.

**Acting Chairman:** Amendments Nos. 9 to 14, inclusive, are out of order.

Amendments Nos. 9 to 14, inclusive, not moved.

**Mr. O'Shea:** I move amendment No. 15:

In page 13, between lines 47 and 48, to insert the following:

“(4) Prior to exercising a function under this subsection (3), the Minister shall request the Board to furnish him or her with a draft submission relating to the matters referred to in subsection (3), and the Minister shall have regard to such draft submission, and shall, in the event that the Government decides to depart from such draft submission prepared by the Board, publish a statement giving details and reasons for any such departure from the Board's proposals.”.

We covered this amendment extensively on Committee Stage and we had no meeting of minds on the matter. I have again tabled the amendment because I want a high level of transparency and accountability. The Minister's major criticism was that this would insert another layer of bureaucracy. As a point of departure I agree that bureaucracy should always be minimised when dealing with such areas. However, my amendment essentially gets to the kernel of my and the Labour Party's difficulty with the Bill. I still await solid reasons from the Minister as to why this was necessary. I would like the Minister to expand on how the board reacted to the changes proposed.

When we get to the stage of assessment of applications and publication of decision, section 44(3) states that following receipt of the results of each assessment, the Minister shall submit to the Government for its approval the assessments and the amounts. We suggest that as a penultimate step the assessments should be referred to the board to make an assessment. This is not proposed to tie the Minister's hands in any way. The only reason for this proposal is that if the Minister were to depart from what is recommended, as he or she would be free to do if the amendment

were accepted, a full explanation would need to be given as to why that departure took place. This is an added safeguard, which admittedly adds to the administration. However, at times it is not wrong to increase administration.

There was no meeting of minds on Committee Stage and I would be amazed if there was a meeting of minds now. I expect I will be forced to put the amendment to a vote.

**Éamon Ó Cuív:** We need not discuss the fundamental issue again. This amendment is very similar to amendment No. 3. Obviously the Labour Party is wary of what might happen with the power in the hands of the politicians. We have discussed the matter thoroughly. When one considers the sections we discussed yesterday in their totality, the room for manoeuvre, as alleged, is very slight. Disbursements from the board will be made on the basis of a detailed and transparent process. We have inserted process throughout the Bill. It is not like the old days when it was possible to make up one's mind and decide what to do off the top of one's head. A process is clearly detailed in the Bill. The Government will be subject to all the key provisions of the Bill. When the Ombudsman and the requirements of the Freedom of Information Act are added in, the situation is totally different to what might have applied 20 years ago.

The framework for developing funding programmes will stem from the board's disbursement plan. The Minister in developing a proposal must have regard to the plan. Applications when received will be required to be assessed in accordance with agreed and published criteria. We cannot just start to make decisions willy-nilly because criteria must be agreed. Decisions of the Government concerning disbursements to be made from the fund must be published and will also be subject to analysis and review by the board at any time. Obviously the board could make public its views. To a point it could be argued that what the Deputy is proposing is already built into the Bill.

If the board were suddenly introduced in the middle of the process then when it came to reviewing the process obviously the board would be part of the process and so would be reviewing itself. We have placed the board at the beginning of the process. The process then takes place and the board is involved at the end of the process to determine whether the basic aims of its plan were implemented. The Deputy's proposal would make the board both an adviser and a reviewer. It would be inappropriate to involve the board at that stage of the decision-making process, and for that reason I oppose the amendment. We have come to the end of the road. We believe that one cannot insert the board into the middle of the process as reviewer and adviser because there is a contradiction. Obviously, the Deputy takes a contrary view, but it would make for very sloppy legislation for us to concede on the point. I regret to say that I oppose the amendment.

**Mr. O'Shea:** We have worked around and debated these issues, and there is no meeting of minds, so I will press the amendment.

Amendment put.

The Dáil divided: Tá, 49; Níl, 62.

Tá

Allen, Bernard.  
Boyle, Dan.  
Breen, Pat.  
Broughan, Thomas P.  
Bruton, Richard.  
Connaughton, Paul.  
Costello, Joe.  
Cowley, Jerry.  
Crawford, Seymour.  
Crowe, Seán.  
Deasy, John.  
Deenihan, Jimmy.  
Enright, Olwyn.  
Gilmore, Eamon.  
Hayes, Tom.  
Healy, Séamus.  
Higgins, Michael D.  
Howlin, Brendan.  
Kehoe, Paul.  
Kenny, Enda.  
Lynch, Kathleen.  
McCormack, Pádraic.  
McGinley, Dinny.  
McGrath, Finian.  
McGrath, Paul.

McManus, Liz.  
Mitchell, Olivia.  
Morgan, Arthur.  
Moynihan-Cronin, Breeda.  
Murphy, Catherine.  
Murphy, Gerard.  
Neville, Dan.  
Ó Snodaigh, Aengus.  
O'Dowd, Fergus.  
O'Keeffe, Jim.  
O'Shea, Brian.  
O'Sullivan, Jan.  
Pattison, Séamus.  
Quinn, Ruairí.  
Rabbitte, Pat.  
Ring, Michael.  
Ryan, Eamon.  
Ryan, Seán.  
Sargent, Trevor.  
Sherlock, Joe.  
Shortall, Róisín.  
Stagg, Emmet.  
Timmins, Billy.  
Upton, Mary.

Níl

Andrews, Barry.  
Ardagh, Seán.  
Blaney, Niall.  
Brady, Johnny.  
Brady, Martin.  
Browne, John.  
Callanan, Joe.  
Callely, Ivor.  
Carty, John.  
Cassidy, Donie.  
Collins, Michael.  
Cooper-Flynn, Beverley.  
Coughlan, Mary.  
Cregan, John.  
Cullen, Martin.  
Curran, John.  
Davern, Noel.  
de Valera, Síle.  
Dempsey, Noel.  
Dempsey, Tony.  
Dennehy, John.  
Devins, Jimmy.  
Fahey, Frank.  
Fitzpatrick, Dermot.  
Fleming, Seán.  
Fox, Mildred.  
Gallagher, Pat The Cope.  
Grealish, Noel.  
Harney, Mary.  
Haughey, Seán.  
Healy-Rae, Jackie.

Hector, Máire.  
Jacob, Joe.  
Keaveney, Cecilia.  
Kelleher, Billy.  
Killeen, Tony.  
Kirk, Séamus.  
Kitt, Tom.  
Lenihan, Brian.  
McEllistrim, Thomas.  
McGuinness, John.  
Martin, Mícheál.  
Moloney, John.  
Moynihan, Michael.  
Mulcahy, Michael.  
Ó Cuív, Éamon.  
Ó Fearghaíl, Seán.  
O'Donnell, Liz.  
O'Donoghue, John.  
O'Keeffe, Ned.  
O'Malley, Fiona.  
O'Malley, Tim.  
Parlon, Tom.  
Power, Peter.  
Roche, Dick.  
Sexton, Mae.  
Smith, Brendan.  
Smith, Michael.  
Treacy, Noel.  
Wallace, Dan.  
Wallace, Mary.  
Walsh, Joe.

Tellers: Tá, Deputies Stagg and Kehoe; Níl, Deputies Kitt and Kelleher.

Amendment declared lost.

including "section" in line 30 and substitute the following:

**Éamon Ó Cuív:** I move amendment No. 16:

In page 14, lines 28 to 30, to delete all words from and including "or" in line 28 down to and

“, advisers or other service providers engaged for any purpose relating to applications for disbursements under this Part”.

This is essentially a technical amendment the purpose of which is to modify slightly an amendment I introduced on Committee Stage. The effect of this amendment is to provide that all appropriate expenses incurred by Departments through the engagement of service providers to process and assess applications will be met from the dormant accounts fund. The amendment I introduced on Committee Stage provided that the costs incurred by public bodies of engaging service providers to carry out assessment work on applications would be recoverable from the fund. I have since been advised that the wording of the Committee Stage amendment could be interpreted in a narrow way and might not provide that all appropriate costs would be included in the event that it is decided to engage service providers to assist at various stages of the process.

This amendment ensures the appropriate costs incurred in the assessment of applications, such as inviting, receiving, assessing and notifying, are included. Deputies are aware the existing board engaged Area Development Management Limited as a service provider to administer the initial round of funding on its behalf. The board reimburses Area Development Management Limited with all relevant costs incurred in carrying out this work. Under the new arrangements, similar provisions may apply, with Departments engaging service providers to assist in the process of receiving and assessing applications for funding. For this reason, I am advised this amendment is necessary to provide the required flexibility.

I will put this in simple terms to avoid the legalese. Under the current arrangement, the board has engaged Area Development Management Limited and the latter's expenses are recuperable from the fund. The new arrangement means any expenses incurred by Departments will come out of their administrative budgets. In the event of a Department engaging a service provider such as Area Development Management Limited to do work on its behalf, however, the money would be recuperable from the fund. This effectively restores the *status quo*. The Committee Stage amendment was deemed not to cover notifications and other parts of the process. This technical amendment rectifies that and I ask Members to agree to it.

Amendment agreed to.

**Mr. O'Shea:** I move amendment No. 17:

In page 16, to delete lines 27 to 30.

This amendment proposes to delete section 10 of the Bill which states:

Section 47 of the Principal Act is amended—

(a) by deleting subsection (2), and

(b) in subsection (3) by deleting “or the chairperson of the Board, as the case may be,”.

Subsection (2) of section 47 of the principal Act, the Dormant Accounts Act 2001, reads: “Whenever required by the Committee of Public Accounts, the chairperson of the Board shall give evidence to that Committee on any matter relating to the functions of this Board under this Act.” Subsection (3) states: “When performing duties under this section, the Chief Executive of the Agency or the chairperson of the Board, as the case may be, shall not question or express an opinion on the merits of any policy of the Government or a Minister of the Government or on the merits of the objectives of such a policy.” It is clear that if the chairman of the board cannot be summoned before the Committee of Public Accounts, the issue of expressing an opinion on the merits of any Government policy or the merits of the objectives of such a policy does not arise.

I listened carefully to the Minister's arguments in support of this section. For me it boils down to the fact this is the chairperson of a board which, at the time of the Second Stage debate, had €200 million to disburse. I am sure we would all agree that is not an insubstantial amount of money. The Minister wants to amend the legislation so that the chairperson of that board cannot be requested to appear before the Committee of Public Accounts, although the chief executive can be. When the board had a wider function, the chairperson could be summoned to appear before the Committee of Public Accounts under the principal Act. However, the board will now have a reduced function and the chairperson will be released from the obligation to appear before the Committee of Public Accounts.

The Minister advanced arguments in regard to who the Accounting Officer is and so on. However, if one looks at this objectively, it appears that the Minister is protecting the chairperson of a State board which is responsible for a fund of €200 million and that he wants us to legislate so that this person cannot be summoned before the Committee of Public Accounts. I listened to the Minister's arguments carefully and I am happy to do so again today. Reasonable members of the public will read that the Minister for Community, Rural and Gaeltacht Affairs has decided that the chairperson of a State board, which is responsible for a fund of €200 million, does not have to appear before the Committee of Public Accounts.

I present a simple argument which I have repeated a number of times because it must be stressed. The arguments put forward are fine but is this the case with the chairperson of any other State board? Does this exemption apply only to this board? I await the Minister's explanation.

**Mr. McGinley:** I agree with Deputy O'Shea that this is a very reasonable amendment. It is unthinkable that the chairman of a board, which is a very powerful position, would not be obliged to explain decisions before the Committee of Public Accounts. I have never been a member of

[Mr. McGinley.]

the Committee of Public Accounts but I have watched the proceedings occasionally. If I am not mistaken, chairpersons of other boards are obliged to appear before the Committee of Public Accounts to give an account of their actions and what they do. Perhaps the Minister will explain why it is not the case with this board. Is this an exception? Are we setting a precedent?

**Éamon Ó Cuív:** The effect of this amendment is to delete section 10. This section is consequential to the board's changed role regarding decision making in that it removes the accountability of the chairperson to the Committee of Public Accounts for decisions on disbursements made by the former board. Removal of this section will create an anomaly whereby the board would no longer make decisions on disbursements but its chairman would remain accountable to the Committee of Public Accounts for decisions in which he or she no longer had a role.

We have considered this matter and have consulted but we are still of the same opinion. When the new board arrangements come into place and a disbursement takes place, the person accountable for that disbursement to the Committee of Public Accounts will be the Accounting Officer of the relevant Department. Therefore, if one is unhappy with a disbursement, one wants an explanation or one wants to call someone to account and one is a member of the Committee of Public Accounts, the person one would call in is the Secretary General of the relevant Department which disbursed the money. To call in the chair

an of the board, who would not have made the disbursement, would create an anomaly because one would be calling in the wrong person. This is about having one person accountable for the spend and not two people. We must make the agencies making the disbursements, namely, Departments, accountable.

We checked this matter and in the case of bodies which do not make disbursements directly, the relevant chairperson is not accountable to the Committee of Public Accounts.

**Mr. O'Shea:** To which boards does the Minister refer?

**Éamon Ó Cuív:** That is rule where offices and boards do not make disbursements. Where they make direct disbursement, they are accountable for the money to the Committee of Public Accounts. For example, Oifig an Chomisinéara Teanga only has administrative money and does not make disbursements and, therefore, it does not have a responsibility—

**Mr. O'Shea:** Does he have a board?

**Éamon Ó Cuív:** No, but he has an office. He is not an Accounting Officer in terms of being answerable to the Committee of Public Accounts.

It is not a question of whether he has a board since the office only handles administrative money. The same applies to this board in that there is no disbursement function directly attributable to the board. The disbursements will be made by Departments.

Let us suppose my Department made a disbursement under the new arrangements and the Committee of Public Accounts wanted to query it and call in the person responsible to discuss the issue. The person it would call in is the Secretary General of the Department and not the chairman of the board. It would be invidious to call in the latter who would have had no role in the disbursement. We are not talking about policy decisions but about disbursements and accountability for money. We could not call in the chairman of the board and the Accounting Officer of the Department.

In the arrangements we have made, it is clear the Accounting Officer would have to account for the spend. That is the way we have constructed it. The chairman of the board could not be held accountable to the Committee of Public Accounts for actions over which he or she had not control. The Deputy is trying to put the chairperson in an impossible position.

The chairman of the former board will remain accountable for the disbursements it has made but the new board chairman could not be held responsible for disbursements over which the board had no responsibility. That would be a matter for the Secretary General. It is not a question of nobody being responsible to the Committee of Public Accounts but the Deputy is looking for the wrong person to be responsible. The Secretaries General will be called in. When one thinks about it, two people could not be responsible. Under the arrangements made, it must be the Secretary General. For that reason, I must oppose the amendment as it would create an unfair situation for the chairperson.

**Mr. O'Shea:** I am still not satisfied. Section 47 of the principal Act refers to the chief executive of the agency performing duties. Is the Minister telling us the chief executive of the agency is the Secretary General of his Department?

**Éamon Ó Cuív:** In that case, it is the National Treasury Management Agency which is managing the fund. It refers to what we were talking about earlier in regard to investment and so on. The NTMA does that and transfers the money to the Dormant Accounts Fund Disbursements Board which then disburses the money. This is why there is a reference to the chief executive of the agency. As the Deputy is aware, the Dormant Accounts Fund Disbursements Board does not have a chief executive but the NTMA does. The chairperson is responsible because the board performs the disbursements. The chief executive of the NTMA remains responsible for the management of the fund, but disbursement will be per-

formed through Departments. Consequently, the relevant Secretaries General will be responsible.

**Mr. O'Shea:** This gets worse. Yesterday I noted that the Minister introduced these changes to the legislation because the Government wants to get its hands on the fund before the next general election. However, section 47 of the principal Act as amended is a muddle. It refers to a chief executive who is a chief executive of another agency as far as handling the money is concerned. It refers to a chief executive of the board when there is not one.

**Éamon Ó Cuív:** There never was one.

**Mr. O'Shea:** Then why is a chief executive mentioned when none exists? Is this fantasy legislation?

**Éamon Ó Cuív:** There is one.

**Mr. O'Shea:** The Minister has found him.

**Mr. Neville:** The Minister should make up his mind.

**Éamon Ó Cuív:** If the Deputy checks the definitions in the Dormant Accounts Act 2001, he will find that "agency" means the National Treasury Management Agency. Anywhere that the word "agency" is mentioned in the Dormant Accounts Act 2001 and in this Bill, it refers to the National Treasury Management Agency because that is what the definition at the front of the Bill states. Therefore, anywhere the Bill refers to the chief executive of the agency, it refers to the National Treasury Management Agency, commonly known as the NTMA. The chief executive of the NTMA will be accountable, because he is accountable for the good management of the total fund to the Committee of Public Accounts. At present, the chairperson of the Dormant Accounts Fund Disbursements Board is accountable to the Committee of Public Accounts because currently, the board makes disbursements. The term "board" is also defined in the definitions. Under the new arrangements, however, the board will not make disbursements. Two activities are involved here, namely the management of the fund by the NTMA and the disbursements by the board. The management of the fund remains with the NTMA and therefore its chief executive will still be responsible to the Committee of Public Accounts. However, the disbursements will be made through Departments and therefore the accounting officer becomes the Secretary General of the relevant Department. That person will be called before the Committee of Public Accounts, not the chairperson of the board as heretofore. To do anything else would create—

**Acting Chairman:** I remind the Deputy and the Minister that this is not the Committee Stage and

that the Deputy has the floor. The Minister will have the chance to respond.

**Mr. O'Shea:** This becomes more muddled as we go along. There is an enormous need to go back and redraft this section. The Minister made an analogy with An Coimisinéir Teanga. As he conceded, An Coimisinéir Teanga does not have a board. In terms of accountability to this House, to whom is the chairperson of the board responsible? Obviously, the Committee of Public Accounts or any other committee cannot hold the chairperson of the board responsible for actions for which he or she is not responsible. Surely however, as a modern-day democracy it should be within the power of the Committee of Public Accounts to summon the chairperson to deal with those issues for which he or she has responsibility and which could impinge on the decisions taken by the chief executive of the other agency, the National Treasury Management Agency. This becomes more incredible as we go along.

My suggestion has some merit. However, because of the overall sloppiness in the Bill's structure and drafting, the Minister should go back to Committee Stage and return with a properly amended section 47 so that its purpose is clear to anyone reading the legislation. There is a principle whereby a chairperson of a board involved with a fund of €200 million is not being accountable to the Committee of Public Accounts for the actions for which that person is responsible. I have not ever come across anything quite like section 47 of the principal act as we seek to amend it.

**Mr. McGinley:** I am trying to follow the Minister's explanation to the best of my ability. As I understand it, the current board, which will be disbanded when this Bill goes through has a chairperson but no chief executive. The chairperson of the current board is responsible for disbursements and is obliged to appear before the Committee of Public Accounts for any disbursements that are made. Like the present board, the new board to be established will have a chairperson and no chief executive. Although the incoming board will have a chairperson, he or she will not be obliged to appear before the Committee of Public Accounts. The obligation to do so will revert to the Department and it will be the Secretary General of the Department who is obliged to appear before the Committee of Public Accounts.

**Éamon Ó Cuív:** The Deputy has got it in one.

**Mr. McGinley:** In addition to being the Accounting Officer, will the Secretary General of the Department also be the chief executive of the Dormant Accounts Fund Disbursements Board or will there be no such position as a chief executive? I thought the chief executive was mentioned in the Bill?

**Éamon Ó Cuív:** May I have one minute to explain the situation clearly?

**Mr. McGinley:** The chief executive is specifically mentioned in the Bill.

**Éamon Ó Cuív:** Yes, but it refers to the chief executive of the agency. I know this is complicated but in fact——

**Mr. McGinley:** What agency?

**Éamon Ó Cuív:** I wish to explain as simply as I can. Perhaps I can do this in one and a half minutes. At present, there are two bodies involved. The management of the fund, which, as all the Deputies noted, contains a great deal of money, is performed by the National Treasury Management Agency. It manages the fund and its chief executive must ensure that the agency attempts to get the best returns for the State on the investments in that fund. Any place where the chief executive is mentioned in the legislation, it refers to the agency and to the management of the fund. We change neither the management of the fund nor the accountability for the fund's good management to ensure it is well invested. At present, the second aspect is disbursement. Currently, the board makes disbursements. They are given money by the NTMA and they take care of the disbursements. Consequently, the chairperson must be accountable for dispersing the €30 million, €40 million, €50 million or €60 million that it disburses.

We have agreed in the Bill that those disbursements will no longer be made directly by the board but will be made through Departments. Hence, the responsibility for looking after the disbursed moneys will now devolve to Departments and the individuals who must be held responsible are the individuals who actually make the disbursements. From an accounting point of view these individuals will be the Secretaries General of the relevant Departments. Therefore, the chairperson of the board will be relieved of the requirement to come before the Committee of Public Accounts as he or she will not disburse any money. The chairperson will provide advice on a plan and will conduct reviews but will not disburse funds. Since the chairperson will not disburse funds, he or she cannot be held accountable to the Committee of Public Accounts. The person to be called in if one is unhappy or has a query with a particular disbursement will be the relevant Secretary General. This will also be the case if one wishes to discuss the disbursement or to pay someone a compliment for it. Is that all right?

**Mr. Crowe:** What will the board do?

**Mr. McGinley:** Good question.

**Éamon Ó Cuív:** We have discussed this before. This is the entire basis of the Bill. The board will draw up a plan which it will present to the Minister who will bring it before the Cabinet, which

he is not currently obliged to do, and it will then review the actions. It is all in section 41. This is rehashing——

**Acting Chairman:** It is now 1.30 p.m. Will the Minister move the adjournment of the debate?

**Éamon Ó Cuív:** Can we agree to take the amendment now?

**Mr. McGinley:** No.

**Éamon Ó Cuív:** I am advised I must propose the section.

**Mr. O'Shea:** I wish to go over this again.

**Éamon Ó Cuív:** That is fine. I am not in a hurry.

Debate adjourned.

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

### Ceisteanna — Questions (Resumed).

#### Priority Questions.

#### Hospitals Building Programme.

56. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the proposals she has considered for the new children's hospital in Crumlin; if she has considered a greenfield development; and if she will make a statement on the matter. [15624/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I recently visited Our Lady's Hospital for Sick Children in Crumlin. I met the committee of management and viewed some of the facilities there, which are clearly in need of investment. The infrastructure does not meet current standards for a paediatric hospital facility and the available facilities do not satisfactorily accommodate the range and extent of current clinical and associated activity.

Some time ago, a project team, including representatives from the hospital, the former Eastern Regional Health Authority and my Department, was established to plan for the overall future development of the hospital. Under the direction of the project team, an outline development control plan was prepared by a specially-appointed design team. The ODCP demonstrated the feasibility of accommodating new facilities on the existing Crumlin site. It also, however, clearly set out the implications of such an approach in terms of cost, time and disruption to services.

This has given rise to concern among the management and staff. This reflects my own view on the matter and, accordingly, I have decided that it is now appropriate to examine the feasibility of

identifying an alternative site for the provision of a new hospital. The development of new facilities on a greenfield site could have significant advantages, including speedier delivery of the building, with less impact on existing services.

My Department is working as a priority with the Health Service Executive in drawing up terms of reference to guide the process of identifying suitable sites. On completion of a site option appraisal exercise, which will be subject to public tendering procedures and which, it is anticipated, will take four months, a final decision can be made as to whether the redevelopment will commence on the Crumlin site or elsewhere. The work of the project team will help to inform decisions on the level and configuration of services to be provided at the hospital, irrespective of its final location.

I also accept that it is necessary to continue to invest in the upgrading of facilities on the Crumlin site during the development programme, even in the event of the hospital being relocated off-site. In this regard, interim upgrading works in the haematology-oncology department, the radiology department and the cardiology department are currently being progressed on the Crumlin site.

**Dr. Twomey:** Our Lady's Hospital for Sick Children in Crumlin is the national tertiary hospital for children and I am delighted the Tánaiste and Minister for Health and Children is not opposed to the idea of selecting a well-structured greenfield site for a new hospital. Fine Gael believes that a tertiary hospital for all services should be built on a greenfield site, somewhere like the west Dublin site that is a possible location for this. Will the Tánaiste give her views on this proposal? Should there not be a proper national treatment centre for both children and adults? Such a hospital would deal with neurosurgery, transplant surgery and other specialities that have been tagged on to other Dublin hospitals.

Building a large tertiary hospital would improve access both by road and helicopter for the entire island. It would contribute to freeing up an enormous number of beds in the major Dublin hospitals where, as the Tánaiste is aware, there is a major crisis regarding the availability of beds. Under the national development plan, additional beds are to be opened in these hospitals. Would it not be better to remove speciality services from these hospitals, put them into a national tertiary hospital and develop a proper national tertiary service for the whole island that would treat serious and rare conditions?

**Ms Harney:** There is considerable merit in Deputy Twomey's proposal. We must have more routine services for children spread throughout the country within easy reach of families. On my visit to Cork on Monday to open the new accident and emergency department at Cork University Hospital, I saw that the hospital has a separ-

ate child-friendly accident and emergency facility. However, Deputy Twomey's suggestion regarding a tertiary facility for a population of 4 million makes sense. Clearly, we would need to avail of the best expertise in this area. It is always better to bring those providing a national service together in a single location. I will bear that in mind in the context of a decision on Our Lady's Hospital for Sick Children.

**Dr. Twomey:** Will the Tánaiste tell the House when Our Lady's Hospital for Sick Children will receive an MRI scanner?

**Ms Harney:** There is a clear need for an MRI scanner to replace the current outdated machinery at Our Lady's Hospital for Sick Children. It is intended to provide for that in the capital programme, which I will announce shortly.

#### Accident and Emergency Services.

57. **Ms McManus** asked the Tánaiste and Minister for Health and Children the steps being taken to address the serious situation identified in the recent Health and Safety Authority report on a number of accident and emergency departments, particularly the warning that persons seeking treatment were being put at risk of injury, infection and violence; and if she will make a statement on the matter. [15480/05]

**Ms Harney:** I have already welcomed the recent report of the Health and Safety Authority. It adds further impetus to our drive to improve the delivery of accident and emergency services. The authority's report arises from its inspection of 11 accident and emergency departments and its analysis of risk assessments carried out in all hospitals. This is the first nationally co-ordinated analysis of all accident and emergency departments. It is, therefore, critical that action is taken following the recommendations of the Health and Safety Authority. I am pleased the Health and Safety Authority has acknowledged that the hospitals are fully engaged in the process of addressing health and safety in their accident and emergency units.

The Director of the National Hospitals Office has issued interim advice to chief officers-chief executives-hospital managers on the preliminary findings of the Health and Safety Authority audit and the National Hospitals Office's own assessment of the audit. In particular, the Health and Safety Authority recommended that the Health Service Executive should determine, on a hospital by hospital basis, after undertaking the necessary risk assessment and staff consultation, whether extra capacity can be achieved within existing units. The National Hospitals Office has advised hospital managers to examine the potential for using the total hospital capacity, including inpatient wards for patients who require admission. It is a matter for each individual hospital to exercise its own judgment on how to reduce risk within particular hospitals.

[Ms Harney.]

The National Hospitals Office has also written to each trade union-staff association requesting that the issue of accident and emergency departments, including the issue of health and safety, should be dealt with by way of a working partnership group between management and trade unions. I urge staff representatives to fully engage in this process.

Both the Health and Safety Authority and the Health Service Executive reports have found violence and aggression to be one of the main risks in accident and emergency departments. Much of this relates to the prevalence of cases of alcohol and drug misuse.

The National Hospitals Office has requested the immediate implementation of guidelines issued by the Health and Safety Authority on dealing with violence and aggression in the workplace. The National Hospitals Office is also examining current policies against workplace violence and will issue a clear policy statement of intent which will recognise the importance of efforts to eliminate workplace violence. I find it totally unacceptable that front-line health care workers might be subjected to threats or abuse. My colleague, the Minister for Justice, Equality and Law Reform, Deputy McDowell, is also determined that everything possible should be done to tackle disorderly behaviour and, in particular, assaults on emergency workers, such as the staff of hospital accident and emergency units. I am fully supportive of the Minister's efforts in this regard.

**Ms McManus:** Will the Tánaiste accept that there is a certain irony in her words, considering that she refused to accept the motion which will be put tonight by Fine Gael on drunkenness in accident and emergency departments? While she welcomed the Health and Safety Authority's report, she did not commission it. Will she tell us when accident and emergency departments will be made safe? What is the timeframe for delivery? Regarding the contentious issue of providing extra capacity by adding beds to hospital wards, how many hospitals have undertaken to do this?

**Ms Harney:** Safety in accident and emergency departments is a matter for the individual hospitals. I do not intend to micro-manage each hospital as they have their own management teams. Hospitals must examine their own circumstances and put in place the best management system taking into account all the risks. This will increase safety. I share a view with others, including accident and emergency consultants such as Dr. Aidan Gleeson, that accident and emergency services must be seen as a wider hospital systems issue. Escalation policies and moving beds from accident and emergency units to wards is sometimes preferable to leaving patients on trolleys overnight.

Virtually every hospital I am aware of spends considerable resources on security. If these resources are inadequate due to the manpower

being employed or the scale involved, the matter must be examined by the hospital. Hospitals will receive an extra €387 million this year to run their operations, which is almost half the total increase in health spending for 2005. If a wider hospital systems issue is addressed, including activity in respect of private patients, many of the matters I spoke about yesterday and the problems in accident and emergency units can be dealt with.

We have not ruled out the possibility of addressing the issue of people who present intoxicated as they pose the greatest threat to staff. Everyone presenting, including those who are intoxicated, must be dealt with by accident and emergency units. Someone else could be seriously injured. We cannot move a person out of the way without establishing whether they are intoxicated. Subject to appropriate medical and legal advice, we are open to using innovative approaches to deal with people who have presented in this state to provide a disincentive. As I said last night, 30% of those who appear in the accident and emergency unit of the Mater Hospital are intoxicated.

**Ms McManus:** The Minister for Health and Children veered away from the question. How many hospitals have decided to move additional beds into their hospital wards? The Minister sees this as a good idea but how many hospitals agree and how many are adopting it? Regarding an individual hospital's requirement to make a provision that is beyond its control, surely the Minister has a role there. Nobody expects her to micro-manage our hospitals but many of the problems in accident and emergency departments are outside the management team's control. What provisions will be made to ensure managers can manage their hospitals?

**Ms Harney:** The Deputy's point is fair. Clearly, issues exist with the volume of people who present if there is no access to general practitioner services or any provision of patient appointments. They often end up on hospital beds awaiting tests. However, hospitals can take many actions, such as through their discharge policies. I have cited the respiratory physician at James Connolly Hospital, Dr. Conor Burke, previously. He said that, if everyone was discharged in his hospital when they were medically fit to be discharged, no one would be on a trolley. Discussions are taking place in individual hospitals on the issues of discharge policies and freeing up beds to allow those who require admission to be taken. I do not know how many hospitals have decided to put beds on wards, although some have. I recently met the—

**Ms McManus:** Which ones have?

**Ms Harney:** I understand the Mater Hospital has made this decision. I met with the managers of the Dublin teaching hospitals a couple of weeks ago and put this issue to them. They were

to consult on it and most felt that, before the Health and Safety Authority's report, it was probably safer on balance from a patients' safety point of view and a health perspective to put an extra bed on a ward from time to time than to keep patients on trolleys overnight. We want innovative solutions customised around individual hospitals if at all possible.

### Proposed Legislation.

58. **Dr. Cowley** asked the Tánaiste and Minister for Health and Children her views on the case of a person (details supplied); her further views on whether it is acceptable that she has no plans to introduce legislation to regulate alternative practitioners and to deal with the situation of this person in a comprehensive way in order to protect the public, requiring such alternative practitioners to be regulated and their activities controlled in order not to be a danger to public health and safety; and if she will make a statement on the matter. [15653/05]

**Ms Harney:** I first express my sincere condolences to the wife and family of the deceased person who died in such tragic circumstances, which is the subject of Deputy Cowley's question. As I have explained to the House previously, a national working group was established by my predecessor in May 2003 to advise on future measures for strengthening the regulatory environment for complementary therapies. I have asked for the group's report to be expedited and expect to have it shortly.

The issue of the regulation of complementary therapists is especially important in light of the increasing number of people who are attending such practitioners, particularly in partnership with conventional medical-professional care. As a result, the often informal nature of how some complementary therapies are practised needs more scrutiny. Greater controls in this area are in the interests of all reputable practising therapists as the presence of any unscrupulous or incompetent practitioners undermines the sector and presents risks to those using the therapies. Ensuring they are trained and qualified to the level required to work safely within their area of competence is the personal responsibility of every individual practitioner providing health care services to the public. As the Deputy will be aware, the provision of all services to the public is also subject to the supervision of the Office of the Director of Consumer Affairs.

I intend to introduce appropriate measures to strengthen the current regulatory environment for complementary therapies as soon as I receive the national expert group's report. In the meantime, I have asked the Health Promotion Unit, in consultation with relevant experts, to explore the possibility of running a public information campaign aimed at persons contemplating the use of complementary therapy. A key message that must be communicated is that patients with undi-

agnosed conditions should be actively encouraged to seek medical advice in the first instance.

**Dr. Cowley:** I welcome the information provided by the Minister for Health and Children. Some people are practising acupuncture, reflexology and homoeopathy, which are popular, but the laws that govern doctors and medicines do not extend to these people. Persons can set themselves up as a homoeopath, natural healer, reflexologist or anything else and are not answerable to outside bodies unless they volunteer to be so.

The issue is not one of registration but regulation. I raised the matter of Ms Mineke Kamper, who has been practising for a long time, although I call it "killing". I have been raising the issue of alternative practitioners since 2002 because it worries me. In County Mayo, the local pathologists have proven beyond all reasonable doubt that Mr. Paul Howie and Ms Jacqueline Alderslade died of treatable organic diseases due to alternative practitioners diverting them from traditional medical therapy or giving them a drug that may have led to their demise. These practitioners are unlicensed, untested and bogus. When they give medication, the State Laboratory has proven several times that it is nothing but a placebo composed of starch and sugar with no active ingredients.

While the second inquest into Mr. Howie's death was being conducted, which Ms Kamper did not attend and was fined €6.35 subsequently, she was treating children and using a pendulum to decide what tablets they needed. Where is the legislation to protect the safety and health of our population from the menace of such rogue alternative practitioners? She has killed two people and more will follow. Even the welfare of the snails on a golf course are protected by our laws. What about the health and safety of our vulnerable citizens? Surely homo sapiens are as important as snails.

The Minister said there are no plans to introduce legislation to regulate alternative medical practitioners at present. I am aware of the working group and advisors she mentioned. I am sure Ms Terry Garvey is a fine broadcaster but what does she know about this issue? Two innocent people who should not have died are now dead. This is the tip of the iceberg. For how long will it continue? The Minister mentioned a lack of plans to introduce legislation but the Dáil rushed through legislation yesterday concerning the British-Irish Agreement relating to cross-Border waterways just to save the Government's skin. We did the same with the nursing home charges legislation. People are dying. We need to pass this legislation quickly. We must move beyond all the reports and advice. I agree with informing people about what is happening but we need to pass this legislation. We know what we have to do. People are dying while the Government is interested in protecting the habitat of snails.

[Dr. Cowley.]

Paul Howie had cancer on his tonsil which was visible. I am sure that man would be alive today to see his children graduate had he been given the chance, but he was not. If a law regulating this area were in place, he would have got that chance. Jackie Alderslade, an asthmatic, only needed to take the tablets she was prescribed, but she did not get them. This practitioner in question is all-pervading and so persuasive, she can convince people it is best for them to stay under her care.

What about the rights of the children? It was stated in the *Irish Independent* that people should know better but what about children? They do not know better because they are brought by parents to these practitioners. I do not know where it will all end. What will the Tánaiste do to ensure the bodily integrity of children is protected in the Constitution — as outlined in the Ryan case — and by the State? The Tánaiste is failing in that respect. I am not convinced by her answer to my question. She is failing to address this issue, as did the former Minister, Deputy Martin.

**Ms Harney:** I do not disagree with much of what the Deputy said. Some of the therapists in question will be regulated under the provisions of the new legislation on health care professionals. It has completed its passage through the Seanad and is due to be taken in this House shortly. That will provide a regulatory framework for many of the professionals to which the Deputy referred, but we need to go beyond that. It is not an easy area to regulate. We do not want to regulate excessively.

I met a group of people last week whose loved ones were the victims of practitioners in the mid-west, one of whom was struck off the register in the United States and another who has been subsequently struck off the register here. Those practitioners do not come from the alternative therapy school. I was astounded at the charges set by these practitioners. One couple told me they paid €30,000 and that their very ill child of 15 years of age was on 60 drugs a day, and when he died they found many of the drugs under his bed because he was not able to take them. That is scandalous.

We will strengthen substantially the Medical Practitioners Act to give the Medical Council more proactive powers to carry out investigations in this area. However, there are difficulties in dealing with the alternative therapists, and we want to await the opinion of the expert group examining this area. That group is due to report at the end of the year. We have asked it to advance that timeframe and I expect to receive its report sooner than that. When I receive it, I will publish it and set about putting in place a system of regulation. We also need to ensure that the courses pursued are accredited by FETAC or HETAC to ensure that the training programmes meet a national standard and, if people are prac-

tising in this area, members of the public are entitled to know their level of the accreditation.

We all have a responsibility to try to discourage people from believing in the myth that there are some people who can cure people with serious cancer or other conditions, which unfortunately is what happened in the case of the people I met last week. I heard many cases and it was heart-breaking. It was hard to believe but when people are seriously ill, they will try anything. Not only were they disgracefully treated, they were financially ripped off at a vulnerable time in their lives. We need to strengthen the legislation in this area to protect the public. That is why I said in my reply that we will initiate a public information campaign in the health promotion unit in my Department to inform people of the dangers and issues in this regard.

The Coroner's Act needs to be updated, and the Minister for Justice, Equality and Law Reform is doing that. I received a letter from the coroner in Mayo about the case to which the Deputy referred, highlighting the deficiencies in that legislation.

**An Leas-Cheann Comhairle:** I call Question No. 59.

**Dr. Cowley:** A Leas-Cheann Comhairle—

**An Leas-Cheann Comhairle:** We have spent more than the allocated time on this question. The Deputy must be brief.

**Dr. Cowley:** The Medical Practitioners Act does not apply to this lady. From what I have read, the new legislation will apply only to medical practitioners who purport to be this or that. However, this lady claims to be a healer and, from my reading of the legislation, it will not apply to her. Will the Tánaiste review the legislation because what is promoted by such people is into the blue yonder, so to speak, and that is not acceptable? I know the Tánaiste is sincere in what she says but the time to act is now and the Medical Practitioners Act will not address this difficulty.

**Ms Harney:** I accept that we need separate legislation to cover alternative therapists but where medical practitioners engage in this kind of activity, which is what was happening in one instance at least, we need to give the council power to investigate proactively rather than for it simply to react.

**Dr. Cowley:** That legislation will not cover alternative practitioners.

**Ms Harney:** I accept that we need to introduce legislation to cover both types of practitioners.

**Dr. Cowley:** Paschal Carmody can still practise as an alternative practitioner. He has been struck off the register as I or any other doctor would be because we are subject to the law, but this woman

to whom I referred is not subject to it, although she should be.

**An Leas-Cheann Comhairle:** We have spent four minutes more than the time allocated for dealing with this question. I ask the Tánaiste to take Question No. 59.

### Cancer Screening Programme.

59. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children the health screening measures which have been implemented since 1997; her proposals for the future; and if she will make a statement on the matter. [15625/05]

**Ms Harney:** The national breast screening programme commenced in 2000 and covers the east, north-eastern, midland and parts of the south-eastern areas of the country. Screening is offered free of charge to all women in those areas in the target age group of 50 to 64 years of age. Since the programme commenced in 2000, cumulative revenue funding of approximately €60 million and capital funding of €12 million has been allocated to support the programme. To the end of 2004, the number of women screened by BreastCheck was in the region of 185,000. The cancer detection rate is approximately 7.4% per 1,000 screened and to date more than 1,300 cancers have been detected.

The national roll-out of the programme is a major priority in the development of cancer services. I am confident that the target date of 2007 for the commencement of the roll-out of BreastCheck to the west, north west, south and south east will be met. Last week I gave approval to BreastCheck to advertise for the appointment of a design team to work up the detailed plans for the design and construction of two static clinical units, one in Cork and one in Galway. I also approved the development of a symptomatic breast centre at University College Hospital Galway. The total capital approved amounts to approximately €25 million. Tender notices have already been advertised in the *EU Journal*.

I am also committed to the national roll-out of a cervical screening programme in line with international best practice. Careful planning and consultation with relevant professional and advocacy stakeholders is required before I make definite policy decisions on a national roll-out. The former Health Board Executive commissioned an international expert in cervical screening to examine the feasibility and implications of a national roll-out. The examination included an evaluation of the current pilot programme in the mid-western area, quality assurance, laboratory capacity and organisation and the establishment of national governance arrangements.

The pilot cervical screening programme commenced in October 2000 and is available to eligible women resident in counties Limerick, Clare and north Tipperary. Under the programme, cervical screening is being offered free of charge to

approximately 74,000 women in the 25 to 60 age group.

My Department is now consulting the relevant professional and advocacy stakeholders. The consultation is well advanced and will be completed in a matter of weeks. In addition, my Department allocated a further €1.1 million to the programme in 2005 on an ongoing basis to complete the transition of the remaining laboratories to new and more effective testing and to support the development of quality assurance and training programmes.

**Dr. Twomey:** It is not often I remind the Government of another initiative it introduced. Heart Watch is a secondary preventative programme that was introduced after 1997. Having been in office for eight years, the Government has only implemented two screening programmes of any sort. With all the emphasis we should be placing on primary care and the role of health promotion in preventing ill health, only two screening programmes have been implemented. One is BreastCheck which covers only half of the country. The other is the cervical screening programme which is still very much a pilot programme. Heart Watch has been successful because general practitioners supported it. One cannot join the Heart Watch screening programme unless one has had a heart attack. Therefore, there is no primary screening of any condition apart from breast cancer.

Last week or this week, the Tánaiste made an announcement that she saw no merit in prostate cancer screening, yet 1,200 cases of prostate cancer are detected every year and approximately 600 men die from the cancer every year. The Tánaiste should clarify to the public her remarks to the effect that there is no need for prostate cancer screening. There is merit in introducing such a screening programme and research is being done which will show that. By not introducing such a programme we are dismissing screening as a preventative tool in the health care service. We continually focus on the mechanism of dealing with disease after it has arisen and apportioning increasing amounts of money to hospital services. The introduction of such a programme would save money in the long term. The Government parties have been in office for eight years, yet only half the country is covered by the BreastCheck screening programme, the take-up of the Heart Watch programme has been sporadic and that is the sum total of its health screening and prevention programmes. That is a damning indictment of the approach the Minister is taking to primary care. I would like to hear her views on that.

**Ms Harney:** On prostate screening, I took the recommendation from the Cancer Forum. It states that there is currently insufficient evidence to recommend the introduction of a population based prostate screening programme in this coun-

[Ms Harney.]

try. It goes on to state that this is in line with EU recommendations and that one must introduce cancer screening programmes which have demonstrated their efficacy having regard to professional expertise and priority settings for health care resources.

In regard to Heartwatch or managing chronic illness, which is the big issue in the developed world, managing people who in the past died from the illness now live very good lives for a very long period. Therefore, managing chronic illness is a big challenge, which essentially will be done at GP level. In the context of the new contract, if we can get around to discussing it with the IMO, among the issues I want included is cervical screening, which can be done at GP level, rather than have another parallel programme rolled out with BreastCheck. Many of the issues referred to by Deputy Twomey are appropriate for the development of primary care. At GMS level, the remuneration to general practice has doubled over the past five years, even though the number of medical card holders was reduced by 100,000 in the same period. As we go forward, no doubt more and more money will go to general practice. We want to ensure that we introduce at that level some population screening such as cervical screening.

**Dr. Twomey:** The Minister just admitted to the success of this approach. We should make an effort to move forward on the issue because it is a winner in overall health care. We must consider other aspects which could be tackled easily in regard to screening, including blood pressure, diabetes and obesity. As these are significant issues which are getting out of control, we should be putting huge resources into this type of screening.

### **Hospital Staff.**

60. **Ms McManus** asked the Tánaiste and Minister for Health and Children the number of nursing posts unfilled at the latest date for which figures are available; the number of qualified nurses who were offered permanent posts in the acute hospital service during 2004; if her attention has been drawn to warnings from the INO that the number of vacancies would rise to 2,000 over the next 18 months; the steps being taken to deal with the shortage of nurses; if her attention has further been drawn to concerns expressed that further hospital beds may have to be closed later in 2005 due to the shortage of nurses; and if she will make a statement on the matter. [15481/05]

**Ms Harney:** According to the most recent Health Service Executive, employer representative division survey of nurse resources, recruitment remains well ahead of resignations and retirements. Employers reported that 765 vacancies existed at 31 December 2004. The vacancy rate now stands at 2.25%. This 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.

Data on the number of nurses offered permanent contracts in acute hospitals are not available. However, the survey found that in the year ending 31 December 2004, a total of 3,949 staff nurses were recruited by the Health Service Executive, voluntary hospitals and intellectual disability agencies. During the same year, 3,131 staff nurses resigned, retired or moved to another employer. An extra 819 nurses were, therefore, employed in the health service in the year ending 31 December 2004.

The recruitment and retention of adequate numbers of nursing staff have been a concern of the Government for some time. 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 places per year. In excess of €90 million revenue funding is being provided in 2005 for undergraduate nurse training. This is in addition to a capital investment programme of €240 million for the establishment of state-of-the-art purpose-built nursing education facilities on the campuses of 13 higher education institutions. Nursing continues to be regarded as an attractive career. CAO applications for 2005 indicate that 8,155 people applied for nursing, 4,869 of whom gave nursing as their first preference, an increase of 3.5% over last year.

A comprehensive range of financial supports has also been introduced to support nurses in pursuing part-time degrees and specialist courses, including "back to practice" courses. The cost of this in a full year is €10 million. The Department of Health and Children 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. Almost a quarter of all nurses now job share or work part-time hours.

*Additional information not given on the floor of the House.*

There have been substantial salary increases for nurses over recent years. Between 1997 and 2004 the basic salary of a staff nurse increased by 57.5%. In the same period, the salaries of clinical nurse managers increased by between 73% and 89%. 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, more than 1,650 clinical nurse specialists and 24 advanced nurse practitioner posts have been created.

The measures I have outlined have produced very positive results. Since 1997 there has been a net increase of 7,000 nurses. This represents a 25% increase in the nursing and midwifery workforce in the public health service. Turnover of nursing staff has also declined. The most recent turnover study covered the years 1999 to 2003. The results of this study showed that nationally turnover had decreased by 40% over the five-year period. Ireland now has 12.2 nurses per 1,000 people, about 50% more than the EU average of 8.5 nurses per 1,000 people.

Ensuring that there are sufficient nursing resources in 2005 and 2006, particularly within acute hospital services, is a priority for the Health Service Executive. This will be the transition period between the diploma and the degree programmes. The final group of diploma students graduated in late 2004 and the first group of degree students will graduate in autumn 2006. A national steering group, inclusive of nurse managers and HR specialists, has been established by the HSE to examine and address the issues involved in ensuring there are adequate numbers of nurses in 2005 and 2006. The group is overseeing the work of a project office tasked with running local and overseas recruitment campaigns. Additional funding has been provided for the HSE for nursing recruitment in 2005. Work is well under way on the tender process for overseas recruitment. Registered nurses in Ireland, who are not practising, are being invited to apply and nurses working flexible/part-time hours are being asked to increase their hours. Improved skill mix will also assist in addressing the problem.

**Ms McManus:** That is the exact same reply that was given to another Deputy a couple of months ago. The question I asked has not been answered. I ask the Minister to expand on whether we have a real problem this year, which is unique, because there will be no nurse graduates coming on stream. What precisely will be done about this? Why is she not aware that just one in four nurses from last year got permanent posts? I am amazed that the data are not included in her answer. Does she accept it is very cost ineffective to be so reliant on overtime and agency nurses? Is she aware that it is currently much more attractive for a young nurse to become an agency nurse? There is no incentive to become permanent, which is very expensive and not cost effective.

Does the Tánaiste accept that the shortage of hundreds of nurses has a particular impact in the Dublin region and that some of the problems that arise can be sourced back to the shortage of nurses in the Dublin region? Is she aware that as far back as 2001 the DATs management report indicated that there should be special arrangements, such as Dublin weighting or acuity payment, to deal with the problem?

**Ms Harney:** Some 819 additional nurses were employed last year, many of whom replaced people who retired. CSO statistics indicate that

there are 12.2 nurses per 1,000 people in this country. Bord Altranais registration figures indicate that there are more than 15 nurses per 1,000 people. In the EU, the ratio is 8.5 nurses per 1,000 people and in Britain the figure is nine nurses per 1,000 of the population. Nurses represent more than half of all the professionals working in health care in Ireland. In Britain, they represent 28% of professionals and in France, 22.5%. I accept there are issues this year because of moving from the apprenticeship programme to the graduate programme. That is why €2 million was allocated towards recruitment policies, essentially going overseas. To put it in context, 91% of nurses working in Ireland are Irish and just under 2% are from the UK. Contrary to the impression which is often created, approximately 6% are from outside Ireland and the UK.

The Dublin allowance was examined by both the Labour Court and the benchmarking body. There is merit in that and it is used in other countries, but it cannot be ring-fenced around nurses. It would have to apply to other public servants. The cost of that in a full year, at the rate suggested, would amount to approximately €258 million. I said to the INO on Friday, and at the SIPTU conference on Monday evening, that if we could deal with some of the practicalities around individual hospitals, we might be able to have more innovative solutions. The Mater Hospital has 1,000 nurses, as has Tallaght, yet there is no flexibility at hospital level to put in place innovative approaches to try to attract people or retain them. Even though the retention rate in Dublin is higher than in the rest of the country, the turnover rate in nursing has declined from 17% per annum to approximately 10% per annum over recent years. At least we are moving in the right direction.

Many young people, including nurses, are taking the opportunity to travel abroad, some of them to practice nursing and more to travel the world. According to an Bord Altranais, relatively few — approximately 400 — practice nursing because they must register. Many of them travel the world, as do many young people. This is a factor in nursing as it is in many other areas.

#### Other Questions.

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

#### Health Care Strategy.

61. **Mr. Eamon Ryan** asked the Tánaiste and Minister for Health and Children the progress made to date in implementing the primary health care strategy; if a proper primary health care strategy will deal with up to 90% of illnesses; the costs for such a health care strategy; and if she will make a statement on the matter. [15372/05]

**Ms Harney:** The strategy, Primary Care: A New Direction, sets out the Government's broad

[Ms Harney.]

vision for the development of primary care as the central focus for the delivery of health and personal social care services in a modern health system. The strategy aims to shift the emphasis from the current over-reliance on acute hospital services so patients will have direct access to an integrated multidisciplinary team of general practitioners, nurses, health care assistants, home helps, occupational therapists and others. As the new primary care model is implemented, a wider network of other health and social care professionals will also provide services for the population served by each team.

The strategy provides a template for the development of primary care services over a period of ten to 15 years. The full implementation of the primary care strategy will require significant investment, over a sustained period, to expand capacity and enable primary care to become the cornerstone of our health system. Three broad approaches will be taken to enable this to happen, namely, revenue and capital investment by the State to deliver additional services; a structured role for the private sector in the development of facilities and possibly also the delivery of services; and the substantial reorganisation of the resources already in the health service.

The strategy provided an indication of the scale of resources potentially required. Those who formulated it estimated the capital cost of developing a primary care facility at some €2.5 million for each team, which is approximately €1.27 billion for the first 400 to 600 teams. The additional staffing costs involved, allowing for the availability of existing staff and taking account of the composition of typical core teams and the associated network professionals, were estimated to amount to approximately €615 million per annum for the first 400 to 600 teams. The strategy also estimated that up to €50 million in once-off costs and running costs of €12.7 million per annum would be required for ICT supports. However, as was indicated clearly in the strategy, the required investment could come from a range of sources, not solely from the Exchequer.

On implementation, one of the first steps has been to establish an initial group of ten primary care teams, with supplementary funding to enable existing staff resources within the public system to be augmented.

Among the enhanced and expanded range of services these teams are providing or developing are improved access to physiotherapy and occupational therapy, shared care arrangements with general hospitals and social work services focusing on general family support needs.

*Additional information not given on the floor of the House.*

The experience of the ten teams to date has shown that collaborative work amongst health professionals at local level supports both a shared understanding and service response to a range of

health care issues, while also providing continuity of care for patients and their carers. This reflects the international consensus. It is now widely accepted that integrated team-based primary care represents the most appropriate, effective and user-friendly approach to service delivery, offering the potential to cater for 90% to 95% of all health service needs.

A significant element in the implementation of this strategy will be the reorganisation and reconfiguration of resources and services already within the health service. This reflects also one of the core principles underpinning the health service reform programme. The Health Service Executive must address this to provide a firm basis for the development of primary care teams and networks as the standard model of service delivery. I am aware that considerable work has already been undertaken by the former health boards over the past two years to map out the proposed numbers, locations and configuration of future primary care teams and the resource requirements associated therewith. The HSE must complete this task to provide a firm basis for the reorganisation of resources within primary care.

One of the most significant changes this process will require is that primary care professionals of different disciplines will have to develop strong and effective working relationships with each other, at team and network levels. The primary care model requires horizontal working and reporting across disciplines. The existing model of professional management in primary care services, in which reporting arrangements are often largely hierarchical, does not align well with the model of team-working set out in the strategy. The current contracts with general practitioners are also out of keeping with what is required of a modern, high-quality primary care service and will be the subject of detailed review in the context of the development of new contractual arrangements in respect of GPs' delivery of primary care.

I look forward to all professionals involved committing to embracing the new working arrangements I have described as a key part of the process of reforming and developing our health services.

As I have indicated, all of the investment needed to enable implementation of the primary care strategy need not involve the public sector. I am committed to developing policy in ways that will stimulate private sector investment in the development of both facilities and services. In light of the considerable private sector interest in the development of hospitals and long-term care services, I envisage much potential for such developments in primary care to complement investment by the State. I have asked the Department to consider how this agenda can be advanced in a way that will harness this undoubted potential within the non-State sector and so enable and support the delivery of integrated primary care services in line with national policy.

**Mr. Gormley:** I thank the Minister for her reply. Does she agree that the document is excellent and acknowledges that we can deal with up to 90% of illnesses through primary care? This is an astonishing figure. However, is it not the case that the significant investment, about which the Minister has spoken, has not been forthcoming? Will she explain why the last meeting of the steering group considering primary care was cancelled? Was it cancelled because many people felt she had not stepped up to the plate — to use a phrase I heard from one of the members of the steering group — or made a commitment regarding the investment? The group wants the investment programme to be set out so it will know that circumstances will be much improved in three or four years.

**Ms Harney:** The cost at the time of publication was €1.2 billion. Further costs were estimated to amount to a couple of hundred million euro per annum. We do not have these resources at present. We are increasing spending on health by 10.8%, or 8.5% in real terms. In the United Kingdom, the previous Government advocated a target of 6% growth in spending. It said it hoped to achieve it during its lifetime but has not yet done so. In both France and Germany, spending is increasing at a rate of 2%.

There is only so much one can do with the resources available. I hope that in the context of the contract renegotiated with primary care professionals, who are essentially the doctors who will lead the teams, and with the introduction of some tax incentives, we might be able to encourage greater private sector investment in primary care. There are issues concerning taxation to be cleared at EU level.

I recently met a number of GPs from Killarney who have adopted a very innovative approach. They are looking for relatively little from the State to build a state-of-the-art primary care centre in Kerry. This is the kind of model we need to replicate in other parts of the country. It is the only way we can achieve the kind of primary care strategy we all want to see implemented.

**Mr. Gormley:** Does the Minister agree that if we had managed properly the overruns that accrued in respect of road building projects, we could have had an excellent primary care strategy?

**Ms Harney:** Construction inflation was running at approximately 25% per annum some years ago because of the level of demand. That is always what happens when a sector overheats.

The country is spending €1 out of every €4 running the health service. This is not an inconsiderable amount. We have come an awfully long way, yet we all know of the deficiencies and gaps. It is a question of having a sense of priority and trying to obtain as much as we can for the money being spent. I accept there might be too great a focus on hospitals and that we should focus more on

primary care. The primary providers of health care are doctors. Doctors at general practice level intervene more with patients than any other group of doctors. Some people see a consultant only once in a lifetime because they may not require further visits, but they see their general practitioners frequently. I accept that more and more resources must be directed towards primary care, coming from a very low base. However, we will not be able to obtain the sum I mentioned in the short term.

#### Safe Sex Promotion.

62. **Mr. Rabbitte** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to concerns expressed regarding the reduction in funding for the promotion of contraception and safe sex among young people, especially in view of a recent increase in the number of teenage pregnancies; and if she will make a statement on the matter. [15336/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** In response to the specific issues regarding unplanned pregnancy, the Crisis Pregnancy Agency was established by statutory instrument in 2001 and is funded by the Department. The Crisis Pregnancy Agency is a planning and co-ordinating body established to formulate and implement a strategy to address the issue of crisis pregnancy in Ireland. A core aim of the agency is to achieve reduction in the number of crisis pregnancies by the provision of education, advice and contraceptive services.

The first strategy to address the issue of crisis pregnancy was officially launched in November 2003 and provides a framework for understanding the causes and consequences of crisis pregnancy and presents a clear set of actions to address the complex and interacting factors that contribute to the experience of a crisis pregnancy. The Crisis Pregnancy Agency works on an ongoing basis with statutory and non-statutory agencies to ensure successful implementation of the strategy. Since its establishment, the agency has received a total of €26.996 million in funding.

To promote contraception and safe sex, the Crisis Pregnancy Agency funds the Think Contraception campaign. This campaign is aimed primarily at people between 18 and 30 and also promotes abstinence as an option in sexual health as well as all forms of contraception for those who are sexually active but do not wish to become pregnant. The Think Contraception campaign is the result of many months planning which involved the development of an evidence base to inform the campaign, a consultation process with relevant stakeholders and focus testing among the target group. The campaign aims to prevent unplanned pregnancy by reminding sexually active young adults to use contraception consistently. While primarily a television advertising campaign, support literature and a website have also been developed to further support the key messages. The leaflet has been widely circulated

[Mr. S. Power.]

to all GPs, pharmacies and family planning clinics. These are locations where young adults can receive expert advice and information.

The Crisis Pregnancy Agency develop and run additional promotional campaigns on pregnancy prevention on an ongoing basis to directly engage with sexually active young adults. The aim of these targeted campaigns is to heighten awareness among young adults of the probability of sexual risk-taking with alcohol consumption, specially while one is on holiday, away from home and in places of entertainment. It also aims to renew their knowledge on benefits of condom use and contraception awareness. The 2005 promotional campaign will begin in June of this year.

*Additional information not given on the floor of the House.*

In 2005, the funding allocated to the Crisis Pregnancy Agency's programme of prevention will be €825,000. In addition to the agency's direct promotional work, its funding programme is the largest single component of the annual budget. The programme funded 78 projects in 2004 and there is a no-policy-change commitment to disburse more than €3 million of funds in 2005. Within the overall programme of funding, a wide range of projects with a focus on crisis pregnancy prevention has been supported to the value of €736,000 nationally.

The Department also recognises its key role in supporting policy development and cross-Government working to address the issue of young people's health generally and in particular regarding promoting safer sex. In this regard, the Department works closely with the Department of Education and Science and other agencies and bodies to support young people in developing the appropriate knowledge, attitudes and personal skills to enable healthy relationships and sexuality.

In the school setting, the Department is working in partnership with the Department of Education and Science and the Health Service Executive to support schools in the introduction and delivery of social, personal and health education at both primary and post-primary levels. Relationships and sexuality education is an integral part of this curriculum and remains a key priority for this work with schools. Since the establishment of the support service in 2000, the Department has directly provided funding of more than €150,000 per annum to the service and this has been matched by substantial funding from the other partners.

In the out-of-school setting, the health promotion unit of the Department works in partnership with the youth affairs section of the Department of Education and Science and the National Youth Council of Ireland to implement the national youth health programme. The aim of the programme is to provide a broad-based, flexible health promotion and education support and training service to youth organisations and to all

those working with young people in the non-formal education sector. Within the context of this programme, a training initiative entitled "Sense and Sexuality" is offered to youth workers. It addresses the issues of relationships, sexuality and sexual health with young people. In 2005 the programme will receive a funding allocation of more than €80,000.

The health promotion unit also runs a national public awareness advertising campaign to promote sexual health. The campaign is aimed at men and women in the age group 15 to 35 to increase awareness of safe sex and sexually transmitted infections. The overall goal is to increase safe sex practices, reducing the incidence of sexually transmitted infections transmission and unwanted pregnancies among young people. The campaign runs in third level colleges, places of entertainment, including pubs, clubs and discos, and youth venues and some health centres. This national programme has been running for several years and the health promotion unit is currently implementing a new and revised campaign, which has greatly increased the number of venues targeted. Since 2002 an information leaflet has been distributed as part of the campaign and currently the campaign is placed in 1,490 display points in 240 venues nationally. In 2005 almost €200,000 will be allocated for the development, expansion and continuation of this programme. The health promotion unit also produces a range of awareness raising leaflets on sexually transmitted infections and safe sex practices.

In all of the work carried out by the Department and the agencies it funds, the important role of parents in the development of healthy relationships and sexuality for young people is acknowledged and supported. To this end a key aspect of the strategy to address the issue of crisis pregnancy is to support parents in their role as the primary educators of their children on issues such as sexuality and relationships. In response to requests from parents and parent groups for help on how to begin talking to children about such a sensitive topic, the Crisis Pregnancy Agency developed a new resource called "You Can Talk To Me". This DVD and booklet aims to assist parents in communicating with their children — adolescents in junior cycle — about sexual health and relationships.

The rate of teenage fertility in Ireland has been relatively stable over the past 30 years. The number of teenage pregnancies per 1,000 females aged between 15 and 19 has ranged from 17.04 in 1970 to 25.66 in 2001. The teenage pregnancy rate shows a similar pattern to fertility rates since the 1980s. While the figure has been increasing since 1996, the current level is now the same as the 1980 level.

My Department's response to the issue of crisis and teenage pregnancy has been to work with all relevant stakeholders to develop a comprehensive and co-ordinated response and strategy. Total funding for the wide range of activity cur-

rently under way reflects a considerable increase in the allocation in recent years.

**Ms McManus:** Nobody would argue that the Crisis Pregnancy Agency is not doing a very good job and therefore I will not comment further on this. However, I am concerned about the rather complacent approach the Minister of State has adopted to safe sex. One does not just get pregnant from sex, one can also get herpes, gonorrhoea, syphilis and hepatitis B, for example. More people are contracting STDs or STIs than ever before. The number has trebled since the late 1980s. Does the Minister not feel he should be ashamed that the budget for promoting safe sex among young people has decreased by 17%? What will he do about that? Young people have been targeted but people beyond child-bearing age also contract sexually transmitted diseases, yet there seems to be no effort to inform them about the risks in unprotected sex.

**Mr. S. Power:** I do not agree we are complacent. We are aware of the difficulties that exist. We have taken action to highlight to young people the dangers of unprotected sex. We work with the Department of Education and Science in schools. Outside the school setting we engage with youth groups to provide education and promotional material. We run a national public awareness campaign to promote sexual health directed at men and women aged between 18 and 35 years. That campaign aims to increase awareness of safe sex and sexually transmitted infections.

Promotional campaigns are only part of the solution to the problem. There must be back-up too. A recent study of third level students showed that when in difficulty they are reluctant to come forward and seek advice. We are working with the colleges to ensure we have a team available on campus to deal with students in trouble.

We have run a national awareness campaign for the past six years for which we will provide over €200,000 this year. In 2000 the figure for that campaign was €106,000.

**Ms McManus:** Is the Minister of State not aware that in every year during which the Department has run its campaign the level of sexually transmitted infections has risen? He has not answered the question why, if this issue is so important and deserving of campaigns, the budget was significantly reduced between 2003 and 2004. Why does the budget not increase to meet the needs created by this growing problem? It is a problem which affects young and old people, whom the Minister of State seems to ignore as being sexually inactive.

**Mr. S. Power:** The Crisis Pregnancy Agency was established to deal with the problem of unplanned pregnancy. The agency's main aim was to reduce the number of crisis pregnancies through education, advice and the provision of

contraceptive services. Since we established it in 2001 we have increased the revenue to the agency each year, amounting to a total of €27 million.

**Ms McManus:** I am referring to the budget directed at young people.

**Mr. S. Power:** There have been several campaigns and we have increased the budget for the national awareness campaign each year for the past six years.

**Dr. Twomey:** The Minister of State is focusing on contraception but he should focus on education. It might surprise him to know that 13 and 14 year olds regularly engage in sexual activity. Three factors are involved here: many teenage girls suffer low-esteem and allow themselves to be coerced in sexual activity, there is a high rate of consumption of alcohol and drugs by teenagers and they are ignorant of sex education. In many cases they have no clue as to what is happening or what they are doing. That is because there is no proper sex education. The Government's sex education policy is fumbling around in the same way that teenagers fumble around when engaged in sexual activity. That is the area on which the Minister of State should focus. We will have moved in 15 years from having to provide sex education in secondary schools to providing it in primary schools if we do not tackle the issue. I would appreciate the Minister of State's opinion on that comment.

**Mr. S. Power:** We are aware of the problem and have worked in partnership with the Department of Education and Science to support schools in the introduction of social, personal and health education. That scheme involves primary and post-primary schools. The relationships and sexuality education is a vital part of the curriculum and is a key priority of our work with schools.

I disagree with the Deputy that teenagers do not know what they are doing. Young people are more educated today than they have ever been. They are probably prepared to take more risks today than we were.

**Dr. Twomey:** I must challenge that statement. Teenagers may know what they are doing, but they do not know how it works.

**Mr. S. Power:** Several studies have identified alcohol as a major factor in many unwanted pregnancies and in the practice of unsafe sex.

#### **Registration of Medical Practitioners.**

63. **Mr. Kenny** asked the Tánaiste and Minister for Health and Children the protection and safeguards that exist for patients from discredited doctors; and if she will make a statement on the matter. [15427/05]

**Ms Harney:** Under the Medical Practitioners Act 1978, the Medical Council was established as the body with responsibility for the registration of

[Ms Harney.]  
 medical practitioners and the regulation of their activities. The function of the Medical Council is to protect the public through implementing appropriate controls on the medical profession.

Doctors practising within this State should be registered with the Medical Council. It is an offence under the Medical Practitioners Act for a doctor to represent himself or herself falsely as a registered medical practitioner when he or she is not registered. Registration is required to sign medical certificates and to issue prescriptions for certain categories of drugs. In addition, doctors are not entitled to recover in legal proceedings fees charged for the provision of medical or surgical advice or treatment given when they were not registered.

Where a concern arises about the professional activity of a registered medical practitioner, the Medical Council has the power to investigate the circumstances of the complaint and, if a *prima facie* case exists, to conduct an inquiry. Where a finding of professional misconduct or unfitness to practise is made against a doctor, the council has the authority to suspend, limit or revoke the registration of that individual.

The parliamentary counsel is drafting a new Medical Practitioners Act to update substantially the provisions of the 1978 legislation. Among the many changes I propose to introduce are a clear compulsory requirement for registration for all medical practitioners, changes to the fitness to practice process, the introduction of a mandatory scheme of competence assurance for all doctors practising independently and a much increased public profile for the council. I also intend to increase significantly the non-medical representation on the council to best ensure that public safety and protection is given the highest possible priority by the council as it develops in the future.

**Dr. Twomey:** There is no point in rejigging the council unless it is backed up by a proper legislative position. The 1978 Act is totally inadequate today. In this House we have discussed the case of a medical practitioner who abused his position and the case of an alternative practitioner who in effect cost a person's life. Doctors and the Medical Council have called for a change to the Medical Practitioners Act because it does not work in today's world. For example, in regard to the distinction between doctors and alternative practitioners, no doctor can wilfully prescribe a placebo to a patient.

Under the Act, the Medical Council could strike off a doctor for prescribing a sugar pill. However, much of what alternative practitioners distribute is no more than a placebo. There is no regulation of the alternative health industry. The Tánaiste must introduce the necessary legislation not only for medical practitioners who are trained doctors and who, usually for financial reasons, prescribe dubious treatments, but also to regulate alternative practitioners.

The latter want to be regulated. Many of those who practise reiki or other alternative therapies such as acupuncture want regulation because they want to keep the cowboys out of their industry too. This is one area of society in which people call for greater regulation.

**Ms Harney:** I agree with the Deputy. Until I took up this position I did not know that one could practise as a doctor without being registered. One cannot prescribe but it is possible to practise, which is incredible. I am not sure if I sent the heads of the Bill to the Deputies' offices.

**Ms McManus:** No, the Tánaiste did not send them.

**Ms Harney:** I apologise for that. The idea is to work with the Medical Council and others on legislation that will give the council the strongest possible powers. There powers will allow it to be proactive rather than reactive when a complaint is received. Confidence assurance will be a great guarantee to the public and to patients because it means ongoing training and education. This is important in any profession but especially in the practice of medicine. The procedure of fitness to practise, which requires one to be a member of the council to sit on the inquiry, of which there are 40 to 50 per year, is a huge demand on the complement of people that makes up the council. This includes people in other professions and people who are very busy, so we need to provide more flexibility in this area.

It is not an either-or situation. We must strengthen the legislation governing medical practitioners and provide for the registration and regulation of alternatives. That can be done under the Health and Social Care Professionals Bill 2004 which is going through the Oireachtas. This will provide for the registration of several different health care professionals, but we need to go further to reassure the public that someone is competent and safe to give them assistance.

**Mr. Twomey:** There should be a statutory registration for all people who consider themselves either acupuncturists, general practitioners or physiotherapists. Every GP must register with the Medical Council. If one does not do so, one cannot prescribe in this country. GPs pay more than €5,000 per year for insurance purposes in case they make a mistake. The alternative practitioner to whom Deputy Cowley referred does not have to pay anything. She does not have to pay registration fee or indemnity insurance. This is not a nice situation in which to leave patients when so many use alternative practitioners. There should be regulations covering that. We would find that cowboys would disappear quickly if they had to have insurance and had to register.

**Deputy Cowley:** On 26 May 2004 the former Minister for Health and Children, Deputy Micheál Martin stated that: "While the proposed

amendments to the Medical Practitioners Act will relate to conventional medical practitioners, it must be acknowledged that the public will continue to use the services of alternative and complementary practitioners and alternative and complementary remedies." That suggests the legislation will not include these alternative practitioners who do not purport to be doctors but are natural healers, such as the lady to whom I referred earlier.

There is a need to regulate the treatments people use. Anyone can give out a placebo except a doctor. Doctor Paschal Carmody, with his dubious cancer treatment, was struck off the register but can still continue as an alternative practitioner and give placebos that doctors cannot give. There must be some measure to ensure that someone prescribing tablets is giving something that is evidence-based, that is, that it works, as opposed to tablets that purport to be something but which amount to nothing, such as in the case of homoeopaths. I have nothing against complementary practitioners but I have a problem with alternative practitioners who set themselves up as the alternative to traditional medicine and who endanger people's lives. The Medical Practitioners Act refers to mainstream medical practitioners. My concern is the alternative medical practitioners. Will the Tánaiste to re-examine this situation?

**Ms Harney:** The Medical Practitioners Act deals with the medical profession and will greatly strengthen and enhance the powers of the council. We want to maintain self-regulation in this and other areas of health care because it is more appropriate and does not involve the State carrying the cost of the regulatory regime. The Health and Social Care Professionals Bill will provide for a host of people to be brought under regulation but practitioners of alternative therapies might not easily be classified under a professional title.

There is a role for the Garda Síochána. We have strong laws regarding fraud. If people are told they will be cured of cancer on payment of €17,000 per treatment, as happened in some cases I came across last week, it is worthy of investigation from a criminal perspective. Many people are fooling very vulnerable citizens who have illnesses into paying large sums of money. Desperate people will do desperate things and these people are extraordinarily convincing. Very smart people can be fooled by them and the criminal law needs to take effect in this area.

### Medical Cards.

64. **Mr. Costello** asked the Tánaiste and Minister for Health and Children the number of medical cards issued in June 1997, June 2002, 30 September 2004 and the latest date for which figures are available; if the Government intends to honour the pledge in An Agreed Programme for Government to extend eligibility to another 200,000 people and the commitment provided in

the publication of the Estimates for 2005 that 30,000 additional medical cards would be issued from 1 January 2005; the number of the promised 30,000 new medical cards that have been issued since 1 January 2005; and if she will make a statement on the matter. [15313/05]

**Ms Harney:** The number of medical cards issued and number of persons covered by a medical card for the dates are as follows. In 1997 there were 1,244,459 medical cards, or 34.37% of the population of 3,621,035. In June 2002, 1,207,096 persons had medical cards, or 30.81% of the population of 3,917,336. In September 2004, 1,151,106 persons were covered by the medical card, or 29.39% of the population of 3,917,203. In April 2005 there were 1,145,331 medical cards, or 28.32% of the population of 4,043,800.

Generally, the reduction in recent years in the number of medical cards may be attributed to the increase in the number of people in employment and also the improved economic situation nationally. Additionally, during 2003 and 2004, health boards undertook a review of medical card databases in which approximately 104,000 medical card records were removed. Many of the deletions from the databases would have been due to normal reviews but a number would have been duplicate or expired records. These reviews have led to deletions of medical card records due to duplicate entries, change of address, cases where the medical card holder is deceased or ineligibility due to changed circumstances. The determination of eligibility of applications for medical cards is a matter by legislation for the chief officer of the relevant area of the Health Service Executive. In determining eligibility, the local area of the HSE will have regard to financial circumstances and medical needs of the applicant.

In November 2004, I announced revised medical card income guidelines which were increased by 7.5 % for determinations of full eligibility, together with significant increases in respect of dependants, with a view to extending the number of medical cards by 30,000 in 2005. These guidelines are in operation since January 2005. In addition, the introduction of the doctor-only card was introduced and these patients' income can be up to 25% in excess of the income guidelines used for the traditional card. The legislation required has been enacted and it is intended that a further 200,000 persons will become eligible. Additional funding of €60 million to allow these measures be introduced in 2005 has been provided.

The implications of my decision to extend medical card coverage will become apparent as the year progresses. We are determined to reach the figures. In relation to the doctor-only cards, the Health Service Executive has put in place the necessary administrative arrangements for their introduction. A public information and advertising campaign will commence over the coming days. This will indicate the process to be followed by applicants to obtain application forms and to have their eligibility assessed by the HSE. In the first instance, the executive will consider an appli-

[Ms Harney.]  
cant's eligibility for a full medical card in case he or she may be entitled to one. A process of engagement with the contractor and staff representative bodies is ongoing.

**Ms McManus:** Does the Minister for Health and Children not accept that this is shameful record? As this country has become richer, the number of people able to avail of the medical card has declined consistently. This is not because more people are richer but because the ceiling has been kept so low by a Government that is not willing to address the great difficulty people on low incomes have in availing of health care, specifically visiting their doctor and obtaining medication. Is the Minister aware of the substantial increases in the cost of visiting a doctor and of drugs and hospital care? The second two are charges where the Government is responsible for major inflation. Yet, according to the figures the number, in real and percentage terms, of people on medical cards has dropped during the term of office of this Minister. How can she say she is introducing 30,000 new medical cards when the figures indicate a drop in the number of medical cards? Who is the Minister trying to fool? The figures relating to low income families are much worse than indicated because they include the rich over 70s.

**An Leas-Cheann Comhairle:** I remind the Deputy of the one minute time limit.

**Ms McManus:** Will the Minister be honest with the people in regard to the position with medical cards and explain how she can say she is giving 30,000 additional medical cards and stand over figures that show the number of medical cards have dropped during her time in office?

**Ms Harney:** As people get richer it may well be that fewer qualify. The unemployment rate was 11.5% in 1997 and is now down to over 4%. This year we increased the threshold for the traditional medical card by 7.5% which is twice the rate of inflation. The income guidelines are way out. We have used the best data available which is the Revenue Commissioners' figures. Clearly people's incomes are much higher than the increases provided for. That is the reason we are looking at this matter. I am determined that the 30,000 extra medical cards will be issued and that we reach the 200,000 GP only visit cards target. We need to move to a position where disposable income is taken into account. For example, child care costs should be allowable when calculating a person's income for the purpose of receiving a medical card. It is a complicated system in that it allows so much for travel, mortgage or rent. Obviously I want to focus on families with children. It leads to much confusion and makes the data less applicable than it might otherwise be. For next year I would like to move towards a disposable income position and if we can do it for

the remainder of this year I would welcome it. We have the €60 million for that purpose and I am determined it will be spent on providing access to lower income families, particularly those with children, to general practitioner or services at that level. If we have to revise the income guidelines because people's incomes have risen faster than anticipated that is what we will do.

**Ms McManus:** I wish to ask one supplementary.

**An Leas-Cheann Comhairle:** Briefly, please.

**Ms McManus:** It is a simple matter. The income levels will have to increase to a realistic rate. That is what can and should be done.

**Ms Harney:** A 7.5% increase is pretty good.

**Ms McManus:** Will the Minister state that the Government of which she is a member that promised 200,000 new medical cards has broken its promise, that it is abandoning the commitment it made to the people and will not deliver the badly needed medical cards to 200,000 people?

**Dr. Twomey:** The Tánaiste gave a guarantee to spend €60 million on this issue, €30 million of which was for the doctor only medical cards and €30 million for the 30,000 traditional medical cards, all of which was to commence on 1 April or thereabouts. Given the rate of progress no medical cards will be issued before the summer. How will she spend the €60 million? Will it be spent on advertising, telling people about something they will not get until all these issues are sorted out? None of the medical cards announced last November has been issued, traditional or otherwise. That is the problem. Whatever about breaking promises, there is a litany of broken promises since the general election in 2002. No medical cards have been issued, and we are now into the summer, and neither has there been an announcement in regard to capital projects for 2005. It should be made crystal clear when these medical cards will be issued. They are a big issue.

**Ms Harney:** Many cards have been issued since the beginning of the year and many new people have cards. We are issuing cards.

**Ms McManus:** The Minister is taking them away.

**Ms Harney:** No. People's income is rising faster than anticipated and the data on which these decisions are based are not as up to date as we would wish and yet it is the best available. That is the reality. Incomes are rising faster than any of us realise. Given the limited resources one has to use income data to decide what one can do.

The idea of the GP only card is to allow the widest possible number of people, particularly families with children, access to their doctor. We are aware of the huge increase in drug costs and how little can be done if we include it in the trad-

itional way. I felt there should be graduated benefits where some get all and others get a different rate. We are determined to issue those cards this year. That is the plan and it will happen.

*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 Healy — that the Minister and the Health Service Executive implement the High Court agreement for the provision of general hospital services in south Tipperary; (2) Deputy Sherlock — the need for the Minister to ask the management of Dairygold, Mitchelstown to pursue means other than closing the meats division if the workers do not agree to a €9 per hour rate of pay as well as other measures; (3) Deputy Pat Breen — the question of whether the recent guidelines issued to local authorities for sustainable rural housing extend to the National Roads Authority whose policy is to object to once off housing needs for landowners' sons and daughters on primary and secondary routes even when the local planning authority having assessed the safety issues involved have granted planning permission; and (4) Deputy Cowley — if the Minister will address the critical situation where the Mulranny, Achill, Ballycroy areas are left without an ambulance base.

The matters raised by Deputies Healy and Cowley have been selected for discussion.

### **Dormant Accounts (Amendment) Bill 2004 [Seanad]: Report Stage (Resumed) and Final Stage.**

Debate resumed on amendment No. 17:

In page 16, to delete lines 27 to 30.

—Deputy O'Shea.

**Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív):** I was saying before the break that the reason I cannot accept this amendment is that the role of disbursement is being changed from the board to the various Departments. Therefore, the responsibility for accountability has to follow the person, group or Department that makes the disbursements. That is what makes the Deputy's amendment impossible. We checked the position during the break. A number of boards are in the same position, including the Pensions Board, the Adoption Board and the Food Safety Authority of Ireland. These are three examples of statutory boards where the chairperson or chief executive is not accountable to the Committee of Public Accounts under enabling legislation. While some of those have chief executives the Dormant Accounts Board will not have a chief executive. This is the stan-

dard practice where there is no disbursement function. In that case accountability is not to the Committee of Public Accounts. In this case the disbursement role is transferring from the board to the Departments and, therefore, responsibility has to transfer to the Secretaries General. Anything else would give two heads and only one disbursement. I hope that reassures the Deputy. What we are doing has to be done if we are to allow the rest of the Bill to stand.

**Mr. O'Shea:** I am far from happy with the Bill in its entirety. The complexity the Minister has had to address is that contained in a Bill that was drafted to function in a particular way when we had the Dormant Accounts Fund Disbursements Board. As that is being amended, effectively, we have a paper tiger, a dormant accounts board, which has no real function. Given that it has no real function we should not get too worried on this side to whom it reports. On the other hand it is not good practice to have boards, the role of which has become meaningless. To move from the National Treasury Management Agency, to the Dormant Accounts Fund Disbursement Board, to the Dormant Accounts Board into Departments and so on is messy. While the new board has no function in the area of disbursement the Minister made great play on Committee Stage in terms of the annual report. The Minister made great play on Committee Stage about the annual report. I am far from happy with the Bill. I note the arguments made by the Minister. The precedents he has quoted are not comparable. I suggest the Pensions Board and the Food Safety Board have different functions. When this board does nothing except come up with plans and a report, why should it be necessary for the chairperson to report anywhere? I presume there is nothing preventing a committee of this House, in this instance the Oireachtas Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs, calling this new board to account. If this is the case I am prepared to withdraw the amendment.

**Éamon Ó Cuív:** The committee may invite the person to appear before it. I could not give the Deputy a ruling on compellability because I am not 100% sure. If the dormant accounts board was unhappy with anything and it was invited to appear before the committee, I do not think it would be necessary to send a second invitation.

**Mr. O'Shea:** On that basis I am prepared to withdraw the amendment. However I ask the Minister to clarify that issue and report back to the spokespersons.

This amendment is also in Deputy Crowe's name.

**An Leas-Cheann Comhairle:** The Deputy cannot speak now as he has replied in the debate. Is Deputy Crowe objecting to the withdrawal of the amendment?

Amendment, by leave, withdrawn.

Bill, as amended, received for final consideration.

Question proposed: "That the Bill do now pass."

**Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív):** Ba mhaith liom moladh go nglacfar leis an mBille agus buíochas a ghlacadh leis na Teachtaí a ghlac páirt sa díospóireacht. Tuigim go bhfuil malairt tuairime faoin mBille ach, agus é sin ráite, agus é ag dul tríd an dá Theach, is dóigh liom go raibh díospóireacht thar a bheith foirfe, ciallmhar agus iomlán ann. Tá lúcháir orm gur éirigh linn an Bille seo a chur tríd gan deifir agus gan aon srian ar an bplé a rinne muid. Tá súil agam gur fearr é dá bharr. Glacaim buíochas leis na Teachtaí a ghlac páirt sa díospóireacht agus a chaith go leor ama léi ag cur síos na leasuithe agus ag dul tríd go dian. Glacaim buíochas faoi leith freisin leis na hoifigigh sa Roinn atá ag obair air seo le tamall agus a thug an oiread sin comhairle agus cúnaimh dom agus an Bille seo ag dul tríd.

I thank the Deputies sincerely for their significant input to the Bill. I fully accept that Opposition Deputies do not have the same access to resources. We may not agree on the fundamentals of the Bill but time will tell whether we are right or wrong. The debate was very good and complete. I am happy the Bill was not guillotined. I will ensure the undertakings given during the debate on the operations of the dormant accounts board under the new remit will be fair and equitable and hopefully will achieve the purposes which we all desire.

**Mr. McGinley:** Ba mhaith liom rá go bhfuil an tAire sásta, ar a laghad, teacht isteach agus an argóint a dhéanamh ó gach uile thaobh. Bhí sé sásta é a dhéanamh inniu agus an lá eile nuair a bhí muid á phlé seo. Tá muidinne ar an taobh seo go bunúsach in éadan an Bhille ó thús go deireadh. Cé go bhfuil gach iarracht déanta ag an Aire a dhearcadh féin a thabhairt dúinn, caithfidh muid a rá nach bhfuil sé fírinneach agus dáiríre. Mar sin féin, chímid go bhfuil féidearthachtaí, má théann an Bille seo fríd, nach mbeadh an t-airgead roinnte san am atá amach romhainn mar ba cheart dó a bheith, mura raibh sé sin ar intinn nuair a tugadh an bord isteach den chéad uair roinnt blianta ó shin. Mar sin, níl muid sásta leis an Bhille, agus beidh muid ag vótáil ina éadan go hiomlán.

I appreciate the Minister tried to explain his position to the House on both Committee and Report Stages. I have no grounds to doubt the Minister's firéantacht. My party has opposed at all Stages the basic principle of this Bill which is taking the power away from an independent board which was carrying out its work to everyone's satisfaction since its establishment a number of years ago. This board is being dis-

banded and the powers of disbursement will return to the Department and will be politicised. Whether the Minister wishes to couch it in those terms or not, that is how it will be perceived by the general public. If anyone wants any money from the dormant accounts fund in future, there is no point in going to the new board. It would be more advisable to go to the Minister's clinic with cap in hand to ask for a grant for a project. It has been my experience that the Minister responds positively to a case when it is well made—

**Mr. McCormack:** To the people in his own constituency.

**Mr. McGinley:** Hopefully Deputy McCormack will also be a beneficiary as he shares a constituency with the Minister.

**Mr. McCormack:** It will only be the crumbs.

**Mr. McGinley:** I do not think it is the right way to go about it. In this day and age in the 21st century no one should be forced to make a case to the political head of a Department in the hope that an application will be favoured. Sin an smior, agus cé go raibh muid ag caint ar bhoird agus mar sin de le cúpla lá, is é an prionsabal é féin. Fine Gael will oppose the Fifth Stage of the Bill.

**Mr. Neville:** I share Deputy McGinley's position. There was an expectation that the dormant accounts fund would deal with the issue of suicide and devolve moneys to groups with expertise in suicide prevention.

**An Leas-Cheann Comhairle:** Debate on Fifth Stage is confined to what is in the Bill not what should be in the Bill. The Deputy's remarks must deal with the contents of the Bill.

**Mr. Neville:** The Chair is trying to silence me again.

**An Leas-Cheann Comhairle:** The Chair must abide by the rules of the House.

**Mr. Boyle:** The Green Party will oppose the Bill on the grounds of the important principle at stake, that the degree of independence which existed has been compromised. The independence of many State bodies is compromised with regard to the method of appointment of such boards and this should be a subject of a wider debate.

The devolution of these powers to the Minister and the Government does not bode well for our political system. While I accept the commitment given by the Minister a few minutes ago that he will work to ensure that the system will not be warped, we will still have an ongoing difficulty, irrespective of whatever future role the Taoiseach might have in mind for the Minister or what the electorate of his constituency might have in mind for who gets

4 o'clock

elected to future Dáileanna. On those grounds we know that political manipulation of discretionary funds is not only possible, sadly it has been practised all too frequently in the history of political life here. It is not appropriate to allow new legislation to operate on the same basis as previous funds have operated to a nearly fraudulent level. Some discretionary public funds, including ones operating under a statutory basis, have been abused and misused for nakedly political purposes because of the degree of public control that existed in the past. In passing the Bill the House would do a disservice to put back—

**Éamon Ó Cuív:** The Deputy obviously never heard of the Ombudsman. If disbursements are made that do not accord with the published criteria—

**An Leas-Cheann Comhairle:** It is not in order for the Minister to speak at this time.

**Éamon Ó Cuív:** —the Ombudsman would give full redress. If the Deputy does not understand that, he knows very little about the workings of the board.

**Mr. Boyle:** I understand the office of the Ombudsman, which is awaiting legislation promised by the Government for two years, is still under-resourced and many powers still have not been vested in that office. On those grounds the Government is speaking out of both sides of its mouth.

**Éamon Ó Cuív:** No. It is the power—

**An Leas-Cheann Comhairle:** The Minister will have the right to reply later.

**Mr. Boyle:** It is possible for the political manipulation of funds to occur on a superficially allowable level. We know how people are coached to make applications that the process will show to have been correct, which is where flaws have appeared in the system in the past. This is why I fear such a discretionary fund may be misused and abused in the future. While I have no fear of it happening in the Minister's tenure of office, I continue to stress that we are introducing legislation that will be used by members of future cabinets with members of other political parties, perhaps including those now on this side of the House. On those grounds the Bill must be fervently opposed.

**Mr. O'Shea:** Tá an cluiche beagnach thart anois agus tá sé soiléir go mbeidh an bua ag an Rialtas agus go bhfuil gach duine ar an taobh seo den Teach go láidir i gcoinne an Bhille. Ar dtús, bhí bord neamhspleách ag dul an t-airgead seo a bhronnadh ar na comhlachtaí éagsúla a chuirfeadh iarratas isteach leis ach níl sin ag tarlú anois. Molaim oifigigh na Ranna. Shocraigh an Rialtas an Bille seo a thógáil isteach ach caithfidh oifigigh an Stáit a bheith dílis don chinneadh a

dhéanann an Rialtas agus gach cabhair a thabhairt don reachtaíocht.

Tá an tAire i ndáiríre ach beidh Páirtí an Lucht Oibre, agus na páirtithe eile sa bhFreasúra, ag vótáil i gcoinne an Bhille.

I do not doubt the personal sincerity of the Minister in regard to the integrity of the process by which the moneys will be disbursed under the new dispensation that will come in on foot of this legislation. We took in good faith the Minister's commitment to do everything possible to have this legislation covered by the Freedom of Information Act 1997 from its establishment day and we have no doubt of the Minister's good faith in that regard.

Ultimately nobody in this House is convinced that any real reason exists for the changes introduced. An independent board already existed which was able to hire outside services to assist it in the discharge of its functions. The Department of Community, Rural and Gaeltacht Affairs has introduced outside agencies to deal with some of the workload and it is likely that process will continue. It will be interesting to see whether the taxpayer will get a better deal with what the board has been doing or what the Department will be doing. I take the point that this is not taxpayers' money as such — it is money that belongs to the community in a very special way. It is not money that was collected by way of taxation. It is money that has been disregarded and not claimed. We all agree with the principle of using that money.

Once again we face a significant job to resurrect the image of politics here. With the intensity of media scrutiny it is no longer enough to be virtuous; processes must be seen to be virtuous in terms of integrity, services, etc. While I stand to be correct if I am wrong, I understand the Dormant Accounts Disbursement Board was not at all happy with the changes in the Bill. At no stage did the Minister share with us the reaction he or officials from his Department may have had from members of the present board who have worked diligently in the public interest. There seems to be an implied criticism of their work given the Government decision to remove its disbursement function through this legislation.

We will shortly vote on the Bill and while those on this side of the House will vote against it, the votes lie with the Government and unless something extraordinary happens the Government will succeed. As a democrat I must accept what this House decides. I would like to think that the concerns expressed on this side of the House would prove to be ill founded. As the debate continued the Minister was inclined to confuse his own virtue with the fact that we are legislating not just for him but also for ministers into the future. While I do not believe this legislation reflects the will of the people, until this Chamber decides to change it we will continue where we are.

Whereas I do not ever want to wish that democratically enacted legislation should not work out in the best interests of the public, I cannot avoid feeling that it is a fundamental mistake in terms

[Mr. O'Shea.]

of its genesis. Some in Government saw this as a huge fund that could be exploited for political purposes, which I believe will happen notwithstanding that we all accept the Minister's sincerity. Ultimately perhaps he is naïve. To have a fund of this order available in the run up to a general election represents a mighty big temptation for the parties in power. The Minister's party has never been found wanting when it comes to exploiting what is available to maximise the votes in any election, particularly a general election.

**Mr. Crowe:** Everyone in the House would recognise that the decision to use dormant accounts for the public benefit was very positive. However, there were and are concerns regarding the Bill itself. The amount in question, some €200 million, mean that new structures have had to be introduced, but the major concern is how that fund will be used. Will it be used as a slush fund? Genuine concerns and fears remain about public accountability. Many of us feel that there are back doors in the Bill regarding public accountability. Many of the issues that Members tried to tease out concerned the accountability of the board and its chair. We still have not received answers regarding how we make the board more accountable. Attempts are made in the Bill, but I am not convinced that they are strong enough. There certainly are concerns about how the board is selected or elected and that the money will be used as some sort of slush fund for the next election.

The view has been expressed that this will solve all our problems regarding inequality; it will not do that. In many communities it is seen as a top-up or as something that they had desired for many years but were denied by successive Governments. Many of the reports examining the areas on which the money will be spent — the RAPID and CLÁR areas — show that they have been neglected by several Governments over the years. To the shame of all politicians and political parties in the State, people live in poverty and children go to school hungry despite our wonderful economy and new millionaires.

There are concerns about the Bill itself. Many of the amendments that I tabled were ruled out of order. The Ceann Comhairle said that they were against the principle of the Bill. Clearly, there were concerns about that. I listened to the Minister and the assurances that he has given regarding how accountable the new legislation will be. I am not sure about that, but there is concern regarding accountability, the board itself and how the money is to be spent in the run-up to the general election. No doubt the Minister will get this Bill passed, but there is still great concern, and he has not addressed it.

**Mr. Connolly:** I too am quite unhappy with this Bill which fails to address several issues. There are dormant accounts throughout the country and

I am quite sure that a proportion of them are in County Monaghan and County Cavan. When I look at the press releases every so often and hope that Monaghan or Cavan will figure highly, I note that the former has not received a single entire grant. Recently a grant was divided between Cootehill and Ballybay, and there was another for the Belturbet area of Cavan and a small part of County Monaghan. If one considers the targets when the dormant accounts fund was established, one sees that it was intended for disadvantaged areas and those held back economically or educationally. It was meant also for persons with a disability. The grants were to have been earmarked for certain RAPID, CLÁR and drugs task force areas. I am quite sure that County Monaghan meets all those criteria, yet despite that there were 15 valid applications, eight from Monaghan and seven from Cavan, when the funding was announced, the area was left out, something that very regularly occurs. That is not right. I have the full figures and every time one looks——

**Éamon Ó Cuív:** Why tell me?

**Mr. Connolly:** That is why I object to this Bill. I do not feel good about it.

**Mr. Boyle:** The Minister makes the decisions.

**Éamon Ó Cuív:** I do not; that is the point. Why tell me? The Deputy may as well talk to the wall. This is an independent board.

**Mr. Connolly:** People will be sitting on committees accountable to no one. Who will ask the questions?

**Éamon Ó Cuív:** Exactly. It is an independent board.

**Mr. Connolly:** It is an independent board, so who will oversee the money that it disburses? Is the Minister telling me that Ministers have no influence?

**Éamon Ó Cuív:** None.

**Mr. Connolly:** I happened to examine the matter, and the grants can be matched up with areas where there are Ministers. Is it coincidental that the grants are going to those areas?

**Éamon Ó Cuív:** I can guarantee the Deputy this.

**An Ceann Comhairle:** Perhaps instead of a cosy chat across the floor——

**Mr. Connolly:** I do not feel that cosy about it.

**An Ceann Comhairle:** ——we might return to the Fifth Stage of the Bill which allows Deputies to comment on its contents.

**Mr. Connolly:** I am commenting on what should be in it.

**An Ceann Comhairle:** I am afraid that the Chair has been somewhat lax in allowing several Deputies to stray beyond the Bill, and now we end up with a friendly chat across the floor between the Minister and Deputy Connolly.

**Mr. Connolly:** I do not want to be the second man——

**An Ceann Comhairle:** Perhaps Deputy Connolly might return to the Fifth Stage of the Bill and the Minister remain silent for a few minutes, after which he will have an opportunity to conclude.

**Éamon Ó Cuív:** In 12 months, no one has articulated exactly why we are changing the legislation.

**An Ceann Comhairle:** The Minister will have an opportunity to contribute if he allows Deputy Connolly to conclude and remain on the subject of Fifth Stage.

**Mr. Connolly:** I will try to address this Stage. We look at most of these issues from our own perspective, and I point out that County Monaghan is not getting its fair share. There are dormant accounts in the country and it meets the RAPID and CLÁR criteria, being an economically and educationally disadvantaged area. We have people with disabilities there and good grants are available. A Bill such as this, which handles public money, should return it to that same public. This money should return to County Monaghan and that is not addressed in the legislation. I certainly cannot support this Bill.

**Éamon Ó Cuív:** We are doing exactly that.

**An Ceann Comhairle:** Please allow Deputy Connolly to speak.

**Mr. Connolly:** I will await the outcome.

**Éamon Ó Cuív:** I am sorry we did not ask Deputy Connolly to speak first on this Bill since he has articulated 100% of the points that we have unsuccessfully been trying to make for a year. I congratulate him. I have no influence on how the board spends its money since, as the Deputy rightly pointed out, it is independent, as are its decisions. I do not interfere with them.

**Mr. Connolly:** Is it coincidence?

**Éamon Ó Cuív:** Second, the Deputy cannot call me to account on how it disbursed the money since I have no function under current law. When we change the law and enact this Bill, the Deputy will be able to call me to the House and, on Question Time and through motions on the Adjournment, query exactly how we spend the money.

We are introducing exactly what the Deputy seeks, namely, accountability. Deputy Neville had a similar problem. I do not wish to enter into individual cases, but it outlines——

**Mr. Neville:** I was not allowed to speak on it.

**Éamon Ó Cuív:** I checked out the case the Deputy referred to. I can confirm two facts I have established. The rest of the information we will send directly to the Deputy. The application from the group in question was not ruled out of order. It was assessed using the independent criteria by ADM Limited, the agency that assesses all dormant accounts applications. It has a scoring system and we will make the scoring of the application in question available to the Deputy. I have no input into the matter but I can get the information passed on to the Deputy. The company scored the application and, according to its independent assessment method into whose creation and scoring I had no input, the application did not merit highly enough for the board to propose a grant. I have checked that and I did nothing that in any way affected the decision. Whoever informed the Deputy yesterday that the Minister had in some way changed something to make the application fail was incorrect.

This goes to the nub of the matter and raises questions of political philosophy that we have discussed. What is the role of the public representative? Is it a purely legislative role and must everything else in the State be the responsibility of non-elected persons who are answerable to nobody for their daily actions? Alternatively, should politicians, who are answerable to the people, have a part to play in matters other than legislation? I agree there may have been a situation in the past where people believed too much discretion was allowed to politicians. In this context, I am very much in favour of the new rules in respect of using objective criteria and being answerable to the Ombudsman. This ensures that once policies are decided, the methodology is followed through in a fair and equitable fashion.

Deputy Boyle raised the issue of coaching. I make no bones about acknowledging that I find out how the systems work and how to make the best application. I hope the Deputy does the same. I help worthy groups in completing applications, whether to Departments or county councils, for example. I am willing to assist with a housing application for a constituent who may not be *au fait* with all the rules regarding P21 forms and so on. My objective is to help such applicants to maximise their chances of success. Every Deputy worth his or salt assists constituents in this manner and there is nothing wrong with this.

**Mr. Boyle:** That is not the point I made.

**Éamon Ó Cuív:** The Deputy spoke about coaching.

**Mr. Boyle:** I spoke about subverting the process which is an entirely different issue.

**Éamon Ó Cuív:** It would be a serious issue if the Ombudsman were to conclude that a Member had subverted the process. However, I do not know how one can subvert the process when the criteria are laid out, there is a closing date for applications and one must follow the process and be accountable for one's actions. Deputy Boyle has not been in Government but I assure him it is impossible to take some of the actions it has been alleged one can take within a Department.

Deputy O'Shea talked about the need to give politics a good name. There is a temptation for all of us when in Opposition to fall into the simple game of playing to the public and media galleries and satisfying those who want to believe politicians are up to no good. Let us be honest. By throwing around innuendo like snuff at a wake, politicians have often been their own worst enemy. I accept the temptation is there when in Opposition and it is sometimes difficult to resist. However, this does not mean it is virtuous behaviour or a good idea. I do not claim to be more virtuous than any other Member.

We have written into this Bill the types of practices I used in the CLÁR programme, which Members have agreed are good. I included them because they are sensible, fair and equitable. I do not believe I am particularly virtuous for taking this approach but it is the best way to do business. I do not contend that any other Members would not take the same approach in my position. We have cemented this type of approach into the legislation. It is not a case of whether somebody in the future will take the same approach. They are obliged to do so because it is written into the legislation. If I were an Opposition Member, I would prefer to be dealing with current Opposition Members in Government than with a system that did not have the wherewithal to disburse funds and for which there is no accountability.

The vast majority of persons who have served in this House have been hard working, honest and dedicated. They have tried to do their best and to be fair. There have been exceptions to this rule but there is no reason to believe the percentage of such is any higher than the percentage of exceptions to good practice on independent boards through the years. A higher percentage than in the general public of the people who enter this House are incredibly dedicated to the good of citizens.

One issue that has arisen in regard to this Bill makes me laugh. I have a good supply of the mailshots other Members distribute. I do not produce them as it is not my way of working. I may be incorrect in this and the approach of other Members may be correct.

**Mr. McCormack:** I have seen some of the Minister's promotional literature. He should get somebody else to produce it for him.

**Éamon Ó Cuív:** I distributed one mailshot in Carna and provided information about my work at the last election. However, I do not produce this type of literature on a regular basis.

**An Ceann Comhairle:** I advise the Minister that he may be straying once more from the Bill.

**Mr. McCormack:** It is a long way from Carna to this Bill.

**Éamon Ó Cuív:** This points to the nub of the Bill. Members of the Sinn Féin Party are masters are producing such informational literature. Some of the material published by Fine Gael in Dublin is fantastic. The recent issue of its bulletin in Dublin 4 was particularly impressive.

**Mr. Neville:** The Ceann Comhairle would not permit me to speak about suicide but the Minister is allowed to talk about Fine Gael promotional literature.

**Éamon Ó Cuív:** This is entirely relevant. Opposition parties claim to be better than all others. This is probably the nature of politics because it is competitive. However, virtuous claims from Opposition Members that they never tried to claim anything do not stand up to any logical analysis.

At the end of this debate, Deputy Connolly came to the nub of the matter. The Deputy may be unhappy with the way the money has been disbursed and he may have a case because I confirm that most of Cavan and a significant portion of Monaghan are designated as CLÁR areas. I have no answerability for the board because it is independent. The Deputy can raise the question in the House as often as he likes but he will receive the same answer, namely, that decisions are made by an independent board and the Minister has no function in the matter.

However, when this Bill is passed the good news for Deputy Connolly is that the board will be accountable. If he ever feels the system is operating unfairly, aside from the Ombudsman and the other existing mechanisms, Deputy Connolly or any other Member may table a question in this House in regard to both methodology and decisions and he will be entitled to an answer from the Minister. I am sure the Deputy would be pleased if I were able to explain today the actions taken by the board. I cannot do so but once this legislation is enacted and the next round of decisions is made, he will be able to get an explanation if he considers the people of Cavan and Monaghan are afforded unfair treatment by those decisions. I will be delighted in such circumstances to explain to the House how and why the decisions were taken in regard to the disbursements of the board. I thank the Deputy for making my case far more eloquently than the Minister of State, Deputy Noel Ahern, and I have been able to do over the last 11 months.

Question put.

## The Dáil divided: Tá, 68; Níl, 51.

## Tá

Ahern, Michael.  
 Ahern, Noel.  
 Andrews, Barry.  
 Ardagh, Seán.  
 Blaney, Niall.  
 Brady, Johnny.  
 Brady, Martin.  
 Brennan, Séamus.  
 Browne, John.  
 Callanan, Joe.  
 Callely, Ivor.  
 Carey, Pat.  
 Carty, John.  
 Cassidy, Donie.  
 Collins, Michael.  
 Coughlan, Mary.  
 Cowen, Brian.  
 Cregan, John.  
 Cullen, Martin.  
 Curran, John.  
 Davern, Noel.  
 de Valera, Síle.  
 Dempsey, Noel.  
 Dempsey, Tony.  
 Dennehy, John.  
 Devins, Jimmy.  
 Fahey, Frank.  
 Fitzpatrick, Dermot.  
 Fleming, Seán.  
 Fox, Mildred.  
 Gallagher, Pat The Cope.  
 Grealish, Noel.  
 Hanafin, Mary.  
 Haughey, Seán.

Healy-Rae, Jackie.  
 Hoctor, Máire.  
 Jacob, Joe.  
 Keaveney, Cecilia.  
 Kelleher, Billy.  
 Kirk, Seamus.  
 Kitt, Tom.  
 Lenihan, Brian.  
 McDowell, Michael.  
 McEllistram, Thomas.  
 McGuinness, John.  
 Martin, Mícheál.  
 Moloney, John.  
 Moynihan, Michael.  
 Mulcahy, Michael.  
 Nolan, M.J.  
 Ó Cúiv, Éamon.  
 Ó Fearghaíl, Seán.  
 O'Dea, Willie.  
 O'Donnell, Liz.  
 O'Keeffe, Batt.  
 O'Malley, Fiona.  
 O'Malley, Tim.  
 Power, Peter.  
 Power, Seán.  
 Roche, Dick.  
 Sexton, Mae.  
 Smith, Brendan.  
 Smith, Michael.  
 Treacy, Noel.  
 Wallace, Mary.  
 Walsh, Joe.  
 Wilkinson, Ollie.  
 Woods, Michael.

## Níl

Allen, Bernard.  
 Boyle, Dan.  
 Breen, James.  
 Broughan, Thomas P.  
 Bruton, Richard.  
 Burton, Joan.  
 Connaughton, Paul.  
 Costello, Joe.  
 Crawford, Seymour.  
 Crowe, Seán.  
 Cuffe, Ciarán.  
 Deasy, John.  
 Deenihan, Jimmy.  
 Enright, Olwyn.  
 Gilmore, Eamon.  
 Gregory, Tony.  
 Hayes, Tom.  
 Healy, Séamus.  
 Howlin, Brendan.  
 Kehoe, Paul.  
 Lynch, Kathleen.  
 McCormack, Pádraic.  
 McGinley, Dinny.  
 McGrath, Finian.  
 McGrath, Paul.  
 McHugh, Paddy.

McManus, Liz.  
 Mitchell, Olivia.  
 Morgan, Arthur.  
 Moynihan-Cronin, Breeda.  
 Murphy, Catherine.  
 Murphy, Gerard.  
 Naughten, Denis.  
 Neville, Dan.  
 Ó Snodaigh, Aengus.  
 O'Dowd, Fergus.  
 O'Keeffe, Jim.  
 O'Shea, Brian.  
 O'Sullivan, Jan.  
 Pattison, Seamus.  
 Quinn, Ruairí.  
 Rabbitte, Pat.  
 Ring, Michael.  
 Ryan, Eamon.  
 Ryan, Seán.  
 Sherlock, Joe.  
 Shortall, Róisín.  
 Stagg, Emmet.  
 Stanton, David.  
 Twomey, Liam.  
 Upton, Mary.

Tellers: Tá, Deputies Kitt and Kelleher; Níl, Deputies Kehoe and Stagg.

Question declared carried.

**Electoral (Amendment) Bill 2005: Second Stage  
 (Resumed).**

**An Ceann Comhairle:** As the Bill is considered by virtue of Article 20.2.2o of the Constitution to be a Bill initiated in the Dáil, it will be sent to the Seanad.

Question again proposed: "That the Bill be now read a Second Time."

**Mr. McCormack:** Sometimes it is unsatisfactory when the Second Stage debate on a Bill is interrupted by an interval of a number of weeks. However, when the debate adjourned, I was discussing the provisions for updating the electoral register. While there is a provision for adding names to the register up to 14 days before an election, I submit that a similar provision allowing for the removal of names from a register up to 14 days before an election should be included. Frequently, the fact that large numbers of people do not live at the registered addresses is only noticed when candidates call to canvass those areas during an election. I submit that a provision should be included to permit removing such people from the register up to 14 days before the election. It should be as easy to remove a person from the register as it is to add one to the register. Perhaps a temptation exists for parties or unscrupulous people to attempt to impersonate and use the votes of people who are registered but not living at a particular address or locality.

I am aware a provision now exists to enable the presiding officer to check people periodically for identification. I believe the recommendation is that every tenth, 12th, 15th or 20th person should be checked for identification. However, even that is not satisfactory and can be carried too far. For example, during the recent *Údarás na Gaeltachta* elections in the Galway West constituency, a presiding officer checked every voter for identification which greatly slowed the process. He was not from the area and I believe he had very little Irish. Even the parish priest was checked for identification when he came in to vote. The parish priest told him with his tongue in his cheek that while everyone in the locality knew the priest, no one knew the presiding officer. Possibly that particular presiding officer carried his duties beyond what was required.

I note that section 6 deals with election expenses and what candidates are permitted to spend during an election. I also note that following the review of this area, there are now a number of points on which outgoing candidates will have extra advantages over new candidates. For example, postage and any secretarial usage will no longer be included. The amount candidates are permitted to spend in elections is already far too great. I understand that this change came about because a potential difficulty arose regarding the definition of an election expense at a European election following the enactment of section 33 of the Electoral (Amendment) Act 2004. Section 33 of the 2004 Act provides for the deletion of paragraph 2(a) of the Schedule of the Electoral Acts. This will now debar free postal services provided by An Post, free services provided by an individual, a service provided by an employee of a political party and normal media coverage from being counted as expenses to European election candidates. I presume the same will now apply to Dáil candidates.

I do not know the situation regarding possible restrictions on candidates' expenditure before a general election is called. In several cases, campaigns become ongoing activities once half the Dáil term is over and candidates continue to spend money on advertisements and various other matters before a general election is called. Is there any restriction on the amount of money that can be spent before a general election is called?

Moreover, is there any restriction on the use of Ministers in an election? I was intrigued by the passing of the Dormant Accounts (Amendment) Bill in this House a short time ago and listened attentively to the debate. One would think that butter would not melt in the mouth of the Minister for Community, Rural and Gaeltacht Affairs, Deputy Ó Cuív, as he defended transferring the responsibility for making disbursements from the fund from the Dormant Accounts Fund Disbursements Board to the relevant Minister and outlined all the safeguards included in the new Bill. I have experienced a practice which is certainly undemocratic and which could be called election spending. The lowest level of election we had recently in my constituency was for *Údarás na Gaeltachta*. The Minister of Finance arrived in the constituency the night before the election and toured a number of places in the constituency, accompanied by the Minister for Community, Rural and Gaeltacht Affairs, Deputy Ó Cuív. They called into small halls and various other place and made a variety of promises regarding funding for facilities, such as €50,000 for a group water scheme, €500,000 for pitches and more money for roads. This took place after a day's worth of canvassing by the Minister of Finance on behalf of the *Fianna Fáil* candidates. This type of behaviour is undemocratic because the resources of the State — taxpayers' money — including a State car, should not be used for partisan political purposes. It should be classed as election expenditure rather than the amount a candidate might spend in the election.

I have received representations from the Save Leitrim campaign about this Bill. The campaign group wished to meet the Oireachtas Joint Committee on the Environment and Local Government. I advised the campaign group, whose aims I agree with because I do not agree with dividing up the county of Leitrim, which has the lowest county population in the country, between Roscommon and Sligo, that it would be better to talk to the Minister for the Environment, Heritage and Local Government. I heard Deputy Ellis argue in this House against the division of Leitrim. The solution is in his own hands; he should vote against this Bill as a native of Leitrim who passionately believes that the county should left wholly in one constituency. I advised the Save Leitrim campaign that it could steer its campaign in that direction. At least, Deputy Ellis should table amendments and vote for an amendment that would leave Leitrim in one piece. It is a certainty that once the report of the commission on

the revision of constituencies is received, the Government parties will pass it.

Another matter to which I would like to refer is electronic voting. It has gone off the agenda but the problems it poses have not gone away because the machines are still being stored at considerable expense to the State. The cost of their storage is apparently highest in the constituency of the former Minister for the Environment, Heritage and Local Government, Deputy Martin Cullen, who attempted to introduce electronic voting.

I was a member of the Committee on the Environment and Local Government when it dealt with the issue of electronic voting. We pleaded with the then Minister for the Environment, Heritage and Local Government, Deputy Cullen, to listen to the case being put against electronic voting. I will give the House an example of the arrogance shown by the Minister in his dealings with the committee on that issue. In early December 2003, the committee expressed reservations about the Minister's haste in proceeding with electronic voting in the absence of necessary checks and balances. All the committee wanted was the safeguard of a printed, paper trail account of the vote. We were not opposed to electronic voting but we objected to the Minister's plans for the same reason that the wider public objected to them. When Progressive Democrats Members saw that public opinion was against electronic voting, they persuaded the Government to set up the commission which eventually prevented the Government from proceeding with electronic voting.

At that meeting on 18 December 2003, the early part of the meeting was taken up with testimony from experts on both sides, including the manufacturers of the electronic voting machines, officials from the Department of the Environment, Heritage and Local Government and computer experts from NUI Maynooth who argued against electronic voting and produced 40 questions about it to which they wanted answers. A constructive debate took place in the morning and the committee returned in the afternoon expecting to receive answers to the questions. However, the Minister had obviously listened to the debate because, when the committee resumed, the Fianna Fáil members proposed that we proceed with electronic voting. Without any debate or answers to the 40 questions, the committee passed the proposal that electronic voting be introduced.

The contract was signed as early as 19 December 2003 and I discovered under the Freedom of Information Act that €20 million worth of electronic voting machines had already been bought and were in the country. The Minister, for whatever reason and I suspect the worst kind, was determined to introduce electronic voting. As I suggested in last night's debate on health, the Minister for the Environment, Heritage and Local Government should put the machines up for sale, take the best price he can get if he can

get anyone to buy €50 million worth of machines, and spend the proceeds on the health service or another useful area.

**Mr. McGuinness:** I appreciate that the Bill is short and deals with a few specific issues regarding constituencies, the number of Deputies to be elected and some issues regarding election expenses. Deputies have an opportunity to expand the debate and raise some relevant issues regarding how elections are run from the point of view of checking the register, accountability after an election and the work of Members of the Oireachtas. While I know that, in the content of this Bill, we are speaking in terms of 166 Deputies, I wondered at the time of the passing of the legislation to end the dual mandate how long that number would remain at 166. My belief at the time and which I still hold is that over the next few years, in the context of the reform of this House, which is badly needed, we will witness a reduction in the number of Deputies. While that would not be a very popular choice for those in this House, it appears to be the natural follow-on from the ending of the dual mandate. I do not think this is a correct direction to take but it is one that perhaps is in the minds of people, other than and not including public representatives, who formulate legislation and who direct matters.

The issue in the Bill which affects Deputies is the definition of constituencies. While I know that Leitrim is affected, I come from a constituency that has been affected by the  
5 o'clock carve-up of constituencies over a long number of years and many elections. The part of Carlow that consists of Hackestown, Rathnure and Rathvilly is constantly sectioned off to a neighbouring constituency. I know the deep feeling in the communities affected that they are not part of the county and constituency of Carlow and are part of another constituency. People have many concerns about this. While I know that it is not easy for those who draw up the legislation and make decisions on the number of Deputies and the make-up of constituencies to reach a decision on this because there will always be fallout from it, in the context of a county like Carlow which is growing, as is Kilkenny with which it forms a constituency, there should be a line set down that will not allow the county boundary to be breached. I ask that this be examined in future revisions of constituencies, not from a political perspective but that of the attachment of people in communities to their own county's identity and their feeling of being part of something that is represented through business, sport, politics and so on. On behalf of those who have been left out of the loop in the part of County Carlow in question, there is deep concern that they should be considered in any future revision as either a county identity or as part of the overall constituency of Carlow-Kilkenny.

I am disappointed the Bill makes no connection to local government in the context of the

[Mr. McGuinness.]

ending of the dual mandate. There is a need to review the regulations placed before the House on how Deputies engage with their local authorities and the protocols in place for county managers, directors of services and so on to respond to Deputies and Senators. That connection has been weakened substantially by the passing of legislation, and there is no corrective action in this legislation to strengthen the connection and the responsibility of local government to Members of Parliament. Each local authority should be forced by legislation or regulation to adhere to certain principles or protocols in dealing with public representatives.

Regardless of what is said, Ireland is in a unique position in that the electorate has direct contact with Members of Parliament, which does not occur in other countries to the same frequency. We are used to that culture, as are the electorate. Deputies are easily identified as they walk the streets of their constituencies. They are asked, perhaps not about legislation but to have a pothole in the road fixed or to make direct contact with local government. We are not allowed to reflect that unique connection in the context of the work we undertake. I urge the Minister of State, if it is not included in this Bill, to include that matter in broader legislation which would set down the rights of an Oireachtas Member to direct contact and information, with a period set for a response to be given to a query put to a local authority. That does not happen now and it is a bone of contention for many Members of this House. I will continue to lobby for that because I believe in strengthening that connection in the democratic process that allows us to be at one with our constituents, to ensure there is no disconnection, as is the case with our elected representatives in the European Parliament.

In making local government more responsible, I will ask the Committee of Public Accounts to ensure there is greater accountability to that body in the context of public accounts and how local authorities spend funds allocated to them. That will require a change in legislation, but the voters want that. They demand greater accountability. They demand that Members of the Oireachtas have a clear knowledge of what is occurring at local government level and that we have an input into how that is scrutinised through the Committee of Public Accounts. The House should recognise that and it should be addressed in other legislation if not in this Bill.

A stronger connection may be created by way of parliamentary questions. There is no reason Deputies should not be able to get direct answers to questions raised, be they on local government, the Health Service Executive, the National Roads Authority or the numerous quangos that spend public money without direct responsibility to this House. Likewise, Members of this House do not have a direct route to directly question how money is spent, thereby creating greater accountability in the organisation concerned. That we do

not insist on the system of parliamentary questions being applied to local government that spends so much money is unusual and I take exception to it.

Deputies who, for example, query the spending of €12 billion by the Health Service Executive cannot get direct answers. They are sent on a wild goose chase and told that the Health Service Executive will respond directly to the Deputy in due course. A response is given to parliamentary questions within three days or so when the Dáil is sitting, but in the case of the HSE it can take several months to get a reply. The people who elect us believe that the levers of power exist here, that the most basic of information can be extracted from Ministers or Departments through our presence here and our engagement with the Departments. That is untrue of the HSE, the NRA and local government.

Such matters should be reviewed as they are not addressed in the Bill. These bodies should be brought under our control. The public fears these bodies might be contaminated in some way if we push our hands on them, but that is no reason to put them beyond the reach of this House, from which they could be questioned or scrutinised. We must remember that local authorities cannot be brought before the Committee of Public Accounts except by way of the Secretary General or the Accounting Officer of the Department of the Environment, Heritage and Local Government. That is not good enough. There is a perception among the people that there is such accountability. We must respond in terms of best practice in the management of our affairs and tell the public that we will do so. One means of addressing this is as I have set out and another is by setting down protocols or direction for those we are anxious to question.

The same can be said of public officials. We introduce legislation constantly on how we should behave, such as in regard to expenses. I do not mind that as it allows for best practice in politics. However, there should also be best practice in terms of bureaucracy. Many people are anxious to advance in the Civil Service and to respond to a modern Ireland that spends billions of euro. They should have a reasonable path to promotion and to put in motion their ideas of good practice. The unions within the Civil Service must respond in a more positive, proactive way to a country that is developing and spending so much money. The Government must also respond by giving these people the opportunity to give positive expression to how they wish to see the administration of the spending of multi-billion euro every year. Part of that expenditure relates to the promotional prospects of those involved. Only in recent days we learnt of the massive overspend by many Departments that come before the Committee of Public Accounts on a weekly basis. One would have to question is there a serious level of incompetence within the structure that needs to be addressed. While the Government makes money available, it is up to the people within the

organisations to ensure that the taxpayer get the best bang for his or her buck. That is the challenge that faces us.

While we modernise and mainstream the political system and apply the best practice of other countries, we have an obligation to go beyond the political structure and examine what is best practice in the context of the bureaucracy of the country and how to apply best practice to get value for money from every scheme we put in place to make improvements here, be it major or minor projects sponsored by various Departments. That aspect has never been teased out in a Bill.

Those who work with the Minister should begin that process by assessing the need to employ the professionals required in the system. There is a need to employ human resource specialists, given that Ireland plc., is now the biggest employer here, yet the number of human resource specialists in the system are few and far between. There have been too many failings of the system in recent times. At a time of great expenditure by the NRA and various Departments, very few costs accountants were brought in to examine the spending figures. That authority and the Departments have in-house accountants to deal with payment of salaries and that end of the accounts but there is a need to expand beyond that and bring into the system those who would ensure a professional output related to the cost of a project and deliver a job of which we can all be proud and about which there would be no argument. That is the type of Civil Service and bureaucracy this country needs. Meeting that need is the public challenge we face. It will be up to the largest trade union and employee representative group to take the initiative, take the bold step and to drag the system, like politics and politicians, into this new era of which we are now a part.

Regarding Members' expenses, I have no difficulty in recording the expenses I incur, the cost of my electoral expenses or from where I receive or spend money. The paperwork we are required to complete after each election, be it local elections in which I was involved in the past or in an election to the Dáil, is not clear-cut. One is required to answer a muddle of questions and read through a muddle of information. One has to extract from, for example, an advertisement placed by another person a portion of the cost of that advertisement because it was of some value to oneself. Under this process, one is open at all times to making a genuine mistake. The process needs to be simplified such that a candidate or Member would be required to complete a list of questions, provide a list of money spent directly by the organisation representing him or her and spent by the Member or candidate. I would have no difficulty with that. However, there is a difficulty in interpreting the paperwork one is required to complete or with the interpretation of the information Members supply. If we do not simplify the process and put it right, we will leave

ourselves open to being accused of all sorts of things.

I recall completing the paperwork after the last local elections and after the last general election. A candidate is accountable for work other people do on his or her behalf. The way forward should be that one's political party would give an account of what is spent on behalf of the party and on candidates and candidates would be required to give an account of their expanses. When such information is presented publicly in a transparent manner, members of the public would be able to put the figures together. If one accepts donations, as a political party or as a candidate, one must show the donations received and where the money was spent. The process should be simplified to the degree that it would be easy for Members to complete the paperwork and that there would be no question over their expenses. Likewise, without there appearing to be a blurring of the mirror, so to speak, it would be easy for members of the public to calculate from the figures how much it cost to run to an election.

Other contributors said that perhaps we are allowed to spend too much on elections, but I have the opposite view. The electorate demands more and more information, not only about policies but about what a candidate proposes to do. A candidate has to inform the electorate, which is a costly exercise. Placing of an advertisement on a once off basis is costly. Printing material in a professional manner is very costly. Getting one's message across to the electorate by post or by other means is an additional cost. Much good work has been done in explaining the matter of expenses. We made the process too complex in earlier legislation and allowed it to be interpreted in different ways. If we simplified the process, a member of the public interested in this area would easily interpret this information and such expenses would be easily accounted for by the Member. That process needs to be simplified sooner rather than later.

It is time we had a debate on Dáil reform, not among the Whips but among Members, to make the work of the Dáil more meaningful to the people we represent and in terms of the work we undertake as public representatives. I encourage the Minister to take the initiative by arranging for such a debate and introducing appropriate legislation to provide for such necessary change.

**Mr. Crawford:** I welcome the opportunity to speak on this Bill. I wish to take up Deputy McGuinness's last point. Dáil reform is important. A hour or so ago I spoke to visitors from Monaghan who questioned the way in which the system here works. They found it difficult to understand why, for example, there are currently only two Deputies in the Chamber discussing the future of political life here. They would like to see a more active and vibrant Chamber. I apologise for not including the Deputy behind me.

**Mr. McHugh:** I forgive the Deputy for that.

**Mr. Crawford:** There are only three of the 166 Members present in the Chamber. There are committees sitting and other activities taking place around the Houses, but such work is not visible to the general public. From that point of view, we need Dáil reform and then it might be easier for the general public to understand why there are 166 Members elected to this House who try to do their best on behalf of their constituents.

This Bill is fairly simple in many respects. Its objective is to implement the recommendations of the report of the independent Constituency Commission which was published in 2004. I welcome this opportunity to speak on that. The most recent report by that commission revealed interesting information which would have major implications for my constituency of Cavan-Monaghan, if the current structures were to continue to remain in place.

A document produced by the commission, shows County Louth at the top of the graph and County Monaghan at the bottom of it, in that, Cavan-Monaghan has a population of just over 109,000 or to put it another way 21,828 people per TD as compared to County Louth which had almost a population of 102,000, or 25,455 people per TD. If this trend were to continue over the next few years, with the population of Louth increasing at a much higher rate than that of Cavan-Monaghan, a new commission would have to consider adding an extra seat in County Louth, taking one from its neighbouring constituency of Cavan-Monaghan, or alternatively changing the boundaries. The third alternative would be to increase the seats at national level.

This whole situation raises a question about the major increases in population in counties such as Meath and Louth compared to Cavan-Monaghan. This deserves some analysis. From 1996 to the last census in 2002, the population of County Louth increased by almost 10,000, or 10.5%, while that of County Meath, which will have an extra TD under this Bill, increased by more than 24,000, or 22%, during the same period. The population of County Cavan increased by 3,600, or 6.8%, with that of County Monaghan increasing by 1,280, just 2.5%, the lowest increase in the country.

Cavan-Monaghan is a Border area which suffered continuously as a result of the Northern Troubles and all that went with that history. However, it is clear from these figures that it has also suffered from lack of Government commitment to jobs and infrastructure and, especially in the case of County Monaghan, failure to benefit from Government decentralisation. One only has to look at the failure of Government to provide a reasonable level of decentralisation for the county town of Monaghan, and there is still no confirmation of the 85 jobs for Carrickmacross.

This commission report, together with the census figures, indicate that there is a serious lack of commitment to the Border area. If it had not been for IFI funding, INTERREG and the Peace and Reconciliation funding, there is no doubt the

situation would be even worse. It is clear, however, that in many cases this funding, which was supposed to be additional to normal Exchequer funding, was used as a replacement. The Taoiseach admitted that to me in this House some months ago.

The commission's report has certain implications for the future. It states that the population of Cavan-Monaghan warrants an allocation of closer to five seats than four. It also makes clear that neither county has a sufficient population to form a constituency of its own. It stated:

Every alternative to the present constituency formation in Cavan-Monaghan involves the transfer of territory to or from an adjoining constituency, thus breaching both a county and a provincial boundary. Furthermore, any transfer into the constituency would involve joining all or part of three counties in a single constituency. The existing variance of -7.5% [this is the highest downward variation in the country] is within the limits accepted by previous commissions and enacted into law. Furthermore, the difficulties in adjoining constituencies can be addressed without involving the Cavan-Monaghan constituency. The Commission concluded that, in all the circumstances, retention of the existing constituency is justified in the context of its terms of reference. However, if current population trends continue, the case for a reduction in the seat allocation to this constituency may arise in the future.

It is no secret that as the Dáil is currently constructed, and taking into account that the Ceann Comhairle is one of the five sitting Deputies in Cavan-Monaghan, we will only have a four seater if the current position remains on election day. We will be down to four seats this year.

According to the constituency commission, if the present trend continues, we could easily find ourselves in a situation where at the following election, even without the Ceann Comhairle, we might still have just four seats. This has serious implications for a constituency like Cavan-Monaghan, which stretches from Dundalk to near Sligo. It is one of the biggest constituency land masses in the country. Being the only Fine Gael Deputy in the constituency since the last election, I know how difficult it is to provide a service in this area. I put on the record that this danger exists and that something realistic must be done to ensure the Border areas are not denuded.

At one stage, County Monaghan was linked to parts of Meath and Louth. In recent months, I had the pleasure of working with people in the Kells area, which was originally serviced by my former colleague, the late John Francis Conlan, who was TD for Monaghan, part of Meath and part of Louth. The Government and the Opposition must examine why the population has not increased in the Monaghan area in particular, in line with other areas. It is worth examining the current situation.

There was much publicity in the past year about new plans to build houses in rural areas, and they all sound grandiose. I recall as a child when the Doapey flax and corn mill were in operation. My late father could recall when 40 working men lived in the townland of Augnacue, with their wives and families, but there is only one working man, with his wife and two daughters, living in the townland today. Someone who wants to build two houses in an area in north Monaghan where there are 300 documented jobs received the following reply from Monaghan County Council:

The proposed site for two dwellings is located in an area deemed as being, 'under strong urban influence,' in the Department of the Environment, Heritage and Local Government's 'Sustainable Rural Housing Guidelines.' The applicant has not provided adequate justification for the proposed site as required in accordance with the Guidelines.

Taken in conjunction with the existing and permitted development in the area the proposed development would give rise to an excessive, suburban type density of development in this unserviced rural area. The proposed development would, therefore, be contrary to the provisions of the Ministerial Guidelines and contrary to the proper planning and sustainable development of the area.

These are the guidelines under which we are currently working in a county whose population increased by only 2.5% in the past four years.

I can understand guidelines such as these applying to counties such as Meath, the population of which increased by 22.5%, Louth with an increase of 10.5%, Kildare or elsewhere. Given the imposition of such a law by the Government at a time when it is shouting in public that it is encouraging the building of private dwellings, it is no wonder we in County Monaghan are witnessing a decline in population. This must be dealt with seriously by the Government. We must ensure that county development plans are passed only if they meet certain ministerial criteria and are workable on the ground, and that the 40 working people who were in the townland of Augnacue are replaced by 40 more.

Another aspect to building private dwellings is that one must prove one comes from the area. In an area that has been denuded to such an extent over the past seven years, we should be pleased anyone is prepared to build and work in County Monaghan.

Consider the issue of electronic voting. There are many ways in which the decline of the population in County Monaghan could be addressed if we had available to us the €50 million that was spent on electronic voting. This sum has gone to waste. The Government totally ignored the concerns of the Opposition, which did not oppose electronic voting just for the sake of doing so. It had genuine concerns, yet the legislation to introduce electronic voting was bulldozed through the

House. I want to ensure that there will be a paper trail when electronic voting is reintroduced and that the system will be foolproof and not present an opportunity for somebody to pull a stroke.

Technology is the way forward. The banks have introduced technology to allow business to be conducted electronically and we all use it. The Department of Agriculture and Food has introduced it to a lesser extent. Its system is still not foolproof but is working to a certain degree. Many other organisations have introduced electronic means of doing business and every one of these systems has a paper trail. We pointed this out in the Dáil before the general election but were ignored. We want to ensure that electronic voting, when sanctioned by the commission, is introduced properly.

I waited for two or three days before knowing whether I was to be elected in the last general election, but at least I was declared elected after the marathon count. Elections do not represent an easy time for anybody. It was not easy for my colleague Nora Owen, the first person to lose a seat in an election using electronic voting. There should be a happy medium involving both traceability and consultation before announcement of election results.

Deputy McGuinness spoke about the cost of elections and the amount each candidate is allowed to spend. The latter should be decreased. The money should also be accounted for properly. When I consider some of the election literature circulated in my area and the behaviour of certain candidates in addition to the costs of elections in Northern Ireland, I wonder how much money is accounted for. Some people seem to have a great deal more than others to spend on elections. A person should not be elected simply because he or she is extremely wealthy. This is American-style politics and I want to stay away from it in Ireland.

There should be clear guidelines stating on what election candidates can spend their money. If a candidate brings his workers into a pub for tea and sandwiches, or whatever happens to be served therein, he does not have to list it as an expense. However, if he brings the workers into a restaurant where they can have a proper rest for an hour, this is chargeable. This is just a mini-example of some of the issues that need to be addressed. Above all, we must ensure that every candidate declares his expenses accurately. Election should not depend on money. In this regard, are ordinary Members working on a level playing pitch with Ministers? I do not accept that they are. Ministers have certain benefits and certain activities need to be monitored clearly and sorted out.

Deputy McGuinness referred to the expense of promoting policies. I hope some of the policies advocated during the next election campaign are worth more than some of those that were advocated during the last one. When I consider some of the advertisements placed in newspapers, the leaflets delivered by hand and some of the prom-

[Mr. Crawford.]  
ises made regarding my hospital — I make no apology for calling Monaghan General Hospital “my hospital”——

**Mr. McHugh:** What about Deputy Connolly?

**Mr. Connaughton:** I can stand over my promises. Although I would like much more to be achieved, my promises are more realistic than those of others, who knew on the day they made them that they could not be honoured. It is wrong that we should spend money *ad libitum* on circulating propaganda that has no real meaning. We should not be in the business of buying votes.

Let me return to a matter raised by other Deputies, namely, the issue of what we stand for. Today, unfortunately, I am not able to stand but that is another story and a health matter. The Health Service Executive and its various areas have been established. I often ask parliamentary questions on Monaghan General Hospital and other health-related issues but all I receive by way of reply are statements that the Minister is not responsible. However, I can say without apology that if a hospital is to be opened or some good news story is to be announced, the relevant Minister and all his or her colleagues will claim full responsibility. This applies to all Ministers of all Governments. We must restore the relevance of this House. Ministers accept the glory in glory days and give the appropriate answers in the House but abdicate responsibility when different circumstances obtain. We must address this through Dáil reform.

Consider an example that arose today concerning the standing of the Dáil. The Minister announced the clearance for the M3 but did not do so in the House. He should have made the announcement in the House and not at some other function. I am delighted for my constituents in Cavan-Monaghan that this motorway has got the go-ahead and I hope nobody outside this country or outside counties Meath, Monaghan or Cavan raises some spurious issue to prevent its going ahead.

If Members table a parliamentary question for the National Roads Authority regarding a road, they are told it is not the responsibility of the Minister but that of the authority. However, if the Minister opens a new road or launches a development, it is regarded as his responsibility. Therefore, there is a need for reform in the House. I hope the Minister of State will consider this and that the Whips will get together to introduce meaningful reform so Members can have meaningful debates in the House, at whatever time they decide upon, on relevant issues, be they related to local authorities, the HSE, the National Roads Authority or otherwise.

**Mr. Fleming:** I welcome the opportunity to speak on the Electoral (Amendment) Bill 2005. My constituency of Laoighis-Offaly is not affected by the boundary changes dealt with in

the legislation. The constituency is unique in that it has never been affected by a boundary change since the foundation of the State.

**Mr. McHugh:** Good man, Cowen.

**Mr. Fleming:** I refer not only to his time but to a period long before that. May the boundary of the constituency remain the same for many years after his time. It is a good recipe for stable Government and good representation.

**Mr. B. O’Keeffe:** Three out of five.

**Mr. Fleming:** I sympathise with my colleague the Minister of State, Deputy Batt O’Keeffe, who must deal with the effects of a major boundary change. He referred to my party getting three seats out of five in my constituency. He will look for three out of three in his new constituency and has his work very much cut out for him in that regard.

**Mr. Ring:** Deputy Fleming will not have three out of five after the next general election. Charlie Flanagan is on the way back.

**Mr. Fleming:** I have no doubt that he is. He will not have a member of the Fianna Fáil party in his sights if he is trying to obtain a seat. He is welcome to a seat if he is fit to earn it, once it is not one of the three held by Fianna Fáil. We got on well with Mr. Flanagan before and I would have no problem working with him again.

Given that my constituency is not directly affected by the boundary changes, I want to concentrate on section 6, which deals with a financial matter.

The Schedule to the Electoral Act 1997 (inserted by section 50(v) of the Electoral (Amendment) Act 2001) is amended by inserting the following subparagraph in paragraph (2):

“(a) any of the matters referred to in subparagraphs (i), (iii), (iv) and (v) of section 22(2)(b) or, in the case of a presidential election, subparagraphs (i), (iii), (iv) and (v) of section 46(2)(b).”.

How could anyone understand that section? Neither a Member of the House nor a member of the public — apart from the Parliamentary Draftsman and those involved in drafting legislation — could understand it.

That is part of the problem here. We pass legislation yet sometimes we do not know about what we are talking. I defy any Member to explain the meaning of that section. We are blessed in having an Explanatory Memorandum according to which:

*Section 6* addresses an issue raised by the Standards in Public Office Commission in relation to the definition of election expenses for the purposes of the Electoral Act 1997. It amends the Schedule to the Act (inserted by

section 50(v) of the Electoral (Amendment) Act 2001) by inserting a subparagraph clarifying that the following items are not to be regarded as election expenses at presidential, Dáil and European elections: free postage provided for candidates; a service provided free by an individual or provided by an employee of a political party; normal media coverage; and the transmission on radio or television of a broadcast on behalf of a candidate or political party.

Section 33 of the Electoral (Amendment) Act 2004 inadvertently raised a doubt about the continuing exclusion of these items as election expenses. That section, therefore, was enacted in error. Given that section 6 of the present Bill is unintelligible to an ordinary person, or any Member of the House, we could make further mistakes. I hope not. I trust that the officials in the Department have got it right on this occasion because the mistake in the 2004 Act led to particular problems.

There was an Electoral Act 1997, an Electoral (Amendment) Act 2001, an Electoral (Amendment) Act 2004 and now this Bill. Establishing the meaning of any section in the Bill resembles tracing one's family tree back four or five generations. There is a need for a consolidation Bill to deal with the Electoral Acts.

Section 6 aims to clarify that free postage, party political broadcasts and other items will not be deemed election expenses. Section 33 of the 2004 Act raised a doubt in the view of the Standards in Public Office Commission. That change was made as a result of the Supreme Court decision in the Kelly case. As a result of those changes we inadvertently over-amended the Act and now we must correct that.

This highlights the question of the election address, the *litir um thogáim*. Proportionality is needed in this respect. We have never held an objective discussion on this aspect of election activity. Many years ago the election address was deemed a significant item of election activity and the legislation provided for every candidate, or where there were several candidates in a party, the party, to issue an election address to each registered voter in his or her constituency.

Fianna Fáil is the largest party in the country and under existing legislation it is allowed to spend more than €3 million. The cost of the election address to each party, is approximately €1.5 million per party. The only real purpose of that expenditure is to give a bonanza to An Post whenever there is a general or presidential election.

If the Oireachtas believes we should spend €3 million per party on an election and €1.5 million on an election address the parties are in effect allowed to spend up to €4.5 million. If the parties had that much to spend they would not spend €1.5 million on an election address which is a small peripheral aspect of the campaign. Candidates must deal with other election literature they distribute in the course of their daily canvass. Postering is a significant activity. They also place

advertisements in local newspapers and engage in other such activities, including producing newsletters and leaflets, and at national level parties run a national campaign producing policy documents and so on. The legislation lays too much emphasis on providing what is essentially a subsidy for An Post. While it is not intended as such, that is the outcome. A senior executive in An Post said recently the company had a good year last year. He mentioned the figure of €6 million or €7 million received through election addresses.

In addition, candidates can send an election address to each registered voter. If there are four or five voters in a house, and four or five candidates issue election addresses, there may be 20 items of literature coming into the house over a day or two which turns the public off. By long-established practice the Dáil seems to believe this sum should be spent during an election campaign. If this is to continue the candidates involved should be consulted to see whether that is the best use of those funds. I am satisfied it is not.

We may have to reconsider other issues arising from the Kelly decision. Before the year is out, or at least before the next general election, there will be further electoral amendment Bills to correct the situation. If it is necessary to pass this Bill because there is uncertainty about whether the free postage for candidates and the cost of party political broadcasts should be included as items of election expenditure what was the situation in regard to the two recent by-elections? If they were fought in a context that required clarification what was the position? Will that be accounted for? Maybe we will be told about this in due course.

As a result of the Kelly decision the salaries for parliamentary secretaries during the campaign have been factored in as an election expense. Does this apply also to the salaries of the parliamentary assistants recently approved by the Oireachtas? If so, much of the expenditure limit allocated to a candidate who is an outgoing Oireachtas Member will be reduced before he or she is out of the starting blocks. That needs to be considered in terms of the overall expenditure limits for elections. The essence of the Kelly judgment was to deal with payments out of public funds and the facilities available to Members of the House that were not available to non-sitting candidates going before the public. It was designed to provide a level playing field. I suspect the matter has not been fully thought through in the preparation of this legislation. We will have to return to it at a later date.

The Dáil computer of every Member, even those with computers in their constituency offices far from this building, is linked directly by ISDN lines to the Dáil central computer. Every evening the Dáil computer takes back the work done during the day and this is stored on the main server in the Oireachtas rather than on the individual computers in constituency offices. One cannot access copies of names and addresses and backup files as the security copies are not available in

[Mr. Fleming.] constituency offices. They are only available when one is linked to the Oireachtas computer in this building. When an election takes place every Member will link directly to the Dáil facilities when he or she uses his or her computer. There is a cost to that and it will be deemed an expenditure under the Kelly judgment. Nobody knows what the cost will be but it will have to be attributed to each Deputy in some way. If Deputies were told that the Kelly judgment was to be strictly implemented it would mean that none of us could turn on a Dáil computer in a constituency office during the three weeks of a general election campaign. I do not think this matter has been teased out.

**Mr. McHugh:** There is more sorting out to be done, Minister.

**Mr. Fleming:** I am saying this in a constructive manner even though I am a Government Deputy.

**Mr. McHugh:** I commend Deputy Fleming.

**Mr. Fleming:** I understand the Committee on Members' Interests, or some such group, is examining the issue.

**Mr. Roche:** It is even worse for Ministers.

**Mr. Fleming:** No Oireachtas committee in the House has any effect because unless this matter is addressed through legislation it counts for nothing. We can talk all we like in a committee but if it is not in the legislation it does not count. According to the explanatory memorandum this issue has come to light as a result of the Standards in Public Offices Commission. I am the chairman of the Oireachtas finance committee, of which Deputy McHugh is also a member, and the Standards in Public Offices Commission will appear before the joint committee on 25 May 2005. This will be the first time this commission appears before an Oireachtas committee and it will be a worthwhile experience. There is no particular item on the agenda. It is an introduction, and clearly it has concerns about legislation. This is reflected in the legislation today. I am sure Members of the House also have views on how the commission conducts its work. It will be a useful exchange of views. Further legislation will be required and we will need consolidation legislation.

A matter relevant to any election campaign is the matter of the voter register. It is inappropriate for a local authority to be involved in compiling the information for the local register. They have no knowledge, no competence and they do not have the people on the ground. There is only one obvious organisation in the State that should compile the voters register and that is—

**Mr. McHugh:** Is it Fianna Fáil?

**Mr. Fleming:** No, the organisation is An Post. The local postman or postwoman is calling to every house in the country on a daily basis. No other organisation knows every house in the country, and the occupants of houses, and no organisation is better placed to know who should be on the voter register. Representatives of An Post call to houses and then the register could be checked. Most Deputies have been members of a local authority and know that many of the staff do not know half the county, and would not know how to find a breen or a pot-holed road. If one tried to explain it to them they would not know where it is, yet they are responsible for having the people who live there on the voter register. It is not part of the daily work of local authorities to travel the highways, byways and visit apartment blocks in the cities, finding out who lives in the area. The local authority may have a role in dealing with the count but it should have no role in the voter register.

Another reason for having an organisation like An Post doing it is that the process could be centralised. The last speaker referred to the massive population shift. People move from Dublin to Laois, Offaly, Kildare and *vice versa*, and from Galway to Mayo. It would be better if there were a central office where one could change constituency. This would be simpler than going to one constituency and removing one's name, and then registering in a new constituency. Many people have lost their vote in that transfer. They were removed from the register in their old constituency and were not on the voter register in the new area. There needs to be a centralised register where one amendment to the register can effect the required change, instead of having to deal with the local authorities.

The most important electoral matter for the Department of Environment, Heritage and Local Government is voter turnout, or the lack thereof. Voter turnout has been decreasing steadily for several years. There must be good reasons for that. It is the job of the Department to carry out detailed surveys with detailed questionnaires. We are all aware of voter apathy and it is not just young people. Old people are also apathetic and maybe politicians have contributed to that. In a healthy democracy we need an increased voter turnout. Politicians should work collectively towards that, and aim to get the turnout up to 70% or 80% rather than 50%.

The population on which this legislation is based is the 2002 census. I understand that the next census will be taken in 2006. The figures from the 2002 census will no longer be a valid basis for the next general election. I suspect we will have a census early next year and there should be a system whereby the CSO can compile those figures within weeks of the completion of the census. Although it may cause too much grief to people in this House perhaps the boundaries should be examined in terms of the population that will exist at the time of the next general election. Boundary changes cause upheaval to

Deputies but it is important boundaries be up to date. We will fight the 2007 election on the basis of a census which is not the most recent one.

The British general election took place recently and I was impressed by the speed of the election. People went to the polls on the Thursday, and by Friday morning every member of parliament was elected, and before the end of the day the government was in place. By Saturday some ministers were at their desks.

**Mr. Ring:** There is no craic, and no opportunity for public relations.

**Mr. Fleming:** It is a different voting system.

**Mr. Ring:** Sixty per cent of people voted against the government, and 40% voted for them.

**Mr. Roche:** The figure was 36%.

**Mr. Fleming:** After votes are cast Members should be back in the Dáil within days rather than several weeks.

**Mr. McHugh:** I wish to share time with Deputy Sargent. We occasionally hear good ideas in this House and we heard one today. The idea that An Post compile the voter register is brilliant. If we want people who are familiar with the country and the residences to do this job there is no better option than An Post. The local authorities are not the best bodies to carry out such an exercise.

The main purpose of the Bill is to make provision for the revision of constituencies as we head into the next general election by way of implementing the recommendations contained in the commission report on Dáil constituencies, 2004. The revision has been carried out by an independent commission established to specifically carry out the task. If we are to accept its independence and that it carried out its work without political interference, our task is simple, we have to accept the report in its totality. Recognising the composition of the commission, one has to accept its independence. It is natural for Deputies adversely affected by the report to be angry and upset but it is unfair to be critical of the commission because it is independent. If we do not like the result of its work, the answer is not to be critical of the commission.

County Leitrim is most affected by the report in the sense that it is cut in two. People in that county say there is a real danger the county may be without a Deputy in Dáil Éireann (6 o'clock) after the next general election. If that was to happen, it would be disastrous for the county. However, to preserve the independence of the report, it is difficult to see what can be done in regard to it.

In future the terms of reference given to commissions as a framework within which to operate should guard against such an occurrence. In this case, the terms of reference were flawed, given that they led to a position where there was a real danger a county such as Leitrim would be left

without a Deputy. Future terms of reference should specifically protect county boundaries as well as relate the population as equally as possible to the number of Deputies elected. We should look at the possibility of electing Deputies on the basis of county boundaries only where the smaller counties would have fewer Deputies while the larger counties would have a greater number.

The Bill will set the constituencies for the next general election. What it will not do is set the day on which polling will take place. It is on that issue I wish to say a few words. There has been a continuing debate as to the most suitable day on which to hold elections. For some time there was mid-week voting at relatively restricted hours. Some improvements have been made with extended voting hours and a move towards Friday voting. However, Friday voting is not working as it may have been anticipated. For example, a person working in Dublin has no hope of getting to a constituency in the west after working hours and before polling closes. That is unfair to a person who wishes to vote in his or her home county.

There is a great need to give detailed consideration to a suitable day which would accommodate the general public. It appears the most suitable day for voting is a Sunday because generally people are off work and those living away from home can travel. The vast majority would be able to cast their vote without any degree of inconvenience. I cannot understand the reason Sunday voting cannot be tried and, so far as I am aware, it has never been tried. It would also have the advantage of not disrupting children in school and there would be no necessity to have the customary day off school to allow voting to take place. For good sound reasons I ask the Minister to ensure polling in the next general election takes place on a Sunday.

Any debate on the Electoral (Amendment) Bill which ignored the electronic voting debacle would be hollow. The greatest scandal associated with elections here has to be that of electronic voting. The taxpayer has been left with a bill of €60 million, a massive bill by any account and that is only the initial outlay. The taxpayer is continuing to foot a bill for storage of the actual voting machines which have cost €60 million and never been used. I doubt if they ever will. The scandal is continuing on a daily basis, reminding us of one of the greatest cock-ups in Ireland.

Given the many needs in various areas throughout the country which we are told cannot be funded due to lack of resources, it is shameful this waste of public funds should have occurred and continues to occur on a daily basis. What is the Commission on Electronic Voting doing? How long more have we to wait to find out if the machines will ever be used? Will the entire process continue indefinitely with no outcome but a daily reminder of the shameful waste of public funds? The Minister has a duty to bring this scandal to an end.

[Mr. McHugh.]

Given the sloppy manner in which funding issues are handled by the Government, State and semi-State agencies, one could be forgiven for thinking there is a crock of gold at the end of the Irish rainbow. The electronic voting scandal for which the Government is responsible has cost €60 million plus. The nursing homes fee scandal, for which all Governments during the past 29 years are responsible, will cost approximately €1 billion. I say all Governments are responsible given that there were four Labour Party Ministers, two Fine Gael Ministers and seven Fianna Fáil Ministers for Health during those 29 years when the issue was known about but not addressed. No party in the House, with the exception of the Green Party and Sinn Féin, can wash its hands of the scandal. All the other are tainted. Perhaps the only reason the Green Party and Sinn Féin can wash their hands of it is that they were not members of any Government. The bottom line is that we are dealing with taxpayer's money. Government and State agencies have a responsibility to taxpayers to manage and spend their money wisely. Unfortunately, that is not happening. The Minister for the Environment, Heritage and Local Government has a responsibility to bring the electronic voting scandal to an end.

**Mr. Sargent:** Gabhaim buíochas leis an Teachta McHugh as a chuid ama a roinnt liom. An féidir leis an Chathaoirleach rá liom cé mhéad ama atá fágtha agam?

**Acting Chairman (Mr. McGinley):** Deich mbomaite.

**Mr. Sargent:** Is Bille suimiúil é seo, gan amhras, do gach Teachta Dála, dá bharr go mbaineann sé leis an tslí bheatha atá againn — an Bille Toghcháin (Leasú) 2005 — ach, le cúnamh Dé, beidh suim ag an bpobal ann chomh maith, cé go mbíonn go leor daoine á rá go bhfuil níos lú daoine ná ariamh páirteach i gcúrsaí polaitíochta. Níl mar sin atá sé ó thaobh mo pháirtí de, atá ag dul i méid. Tá sé tábhachtach go ndéanaimid tagairt do na ceisteanna níos luaithe inniu chuig an Taoiseach faoi the citizenship task force. Tá an Bille seo chomh tábhachtach agus tá sé ceangailte leis an méid suime atá ag an phobal i gcúrsaí polaitíochta.

Luaigh an Teachta McHugh ceist na teorann atá i lár an Bhille. Tá gearán ag muintir i gContae Liatroim agus Contae Sligeach faoin neamhaird ar theorann a gcontae. Má tá muid ag iarraidh suim sa pholaitíocht a mhúscailt, ba cheart éisteach leis an teachtaireacht sin agus a aithint go bhfuil daoine dílis don chontae agus go dtuigeann siad cúrsaí ann níos fearr ná a thuigeann siad cúrsaí ag baint le haonad oifigiúil bréagach. Tá sin luaithe ag a lán Teachtaí agus tá súil agam go n-éistfidh an tAire leo. Níl ligfidh muintir Liatroma don Aire dearmad a dhéanamh faoi. Is féi-

dir sin a leasú anois agus an ceart a thabhairt do na daoine sin a dTeachta a thoghadh.

Rinne Fianna Fáil iarracht an córas vótála a leasú. Sa *Vancouver Sun Observer*, atá ag déanamh tagairt don chóras STV, tá alt:

The STV: What the Irish have learned.

Okay, relax, it isn't that complicated or rather it is, but you don't need to know exactly how it works (you don't know how a DVD works, either), only that it does. Just ask the Irish, they have been using it since 1922 and twice have rejected changing it.

**Mr. Roche:** It has been in use since 1909.

**Mr. Sargent:** Is féidir leis an Aire litir a scríobh chuig an nuachtán ag rá go bhfuil botún déanta. Tá sé ag déanamh tagartha don Stát agus d'Fianna Fáil. An bhfuil an tAire agus a pháirtí sásta go bhfuil PRSTV againn? An ndéanfaidh Fianna Fáil iarracht é a athrú arís?

Is féidir, áfach, feabhas a chur ar an gcóras. Ó Thuaidh, tá "topping up" glactha ag an Tionól agus sa Ghearmáin tá córas liosta ann. Tá sé tábhachtach a chur in iúl don phobal nach ionann gach páirtí. Leis an gcóras faoi láthair, tá go leor daoine a cheapann go bhfuil Teachtaí Dála uile mar an gcéanna agus nach dtuigeann go bhfuil polasaithe i gceist nuair a théann Teachtaí os comhair an phobail. Níl a fhios acu go bhfuil sé de cheart acu vóta a chaitheamh le páirtí de bharr polasaithe. Níl sin sa chóras in Éireann mar níl liosta ann agus is fiú féachaint air sin le suim a spreagadh i measc an phobail.

Tá cur amú airgid luaite ag go leor daoine ó thaobh chaiteachais phoiblí. Ní dhéanfaidh daoine dearmad go deo an cur amú airgid ar an chóras vótála leictreonach. Tá súil agam go bhfuil ceacht foghlamtha ag an Rialtas faoi sin anois. Ní cheart córas nua ar bith a thabhairt isteach gan paper trail agus córas trédhearcach sa dóigh is gur féidir le daoine a fheiceáil cá dtéann an vóta. Níor tharla sin leis an gcóras leictreonach agus, níos measa fós, bhí sé níos deacra do dhaoine dala bheith páirteach sa gcóras. Nuair atá Bille Míchumas ag dul tríd an Dáil, caithfidh déanamh cinnte nach ndéanfaimid níos deacra do dhaoine vóta a chaitheamh.

Tá ceist airgid ann agus ceist níos bunúsaí ná sin: an ceart ag gach duine a vóta a chaitheamh. Tá mé anseo mar gheall ar chóras vótála leictreonach ach tá sé tábhachtach an córas a choimhead mar atá cionn is go bhfuil taithí ag daoine air agus is maith leo é. Más maith leo é, cén fáth nach féidir é a choimhead? Tá cúlra agus traidisiún ag baint leis an chóras agus spreagann sé suim sa pholaitíocht, rud atá ag teastáil.

Tá daoine ag scríobh chugam ó áiteanna ar nós Sasana a íocann cáin sa Stát seo de bharr go bhfuil pinsean acu nó a oibríonn anseo ó am go chéile. Tá seoladh acu i Sasana agus mar thoradh air sin níl cead acu vótáil. Beidh tinneas ar go leor Éireannaigh i Sasana nach mbeidh siad in ann sin a dhéanamh. Má tá muid i ndáiríre faoin tír seo

mar gheilleagar oscailte, cén fáth nach dtig linn a rá má íoctar cáin don Stáitchiste, ba cheart vóta a bheith ag duine.

**Mr. Curran:** I wish to share my time with Deputy Nolan.

I welcome the opportunity to speak on the Electoral (Amendment) Bill 2005. I agree with the comments of Deputy McHugh and the Minister, Deputy Roche, that the report of the constituency boundaries commission should be viewed and accepted in its totality. To do otherwise would be to weaken the commission's independence and our acceptance of its independent assessment of the constituency boundaries which would be determined, in effect, by whatever Government happened to be in office.

The purpose of the Bill is to implement the recommendations of the report of the independent constituency commission which was published in January 2004. The purpose is to revise Dáil constituencies to reflect the 2002 census of population. The Bill also addresses an issue that has arisen regarding the definition of "election expenses". Many of these issues arise as a result of the Kelly case. In the short time available to me I will not go into them. I listened to the comments and questions of Deputy Fleming and will be interested to hear the replies in due course.

On account of changes in the distribution of population the Oireachtas has revised constituencies at least once every 12 years and regular revision of constituencies is determined by the Constitution. This, in effect, requires that constituencies be revised whenever changes result in populations per Deputy significantly out of line with the national average. The commission report needs to be set in the context of the 2002 census. The population growth revealed, with the new commuter culture around Dublin, indicated serious imbalances in representation in the existing 42 constituencies. The report will result in an increase in the number of constituencies from 42 to 43, while still retaining 166 Members.

The growing population of west County Dublin and neighbouring counties is reflected in the proposed change of Dublin Mid-West from a three to a four seat constituency. While we may all consider the report globally, of particular interest to us is what is happening in our own area. Dublin Mid-West was a new constituency in the 2002 general election. As a representative for that constituency, I welcome its formation. For most of my voting life, Clondalkin was divided in two by the canal. One part resided in Dublin West with Lucan moving westwards while the other resided with Tallaght in Dublin South West. The formation of the Dublin Mid-West constituency brought Clondalkin together as a unit and local representation is better as a result. Issues are more clearly defined and focused, which I welcome.

I welcome the addition to Dublin Mid-West from Dublin West of approximately 12,000 people in Palmerstown and Quarryvale and look

forward to both meeting and representing them. Lucan, Palmerstown and Quarryvale are in the one local authority electoral area for South Dublin County Council. However, Palmerstown and Quarryvale were included in the Dublin West Dáil constituency, the majority of which is in the Fingal County Council area. In many ways, Palmerstown has been divided. It is divided by the Lucan Road; served by two Garda stations and divided from what I would have viewed its natural geographic constituency. Everything in it is in common with Lucan.

The people of Palmerstown are represented with people from areas such as Castleknock and Blanchardstown. The people of Quarryvale are represented with people from areas such as Mulhuddart and Hartstown. Quarryvale is part of a single RAPID programme area with Rowlagh and Neilstown, which was divided.

The change in the Bill will focus representation and the issues that will be addressed will be much more coherent and focused. It has been difficult for both local and national representatives dealing with Lucan and Palmerstown in such a divided way. When constituents approach public representatives, they may not be aware whether the issue is a local authority or a national one. The division has certainly caused much local concern and I welcome the proposed changes.

Each constituency returns three, four or five Members and the Constitution determines the current position as recognised by the statutory terms of reference of the commission. The imperative of having three, four and five Members allows for the practice of proportional representation. Deputy Sargent was particularly anxious to see the single transferable vote system remain. The results in the UK general election last week were particularly interesting. I agree that the type of proportional representation system we operate here is particularly effective. Deputy Ring expressed concern over losing the craic if we had a quick result as happens in the United Kingdom. However, the reality of the UK system resulted in 70% or 80% of seats not changing hands owing to the first past the post system. The British Labour Party secured a little more than one third of the votes and got considerably more than half of the seats. The smaller parties in the United Kingdom do not secure seats in line with the percentage of votes they receive. The UK system favours the larger rather than the smaller parties whereas our proportional representation system is more equitable.

I agree with the Government's acceptance of the commission's recommendations as a single package of related measures bringing Dáil constituencies into line with the prevailing population patterns in accordance with constitutional imperatives and associated legal requirements. We can all recognise that it might have been possible for the commission to suggest solutions other than those recommended in the report. However, I understand it took account of nearly 100 submissions made to it from all sources such as politi-

[Mr. Curran.]  
cal parties, local authorities, public representatives, organisations and individuals in formulating its recommendations. Its independent determination of the issues should now be respected. By picking out individual recommendations we would undermine the reasons for establishing an independent commission in the first place. The precedent of adhering to the commission's advice and recommendations should not be broken.

I join the Minister in complimenting all the members of the commission, Mr. Justice Lavan, Mr. Kieran Coughlan, Ms Deirdre Lane, Mr. Niall Callan and Ms. Emily O'Reilly. While they faced a difficult task, they did a good job. I also compliment them on a number of initiatives, particularly the establishment of a website to facilitate public access. This is the sort of action we require from bodies which operate in the interests of the public. They should keep in touch with the public and make it easier to communicate and work with them.

Deputy Fleming suggested that the electoral register be prepared and maintained by An Post rather than the local authorities. Having listened to his suggestion, it has a degree of merit. One of the problems with maintenance by local authorities is that when people move from one area to another, they cannot be easily tracked. This can work both ways resulting in some people losing a vote and others being registered in more than one area. We need to give consideration to this issue.

We may disenfranchise people if we do not give more detailed consideration to the provision of postal voting. The system needs to be modernised. For example, students, those in hospital and many others need to have such a service in place. They also need to feel confident in the postal voting system. The system has the potential to be abused and needs to be tightened.

Particularly as we move towards enactment of the Disability Bill, it is key that everybody is treated on a fair and equal basis. Many of our polling stations pose a difficulty regarding access. I ask the Minister to ensure all polling stations allow full access for those with disabilities.

I welcome the Bill which is sensible and reflects the changes in population that have occurred to ensure people in each constituency are represented equally and fairly. I commend the Bill to the House.

**Mr. Nolan:** During the lifetime of each Dáil the Houses of the Oireachtas are presented with an Electoral (Amendment) Bill to take account of the shift in population in various parts of the country. As reflected in the census of population that gave rise to this legislation, in recent years we have seen a continuance in the shift of population from west to east. We have seen an expansion of the greater Dublin area. As a consequence, the constituency of Kildare will have an extra seat. The Meath constituency will also have increased representation in the next Dáil as

a result of the commission's deliberations. The Bill's main purpose is to review Dáil constituencies and bring them into line with the up-to-date population data set out in the 2002 census and, in that context, to implement the recommendations contained in the related Dáil constituency commission report.

One aspect that concerns me a little is that, while we are amending constituencies and representation in Dáil Éireann for the next general election, the basis on which we are legislating will be out of date by that time since early in 2006 a new census of population will be taken. It is not beyond the bounds of possibility for this Administration and the relevant Departments to ensure the census report is published. Any amending legislation necessary to reflect the shift in population could be put in place by the time of the next general election which we are told will take place in spring 2007.

It begs the question of whether there might be a constitutional challenge to the results of the next election if it is found that the census of population report for 2006 and the constituencies at the general election which will take place in 2007 are found to be in conflict. I do not think it beyond the bounds of possibility for the Government to introduce legislation to reflect the census of 2006. If there was a political commitment from all sides of the House rather than merely from the Government benches and the requisite political consensus, it would be possible. I urge and encourage the Government and Opposition leaders to do so.

The process of reviewing constituencies means that there will always be winners and losers. However, the recommendations should be taken as a total package. I support this legislation because of the commission's independent nature and the fact that it sat and deliberated, seeking and receiving submissions on the various constituencies. It did so in a fair manner. However, I disagree with several of its recommendations. I was one of those who made a submission on the commission's report, as I did with previous commissions, regarding several constituencies, something reflected by several speakers in both Houses.

In the census of population for 2002 Longford had a population of 31,000, Carlow of 46,000 and Leitrim of just under 26,000. Since, with 166 Deputies, the average representation per Member is approximately 23,000, Longford should have at least one Deputy; Carlow, two, and Leitrim, one. However, because of the breakdown of the constituencies that the commission has recommended, it could happen that both Leitrim and Carlow will not be represented individually in the next Dáil. Longford, with a population of 31,000, will be represented because of the constituency profile. It has been included with Westmeath but part of the latter has been included with Meath in order that the balance is in favour of Longford, thus ensuring it will be represented in the next Dáil.

The case being made by Leitrim and Carlow is fair and valid. I am disappointed that the commission failed to take account not only of my submission but also those of all the political parties and others which showed more than a mere vested interest in politics. Submissions were made by chambers of commerce, local authorities and several other organisations in the county concerned. This is the second time we see parts of several small counties being so affected, with part of Carlow now being pushed into the constituency of Wicklow.

It is fair to say it is unfortunate that the Minister for the Environment, Heritage and Local Government, Deputy Roche, is not here since he is well aware of these views, representing as he does that part of Carlow now in the constituency of Wicklow. I also emphasise that the people of Carlow are in the south-eastern administrative regions for health, tourism and development purposes, whereas the vast majority of the constituents represented in the Wicklow constituency are closer to Dublin and reflect this in those whom they elect. The Minister for the Environment, Heritage and Local Government is a very diligent attender of clinics in the east Carlow area, for which he is to be commended.

It is important that we highlight such aspects. Article 16.2.2o of the Constitution states a Member of the Dáil should represent between 20,000 and 30,000 constituents. On that basis, it would be a sad state of affairs if the counties of Carlow and Leitrim were not represented individually in the next Dáil. We all know the tradition and loyalty to county collars. If one had a Dáil with 166 Members but without separate representation from two counties, that would be a sad day, not merely for the counties but also for politics. Only two counties could be affected by the commission's recommendations. As I outlined, I accept the commission's independence but feel, having been so affected for the second time, some of its members may be looking over their shoulders when finalising the exact details of their report.

The commission's terms of reference stated very baldly that the breaching of county boundaries should be avoided where possible. In three cases that has not happened. It is unfortunate that the three cases where that has not happened are three of the smaller counties. If anything, we should be proactive in ensuring the smaller counties are protected. However, for the second time in the case of my county, that has not happened.

The terms of reference also state there should be due regard to geographical considerations, including significant physical features. In my own case and that of Wicklow, the population of which is growing substantially, something that next year's census will show, there is a physical geographical divide in the shape of the Wicklow Mountains which run right through the county. The people of Blessington have far more in common with the people of Tallaght than with those of Greystones or Bray. The people of Baltinglass

would have much more in common with Carlow than with the eastern coast of the county. The population movement is from the west to the east, something that is reflected in the commission's report which recommends increased representation for such counties as Kildare and Meath.

Before I finish, I would like to mention electronic voting and the fact that we have spent up to €50 million on equipment that is lying idle. It is a disgrace that we continue to store it at great cost to the public purse and without any idea of where we are going. I would like to see that matter resolved before we go to the public again.

**Mr. Ring:** I disagree with all previous speakers in regard to the commission. It may be an independent entity but it is disgraceful that judges, Clerks of the Dáil, officials and others are represented but not those most affected by its deliberations, namely, politicians. The commission did its job fairly in adjudicating on the structure of constituencies. However, its members have no understanding of politics. How many national elections have they stood for, did they reach the quota and have they stood for town or county councils?

It is great for these independent minded people to decide the futures of politicians. Suppose, however, a commission were set up by the Oireachtas to decide how judges or Clerks of the Dáil and Seanad should be elected, for example. There would be an outcry that no judge or official of the House would be represented on the relevant commission. Politicians, however, allow judges and Clerks of the Dáil to decide our future and the way we should operate within politics.

Other speakers have posed the question as to why people do not vote. The reason is that politicians have handed over our power to non-elected persons. This began with the EU and we repeatedly use the excuse that a particular provision is required by EU legislation. People died for the right to vote but every day in this House Members sign over power to non-elected entities.

Many of those elected to such bodies have never put their name on a ballot paper. Examples include the National Roads Authority and the Health Service Executive. It is now the case that Ministers pay a fortune for the services of programme managers and spin doctors. One Minister has 14 programme managers but there are not as many doctors in Mayo General Hospital. It is wrong that we allow ourselves to continuously hand over our powers to non-elected representatives and this is an issue we must examine. It is the reason citizens do not vote in local, Dáil and European elections. The perception is that public representatives are not worth voting for because we have handed over our powers.

A previous speaker referred to the issue of policy announcements. An example is the scheme to deal with the nursing homes debacle. This was announced today on the streets of Dublin instead of in this House. It is little wonder people are not

[Mr. Ring.]

interested in politics and politicians because we sell ourselves short. Every policy announcement should be made in the Dáil before being discussed on national radio. Instead, every issue is discussed on “Liveline” and “Morning Ireland” and is not debated in this House until three months later when people are tired of hearing about it. This must stop. If there is to be real Dáil reform, we must begin using this House as a discussion forum and forget about the EU and non-elected representatives.

In the ten years since I was first elected, the only proper debate I have witnessed in this House was that which took place some weeks ago on the situation in Northern Ireland in respect of Sinn Féin and the McCartney sisters. Citizens spoke about and were interested in that debate because it involved a real engagement between the Taoiseach and the Opposition. Everything else is stage managed, programme managed and controlled by non-elected representatives. This must change.

Although I was not successful, I had the pleasure of taking a case to the High Court in regard to the abolition of the dual mandate. I have a warning in this regard for Fianna Fáil backbenchers and for some Members on this side of the House who did not support me in this instance. There will be many former Deputies leaving count centres in a distressed state after the next election. The loss of their Dáil seat will mean the end of their political career. In the past defeated Deputies at least had the opportunity to retain their council seats and rebuild their political careers from that base.

That option is no longer available and Members will discover that younger candidates are establishing themselves in their constituencies and managing the local party organisation. These candidates are ready to take their chance when the local party Deputy loses his or her seat. Whichever party finds itself in a position to form a Government after the next election, particularly if the numbers are tight, will be obliged to reverse the legislation abolishing the dual mandate. Having witnessed the devastation wrought upon Fianna Fáil backbenchers, any parties or individual Members courted by a potential Taoiseach will insist on a commitment to restore the dual mandate in return for their support for a new Government.

There is evidence of the fastest growing employment sector in Ireland in every council and health board office. The employees in question are not non-nationals or refugees. It is those engaged in recording telephone voicemail messages. The latest development is that when one telephones a county council office, one invariably encounters a recorded voicemail greeting to indicate the recipient of the call is at a meeting or otherwise engaged. These employees must never stop meeting each other or perhaps having fun together. They are certainly not serving the people. The benchmarking process has cost the

State a fortune but the only obvious result is the proliferation of voicemails. I challenge the Minister of State and his officials to telephone any council or health board and not encounter a recorded voicemail message.

This situation must be addressed quickly. Yesterday I sent a strongly worded e-mail to the manager of Mayo County Council, of which I was previously a member, reminding him of the legislation passed in this House and what the Government promised us in regard to replies. It is no wonder council officials do not reply to Deputies' questions when one considers that questions addressed to the Government in this House are examined by spin doctors for days in an attempt to ensure the information sought is not imparted. The State has become a dictatorship within a democracy because people refuse to answer questions.

How could the independent commission make a decision that may well ensure the electorate of County Leitrim, the most beautiful county, is not represented in the Dáil? It is wrong that this should be the case. If the commission members understood politics and rural life, they would know the importance of having one's own man or woman in the Dáil for those who live in a county and feel a loyalty to its colours. I hope those electors in Leitrim campaigning against this decision will bring their case to the High Court and attain a positive result. People in Leitrim died to attain a vote and to ensure a person from their own county would represent them in this House. How can any Government allow a situation where Leitrim may not have a representative in the next Dáil?

In my constituency of Mayo, I regularly travel from Shrule through Ballinrobe, Newport, Bangor, Belmullet and down to Blacksod. It is more than 160 miles from one end of the constituency to the other and it is wrong that public representatives must undertake this type of mileage. Mayo has a population of more than 110,000. I do not see why we cannot have two three-seat constituencies rather than one five-seat constituency. It is not right and it is putting pressure on elected representatives. It is wrong that people criticise us for travelling here, there and everywhere to look after our constituents. That is the Dublin 4 and the upper class attitude. This is not the House of Lords and we are not here for life. One is elected to this House for a four or five-year term and the people of the constituency expect a Deputy to represent them and to be available. We are Teachtaí Dala — messengers of the people. If we do not listen and speak to the people and serve them, they will soon forget about us. Some of them have forgotten about us already because we no longer sit on the councils, for which we will pay a price.

Deputy McHugh spoke about the Independents and blamed Fianna Fáil, Fine Gael and previous Ministers. He is probably right that the Independents were never in Government. There is only one Independent in this House, he is in the

Fine Gael party and the Minister of State, Deputy Noel Ahern, is looking at him. The others are not independent. They were not independent during the Presidential election and the recent removal of the dual mandate. The only time they are independent is when they collect the €33,000 per year which they get as Independents. They come together and say they want to be a party and want the same privileges in the House as Fianna Fáil, Fine Gael and the Labour Party. That is fine if they are a political party but why is each of them able to draw down €33,000 unvouched? The leaders of Fianna Fáil, Fine Gael and the Labour Party must produce audited accounts showing how they spend their money. If these guys want to be a party, let them provide audited accounts. One cannot be in a party and be independent. One cannot seek the privileges of the House as a party and then draw down the €33,000 as an Independent backbencher. One of the worst places to be in politics is on the Government backbenchers, although it is even worse on the Opposition backbenches. Government backbenchers are fodder for the Government and must take the abuse. However, it is fine to be an Independent if one has €33,000 to spend. It is time that was highlighted.

I listened to previous speakers talk about electronic voting. Public officials have rented property to store electronic voting machines for which they are being paid by the State. Some of them work in the Civil Service while others work in councils. If the Minister of State had bought a shed to store electronic voting machines and got paid for doing so, there would be an outcry. However, there was no outcry when an official of a council bought a shed to store electronic voting machines.

It is time to get rid of the electronic voting machines and I have a suggestion as to what to do with them. We are always talking about democracy, educating young people and about how we can get people to vote. I propose that we give the electronic voting machines to schools that can use them to hold mock elections to educate young people on the election process.

We should forget about electronic voting because the people do not want it and did not ask for it. The only ones who wanted electronic voting were the Minister, Deputy Cullen, and Fianna Fáil. I wonder why. They handed over powers in respect of electronic voting to a guy in Holland. I never saw his name on the ballot paper but, by God, I am sure he could doctor the ballot paper in whichever way one wanted. I do not trust electronic voting and I should not have to. The people put their ballot papers in boxes and they are counted the next morning. People continue to enjoy that process and I do not want to see electronic voting.

The previous speaker talked about Britain. We took some good and some very bad things from Britain but we should be able to run our own elections without depending on Britain. The previous speaker was right when he said last

Wednesday's election in Britain was over at 9 p.m., that they had the exit polls a half an hour later and that they were out by one seat. It is easy to do that because Britain does not have proportional representation. Some 60% of the people who voted in last week's British election voted against the Government. If that is democracy, it is a queer kind of one. Under our system, the count goes on for three or four days. If the count is going well in the morning, one is in good form but if it is going badly, one has a day to take it on board. At least it is not as cruel and as painful as what happened when electronic voting was used on a trial basis here. Nora Owen was a very foolish woman not to take a case to the High Court because we have found the system was not trustworthy. Those who were elected using the electronic voting system were not truly elected. If I was in Nora Owen's constituency and if I had been beaten, I would have been in the High Court the next day. We would have had a test case and another election.

I turn to the cost of elections. There is no doubt we have pushed ourselves into a corner. I want to have a go at my good friends in the media in regard to expenses. The Independents lectured us about expenses. When they give up politics, many of these fellows could get lecturing jobs in Trinity College because they are good at lecturing. I heard one Independent Deputy make a point about expenses. How can one compare the Minister of State with me? The Minister of State lives in the city of Dublin while I live in Westport, County Mayo, of which I am very proud. It is a lovely town and is the tidiest town in Ireland. It is 155 miles from my home to the House. The Minister of State can go home Monday to Friday but I must travel up on a Monday and work here until Friday.

I have listened to the media compare the 166 Deputies. The Minister of State is also a Deputy. He is lucky enough to be in office, which is an honour. However, when a freedom of information request is made, it should also seek information about Ministers as well as Deputies. It is wrong and unfair of the media to compare the 166 Deputies. Surely I cannot be compared with Deputy Joe Higgins who goes home for his breakfast, dinner and tea and to bed. I have to stay here Monday to Friday. How can the media compare Deputy Joe Higgins with me? I am in the top ten in terms of expenditure. Why would I not be? I want to be in the top five in the five seat constituency of Mayo after the next election, whatever about in the top ten. Ministers have chauffeur driven cars and programme managers which are not considered an expense so it looks as if Deputies are making a fortune. That is not the case.

I see guys in my constituency and outside it spending a fortune in between elections. It is time we looked at that issue. If we are to control the cost of elections, we must control what is spent in between them. If not, everybody should be let spend what they want.

[Mr. Ring.]

It is time legislation was introduced to enable us to remain on as Deputies until the count is over. There is a daft ruling that once the general election is called, one is no longer a Deputy. There is hypocrisy in that Senators remain on as such until the Seanad election is held. It should be the same for Deputies who are not allowed to use the facilities. We have gone from one extreme to the other. We have become whiter than white. If we do not stop, we will have to count the Biro's, the pencils and the next time we go to the toilet, the toilet rolls we use. That is what will happen if we do not stop. It has gone from one extreme to the other. I also want to say regarding voting—

**Acting Chairman:** I must ask the Deputy to conclude.

**Mr. Deenihan:** This is great stuff. It is powerful.

**Mr. Ring:** I had some other issues I wanted to raise. I just want to say that we sell ourselves short in this House. We look after the programme managers and the officials in the Departments and we sell ourselves short as backbenchers and TDs.

Debate adjourned.

### Private Members' Business.

#### Accident and Emergency Units: Motion (Resumed).

The following motion was moved by Deputy Twomey on Tuesday, 10 May 2005:

That Dáil Éireann recognises the:

- work of nurses, doctors and staff of accident and emergency units who work under severe pressure each day;
- recent report published by the Health and Safety Authority, Health and Safety Authority Inspection Programme in Accident and Emergency Units March-April 2005, which stated that “the health sector, and more particularly accident and emergency units, is at major risk” of workplace violence and that “the current arrangements for protecting workers from this risk were inadequate”;
- increasing problem of intoxicated persons turning up in our accident and emergency units; and

calls on the Government to:

- implement health and safety procedures for staff and patients within the hospital environment;
- deal with the escalating alcohol fuelled aggression and abuse that is becoming endemic in our accident and emergency units with the following measures:
  - introduce separate ‘wet rooms’ where those found simply to be drunk, following a medical assessment, but not ill or injured, are isolated from the other patients and medical personnel and left to sleep off the effects of their drinking;
  - have extra gardaí present in accident and emergency units on Friday and Saturday nights when the throughput is highest;
  - introduce a new offence of “threatening, abusive or insulting behaviour in or around an accident and emergency unit” which would be subject to an on-the-spot fine of €200, to be imposed by the gardaí on duty in the accident and emergency units;
  - remove hangers-on who are under the influence of alcohol from the accident and emergency unit, as these add significantly to the tension and stress; and
  - double the charge for visiting an accident and emergency unit for those who are found simply to be under the influence of alcohol and are not actually ill or injured.

Debate resumed on amendment No. 1:

To delete all words after “Dáil Éireann” and substitute the following:

- recognises the pressures on some of our accident and emergency departments and acknowledges that the abuse of alcohol is a significant contributory factor;
- supports the Tánaiste and Minister for Health and Children in her determination to bring about improvements in the accident and emergency services available to patients;
- welcomes the steps being taken by the Health Service Executive to implement the 10 point plan announced by the Tánaiste and Minister for Health and Children to improve the delivery of accident and emergency services;
- notes the recommendations made by the Health and Safety Authority following its recent inspection of certain accident and emergency departments and calls on hospital staff at all levels to

work together on their implementation; and

- supports the Minister for Justice, Equality and Law Reform in his efforts to tackle public order, particularly as it impacts on staff who deliver emergency care.
- (Tánaiste and Minister for Health and Children).

**Dr. Devins:** I wish to share time with Deputies Fiona O'Malley, Keaveney, Cooper-Flynn, Sexton and Moloney.

I am delighted to have the opportunity to speak on this motion. There is no doubt that the work in accident and emergency units has come under intense media scrutiny in the recent past. There are a number of contributing factors for this scrutiny, but chief among them has been the unacceptable levels of delay encountered by patients either waiting for treatment or admission. Some weeks ago, the Minister for Health and Children announced a ten-point plan to deal with these delays. There has been real progress on these proposals to deal with the problems of accident and emergency services. It is worth noting that different problems exist in different accident and emergency units, hence the reason for a multi-factorial approach to dealing with these problems.

One of the proposals deals with the role of acute medical assessment and admission units. There is very good evidence that these units, when properly run and resourced can have a dramatic role in improving the service offered by accident and emergency units. These units provide rapid assessment, diagnosis and treatment of patients referred for urgent medical assessment or admission. Sligo General Hospital, has an excellent proposal for such a unit currently with the HSE. It is imaginative, radical and carefully-costed. I understand the national hospitals office of the HSE is currently evaluating the effectiveness and efficiency of acute medical unit proposals. This is right and proper, but I urge the Minister to ensure that this evaluation is completed as soon as possible. I have no doubt that when the proposals from Sligo General Hospital are evaluated, they will be found to be effective and efficient. When they are implemented, a reduction in waiting times at the accident and emergency unit in Sligo General Hospital will definitely occur.

In the remaining time available to me, I will touch on another element of the motion before us tonight, namely the risk of injury to staff and patients from people who are suffering from alcohol or drug misuse. Staff who work in accident and emergency units work in a demanding environment. They deal with people who may have life-threatening medical conditions. From a patient's perspective, attendance at an accident and emergency unit indicates that he or she is suffering from either an accident or an emergency. Naturally, the patient's anxiety levels are raised.

Both of these factors contribute to a highly charged emotional situation. Thus, it is not an overstatement to say that the tension levels in accident and emergency units are very high.

In such an environment, it is very unfair to staff or patients to be obliged to deal with a person who is aggressive because of alcohol or drug misuse. As a junior hospital doctor many years ago, I worked in a very busy accident and emergency unit in the centre of Dublin. I am acutely aware of how difficult an environment an accident and emergency unit is in which to work. The protection of staff and patients is paramount. I strongly support the use of deterrents to prevent or limit aggressive behaviour by drink or drug-fuelled attendees in accident and emergency units.

However, all who have worked or who work in accident and emergency departments agree that careful medical evaluation must be carried out before any action is taken against anyone who is aggressive. The person suffering from an underlying medical problem is not simply treated as if he or she was drunk. It is against the ethos of all who work in the health care industry to summarily dismiss someone who is drunk as simply that, without first carefully checking the person over for other problems. This is not an easy task, but it is done routinely in our accident and emergency units, especially at weekends. If the staff is satisfied that no medical or surgical problem exists, then the natural procedures for dealing with anyone who is drunk or disorderly should come into play, that is, it becomes a matter for the Garda Síochána.

There may well be scope for severe penalties for such disruptive behaviour in a hospital setting because of the vulnerability of other patients. Perhaps the Minister for Justice, Equality and Law Reform should examine that aspect. The motion and the amendment before us tonight are worthy of consideration and I commend the amendment to the House.

**Ms F. O'Malley:** I agree with what Deputy Devins has just stated about the proposals before us in the Fine Gael motion. He has demonstrated the problem very well because a patient might not necessarily be simply a drunk patient and there could be other factors. This is the danger. The motion before us is so ill-considered as to be utterly careless. Fine Gael is a serious party with an important contribution to make in Irish politics, but presenting such a motion undermines its credibility. I am sorry to be obliged to state this, because Private Member's business and the motions debated should be about a constructive dialogue on pressing political issues of the day. I will outline why it is careless. The first proposal concerns the introduction of a so-called "wet room" for those found to be drunk——

**Dr. Twomey:** Has the Deputy ever been in one?

**Ms F. O'Malley:** No, I have not.

**Dr. Devins:** What kind of question is that?

**Ms F. O'Malley:** The Deputy was trying to knock me from my stride. Presumably, such people are to be given a bed to sleep on to sleep off their inebriation. This is absurd. We have a problem with space in the first instance and in any event, as Deputy Devins and I have mentioned, patients need to be medically assessed. Therefore they will not be separated initially from the sober members among the attendees. Then one must determine whether someone is drunk which will take much effort and might require the involvement of the Garda. If one takes the idea to its limit, is the Deputy looking for breathalysers in the units? It is simply not a runner.

**Dr. Twomey:** We should ask Deputy Devins to expand on that point as he has the experience.

**Ms F. O'Malley:** It requires the provision of beds for sleeping drunks and extra gardaí as I have already mentioned. The practicality of the Fine Gael motion makes it ludicrous, which is a pity. Under these proposals, hard-working staff would spend far more time dealing with drunks and attending to their needs than doing what they are supposed to be doing, which is treating the accident and emergency patients.

The opposition's second proposal is to have extra gardaí in accident and emergency units at weekends. We have a proposal. It could not be called a policy because it appears to have been plucked from the air. Tonight in the Seanad, on another Private Member's motion, Fine Gael looked for extra gardaí to tackle anti-social behaviour. Between 1994 and 1996 Fine Gael presided over a reduction in the number of gardaí. Now that we have some more, we must think carefully as to how they are deployed and to have them going in and out of accident and emergency units chasing drunks does not appear to be the answer. Accident and emergency units would be more like a carnival than anything else.

**Dr. Twomey:** How many gardaí are there?

**Ms F. O'Malley:** That is a matter for another evening. The third proposal is for a new offence of threatening behaviour in and around accident and emergency units. How does one legislate for the term "in and around an accident and emergency unit"? Why is a new offence required? The behaviour outlined is already an offence. Again, Fine Gael expects the gardaí to patrol in and around every accident and emergency unit in the expectation of imposing an on-the-spot fine. The fourth proposal made by the party "calls on the Government to remove hangers-on who are under the influence". How does one define a hanger-on? If a person who may or may not have had a drink accompanies an injured person who may be a relative or an elderly person to an accident and emergency unit, is he or she also a

hanger-on? This is simply a crazy notion. Finally, the motion contains the proposal to charge drunks double fees for non-treatment. The person must be medically assessed. Drunkenness must be defined and proven. Consent for an evaluation must be gained and a Garda may have to be present. Once it is decided that a person does not require treatment, Fine Gael want him or her to be charged twice for that. Fine Gael has not spared the public the company of drunks as they will not be separated until they have been assessed. Fine Gael has not freed up staff in accident and emergency departments as drunken individuals must still be assessed. If Fine Gael thinks this measure will deter somebody who is drunk from ending up in an accident and emergency department, it is more deluded that I imagined.

Not much thought went into this motion, which is a shame. Tonight's debate was an opportunity for Fine Gael to showcase its solutions to the problems facing accident and emergency departments but what it has produced only compounds the problem and takes valuable staff time from dealing with the issues.

**Cecilia Keaveney:** This is a very serious issue. I was convenor of the health committee in the previous Dáil and it was one of the major issues that came before us. I am disappointed by the motion because it misses the core issue. It talks about how drunk people who end up in accident and emergency departments should be treated and charged but it ignores why they are there in the first place. There is no suggestion or inclusion of any measure to tackle binge drinking. When we talk about matters like waste management, we always talk about reducing the problem as the first step. If the problem lies in people arriving seriously inebriated in accident and emergency units either because they have drunk so much that their stomachs must be pumped out or because of injuries caused by their excessive drinking, we should try to tackle the culture of drinking. I am not a killjoy and I enjoy a drink as much as most people in the House. However, we need to examine Ireland's image abroad, which is of a country where people drink until they fall down and then potentially cause problems in accident and emergency units. While the motion deals with accident and emergency departments, it would have been helpful to have had a discussion regarding how we can tackle the core problem associated with alcohol.

Excessive drinking leads to people going to hospital and alcohol can mask medical problems with potentially serious results, a problem which was alluded to by the two previous speakers.

The Government amendment talks about recognising the pressure on some of our accident and emergency departments, acknowledges that alcohol abuse is a significant contributory factor and refers to the Tánaiste and Minister for Health and Children increasing her determination to bring about improvements in accident and emer-

gency services. I congratulate the staff in Letterkenny General Hospital which deals with this issue every weekend. The hospital needs additional space and its application for a number of additional units is before the Department of Health and Children. It is important that lack of space is addressed and that people have sufficient space to deal with patients. If a person becomes rowdy or aggressive, the problem for staff and other patients is compounded by lack of space. An example I was told about by an accident and emergency nurse involved a girl of 14 who was brought into hospital and had to have her stomach pumped out. When staff spoke to her later, she said she had spent almost €100 on drink but could not remember how many drinks she had drunk. When asked how many rounds she had bought, she said she had only bought drink for herself. This leads to the bigger question of why people from that age drink so much.

We must promote responsible drinking and examine the role of everyone in the community in tackling this issue. Hospitals need the necessary facilities, such as more space and more beds in Letterkenny General Hospital, to deal with people. The Tánaiste and Minister for Health and Children intends to further the ten-point plan by ensuring the necessary accident and emergency services are provided there. It is too bad that, for example, the coffee dock in Letterkenny General Hospital is sometimes closed due to lack space for A&E and surgical cases.

I look forward to the implementation of the capital plan with regard to accident and emergency services. I would have preferred if tonight's debate could have addressed the core issue of alcohol abuse but perhaps it could be debated in future Private Members' or Government time. We shy away from it and it is time we faced up to it and see if we can work together to find solutions.

**Ms Cooper-Flynn:** The motion is very well intentioned. However, it is slightly narrow in its focus, while recognising that drunkenness in accident and emergency departments is a very serious problem. I have consulted with accident and emergency units in my area, and it is true that many young people arrive in accident and emergency units who are drunk and simply need to sleep it off. They are not able to look after themselves and there is nobody to look after them. Many drunken individuals who arrive in accident and emergency departments have a serious injury, perhaps as a result of a fight, and need treatment. Some people, often older people, who are admitted to accident and emergency departments are habitual drinkers and need to be admitted to hospital to detox and receive treatment. While many drunk people are admitted to accident and emergency units, they are not all disorderly and violent. Unfortunately, even if a very small percentage of them are, they cause mayhem for staff. From that perspective, I understand Deputy Twomey's perspective.

I wish to focus on a more general issue in accident and emergency services, particularly the ten-point plan and how it relates to a general hospital in my constituency. My concern with regard to many of the proposals put forward tonight and in the ten-point plan is that they are very focused on cities. Even when the Health Service Executive gives us a progress report on the ten-point plan, it tends to focus on the eastern region and new facilities for Dublin hospitals. I have visited the accident and emergency department in Mayo General Hospital on at least five occasions since Christmas and there are up to 18 people in trolleys on a regular basis, particularly at weekends. When the Health Service Executive came before the Oireachtas Joint Committee on Health and Children, it told me that there have been an average of nine patients on trolley since Christmas. That may be the case but on any given week, there are up to 18 people on trolleys on one or two nights at the hospital. There are people who have to spend up to two nights on a trolley, getting no sleep and sometimes in the company of very drunk individuals, which is of huge concern. Having spoken to the staff and consultants about what they see as the solution, I do not see much mention of it within the ten-point plan. The main solution to the crisis in accident and emergency departments is more beds. We have a growing population and improved medical practices and technology but the number of inpatient beds has not kept pace with this. Deputy Mícheál Martin when he was Minister for Health and Children did a very good job in substantially increasing the number of accident and emergency consultants. However, there was no corresponding increase in the number of inpatient beds. While there are additional consultants, they can only work with the facilities that are available to them.

Another very important issue that must be addressed as soon as possible is changing the consultants' contract. When a consultant only works 33 hours per week and his or her hours are sometime between 9 a.m. and 5 p.m., there is no senior clinician in many accident and emergency units in the early hours of the morning when many of these problems occur. One of the recommendations of the Health and Safety Authority's report was that a senior clinician should be in charge of accident and emergency services. Accident and emergency consultants have plenty of experience in dealing with crises, in assessing a person and discharging him or her if appropriate. However, junior doctors attending to patients commonly err on the side of caution and admit rather than discharge people for fear of making the wrong decision. If a person of sufficient medical seniority were in the accident and emergency departments, they would be more effective in managing the activities and making better use of available resources. Dealing with this critical issue must be a priority.

I ask the Minister of State to bring to the attention of the Tánaiste an issue relating to the ten-point plan, that is, nursing home places for high

[Ms Cooper-Flynn.]

dependency patients and step-down beds for intermediate care. I asked what facilities were being put in place in the west, in particular in Mayo, and was told this is a nationwide programme. However, not one County Mayo nursing home has tendered for beds because they were told when they contacted the HSE that they must have a minimum of ten beds available. In a 30-bed or 40-bed unit there will not be ten beds available at any given time to contract out to the HSE. Nursing homes were also given a short period of time in which to put their tenders in place. If no one has tendered, how can this be an effective mechanism to deal with the accident and emergency crisis?

**Acting Chairman (Mr. Sherlock):** I must ask the Deputy to conclude.

**Ms Cooper-Flynn:** The plan is predominantly Dublin-based. This is a serious issue, particularly in respect of home packages and where they apply throughout the country.

**Ms Sexton:** I take this brief opportunity to thank the Tánaiste for her clear and concise contribution on this motion yesterday evening. If it were needed, the House was given further reassurance on the significant endeavours and numerous plans that are being put into place to meet what I consider to be the challenge of the decade. I take this opportunity to place on record something that every Member possesses, namely, our esteem and respect for the work of nurses, doctors and staff in all accident and emergency departments, especially those who work under severe pressures in particular units. The Tánaiste has placed on the record her commitment to follow the recommendations of the Health and Safety Authority to move patients from accident and emergency unit trolleys. No one here would disagree there is an increasing problem of intoxicated persons turning up at accident and emergency departments.

We on this side of the House concur with elements of the Private Members' motion but difficulties are posed by the calls on the Government to act in certain ways to deal with the problems. The motion concentrates on those presenting with alcohol-fuelled aggression. It fails to take into account that 30% of male admissions, 10% of female admissions and almost 25% of all accident and emergency attendances meet the diagnostic criteria for alcohol misuse or dependency, which poses its own problems. Medically, it is widely accepted that this misuse of alcohol can be closely tied to deeper psychological issues and the measures required to adequately and safely address the issues are being developed to ensure the proper and long-term strategies are devised and delivered.

There is the danger that we may think of drunks in accident and emergency units as a single uniform group, but that is not the case. I wel-

come the Tánaiste's announcement of initiatives to identify appropriate care settings at community level and the development of accident and emergency triage arrangements to enable more appropriate assessments and treatments of people with psychosocial issues. The House is unanimous in that any and every possible threat or abuse a health care worker might face must be removed. I hope a working partnership of management and trade unions will be in place to enable the implementation of the HSA's guidelines in the near future.

We have a duty to ensure all possible and practical steps are taken as quickly as possible. To this end, the Minister for Justice, Equality and Law Reform, Deputy McDowell, is determined to see that all efforts are made to tackle disorderly behaviour, in particular, assaults on emergency workers such as those in accident and emergency units. The Criminal Justice Bill 2004 provides for a fixed charge procedure regarding certain public order offences, which is welcome. That is in addition to legislation dealing with disorderly behaviour. I hope the penalties for disorderly conduct and intoxication in a public place receive the support of all Deputies. I also welcome the Minister's decision to examine the current position of assaults specifically against emergency workers. There is an acute possibility of providing for a specific offence in this respect by way of an amendment to the Criminal Justice Bill and I welcome that.

Asking the House to approve a motion calling for the Government to round up "hangers on" reveals a disregard for medical, legal and civil liberties and focuses on just one factor that creates difficulties for accident and emergency patients, which, when solved, will not be a panacea for the enormous difficulties that exist. The combined efforts of the many sectoral workers in the interests of patients will be required, such as out-of-hours GP services, 24-7 diagnostic testing availability and the co-operation and goodwill of everyone working in the provision of health care to deliver the type of health service of which everyone inside and outside the House will be proud.

**Mr. Moloney:** I welcome the opportunity to speak on the Private Members' motion. While I do not agree with the expressed wish in the motion I understand the sense of it and where the Opposition is coming from. Unlike most Private Members' motions, this is not a political device but an attempt to deal with an issue that is causing much concern throughout the health services. That so many people are attending accident and emergency units by way of drink-related abuse creates a problem for us all.

I do not wish to refer to many studies, but the health promotion unit in its study makes the point that 30% of male admissions and 10% of female admissions were drink-related. We must deal with this problem. I do not concur with the idea of wet rules, although I understand the thinking behind

it. By coincidence, I spent two hours last Saturday evening in the accident and emergency unit in Portlaoise. We all understand the strains and stresses placed on staff. I take Deputy Cooper-Flynn's point that the ten-point plan is geared towards city hospitals. That concerns me and the matter should be examined further.

I will focus on one issue. In the past fortnight I was invited, as chairman of the Joint Committee on Health and Children, to a conference held by Alcohol Action Ireland dealing with alcohol abuse. Many presentations were made by people in the front line, particularly accident and emergency consultants. Those people have a specific submission to make concerning alcohol abuse and the consumption and sale of alcohol. I come from a public house background and I made the point at the conference that in dealing with alcohol abuse it is important to involve the drinks companies and the trade. Subsequent to the conference, I made contacts with representatives of the drinks trade. It is important to state that to attack the drinks trade purely for the sake of blaming it for all the ills of society is not the answer. The drinks trade has come to the understanding that for its future well-being, its members must become involved in finding the solution. When we examine the figures outlined by the group at that conference, there is a distinct problem in Ireland compared to other European countries not just with binge drinking but also under age drinking. That problem is evident in accident and emergency departments.

We should call on the drinks trade to put part of its profit, which is not meant in a negative sense, into promoting or conducting a study *vis-à-vis* the universities and colleges to determine the reasons Ireland is to the fore in terms of the effects of binge drinking and alcohol abuse. We must also recognise that, rather than condemning the practice for the sake of it, all the partners should be involved. As a member of the Vintners Federation of Ireland for many years, it is not in the interests of the vast majority of publicans to carry the so-called tag that the abuses and ills of society are directly related to the drinks industry. They must become involved in finding a solution.

I refer to two points made by the Tánaiste which are worth taking into account. It would be a mistake to expect short-term actions on alcohol abuse to solve the wider problems. Tackling alcohol abuse would not, for example, improve rostering to ensure patients are seen, diagnosed, treated and discharged quickly. That should be taken into account. I recognise where the motion is coming from and understand the concerns, but I agree with the Tánaiste that consultants must change their working hours, given that patients often have to stay overnight in accident and emergency units because no consultant is on duty between 6 p.m. and 8 a.m.

While I support the thinking behind the motion and understand why we must tackle this issue immediately, I will not vote for it. From reading the percentages of those presenting in accident

and emergency units, if we can resolve the problem in the long term, it will have a significant beneficial effect on the difficulties in our accident and emergency systems.

I support the Tánaiste in all she has done since coming to office. The ten-point plan must be a road map for us to deliver at least on commitments to resolve the accident and emergency crisis. I ask the Minister of State to ensure that the ten-point plan is not only a solution to the difficulties experienced in the major centres. A pilot study should be carried out on how what is proposed will impinge to the benefit of rural hospitals.

I support the amendment to the motion in recognition that some action must be taken to resolve the crisis. This House should invite those who have a stake in the industry to become part of the solution in terms of the difficulty caused by the abuse of alcohol.

**Mr. Morgan:** I wish to share time with Deputies Finian McGrath, Catherine Murphy, James Breen, McHugh and Gormley.

**Acting Chairman (Mr. Sherlock):** That is agreed. The time allocated is limited and therefore I will keep an eye on the clock.

**Mr. Morgan:** The acting chairman should key an eye on the speakers with whom I am sharing because they will be worth hearing.

**Mr. McHugh:** The acting chairman can use the guillotine mechanism.

**Mr. Morgan:** I commend the Irish Nurses Organisation for its ongoing campaign, Enough is Enough. We need more people at the forefront of our health services to follow its example. It is heartening to see hundreds of people join nurses on their lunchtime pickets at hospitals throughout this country. The INO had a successful meeting at Our Lady of Lourdes Hospital in Drogheda the week before last, which I was honoured to join and support its members in their case.

The ongoing crisis in our accident and emergency units reached a critical stage on 20 April when the Health and Safety Authority criticised the level of congestion in accident and emergency departments saying that it increased the risk of injuries, infection and violence. The criticism followed a programme of inspection of 11 accident and emergency departments that commenced in March. The report stated that there were many issues in accident and emergency units that require immediate attention. It highlighted trolleys, chairs and medical equipment stored in fire-protected corridors and at doorways. Eight of the hospitals were reported to fire officers because exit doors and corridors had been obstructed. If this occurred in a hotel, I have no doubt the premises would be closed, but then that is part of the agenda of the Government in respect of hospitals in any event. The report emphasised

[Mr. Morgan.]

how overcrowding leads to an increased risk of injury, infection and violence from frustrated patients.

The report, which was given to the Health Service Executive, also criticised the lack of senior clinicians in accident and emergency departments on a 24-seven basis. In the meantime we had the ongoing Enough is Enough campaign by the INO. What is the current position in our accident and emergency departments? The INO's trolley watch for yesterday, 10 May, reports that there were a total of 274 people on trolleys, with 150 in the eastern region and 124 in the rest of the Twenty-six Counties. That is a fine record.

We need to examine the accident and emergency issue from a long-term perspective. The Fianna Fáil-PD Government has been in power continuously since 1997. It was elected in 1997 and re-elected in 2002 on the promise that it would sort out the mess in accident and emergency units and clear the hospital waiting lists. One would think the Minister, Deputy Harney, had no responsibility for this mess over those eight years. She carries on as if she did her leaving certificate last June, was elected to the Dáil in July and took over the Department of Health and Children in September, still wet behind the ears. We are expected to give the Minister the benefit of a honeymoon period. That honeymoon period did not end last month but in 1999. In 2002, this coalition was re-elected on the promise that the hospital waiting lists would be cleared by 2004. However, we know the reality. We do not even have figures for the large number of people on waiting lists to get on to hospital waiting lists.

An e-mail I received from a friend yesterday stated:

The next time the government claim that they have cut the waiting list they should be told that is not true, what they do is not to put people in the list anymore. We got a referral for Temple Street Children's hospital at the beginning of April, I rang in May to the hospital to know why didn't I receive an appointment and I was told that they were still dealing with referrals made in February. Basically, I was told that I was on the list to get on to the waiting list.

I will not include the comment that correspondent made about the Minister for Health and Children.

The main focus of this motion is the chronic situation in accident and emergency departments, especially at weekends. Staff and patients are often in danger given the risks associated with overcrowding. People coming into these departments drunk, worsens this position. Many contributors have dealt with the issue of alcohol abuse, but that is not the fundamental point, which is the under-resourcing of these accident and emergency facilities.

**Mr. F. McGrath:** I thank the Chair for the opportunity to speak on this Private Members' motion on the health service and the work of nurses, doctors and staff of accident and emergency units who work under severe pressure each day.

I support the motion but before I go into detail it is important to state that the Government should stop pussy-footing around on the health issue and provide more beds. While this motion deals with anti-social behaviour of some people visiting our hospitals, the primary issue in any accident and emergency department is the need for beds. We need approximately 500 beds immediately and then we can increase the number of beds over a reasonable period. We have had enough when it comes to talk and reports, we want beds in hospitals.

I demand and put forward a proposal for the immediate implementation of the an action plan, including the ten-point plan for accident and emergency services, to bring about some improvement in the short term, and the development of a hospital development plan with a different time frame and funding commitments for the introduction of additional acute and non-acute beds promised in the Government's health strategy. I also demand better management of existing resources, including the lifting of the employment ceiling on nursing and other front line staff, the opening of all closed beds with appropriate staffing and proper administration of admissions and discharge policies. These are three sensible proposals to end the nightmare for patients and staff at our accident and emergency departments.

The Government should hang its head in shame for the way it has dealt with the crisis in our hospitals. It is a disgrace and a clear breach of the civil liberties of patients and their families. The manner in which it has dealt with the crisis is also an abuse of our citizens and taxpayers, it having been in power for eight years and having spent €30 million on reports.

I also support the proposal for "wet rooms" where those found simply to be drunk, following a medical assessment, but not ill or injured, would be separated from other patients, especially our elderly or seriously ill patients. These are important issues for all patients and staff.

I am sick and tired of listening to constituents and complaints from patients and their families over the past eight years, yet nothing is being done in this area. I call on the Minister to come into the real world and to listen to the constructive proposals in this debate. This motion is about health care and our people but above all it is about providing a top quality health service for all our citizens, regardless of income, colour or creed.

**Ms C. Murphy:** I welcome the opportunity to speak on this motion. I know many nurses who no longer practice nursing and on pressing them for the reason they dropped out of the profession,

they told me they no longer got pleasure from nursing. The constant pressure they were under and the overcrowded conditions also contributed to their decision to leave the profession. We are losing experienced skilled professionals at a time when we are going overseas to recruit staff. That does not make sense.

One need only visit an accident and emergency department at the weekend to see the problems that exist. From my few experiences of visiting accident and emergency departments, I detected that a menacing atmosphere prevailed. That is the only way I could describe the atmosphere. Overcrowding in the accident and emergency departments leads to a lack of security. If one were to watch the main entrance to a hospital, one would notice four or five people entering the hospital at a time looking for the accident and emergency department. It is unfair on nurses and doctors and it is impossible to ask them to monitor the people coming into the accident and emergency department. They do not know who is visiting a patient and that adds to the problem. There is no doubt that people being drunk in accident and emergency department is causing a problem.

A few weeks ago I attended the Naas General Hospital protest — that hospital together with Tallaght Hospital and Blanchardstown Hospital serve the people of north Kildare — which has 200 beds, 36 patients were on trolleys. That was the day that Punchestown festival got under way a great contrast could be made between that festival and the hospital protest. I agree with what an earlier speaker said about the proposal to provide “wet rooms” in that there would not be space to provide such a room in the hospital to which I referred. There is not even space for trolleys because it is so overcrowded. This problem needs to be addressed. Portacabins were provided while the hospital was under construction. I am sure they were the same type of portacabins that were offered on “Liveline” but for health and safety reasons were not accepted. We drop our standards in a crisis. It is important to focus on the health and safety issue in regard to hospitals.

There is also a problem isolating superbugs as a result of a lack of space, which is a health and safety issue. The major problem is the lack of space which needs to be addressed in a comprehensive manner.

**Mr. J. Breen:** It is very stressful for anyone having to attend an accident and emergency department in any hospital. This stress is compounded by concern about themselves, long delays, overcrowding and lack of adequate resources to deal effectively with the number of patients requesting treatment for a wide variety of illnesses. It is particularly stressful if one finds oneself in the midst of people who are drunk, high on drugs or, more commonly, have taken a mixture of both. It is unfair to ask people with genuine medical needs to tolerate such abuse by some people who are only there because of binge drinking, drug abuse and self-inflicted injuries as a result of their

stupidity. We ask people to wait while these people are treated, even though they are usually abusive and sometimes violent towards staff and the public.

It is a sad reflection on society that we allow such situations to happen in our hospitals. It is worse on Friday and Saturday nights. If extra gardaí were present in accident and emergency units on such nights with the power to invoke on-the-spot fines of €200 for threatening, abusive or insulting behaviour, it would soon result in a decrease in such instances. Hitting these people where it hurts, namely, in their pockets, might be one way of getting through to them that their behaviour is intolerable and against the law. Many people are so out of it on the night in question that they do not even appear to know or care what is going on. If they wake up in a cell the following morning and find they are out of pocket by €200, they will think twice before again getting into the same situation.

Many people are afraid to attend accident and emergency units for fear of being abused and intimidated by these people. It is time we stood up for our rights and showed these people that this type of intimidation will not be tolerated. We have a responsibility to protect people from such abuse. If people are found to be drunk but not ill or injured, a hospital is not the place for them. If they cause a disturbance or infringe other people's rights, they should be removed immediately and confined somewhere until they sober up. The hangers-on who accompany such drunks should not be allowed inside the building if they are intoxicated or being abusive.

We owe it to the public to enforce the law and ensure such behaviour is duly ended and the offenders punished appropriately. We must allow the staff who work in these accident and emergency units to do their job in a safe environment. The Government amendment asks us to note the recommendations of the Health and Safety Authority. I ask the Government not just to note the recommendations but to act on them immediately. We cannot tolerate a situation in which hard-working staff in accident and emergency departments must endure threatening, abusive or insulting behaviour during the course of their work. The situation is bad enough without this type of pressure. I call on the various Departments involved to ensure that appropriate legislation is enacted to protect such workers and the public.

It should not take the Tánaiste as long to implement the ten-point plan as it did to deal with my complaint about the MRSA superbug which she undertook to deal with in the Dáil last October. It is now seven months on and I have heard nothing from her.

**Mr. McHugh:** I am pleased to have an opportunity to speak on this Private Members' motion. My comments may not find full favour with Deputy Twomey, but what I have to say is what

[Mr. McHugh.]

I believe. My comments relate to the structure of the motion rather than its sentiments.

It is a very simple motion which calls for a particular way to deal with people presenting at accident and emergency departments who are under the influence of alcohol, which is a laudable sentiment. Surely this is a matter for local hospital management. It is a hospital micro-management issue which should be dealt with by management at accident and emergency level. The motion calls on the Government to implement health and safety procedures for staff and patients within the hospital environment.

This is an issue for hospital management at the coalface. Health and safety procedures must be the responsibility of local management. It is very simple. Health and safety procedures cannot be universal; they must be site specific. If not, they are only being developed as a cosmetic exercise. Site specific health and safety procedures are a matter for local management. The motion refers to removing hangers-on from accident and emergency units. Again this is an issue for management at local level.

The motion should call on the Government to provide the additional resources to ensure accommodation is provided in accident and emergency departments and provide the ancillary accommodation needed so that management can implement the measures called for. In that regard, I make a plea to the Tánaiste to ensure the application from the Health Service Executive western region for the provision of an assessment unit at Galway Regional Hospital is approved forthwith so that management there can set about improving the situation at the accident and emergency department.

I also appeal to the Tánaiste and the Minister of State, Deputy Brian Lenihan, to ensure that approval is given to the Tuam hospital project so that a community hospital can be built to replace the hospital that closed four years ago. The Tuam community hospital would act as a step-down facility. It would relieve the pressure on University College Hospital Galway, which is an acute hospital and a centre of excellence, and allow people to recuperate in an environment closer to home in a community hospital. That is the genesis of the Hanly report. I ask the Tánaiste to put it into effect on a pilot basis. She should use Tuam, a hub town, as the location to put the theory into practice.

**Mr. Gormley:** I said this afternoon that the strategy for primary care would help to alleviate much of the problem at accident and emergency units. The Tánaiste replied that there was underinvestment in primary care strategy, a strategy which I welcome and which could deal with 90% of illnesses. Why was the last meeting of the steering group on primary care cancelled? I believe it was because the membership realise the investment will not happen. We know that prevention is the best way to deal with illness. One in two

people are overweight, one in eight are obese and 90% of people with type two diabetes are obese, yet the response of the Government is to endorse the health and nutrition foundation. This foundation is sponsored by people like Coca Cola and McDonalds. It reads like a "who's who" of obesity-friendly companies. Surely this should tell the Tánaiste something about the lack of joined-up thinking and consistency in the Government. It makes no sense to me, yet it appears that the Tánaiste will accede to the request of IBEC and endorse this particular foundation.

The problem in our accident and emergency units is a capacity one. We have 25% growth in our population and 25% fewer beds. It is obvious that there is a major capacity problem and the Government has failed to deliver on the 3,000 beds it promised. Instead the Tánaiste seeks to scapegoat nurses. In her speech to the Irish Nurses Organisation she spoke about flexibility. If one reads between the lines, what she is saying is very clear. She is saying that either they do what the Government and the Health Service Executive says or else there will be no pay increase. I support the claims of the nurses. These are the people at the front line, who work their guts out in terrible conditions, surrounded, as we have heard, by drunks and people on drugs. Their place of work is like a war zone, as I said to the Minister for Health and Children on one occasion. In spite of this, she is trying to force nurses to accept a pay deal. This is very regrettable. The Green Party supports the nurses unequivocally. They do Trojan work. I hope there will be a resolution to the dispute but if there is none by 9 p.m., we will certainly continue to support the nurses' cause.

We have a cultural problem in regard to alcohol in that we do not regard it as a drug. Drinking is our very worst drug problem and is worse than the abuse of heroin, crack cocaine and cannabis. Why, therefore, have we not implemented the range of recommendations of the task force on alcohol abuse? These have been put to one side. We do not implement them because the drinks companies are enormously powerful and wield considerable influence. Drinks companies should not sponsor sports events. There is a proliferation of pubs and we are doing nothing to tackle the drink problem at source. Drunks should not end up in accident and emergency units. This does not happen in other cultures. Consider the Italian experience in this regard. Why do we not tackle the drink problem at source?

**Mr. Neville:** I wish to share time with Deputies Kehoe, Ring and McGinley.

**Acting Chairman:** Is that agreed? Agreed.

**Mr. Neville:** I commend Deputy Twomey for tabling this very important motion on developments in accident and emergency services. These have been discussed at length, mostly in

respect of delays and the consequent difficulties, such as patients having to lie on trolleys in corridors.

We must ensure the protection of patients and staff who suffer from abuse in accident and emergency units, especially in the evenings at weekends. This problem has been mentioned but its extent has not been highlighted. The arrangements for protecting staff have been proven to be inadequate. The staff, who expect protection, are serving the extremely vulnerable. A very delicate procedure applies in the case of ill people being admitted to hospital. They are under considerable stress owing to their circumstances.

A survey indicates that 80% of staff in accident and emergency units stated they had been verbally abused at some stage. This is extremely worrying and should be dealt with as a matter of urgency. The suggestions in the motion before the House should be considered seriously and introduced by the Government.

While there is an avenue to express concerns for the safety of hospital staff, there is no official avenue for expressing concern over the safety of patients. I know what it is like for somebody who is seriously ill and awaiting assistance to have disorderly and often drunk people in their vicinity. One feels for the safety of patients in such circumstances.

The motion proposes that special wet rooms be introduced for people who are deemed drunk following a medical assessment. Some will argue such people should not be tolerated or admitted to hospital at all, but I appreciate the Minister could not agree to this. He must be concerned for the safety and health of all people as they seek admittance to hospital, regardless of their condition or the abuse to which they subject themselves or others. The argument that drunks should not be admitted obviously cannot hold.

We must take into account the suggestion that extra gardaí should be available in accident and emergency wards, especially during the high-risk periods. The issuing of on-the-spot fines for public order offences committed in and around accident and emergency units may act as a deterrent. People who abuse themselves and others often offend repeatedly and present themselves at accident and emergency units on several occasions over a period. They should be made aware that they will be dealt with differently and that their behaviour has consequences.

As I stated, a survey showed that 80% of staff in accident and emergency units were verbally abused. Some 56%, more than half, stated they were subject to threatening verbal abuse. Some 80% of nurses stated they were sexually harassed. This is intolerable and a programme should be introduced to deal with it. My colleague Deputy Twomey outlined such a programme.

The aforementioned problem highlights the difficulty faced by the State, perhaps because of its affluence, as a result of the abuse of alcohol, especially by young people at places of entertainment during weekends. It must be stated,

however, that the majority of young people are extremely well-behaved, extremely responsible and would never dream of engaging in disorderly behaviour. Unfortunately, there is a minority with which we must deal.

The report of the task force on alcohol consumption indicated that the increase in consumption is directly related to the incidence of accidents, unprotected sex and chronic illness. The problems the report stresses affect people right across the community. It is stated that alcohol was a factor in one in four visits to accident and emergency departments and 97% of public order offences.

The report cites a study of seven European countries that indicates that Ireland has the highest level of binge drinking, with 58% of drinking occasions ending up in binge drinking among men, and 30% among women. Alcohol-related mortality has increased in line with the increases in alcohol consumption, particularly alcohol-specific chronic conditions such as dependency, abuse and psychosis, and acute conditions such as alcohol poisoning. Nearly €6 billion of personal income is spent on alcohol in Ireland each year. Alcohol is the third most detrimental risk factor for European ill health and premature death, after only tobacco and high blood pressure.

Alcohol abuse, therefore, is a very serious issue. While we highlight it, we do not seem to be able to tackle it properly. I do not know if there is sufficient commitment. I examined the reports and campaigns of the Department over the past three or four years and noted that they do not seem to have any effect. Is the Department evaluating the success of its campaigns? I have raised the link between alcohol and suicide on numerous occasions.

Today I tried to raise the need for the Dormant Accounts Fund Disbursements Board to fund suicide prevention programmes and tried to draw attention to a report on this subject, but unfortunately I was not allowed to do so. The Chair was unfair in this regard and the latitude I expected was denied to me.

**Mr. Kehoe:** I thank my colleague Deputy Twomey for tabling this important motion. This issue affects everyone in this House and in the broader community. In the past year  
8 o'clock I saw a "Prime Time" programme about people who, having consumed large quantities of alcohol, wound up in accident and emergency departments on weekend nights. This is a serious problem. Deputy Twomey has made some good points in this motion, which I urge the Government to support. These proposals would go a long way towards solving the crisis in accident and emergency departments, especially on weekend nights.

Deputy Neville said one in four people present at accident and emergency departments with alcohol in their system. In recent years attendances in accident and emergency departments have increased. The attendance in the accident

[Mr. Kehoe.]

and emergency department of Wexford General Hospital in 2000 was 21,398 and in 2004 it was 28,467, an increase of 7,069 or 33%. Doubtless many of those were involved in drink-related incidents.

A drink culture of alcohol abuse has developed among young people. Most of those in accident and emergency departments at night, especially at the weekend, are aged between 16 years and 24 years. One regularly sees ambulances on the streets of Dublin and outside nightclubs at weekends collecting these young people from the streets and bringing them to accident and emergency departments where they clog up the hospital system. The safety of medical staff working under severe pressure in accident and emergency units must be considered. That is why it is good idea to place gardaí in those units on weekend nights.

The only way to teach these people a lesson is to hit them in their pockets. If they must pay to attend an accident and emergency unit when they are drunk, they will quickly recognise they cannot regularly behave in this way. It would be interesting to know if the same offenders appear each weekend or on several occasions.

I call on the Government to support the motion and recognise its importance.

**Mr. Ring:** I am delighted to speak on this motion and I compliment Deputy Twomey on tabling it. By accepting this motion, the Government would show that it intends to deal with this problem. The Government has a vested interest in alcohol because of the tax income it earns from it. When one calculates the amount earned in taxation and the amount spent in hospitals, common sense suggests something should be done to resolve the problem. If we made the same effort to deal with the drink problem as we made to implement the ban on smoking in the workplace, we would have a better society. Abuse of alcohol is too widely accepted by the general population and by the Government. When someone has cancer, people say he or she must be treated but the response to someone on the street who is drunk and abusive is to pity the poor fellow. No other disease evokes such sympathy but it should not receive it.

People should be made to take responsibility for themselves. For example, I was in a hospital late one night for an emergency when a person who was intoxicated was brought in following an accident in a pub. Twenty-one members of his family arrived and created chaos in the hospital. I must be politically correct so I will not name the section of society from which these people came or the media will attack me. Anyone would know of whom I speak. Eventually, the gardaí were called to remove the people from the hospital because the medical staff could not do their job and the people who were genuinely sick were frightened by this behaviour. It is wrong that medical professionals who must deal with the

sick, injured and traumatised should also be faced with people who are drunk.

The extension of opening hours in licensed premises was a scandal because the Government conceded to the vested interests. As a result, thousands of people come onto the streets at the same time in the middle of the night in every town and village. This not only applies to Dublin but is true of Mayo and the west as well. It is not safe to be on the streets at night because people are drinking and misbehaving.

The time has come to take on the drink culture, like it or not. I compliment the "Prime Time" programme on showing us what happens at night. Sometimes politicians are out late and see the thuggish behaviour of people coming out of nightclubs onto the streets. This problem must be cleaned up. When a politician goes into a pub, within three minutes he or she is cornered for the night by a drunk. No matter what one does, it is impossible to get rid of him. The first thing the politician wants to do is leave. I could tell a story on this topic but it might not be suitable for this House.

Something must be done about the drink culture. Hospital staff must be protected. It is bad enough that people who are genuinely sick must be there without having to put up with this kind of nonsense. The Garda Síochána probably will not be able to police these departments because they find it difficult enough to police towns and villages.

**Mr. McGinley:** This is a timely and opportune debate. Two events precipitated it. One was the visit by the leader of our party, Deputy Kenny, and our health spokesperson, Deputy Twomey, to several Dublin hospitals. They witnessed the chaos that reigns there, particularly at the weekend, caused by people under the influence of alcohol being brought in after closing time in the pubs. The second factor was the recent report by the Health and Safety Authority supporting what Deputies Kenny and Twomey saw on their hospital visits. Abuse of alcohol generates chaos and pandemonium in accident and emergency units. However, such chaos is evident in many accident and emergency departments and is not always caused by abuse of alcohol, rather by inadequate facilities in these departments.

This is true of the hospital with which I am most familiar, Letterkenny General Hospital, which serves a population of 140,000 in Donegal. This year, and for most of last year, the accident and emergency section in that hospital was effectively taken over, such were the number of people on trolleys. Operations and day procedures were cancelled. The hospital system was thrown into pandemonium. Deputy Twomey visited Letterkenny General Hospital, met the consultants and saw how inadequate facilities are there. The hospital applied several years ago for a new accident and emergency department. What is there at the moment is completely inadequate. A new accident and emergency department

would relieve some of the pressure and prevent the cancellation of important operations and procedures in the hospital. There is also a shortage of beds. There are less than 300 beds in Letterkenny to serve the population of Donegal, which is 140,000. We need 60 or 70 additional beds. The application is with the Department and is awaiting sanction. I appeal to the Minister of State, and ask him to convey to the Minister, that we need a response as soon as possible. In Donegal we are entitled to as good a health service as any other part of the country. The two priorities are a new accident and emergency department and 60 or 70 extra beds.

**Minister of State at the Department of Health and Children (Mr. B. Lenihan):** I thank the main Opposition party, Fine Gael, for tabling this motion, which is good. The Minister has tabled an amendment, as is traditional, which goes some way towards recognising the concerns shared by all Members about conditions in accident and emergency units. In this city the Mater Misericordiae Hospital and the Connolly Hospital, Blanchardstown, are frequented by my constituents and I am aware of the conditions that obtain in each of these. In one, conditions are very difficult and in the other, conditions are excellent.

The Tánaiste has clearly demonstrated her commitment to improving the delivery of accident and emergency services. From the time of her appointment she has said that this is the top issue she has to tackle in the Department. It is a priority for her and for the Government. It will take time for the measures in the ten-point plan to be fully implemented. I wish to make clear that the ten-point plan is a beginning, not an end. The funding provided for it is additional to the substantial and growing resources for hospitals, long-term care and primary care. The Health Service Executive is working to deliver these measures and on additional actions by hospitals to ensure that the investment produces sustainable solutions. Work is under way to achieve a measurable effect in improving patients' experience of accident and emergency departments.

The Minister of State at the Department Of Health and Children, Deputy Tim O'Malley, provided details of the progress being made on the ten-point action plan. A total of 64 patients from hospitals in the eastern region and 23 patients in the Cork region have been discharged as a result of the intermediate beds being provided in private nursing homes. Additional home care packages have been provided, resulting in 51 patients being discharged from acute hospitals in the eastern region and discharge arrangements are being finalised for a further 45 patients. References have been made to experiences of individual patients in their encounters with the acute hospital system, but more than 100 individual patients so far have benefited from the specific actions being taken to free up acute beds. These patients have returned home or have been placed in a more appropriate care setting.

Capital investment in acute hospitals is resulting in modern accident and emergency departments being made available to treat patients. Only this week the Tánaiste officially opened the new accident and emergency department at Cork University Hospital. Not long ago, as Minister of State at the Department of Health and Children, I had the pleasure of officially opening the new hospital block and accident and emergency department at Connolly Hospital in Blanchardstown.

Yesterday evening there was an article in the *Evening Herald* containing a number of allegations about conditions at that accident and emergency unit. Management in the HSE northern area, wrote to the editor of the *Evening Herald* pointing out the inaccuracies in the article. One must be careful when making allegations about these matters. I know Members of the House have not abused their privilege in the course of this debate — far from it — but it is sad that an article appears in an important newspaper, which has a substantial circulation in the Dublin area, suggesting that conditions are not as they should be in a particular accident and emergency unit. This article was published yesterday and was associated with a photograph of a local Fine Gael representative in a parallel article.

Management had to write to the HSE pointing out that the article contained the wrong name of the hospital and the wrong date for the opening of the accident and emergency unit, and comments regarding overcrowding in the accident and emergency department were completely unfounded. That was frustrating and insulting to the emergency department personnel, whom I salute. Since the opening of this unit they have done a fabulous job in providing the best accident and emergency unit in the Dublin area. With the assistance of management, they are to a significant degree managing waiting times. The average waiting times in that hospital are among the lowest in the eastern region. Individual cases were mentioned in the article upon which we cannot comment, but one of the cases mentioned was not treated in the accident and emergency department on or around the date stated in the article.

On the dates referred to in the article, the average waiting time on 5 May, from registration to triage was ten minutes and from triage to a doctor, two hours and 14 minutes, while the average waiting time to admission was seven hours and 50 minutes. They are the facts. The average waiting times on the weekend of 7 and 8 May were, from registration to triage, 12 minutes and from triage to doctor, two hours and 50 minutes, while the average wait time to admission was eight hours and 40 minutes. It is accepted that cardiac patients may require a telemetry bed, which is a specialised procedure and can add to wait times. A chest pain observation unit will be commissioned in the emergency department in July 2005, which will ensure that patients presenting with chest pain will be treated in a dedicated facility and within a shorter timeframe.

[Mr. B. Lenihan.]

Contrary to what was suggested in the article, there are no new wards lying unused in the hospital. It is important newspapers check their facts before printing articles about conditions in accident and emergency units. I do not take from any Member of the House who has made comments this evening, but the allegations in that article about a fine hospital where there is a new accident and emergency unit were wrong.

**Mr. O'Dowd:** I wish to share time with Deputy Twomey.

**An Ceann Comhairle:** That is agreed.

**Mr. O'Dowd:** There were photographs in all the newspapers of public representatives from Fine Gael and other political parties complaining about the problems in accident and emergency units. I attended one protest in Drogheda and spoke to the nurses and staff, who are under dreadful pressure. I am not aware of the case the Minister of State referred to, but there is a serious problem throughout the country in accident and emergency wards.

The most common complaint I get is from people who are retired, have given their lives to the State, reared their family and done their best, but end up, through no fault of their own, in accident and emergency departments. They feel bad having to lie on trolleys for perhaps a day or two and feel the Government is not providing the care to which they are entitled. The Minister for Health and Children has been in this office for less than a year, but she sat at the Cabinet table for the past five years and, while she has introduced new plans, the Government has done nothing about the problems.

I am concerned about the so-called Health Service Executive. It is somewhat like Alcoholics Anonymous, one does not know who the people involved are and cannot find out. It is very difficult to get information about what is going on in our hospitals. There are no performance indicators for the HSE, there are no discussions in the Dáil about it and it is not responsible in terms of parliamentary questions. We do not know who the people involved are, nor the changes they have made. We do not know what is going on until we see and hear from nurses. It is appalling. Previously there were health boards, with all their faults, but they are gone. Now there is the HSE and we cannot get information from it. We are told in replies to parliamentary questions that the HSE will respond in due course, but we do not know whether it will do so.

I suggest one reasonable change to the Minister. There is an extremely successful system in operation in the Department of Social and Family Affairs whereby when one submits a parliamentary question one receives a phone call within an hour and the answer is supplied within a day, if possible. A central location in the HSE is needed where all parliamentary questions are responded

to immediately and a timescale given if the answer cannot be given within 24 or 48 hours. The neglect of parliamentary questions is appalling and unacceptable.

I do not know what hospital the Minister of State was referring to, but I was in a Dublin hospital recently where the care was world class. When one walked the corridors or entered the lifts, however, there were unpainted, dirty surfaces and a lack of well lit, well maintained corridors. If I am healthy and well I can walk through but if I am unwell I do not know where the bugs are and we cannot eradicate them because of serious problems in our hospitals. I would like to see an active policy of painting and cleaning down all surfaces in all hospitals. The neglect is appalling and unacceptable.

The doctor on call service is a wonderful scheme. It keeps people out of the accident and emergency units where it is working successfully. Many counties do not have a doctor on call service which leads to additional pressure on accident and emergency departments. I ask that the doctor on call service be rolled out to the rest of the country immediately. I welcome it as a method of keeping people out of accident and emergency departments.

Never was there so much money in the State and never were we so well off, yet the state in which the Government has left accident and emergency departments is appalling. It is unacceptable and a disgrace.

**Dr. Twomey:** I thank Government and Opposition Deputies who contributed to the debate and even though they did not restrict themselves to the motion, they gave interesting insights on the issue. The Government amendment makes little reference to the recommendations of the national task force on alcohol. That is possibly because it is embarrassed by the fact that it has done so little on the recommendations of the national task force on alcohol and the abuse of alcohol. The Government should circulate it to its members to see if we can achieve some progress on it.

It was insinuated during the course of this debate, and it is insulting to the professionalism of the doctors and nurses who work in our accident and emergency departments, that they would treat anybody as being just another drunk. I worked in accident and emergency departments. I recognise when a person is drunk and I do not need to breathalyse them. Neither do doctors and nurses in accident and emergency departments. I know when a person is aggressive or is abusing staff and I do not need any breathalyser to make that judgment. Some Members have said the doctors and nurses in the accident and emergency departments cannot tell the difference between a person who is irresponsible and a person who has a significant illness. Every doctor and nurse can tell whether a person has a head injury which may have internal bleeding and may have alcohol on board. We can tell if a diabetic has alcohol on

board or if a person has epilepsy and a range of illnesses. To insinuate that because a person has alcohol on board he or she will be treated in a negative manner is a disgraceful remark to make in this House.

When discussing this issue, Deputy Fiona O'Malley did not appear to understand the proposal. She certainly does not appear to have been following the debate during the past two weeks. If so, she would have understood the most rudimentary aspects of what we are talking about. There are no beds in the "wet rooms". They are plastic mattresses on the floor to ensure people do not roll out of bed and hurt themselves.

Deputy Fiona O'Malley referred to dragging gardaí off the street and into accident and emergency departments. Patients who are sick in accident and emergency departments are as entitled to the same protection from the law enforcement agency as those walking the streets. The reason we cannot have gardaí in accident and emergency departments is that the Government made a promise to put 2,000 extra gardaí on the street and has not bothered to do so during the past three years. We should also examine how the Garda is rostered and, if there is a difficulty, it should be examined. The Minister referred to changes to the Criminal Justice Bill to enable a person to be prosecuted for assaulting emergency workers. Emergency workers are ambulance personnel, fire fighters, doctors and nurses. I suggest these changes be made.

Some Members have a difficulty in understanding what I mean by hangers-on. I am talking about an elderly person, a responsible friend or a relative. Any Deputy who does not understand what is a hanger-on should take a trip to an accident and emergency department on a weekend night when they have nothing better to do and they will soon know what is meant by the term. In and around the accident and emergency department is the hospital environment. This problem exists not only in the accident and emergency department waiting room or even in the treatment room but in the public areas of hospitals, in wards and in and around hospitals. For those Members who question what the term "in and around accident and emergency departments" means, we will get them a map and show it to them. Also, hospital visitors have their cars broken into when visiting sick relatives. A substantial number of incidents occur around hospitals and glib remarks from members of the Government show their lack of interest in this issue and their arrogance.

A report on aggression and violence in accident and emergency departments will be published in the *Journal of Nursing Management*. Perhaps we will send a copy to some of the Members in question. The authors of this report, Ryan and Maguire, point out that this is a growing problem internationally. The UK is pursuing a policy of zero tolerance towards this problem. Zero tolerance is a phrase we have not heard from the Government for some time. It has given up on it.

Complacency and arrogance mean it does not have to care any more. It does not matter if there is indiscriminate violence on our streets, if teachers are being assaulted in classrooms or if doctors and nurses are exposed to intimidation while trying to do their work.

In her contribution, the Tánaiste and Minister for Health and Children said that tackling alcohol will not improve rostering to ensure patients are seen. For the Tánaiste's benefit, international research shows that fear for personal safety emerges as the key influencing factor when individuals decide on a nursing career. Therefore, violence contributes to the recruitment of people to train as nurses and their retention in a nursing career. Nurses leave the profession because they are exposed to violence and harassment in the workplace. More than 80% of staff in accident and emergency departments have suffered verbal aggression. At the same time, less than one third of staff are trained to deal with this type of violence and aggression that they face on a regular basis. Some 20% of nurses experience harassment of a sexual nature, much of which is related to alcohol, while trying to do their work and it appears the Government has little or no interest in it. Some 50% of nurses and care assistants were exposed to either physical or verbal violence in the course of this study. Much of it goes unreported because it is reaching a level of acceptance instead of management tackling the issue before there is a greater problem in retaining staff.

There is a major maternity hospital in the country which has pregnant women and new-born babies with significant illness, yet it has no dedicated security staff after 10 p.m. That is one hospital I have been informed about during the course of this debate. If we probe more, since we cannot get this information from the Health Service Executive or the Government, we will discover there is much more of this type of behaviour.

This is what our Private Members' motion is about. It is not that we should broaden the debate. I would like to broaden the debate and would come in to the House every night for the next month and do so but I know what would happen. The Government will take no notice of what we are saying and is deaf to the concerns of the people it represents. That is what is happening here today. If the Minister for Justice, Equality and Law Reform were serious about this issue, he would bring this Bill forward sooner and make it stand-alone legislation to protect doctors, nurses and teachers who have been left out of the debate. It applies to everybody who makes a major contribution to society on our behalf. We do not respect them or look after them in the way we should.

There was a reference in the Tánaiste's ten-point plan to the effect that the director of the national hospitals office is finalising arrangements for the establishment of a national audit and inspection process to measure cleanliness in all acute hospitals. What was different 20 years ago

[Dr. Twomey.]

when hospitals were clean that an audit is now required? Rather than an audit, what is required is someone to take responsibility. This is the problem with the health services and with the Government which has a fierce problem finding out who is responsible. There is a difficulty in finding out the Government responsibility in the matter of the €1 billion in nursing home charges. There is no need for an audit nor for more reports on the cleanliness of acute hospitals. Who is in charge of the hospitals? The Government should inform the House. This is the issue which the Government should deal with, not this nonsense about audits and more investigations and reports.

The Minister of State, Deputy Tim O'Malley, stated last night in the House: "To ask Dáil

Éireann to approve a motion calling for "hangers on" to be "rounded up" shows no real appreciation of the legal, medical or civil rights requirements." What are the requirements? Perhaps I am stupid. Will the Government tell me the requirements? Why can this Government not take action on anything to do with the health services? Why can it not take action against the abuse of alcohol which is out of control in accident and emergency departments? What are these civil rights and medical and legal requirements which tie the hands of the Government? One side of the House tells me the Government is taking action and then we are given this nonsense. The problem is the Government refuses to do anything.

Amendment put.

The Dáil divided: Tá, 64; Níl, 47.

Tá

Ahern, Michael.  
Ahern, Noel.  
Andrews, Barry.  
Ardagh, Seán.  
Blaney, Niall.  
Brady, Johnny.  
Brady, Martin.  
Brennan, Seamus.  
Browne, John.  
Callanan, Joe.  
Callely, Ivor.  
Carey, Pat.  
Carty, John.  
Cassidy, Donie.  
Collins, Michael.  
Coughlan, Mary.  
Cowen, Brian.  
Cregan, John.  
Cullen, Martin.  
Curran, John.  
Davern, Noel.  
de Valera, Síle.  
Dempsey, Noel.  
Dempsey, Tony.  
Dennehy, John.  
Devins, Jimmy.  
Fahey, Frank.  
Fitzpatrick, Dermot.  
Fleming, Seán.  
Gallagher, Pat The Cope.  
Grealish, Noel.  
Hanafin, Mary.

Harney, Mary.  
Haughey, Seán.  
Hoctor, Máire.  
Jacob, Joe.  
Keaveney, Cecilia.  
Kelleher, Billy.  
Killeen, Tony.  
Kirk, Seamus.  
Kitt, Tom.  
Lenihan, Brian.  
McDowell, Michael.  
McEllistrim, Thomas.  
McGuinness, John.  
Martin, Micheál.  
Moloney, John.  
Moynihan, Michael.  
Mulcahy, Michael.  
Nolan, M.J.  
Ó Cuív, Éamon.  
Ó Fearghail, Seán.  
O'Donnell, Liz.  
O'Keefe, Batt.  
O'Malley, Fiona.  
O'Malley, Tim.  
Power, Peter.  
Sexton, Mae.  
Smith, Brendan.  
Smith, Michael.  
Treacy, Noel.  
Wallace, Mary.  
Walsh, Joe.  
Wilkinson, Ollie.

Níl

Allen, Bernard.  
Boyle, Dan.  
Broughan, Thomas P.  
Bruton, Richard.  
Burton, Joan.  
Connaughton, Paul.  
Connolly, Paudge.  
Costello, Joe.  
Cowley, Jerry.  
Crawford, Seymour.  
Deasy, John.  
Deenihan, Jimmy.  
Enright, Olwyn.  
Gilmore, Eamon.  
Gormley, John.  
Healy, Seamus.

Howlin, Brendan.  
Kehoe, Paul.  
Lynch, Kathleen.  
McGinley, Dinny.  
McGrath, Finian.  
McGrath, Paul.  
McManus, Liz.  
Mitchell, Olivia.  
Morgan, Arthur.  
Moynihan-Cronin, Breeda.  
Murphy, Catherine.  
Murphy, Gerard.  
Naughten, Denis.  
Neville, Dan.  
Noonan, Michael.  
Ó Snodaigh, Aengus.

Níl—*continued*

O'Dowd, Fergus.  
O'Keefe, Jim.  
O'Shea, Brian.  
Pattison, Seamus.  
Penrose, Willie.  
Quinn, Ruairí.  
Ring, Michael.

Ryan, Eamon.  
Ryan, Seán.  
Sherlock, Joe.  
Shortall, Róisín.  
Stagg, Emmet.  
Stanton, David.  
Timmins, Billy.  
Upton, Mary.

Tellers: Tá, Deputies Kitt and Kelleher; Níl, Deputies Kehoe and Stagg.

Amendment declared carried.

Question put: "That the motion, as amended, be agreed to".

The Dáil divided: Tá, 63; Níl, 48.

Tá

Ahern, Michael.  
Ahern, Noel.  
Andrews, Barry.  
Ardagh, Seán.  
Blaney, Niall.  
Brady, Johnny.  
Brady, Martin.  
Brennan, Seamus.  
Callanan, Joe.  
Callely, Ivor.  
Carey, Pat.  
Carty, John.  
Cassidy, Donie.  
Collins, Michael.  
Coughlan, Mary.  
Cowen, Brian.  
Cregan, John.  
Cullen, Martin.  
Curran, John.  
Davern, Noel.  
de Valera, Síle.  
Dempsey, Noel.  
Dempsey, Tony.  
Dennehy, John.  
Devins, Jimmy.  
Fahey, Frank.  
Fitzpatrick, Dermot.  
Fleming, Seán.  
Gallagher, Pat The Cope.  
Grealish, Noel.  
Hanafin, Mary.  
Harney, Mary.

Haughey, Seán.  
Hoctor, Máire.  
Jacob, Joe.  
Keaveney, Cecilia.  
Kelleher, Billy.  
Killeen, Tony.  
Kirk, Seamus.  
Kitt, Tom.  
Lenihan, Brian.  
McDowell, Michael.  
McEllistram, Thomas.  
McGuinness, John.  
Martin, Micheál.  
Moloney, John.  
Moynihan, Michael.  
Mulcahy, Michael.  
Nolan, M. J.  
Ó Cuív, Eamon.  
Ó Fearghaíl, Seán.  
O'Donnell, Liz.  
O'Keefe, Batt.  
O'Malley, Fiona.  
O'Malley, Tim.  
Power, Peter.  
Sexton, Mae.  
Smith, Brendan.  
Smith, Michael.  
Treacy, Noel.  
Wallace, Mary.  
Walsh, Joe.  
Wilkinson, Ollie.

Níl

Allen, Bernard.  
Boyle, Dan.  
Broughan, Thomas P.  
Burton, Joan.  
Connaughton, Paul.  
Connolly, Paudge.  
Costello, Joe.  
Cowley, Jerry.  
Crawford, Seymour.  
Deasy, John.  
Deenihan, Jimmy.  
Enright, Olwyn.  
Gilmore, Eamon.  
Gormley, John.  
Healy, Seamus.  
Hogan, Phil.  
Howlin, Brendan.  
Kehoe, Paul.  
Lynch, Kathleen.  
McGinley, Dinny.

McGrath, Finian.  
McGrath, Paul.  
McManus, Liz.  
Mitchell, Olivia.  
Morgan, Arthur.  
Moynihan-Cronin, Breeda.  
Murphy, Catherine.  
Murphy, Gerard.  
Naughten, Denis.  
Neville, Dan.  
Noonan, Michael.  
Ó Snodaigh, Aengus.  
O'Dowd, Fergus.  
O'Keefe, Jim.  
O'Shea, Brian.  
Pattison, Séamus.  
Penrose, Willie.  
Quinn, Ruairí.  
Ring, Michael.  
Ryan, Eamon.

Níl—continued

Ryan, Seán.  
Sherlock, Joe.  
Shortall, Róisín.  
Stagg, Emmet.

Stanton, David.  
Timmins, Billy.  
Twomey, Liam.  
Upton, Mary.

Tellers: Tá, Deputies Kitt and Kelleher; Níl, Deputies Kehoe and Stagg.

Question declared carried.

### Adjournment Debate.

#### Hospital Services.

**Mr. Healy:** I wish to raise the urgent need for the Tánaiste and Minister for Health and Children, Deputy Harney, and the Health Service Executive to implement the High Court agreement for the provision of general hospital services in south Tipperary, including the transfer of general surgical services to South Tipperary General Hospital at Clonmel, the approval and opening of a general practitioner assessment unit, the staffing of the newly completed units at Our Lady's Hospital, Cashel, and the approval for the funding, completion, staffing and opening of the acute medical unit at South Tipperary General Hospital, Clonmel.

I am once again disappointed tonight that the Tánaiste has not taken the time to respond on this debate. It is disappointing to say the least that the Tánaiste, who was in the House a few moments ago, chose to leave rather than take this Adjournment debate. I understand that Deputy Cowley has another health related Adjournment issue. It is extremely disappointing that the Minister should not take this debate. She has been hiding from this issue. This is the sixth occasion on which I have raised it in the House since 1 February and on each occasion the Tánaiste has refused to take the debate or answer any of my questions.

During the passage of the legislation to establish the Health Service Executive last December, the Tánaiste assured us that she would ensure that our questions in this House were answered. Once the Bill had completed its passage, that was simply changed. One now receives replies to questions along the following lines.

Under the Act, the Executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of health services in south Tipperary. Accordingly, my Department has requested the chief executive officer of the Health Service Executive ... to deal with the matter.

The Tánaiste is hiding from this issue and many others. I hope the Minister of State will have some positive news for me. I have enough docu-

mentation to paper every wall of this House, most of it ráiméis that I have heard over the past ten years. I want to know when the Tánaiste and the Health Service Executive will approve the revenue funding for units that were completed 12 months ago at Our Lady's Hospital, Cashel. When will the Tánaiste approve the GP assessment unit at the hospital? When will she fund the acute medical unit that is three-quarters complete at South Tipperary General Hospital, Clonmel? When will the transfer of surgical services from Cashel to Clonmel take place? I have enough paper to cover the walls of this Chamber, and I need answers tonight, as do the people of south Tipperary.

The county council asked for a deputation to meet the Tánaiste but received the reply that she was too busy to meet it, just as she is too busy to be in the House tonight to respond to this Adjournment debate. The reply to the county council maintained that the Tánaiste had a very full programme in the immediate future. Part of her responsibility is the provision of quality health services for the people of South Tipperary. This goes back to 1996 and a High Court agreement made between the South Eastern Health Board and the Cashel hospital action committee, and approved by the then Department of Health. Nine years later, we still have not implemented that agreement.

When will this happen? When will staffing be provided for the Cashel units? When will the funding be made available? When will the transfer take place? We were promised that it would take place last March, then by 1 June this year, and now it is up in the air. We do not know when it will take place, since it is now the property of the Health Service Executive for which the Tánaiste apparently has no responsibility. In any reply to a question that I get from the Tánaiste, she kicks matters into touch by referring it to the Health Service Executive. She is hiding from this issue, and I want answers from the Minister of State tonight. Please do not give me more of the same.

**Minister of State at the Department of Health and Children (Mr. B. Lenihan):** I am giving this reply on behalf of my colleague, the Tánaiste and Minister for Health and Children, Deputy Harney.

**Mr. Healy:** I hope the Minister of State has something to say.

**Mr. B. Lenihan:** I thank the Deputy for raising the question once again. It seems to fall to me to reply to him. In general, I certainly recall——

**Mr. Healy:** That is the same paragraph as in the Minister of State's last reply. I hope that he can do better than that.

**Mr. B. Lenihan:** I recall replying on this subject to the Deputy before.

**Mr. Healy:** Six times in the past two months.

**An Ceann Comhairle:** I ask the Deputy to allow the Minister of State to speak without interruption.

**Mr. B. Lenihan:** The Ceann Comhairle is very indulgent in allowing the Deputy to raise the issue.

Agreement was reached in 1996 to amalgamate acute services in south Tipperary requiring the transfer of surgical and accident and emergency services from Our Lady's Hospital, Cashel, to South Tipperary General Hospital, Clonmel. Deputy Healy referred to the historical background. That agreement provided for the development of disability, palliative care and mental health services and services for older people on the site of Our Lady's Hospital, Cashel. It is planned to complete the developments in Cashel in two phases. The first phase has now been completed, comprising three units, a 20-bed unit for the elderly mentally infirm, a 12-place supervised community residence, day hospital and day centre, sector headquarters for mental health services, 12 independent living units and a day care centre for people with physical disabilities.

**Mr. Healy:** If the Minister of State wishes, he can cut it short, since I have heard it all before.

**Mr. B. Lenihan:** The planning stage of phase two of the Cashel development has been completed. Refurbishment of the main hospital building is required to accommodate the following services: a 20-bed GP assessment rehabilitation unit, a five-bed palliative care unit, a 15-bed convalescent unit, a 25-bed specialist geriatric rehabilitation unit, a day hospital for older people, and the outpatients' department. The development of phase two is contingent on the transfer of surgical services to Clonmel, the subject the Deputy has raised, and the provision of capital funding for the project.

In recent years a major capital development programme to provide the infrastructure to facilitate the transfer from Cashel to Clonmel has been undertaken to bring surgical and acute medical services together on a single site. The integration of acute services on one site will greatly enhance the services available to patients in the region. The amount invested in this is €30 million which is for the new facilities at South Tipperary General

Hospital, Clonmel. There are various elements to the newly constructed facilities and they have been outlined to the Deputy in previous replies.

In September 2004, the Department of Health and Children, in the context of the commissioning of new units in acute hospitals throughout the country, gave approval to the South Eastern Health Board to commission the new facilities in Clonmel. In 2005, ongoing revenue funding of €3.8 million is available to the HSE's south-eastern area to open the new facilities at South Tipperary General Hospital.

**Mr. Healy:** What about the Cashel services and the transfer to Clonmel?

**An Ceann Comhairle:** Deputy Healy should allow the Minister of State to continue without interruption.

**Mr. B. Lenihan:** The Health Act 2004 provided for the HSE, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of services at the hospitals to which the Deputy referred. The Department has been advised by the HSE's south-eastern area that equipment is being purchased and a number of industrial relations issues addressed in regard to the transfer of surgical services from Our Lady's Hospital, Cashel to St. Joseph's Hospital, Clonmel. In respect of staffing at Cashel and Clonmel, business cases are being prepared by the HSE's south-eastern area with regard to the resources required for the services.

#### **Ambulance Service.**

**Dr. Cowley:** I am grateful for the opportunity to raise this important matter on the Adjournment. It is scandalous that there is a continuing delay in the establishment of an ambulance base for the Mulranny, Achill and Ballycroy areas. I cannot understand how the western area of the HSE and the Minister for Health and Children can stand over the dangerous situation whereby the health of those residing in these areas is at serious risk due to the unacceptable time lapse that exists between when an ambulance is called and when it arrives to take an ill person to hospital.

The failure to locate an ambulance base in the Mulranny, Achill and Ballycroy areas is unacceptable and is not in accord with the established national and international guidelines for patient safety. I urge the Minister to look at this situation forthwith. We are all aware of the importance of the "golden hour" but this is irrelevant when it takes an ambulance as much as two hours to get to Achill from Castlebar. Seriously ill patients would have some chance of recovery if ambulances were based in the areas I have mentioned.

[Dr. Cowley.]

The western area of the HSE is of significant size, measuring 5,500 sq. ft. and with a population of 380,000. It is a predominantly rural area in which ten ambulance bases are currently located. When one compares this with the situation nationally, it is clear the western area has one of the lowest numbers of bases in comparison with other similarly sized areas. The response times are dependent on a number of factors such as the road network, rurality, time of call and the location of the ambulance station.

The latter is the most critical factor. Recent analysis of response times shows that, on average, 68% of calls are dealt with within 20 minutes. However, there are significant variations between urban and rural areas. In Ballina, for example, 58.8% of calls are answered in 20 minutes and the corresponding figures for Belmullet and Castlebar are 55.6% and 58.8% respectively. This is unacceptable in comparison to figures in other areas. In addition, it is a policy of the HSE's western area that all ambulance bases should provide full cover 24 hours a day. It is also policy to ensure all citizens are within a 20-mile radius of the nearest ambulance station. However, an examination of the catchment areas indicates a number of them do not meet these criteria, a situation which is unique nationally.

In 2002, the former Western Health Board pointed to the urgent need for the provision of three new ambulance bases. However, the cost of such provision is beyond the revenue funding of the existing ambulance service and it has made repeated applications to the Department of Health And Children for increased funding. I urge the Minister of State to consider the distance involved. As a doctor, four babies have been delivered inside or outside my own home because an ambulance has not arrived on time to transport the mothers concerned to hospital.

I visited the accident and emergency department in Mayo General Hospital last night and found patients waiting for beds. There are inadequate step-down facilities in the county. The home for elderly persons in Ballinrobe lies undeveloped since 1972. We now have an orthopaedic unit, the campaign for which I started, a wonderful facility with a full complement of staff. All the necessary equipment is there but it is not used for elective work, which means patients must travel

to Galway for procedures such as hip replacements. This is unacceptable.

These serious issues are being addressed by Independent Members while Deputies in the main parties merely make noise. The Independents are setting the agenda and dealing with the issues which matter most to people. I hope the Minister of State will have some news on the terrible situation whereby international guidelines on the provision of ambulance services are not being honoured.

**Mr. B. Lenihan:** Under the Health Act 2004, as the Deputy is frequently reminded, the HSE has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of ambulance services. The HSE's western area provides emergency and patient transport ambulance services to a population of more than 350,000 people. As the Deputy correctly points out, this is a very dispersed area and Mayo is probably the most dispersed county in it. It is certainly the most dispersed constituency in this House.

The Department is advised that the emergency ambulance service is provided from ten stations across the catchment area. There has been a significant expansion of this service in recent years. Ten additional crews have been put in place, the number of 24-hour bases has increased from three to five and the overall hours of operation across all bases have increased significantly. In 2004, six new high-specification ambulances were provided. In addition, two new rapid-response vehicles have been introduced as back-up to the new fleet. Facilities at ambulance stations in Ballina, Boyle, Clifden and Roscommon have also been improved.

The HSE has responsibility for the continuing development of the service. In this regard, it is developing proposals for the establishment of a number of additional stations in the western area, including a station in the Achill-Mulranny area. I understand the Deputy's general practice is located in the Mulranny area rather than the Belmullet area. The provision of additional capital funding for these developments is a matter for the HSE having regard to funding provided under the capital investment framework for 2005-09.

The Dáil adjourned at 9.10 p.m. until 10.30 a.m. on Thursday, 12 May 2005.

## 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 13, inclusive, answered orally.*

*Questions Nos. 14 to 55 resubmitted.*

*Questions Nos. 56 to 64, inclusive, answered orally.*

### Tribunals of Inquiry.

65. **Ms Lynch** asked the Tánaiste and Minister for Health and Children the basis of her decision to close down the Dunne inquiry into the retention of organs of deceased children; her proposals for the completion of the work; if an application for additional resources for the inquiry had been received from the chairman and the Government's response to this; the date on which she expects the final report to be published; if it is intended to introduce legislation to regulate organ retention and transplants; and if she will make a statement on the matter. [15321/05]

74. **Mr. Gormley** asked the Tánaiste and Minister for Health and Children the reason the Dunne inquiry is not to be published after five years; the total cost to date of this inquiry; her views on whether it has been value for money to date; if she will report on her recent meeting with the Parents for Justice group; when the new inquiry will complete its work and report; and if she will make a statement on the matter. [15364/05]

141. **Dr. Cowley** asked the Tánaiste and Minister for Health and Children the reason the Dunne inquiry has cost €20 million, is not complete and is being wound up; her views on whether the lack of public sessions, the lack of a special adviser and the lack of press media briefings by the chairperson, all of which were part of the Northern Ireland investigation, had a negative part to play in the result of the Dunne report; her further views on whether there are lessons to be learned with respect to future inquiries; her further views on the further steps that are necessary to prevent a repeat of this fiasco; and if she will make a statement on the matter. [15237/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 65, 74 and 141 together.

On 1 September 2004 the Government, following a review of the timescales for all tribunals and inquiries, decided that the post mortem inquiry should furnish its final report not later than the 31 March 2005 and that the inquiry would then cease to exist. The chairman of the inquiry was so advised and subsequently delivered a report

on 31 March 2005. This relates primarily to post mortem practice and procedure in paediatric hospitals.

Total expenditure relating to the post mortem inquiry was approximately €20 million. The total legal and administrative costs of the inquiry itself were approximately €11 million. The remainder of the costs include establishment and office rental costs of €2.29 million, grants to the former Eastern Regional Health Authority of just over €5 million, grants to the Parents for Justice, PFJ, organisation of €977,210 and legal fees to Kelly Noone, solicitors for PFJ, of €800,942. The chairman had sought approval to appoint additional legal staff to the inquiry team but approval was not given.

### Accident and Emergency Service.

66. **Mr. Gormley** asked the Tánaiste and Minister for Health and Children the progress that has been made to date in dealing with the accident and emergency crisis; the number of new beds which have been introduced to the system; and if she will make a statement on the matter. [15365/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Additional revenue funding of €70 million and additional capital funding of €10 million has been provided to support the actions identified to improve the delivery of accident and emergency services. The Health Service Executive, HSE, has been charged with responsibility to implement the actions identified in the ten point plan for accident and emergency services. There are also additional actions that are needed which relate more to the management, work practices and processes in hospitals. These too will be addressed by the Health Service Executive.

The HSE has reported that a total of 90 intermediate care beds have been procured in the private sector nationally. Some 64 patients from hospitals in the eastern region and 23 patients in the Cork region have already been discharged as a result of these intermediate care beds being available. Additional home care packages have been provided for 51 patients who have been discharged from acute hospitals in the eastern region. Discharge arrangements are being finalised for a further 45 patients.

On foot of the commitment in the health strategy, funding has been provided to open an additional 900 inpatient beds and day places in acute hospitals. Health agencies have informed my Department that at 6 May 2005, 780 beds were in place. The Health Service Executive has informed my Department that the remaining 120 beds will come on-stream during 2005.

### Asthma Incidence.

67. **Mr. Cuffe** asked the Tánaiste and Minister for Health and Children her views on the huge increase in asthma figures in children; her further views on whether indoor air pollution is a factor in the increase in asthma figures; if she will fund

[Mr. Cuffe.]

an information campaign on indoor air pollution, particularly with regard to volatile organic compounds; and if she will make a statement on the matter. [15368/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Asthma is one of the most common chronic diseases of childhood and approximately 10% have experienced an attack of asthma at some stage. Across Europe the level of asthma has increased significantly and in this country has risen to 20% in young teenagers.

There are many risk factors for asthma. It is considered as a complex disorder where genetics and the environment play an interacting role. Certain agents in the environment can initiate inflammation in airways of susceptible individuals and trigger an attack of asthma. These agents can be found everywhere, outdoors, indoors and at work. In recognition of the significance of environmental factors in contributing to susceptibility to asthma, Ireland hosted the European Union's Joint Research Council Childhood Asthma Envirogenomics Conference in 2004, which is continuing to provide further research information on asthma and its causes. The Irish European Union Presidency also proposed additional research into the factors underlying asthma. In relation to the exposure of children to environmental tobacco smoke which contributes to childhood asthma, the smoke free at work initiative will ensure greater protection from toxic tobacco smoke.

The health promotion unit has no plans to conduct an information campaign on this issue in 2005. However, the unit will raise the matter in discussions with the Health Services Executive in relation to the devolvement of the unit's executive functions to that organisation.

#### Health Services.

68. **Mr. Allen** asked the Tánaiste and Minister for Health and Children her views on comments by the HSE that the health services funding is insufficient for 2005; and if she will make a statement on the matter. [15414/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The recently published Revised Estimates for Public Services set out the funding available to the Health Service Executive in 2005. This funding takes into account general factors such as pay and non-pay increases and allows for the continuance of service levels generally together with additional funding of €200 million for the following priority service areas: disability, accident and emergency and additional medical cards. The Estimates also provide for additional capital funding for the health capital investment framework which was provided in budget 2005.

The interim CEO of the HSE has indicated that a value for money programme will be implemented by the executive during 2005, which will generate appropriate savings and ensure that service levels are maintained.

69. **Ms Shortall** asked the Tánaiste and Minister for Health and Children if she has now sanctioned funding for the opening of the Ballymun Health Centre; when she expects that the centre will be operational; and if she will make a statement on the matter. [15346/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, HSE, which was established on 1 January 2005. Under the Act the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the funding of the Ballymun Health Centre, including the fit out and equipping of the facility.

Earlier this year I confirmed approval for the completion and fit out of this facility and I asked the HSE to proceed with it as quickly as logistically possible. As I have previously indicated, the HSE is responsible for the funding, timeframe and actual delivery of this project, which I am advised will take nine months to complete.

The HSE has informed me that it has put the necessary funding in place to carry out this work and that contractual arrangements have been finalised to progress the project. This work will commence before the end of this month.

#### Hospital Staff.

70. **Mr. Boyle** asked the Tánaiste and Minister for Health and Children her views on whether nurses should be awarded their pay claims in full and without delay; and if she will make a statement on the matter. [15366/05]

120. **Mr. Hayes** asked the Tánaiste and Minister for Health and Children if she will make a statement on the recent HSE statement that nurses are breaking the national pay agreement. [15443/05]

133. **Mr. O'Shea** asked the Tánaiste and Minister for Health and Children the reason a threat has been made to withhold the 3.5% increase due to nursing staff under the Sustaining Progress agreement; and if she will make a statement on the matter. [15325/05]

159. **Mr. Perry** asked the Tánaiste and Minister for Health and Children her plans to implement benchmarking to members of the nursing profession; and if she will make a statement on the matter. [15529/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 70, 120, 133 and 159 together.

The current phase of performance verification for the health sector is the 4th phase of the process set out in the Sustaining Progress agreement. The public service pay agreement provides that the final two phases of the benchmarking increases and the general round increases is dependent on verification of satisfactory achievement of the provisions on co-operation with flexi-

bility and ongoing change; satisfactory implementation of the agenda for modernisation set out in sections 20 to 26 of Sustaining Progress, and the maintenance of stable industrial relations and the absence of industrial action in respect of matters covered by the agreement. The 4th phase sectoral report received by the Secretary General of the Department of Health and Children from the Health Services National Partnership Forum cited the Irish Nurses Organisation in respect of their non co-operation regarding the development and implementation of the health care assistants programme.

In accordance with the procedures laid down in Sustaining Progress, the Secretary General referred the matter to the Health Service National Joint Council for its views on the matter. The referral stated that it is essential that the INO commit to full co-operation with the introduction of the health care assistant programme, which represents a key skill mix initiative in the health sector and is a key component of the Sustaining Progress agreement.

I understand that the National Joint Council is meeting this afternoon to discuss the matter. Once the NJC have replied to the Secretary General, he will submit the matter to the Performance Verification Group, together with his assessment, for its decision on whether the payment due on 1 June is warranted. I am aware that direct discussions have been taking place between the HSE and the INO and I hope that the issues in dispute can be resolved thus allowing nurses to receive their pay increases with effect from 1 June next.

#### **Tribunals of Inquiry.**

71. **Mr. Broughan** asked the Tánaiste and Minister for Health and Children the expected completion date of the inquiry, to be chaired by Judge Maureen Harding-Clarke, into the activities of the former Drogheda obstetrician (details supplied); if her attention has been drawn to the call made by a number of victims for the establishment of a redress board; if she intends to act on this suggestion; and if she will make a statement on the matter. [15312/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I met recently with Judge Harding-Clarke who is chairing the Lourdes Hospital inquiry. She advised me that the work of the inquiry is at an advanced stage. I look forward to early receipt of its report. I have also met with representatives of Patient Focus, the advocacy group which represents, *inter alia*, former patients of the person referred to by the Deputy.

I advised the group that I would have to await the report of the Lourdes Hospital inquiry before consulting with Government on its request for the establishment of a redress board. I intend to meet with the group again following completion of the inquiry.

#### **Suicide Incidence.**

72. **Mr. S. Ryan** asked the Tánaiste and Mini-

ster for Health and Children if her attention has been drawn to the recent comments (details supplied) made by the Coroner for County Offaly; the measures she intends to take to deal with the huge toll of life being taken by suicide; and if she will make a statement on the matter. [15344/05]

**Minister of State at the Department of Health and Children (Mr. T. O'Malley):** Suicide is a serious social problem in this country with 444 deaths from suicide registered in 2003. Young males have shown a significant increase in the rate of suicide in the last decade, with 305 such deaths in 1994 rising to 358 in 2003. However, it is important to point out that youth suicide in Ireland is not the highest in the EU. The most recent analysis suggests it is fifth highest. In terms of the overall suicide rate, Ireland ranks 17th in the EU. Recent figures suggest that the rate has stopped rising but it is correct to say that we experienced probably the fastest rising rate in Europe during the 1980s and 1990s, albeit from a low base rate. These are all worrying trends which require further research so that better strategies are developed to help people who are particularly at risk.

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 towards finding ways of tackling the tragic problem of suicide. 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 Health Service Executive areas with specific responsibility for implementing the task force's recommendations. The resource officers also engage in the promotion of positive mental health, the de-stigmatisation of suicide and provide information in relation to suicide and parasuicide within their area.

My Department has given special attention over the past number of years to the resourcing of suicide prevention initiatives. Since the publication of the task force report in 1998, a cumulative total of more than €17.5 million has been provided since towards suicide prevention programmes and for research. Support is also provided by my Department for the ongoing work of many organisations such as Mental Health Ireland, GROW, Aware and Schizophrenia Ireland in raising public awareness of mental health issues.

I share the public concern about the level of suicides in this country and I am fully committed to the intensification of suicide prevention measures and research programmes and in this regard, work is now well under way on the preparation of a national strategy for action on suicide prevention. This strategy, which is being prepared by the Project Management Unit, HSE — formerly HeBE — in partnership with the National

[Mr. T. O'Malley.]

Suicide Review Group and supported by the Department of Health and Children, will be action-based from the outset and will build on existing policy. All measures aimed at reducing the number of deaths by suicide will be considered in the context of the preparation of this strategy, which will be published later this year.

#### **Cancer Screening Programme.**

73. **Mr. Noonan** asked the Tánaiste and Minister for Health and Children the progress to date on the national rollout of the cervical screening programme; and if she will make a statement on the matter. [15423/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I am committed to the national rollout of a cervical screening programme in line with international best practice. International evidence demonstrates the proven efficacy of programmes that are effectively managed and meet quality assurance standards. Careful planning and consultation with relevant professional and advocacy stakeholders is required before I make definite policy decisions on a national rollout.

The former Health Board Executive commissioned an international expert in cervical screening to examine the feasibility and implications of a national roll out of a cervical screening programme. The examination included an evaluation of the current pilot programme in the mid-western area, quality assurance, laboratory capacity and organisation and the establishment of national governance arrangements. The expert's report was published on 14 December 2004.

The pilot cervical screening programme commenced in October 2000 and is available to eligible women resident in counties Limerick, Clare and Tipperary north. Under the programme cervical screening is being offered, free of charge, to approximately 74,000 women in the 25 to 60 age group, at five year intervals.

My Department is now consulting with the Irish College of General Practitioners, An Bord Altranais, the Academy of Medical Laboratory Science, the Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland, the Faculty of Pathology of the Royal College of Physicians of Ireland, the Women's Health Council, the Irish Cancer Society and the Dublin Well Woman Centre. The consultation with these key stakeholders is well advanced and will be completed in a matter of weeks.

The number of smear tests carried out annually is approximately 230,000 and represents an increase of almost 20% in recent years. To meet this increased demand additional cumulative funding of approximately €14.5 million has been provided by my Department since 2002 to enhance the laboratory and colposcopy services.

In addition, my Department allocated a further €1.1 million to the programme on an ongoing basis to complete the transition of the remaining laboratories to new and more effective testing

and to support the development of quality assurance and training programmes. These are essential preparatory elements in a national rollout.

*Question No. 74 answered with Question No. 65.*

#### **Hospital Services.**

75. **Mr. Timmins** asked the Tánaiste and Minister for Health and Children if she will amend the catchment area for a hospital (details supplied) in County Wicklow to include the area of south Wicklow which was in the catchment area prior to 2000; and if she will make a statement on the matter. [15479/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of health services in County Wicklow. Accordingly, my Department has been advised by the HSE that Baltinglass District Hospital covers a very wide catchment area for west Wicklow and has lengthy waiting lists for both extended care and respite care. Rathdown Hospital, St. Colman's, serves the east Wicklow area. The HSE has advised that the catchment areas for both hospitals were redefined in the newly created community care areas in 2000. The former South Eastern Health Board, the south east area of the Health Service Executive, caters for patients in County Carlow. The HSE south western area has advised that it has no immediate plans to change the catchment area for the Baltinglass District Hospital from the existing catchment area.

76. **Mr. Deenihan** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to recent reports on the local media in County Kerry expressing concern about the future of maternity services at Kerry General Hospital; if she will reassure the staff of the maternity unit and future users that these reports are unfounded; and if she will make a statement on the matter. [15306/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** My Department is not aware of any plans to close the maternity unit at Kerry General Hospital. I understand that management at Kerry General Hospital have taken steps to reassure staff in this regard. In fact, my Department has been informed that interviews were held in March of this year to recruit a permanent third obstetrician for the hospital. This appointment is being processed by the Public Appointments Service at present.

#### **Care of the Elderly.**

77. **Mr. Penrose** asked the Tánaiste and Minister for Health and Children the steps he intends

to take to address the issues of isolation and loneliness among elderly persons identified in the recent report of the National Council on Ageing and Older People; and if she will make a statement on the matter. [11855/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** I wish to advise the Deputy that I welcome the publication of the report, *Loneliness and Social Isolation Among Older Irish People*, by the National Council on Ageing and Older People. The report attempts to measure levels of loneliness among older people, record social isolation and explore the experiences of loneliness as described by older people themselves. I am pleased to note that the report also demonstrates that the majority of a representative sample of older people who were surveyed stated that they were not socially isolated or lonely.

My Department's policy in relation to the care of older people is to maintain them in dignity and independence at home in accordance with the wishes of older people, as expressed in many research studies; restore to independence at home those older people who become ill or dependent; encourage and support the care of older people in their own community by family, neighbours and voluntary bodies; and provide a high quality of hospital and residential care for older people when they can no longer be maintained in dignity and independence at home. This approach to the care of older people is also endorsed in the Health Strategy, *Quality & Fairness — A Health Strategy For You*.

This Government's commitment to the development of a comprehensive range of services for older people can clearly be demonstrated by outlining the resources made available in recent years for service developments. Between 1997 and 2004, total additional funding allocated for service provision was approximately €287 million. In 2004, a total of €9.5 million in additional revenue funding was allocated to services for older people and for 2005, this figure was increased to €15.228 million. This funding is being used for a variety of services to maintain and support older people living in the community including: home care grants; home help service; and support to voluntary organisations.

Lottery funding is also provided to voluntary organisations working with older people in the community. Many of these voluntary organisations are involved in running day care centres for older people living within their catchment area. These centres provide services such as a midday meal, physiotherapy, occupational therapy, chiropody, laundry and hairdressing. They also offer older people the opportunity to socialise, meet new friends and renew acquaintances with old friends and thus help prevent loneliness and isolation. The centres further act as a support for caring relatives, some of whom may have to go out to work during the day, and who can do so in the knowledge that their relative is being cared for in a safe and caring environment.

Finally, these centres provide social stimulation in a safe environment, particularly for those older people who are in the early stages of dementia. The development of day care centres supports my Department's policy of maintaining older people in the community. Services provided at day care centres complement one of the key findings in the report which states that in addition to support from families, friends and neighbours, the basic source of social support for older people comes from volunteers, health care and other professionals, and at times, from friends.

#### **Water Fluoridation.**

78. **Mr. Sargent** asked the Tánaiste and Minister for Health and Children her views on recent reports that there are much higher rates of dental fluorosis here than in Northern Ireland as a consequence of water fluoridation; if she intends to address this problem in any way; and if she will make a statement on the matter. [15374/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Fluoridation of public water supplies as a public health measure is accepted as being one of the most effective methods of ensuring against tooth decay. The World Health Organisation, WHO, recommends fluoridation of public water supplies and has stated that "fluoridation of water supplies, where possible, is the most effective public health measure for the prevention of dental decay". The WHO has also stated that "people of all ages, including the elderly, benefit from community water fluoridation".

The recently completed survey of oral health, covering the whole island of Ireland, shows that fluoridation of public water supplies continues to be a highly effective public health measure. It has contributed significantly to a major reduction in the incidence of dental decay in the Republic of Ireland. This compares favourably with the incidence of dental decay in Northern Ireland, which has significantly higher rates of dental decay and which does not have fluoridated water supplies.

The oral health survey also shows that fluoridation of public water supplies has a significant impact on dental decay in disadvantaged areas. The gap, in terms of levels of decay, between non-disadvantaged and disadvantaged areas in the Republic of Ireland is significantly less than the gap between such areas in Northern Ireland.

The research carried out shows that, at the levels of usage of fluoride in the Republic of Ireland's public water supply, there is no risk to health. Fluoridation of the water supply in Ireland is limited to a maximum of one part per million. In this regard, the WHO and the European Union have identified that fluoridation levels below 1.5 parts per million are acceptable.

The Forum on Fluoridation recognised that there has been some increase in the incidence of mild dental fluorosis in Ireland. Most dental fluorosis is only detectable by dentists. The forum, while recommending that fluoridation of water supplies continue, recommended a reduction in

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the levels of fluoride used from between 0.8 parts per million and 1 part per million to between 0.6 parts per million and 0.8 parts per million.

The Irish Expert Body on Fluorides and Health was set up in 2004. The terms of reference for the expert body are: to oversee the implementation of the recommendations of the Forum on Fluoridation; to advise the Minister and evaluate ongoing research, including new emerging issues, on all aspects of fluoride and its delivery methods as an established health technology and as required; and to report to the Minister on matters of concern at his-her request or on its own initiative.

As part of its work in implementing the recommendations of the forum, the expert body is currently examining the question as to what amendments may be required to the regulations, under the Health (Fluoridation of Water Supplies) Act 1960 in order to give effect to the forum's recommendation to reduce the level of fluorides in the public water supplies. The expert body is expected to report on its findings to my Department in the near future. My Department will then take the necessary steps to amend the current regulations or, if deemed necessary, to introduce new regulations.

The expert body is overseeing the implementation of the wide-ranging recommendations of the forum and will advise me on all aspects of fluoride going forward.

*Question No. 79 withdrawn.*

#### **Cancer Screening Programme.**

80. **Mr. Naughten** asked the Tánaiste and Minister for Health and Children the action she is taking to address the prevalence, detection and treatment of prostate cancer; and if she will make a statement on the matter. [15241/05]

151. **Mr. McCormack** asked the Tánaiste and Minister for Health and Children if she will consider introducing prostate screening; and if she will make a statement on the matter. [15421/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 80 and 151 together.

A new national cancer strategy is currently being finalised by the National Cancer Forum, a multi-disciplinary group of experts in oncology. As part of this work, the forum has reviewed all issues relating to screening, including examining specific diseases such as prostate and colorectal cancer. The forum is also developing criteria against which all future screening programmes will be assessed.

In relation to screening for prostate cancer, I understand the forum will recommend that there is currently insufficient evidence to recommend the introduction of a population based prostate screening programme in this country. This issue should be reassessed when the results are avail-

able from randomised trials currently being conducted.

This position is consistent with the recommendations adopted by the European Union, which advocate the introduction of cancer screening programmes that have demonstrated their efficacy having regard to professional expertise and priority setting for health care resources. The proposals do not provide for specific recommendations in respect of screening for prostate cancer.

Appropriate treatment for men diagnosed with prostate cancer is available at major hospitals throughout the country. Any man who has concerns in relation to prostate cancer should contact his GP who will, where appropriate, refer him to the appropriate services in his area.

#### **Nursing Home Services.**

81. **Mr. Howlin** asked the Tánaiste and Minister for Health and Children if contracts have been signed for the provision of 500 short-term nursing home beds for patients who no longer need acute care; the location of these beds; when they will become available; and if she will make a statement on the matter. [15319/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** A tendering process has been completed to procure nursing home beds from the private sector to meet the needs of 500 people annually for intermediate care of up to six weeks. A total of 90 beds have been procured nationally to allow an annual throughput of 500 patients. My Department understands that the successful applicants have been notified by the Health Service Executive.

Some 64 patients from hospitals in the Eastern Region and 23 patients in the Cork region have already been discharged as a result of the intermediate beds being available. My Department does not have details of the exact location of the 90 intermediate care beds at this time. Accordingly, my Department has requested the chief executive officer of the Health Service Executive to provide this information directly to the Deputy.

#### **Accident and Emergency Services.**

82. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the steps that have been taken in each of the past five years to address the issue of the lack of bed space in all hospitals with particular reference to accident and emergency; if she will further indicate the extent to which the issue has now been satisfactorily addressed or is likely to be in the foreseeable future; if she accepts that hospitals, including accident and emergency departments, are grossly overcrowded; if her attention has been drawn to the need to address these issues as a matter of urgency; her plans in this issue; and if she will make a statement on the matter. [15405/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I have already announced a series

of measures which are being put in place to improve the delivery of accident and emergency services. These actions take a wide-ranging approach and are aimed at improving access to accident and emergency services, improving patient flows through accident and emergency departments, freeing up of acute beds and providing appropriate longer term care for patients outside of the acute hospital setting. Additional revenue funding of €70 million and additional capital funding of €10 million has been provided to support these actions. The Health Service Executive, HSE, has been charged with responsibility to implement the actions identified in the 10 point plan for accident and emergency services. There are also additional actions that are needed which relate more to the management, work practices and processes in hospitals. These too will be addressed by the Health Service Executive.

On foot of the commitment in the health strategy, funding has been provided to open an additional 900 inpatient beds and day places in acute hospitals. Health agencies have informed my Department that at the 6 May 2005, 780 beds were in place. The Health Services Executive has informed my Department that the remaining 120 beds will come on-stream during 2005.

This Government has set out to improve the physical infrastructure of acute hospitals and particularly accident and emergency departments. A number of new units in acute hospitals throughout the country are in the process of coming on-stream. New accident and emergency departments have also been provided under the capital investment programme. I opened a new purpose-built accident and emergency department at Cork University Hospital last Monday. New accident and emergency departments and new hospital buildings were also provided at Connolly Hospital, Blanchardstown and Naas General Hospital at a total capital cost of €100 million and €75 million respectively. A new accident and emergency department was provided at Roscommon General Hospital at a capital cost of €6 million. New accident and emergency departments are expected to open this year at St. James's Hospital, Dublin and at South Tipperary General Hospital, Clonmel. Major capital projects at Tullamore General Hospital and St. Vincent's Hospital in Dublin will also result in new accident and emergency departments being provided. These developments together with new day facilities, theatre and diagnostic capacity will result in improved patient flows through the hospital system and make better use of existing in-patient beds.

### Hospital Procedures.

83. **Mr. Quinn** asked the Tánaiste and Minister for Health and Children the action her Department took on receipt of a letter in January 2003 recommending the use of a US based plastic surgeon who had been the subject of investigation by the US authorities; her plans to regulate the growing number of clinics providing cosmetic

procedures here; and if she will make a statement on the matter. [15333/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** In January 2003 the then Minister for Finance advised my predecessor that he had been approached by a charitable institution in County Kildare regarding the possibility of an American cosmetic-plastic surgeon carrying out operations free of charge on patients in Ireland. It was indicated that the person in question specialised in the treatment of children who were severely disfigured. I understand the proposal would have involved bringing a team to Ireland for a few weeks each year to carry out, free of charge, up to ten operations on persons who were severely disfigured. The doctor in question required information regarding the permission required, the regulations to be followed and whether facilities could be made available to support the establishment of such a service. There was no recommendation from the former Minister for Finance that the services of the person in question be used by the Irish health service.

The correspondence was forwarded by my Department to the former Eastern Regional Health Authority and was considered by two consultant plastic surgeons based at Our Lady's Hospital for Sick Children and the Children's University Hospital Temple Street, whose views were forwarded directly to the former Minister for Finance. The consultants indicated, *inter alia*, that the service proposed was not required as there was already a comprehensive and multi-disciplinary service in place in this country for severely disfigured children, and which was funded by the State.

On the question of regulation, the Medical Council is the independent authority charged with primary responsibility for the registration and regulation of medical practitioners in the State. The function of the Medical Council is to protect the public through implementing appropriate controls on the medical profession. Doctors practising medicine in Ireland should be registered with the Medical Council.

Persons who avail of the services of doctors performing cosmetic procedures, whether in this country or abroad, should endeavour to seek the services of reputable institutions. When invasive procedures are being arranged in so-called "cosmetic clinics", persons would be strongly advised to check that the services are provided by a medical practitioner who is appropriately registered with the Medical Council in this country or the appropriate regulatory body in the jurisdiction where the procedure is to be performed. In addition, before agreeing to undergo any procedure, persons should ascertain the level of follow-up medical support which will be available to them after the surgery has been completed.

It is an offence under the Medical Practitioners Act for a doctor to falsely represent himself or herself to be a registered medical practitioner when he or she is not registered. Registration is required to sign medical certificates and to issue

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prescriptions for certain categories of drugs. In addition, doctors are not entitled to recover in legal proceedings fees charged for the provision of medical or surgical advice or treatment given when they were not registered.

I have met with a delegation from the Medical Council to discuss a number of matters relevant to the current and future system of regulation of the medical profession in Ireland. Among the issues discussed was that of cosmetic surgical procedures and the requirement for appropriate follow-up medical care for patients who undergo these procedures. The delegation outlined to me the council's concerns regarding the operation of cosmetic surgery clinics in Ireland. My Department is currently actively examining ways to address the issues raised.

#### **Mental Health Services.**

84. **Mr. Deasy** asked the Tánaiste and Minister for Health and Children her views on the recent report by Comhairle na nOspidéal on the mental health services; and if she will make a statement on the matter. [15445/05]

**Minister of State at the Department of Health and Children (Mr. T. O'Malley):** An expert group on mental health policy is currently preparing a national policy framework for the further modernisation of the mental health services, updating the 1984 policy document, Planning for the Future. The report of Comhairle na nOspidéal, Consultant Staffing in the Mental Health Services, is currently being examined by the expert group which is due to report later this year.

#### **Eating Disorders.**

85. **Mr. Kehoe** asked the Tánaiste and Minister for Health and Children the services provided for persons with eating disorders; and if she will make a statement on the matter. [15449/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Persons presenting with eating disorders are generally treated through the local mental health services. Outpatient psychiatric services are provided from a network of hospitals, health centres, day hospitals and day centres. Where inpatient 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.

The expert group on mental health policy is currently preparing 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 has a number of sub-groups looking at specialist issues in mental health services, including eating disorders. The expert group on mental health policy is expected to report later this year.

#### **Clinical Indemnity Scheme.**

86. **Ms Burton** asked the Tánaiste and Minister

for Health and Children the position in regard to negotiations with hospital consultants regarding the indemnity scheme; if the Government is planning legal action against the Medical Defence Union in regard to historic liabilities; and if she will make a statement on the matter. [15310/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Discussions are continuing with the Irish Medical Organisation and the Irish Hospital Consultants Association on some residual issues concerning the clinical indemnity scheme. I am confident that these will be resolved in the near future. Earlier this year the Government indicated that it would consider supporting individual consultants who had been left without cover by the Medical Defence Union in challenging these decisions by the MDU. I recently instructed the Chief State Solicitor's office to apply to the High Court for an order joining the MDU as a third party in proceedings between a health board and a former consultant member of the MDU where the MDU had withdrawn assistance. The court granted the order sought and formal notice of this has now been served on the MDU.

#### **Health Service Staff.**

87. **Mr. Gilmore** asked the Tánaiste and Minister for Health and Children when the chief executive designate of the Health Service Executive will take up their position; if the finance director of the Health Service Executive has resigned; the steps being taken to fill this position; and if she will make a statement on the matter. [15316/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Following a recommendation by the board of the Health Service Executive, HSE, I agreed to the appointment of Professor Brendan Drumm as the first chief executive of the HSE.

Discussions are under way with Professor Drumm about the arrangements to be put in place to enable him to take up the appointment at the earliest possible date.

The chairman of the HSE has also informed me that the director of finance has indicated his intention to resign from his current position. The chairman has advised me that a recruitment process to replace him will commence immediately and the situation will be kept under review.

#### **Mental Health Services.**

88. **Mr. S. Ryan** asked the Tánaiste and Minister for Health and Children her response to the recent decision of the High Court to award almost €3 million in damages to a person; if she is concerned that the State may be vulnerable to similar legal actions from other people who found themselves in similar circumstances; and if she will make a statement on the matter. [15347/05]

**Minister of State at the Department of Health and Children (Mr. T. O'Malley):** It would be

inappropriate at this time to comment on the individual case referred to by the Deputy.

As the Deputy may be aware, the Mental Health Act 2001 was enacted in July 2001. The main vehicle for the implementation of the provisions of the Mental Health Act 2001 is the Mental Health Commission, which was established in April 2002. It is an independent statutory body, whose primary function is to promote and foster high standards and good practices in the delivery of mental health services and to ensure that the interests of detained persons are protected.

Under the provisions of the Mental Health Act 2001, mental health tribunals, operating under the aegis of the Mental Health Commission, will conduct a review of each decision by a consultant psychiatrist to detain a patient on an involuntary basis or to extend the duration of such detention. The review will be independent, automatic and must be completed within 21 days of the detention-extension order being signed. As part of the review process the mental health tribunal will arrange, on behalf of the detained person, for an independent assessment by a consultant psychiatrist and the commission will also operate a scheme to provide legal aid to patients whose detention is being reviewed by a tribunal.

While the detailed work programme of the Mental Health Commission is a matter for the commission itself to determine in accordance with its statutory functions under the Mental Health Act 2001, I understand that the commission's Strategic Plan 2004-2005 indicates that one of the priorities for the commission is to put in place the structures required for the operation of mental health tribunals, as provided for in Part 2 of the Mental Health Act 2001.

### Hospital Charges.

89. **Mr. Gilmore** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to recent figures produced by the Central Statistics Office showing that hospital charges have risen by 59.9% in three years, more than six times the rate of inflation; if she considers such a level of increase justified; if her attention has been drawn to the hardship that such a level of increase has created; the action she intends to take to address this situation; and if she will make a statement on the matter. [15315/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** On 1 January 2005, the public hospital statutory inpatient charge was increased by €10 to €55 per night, subject to a maximum of €550 in any 12 consecutive months. The charge for a visit to an accident and emergency department was also increased by €10 to €55. This increase in the accident and emergency charge will facilitate more appropriate attendances at accident and emergency units by reducing an incentive for people to attend accident and emergency departments when they might appropriately receive services from general practitioners.

The charges do not apply to a number of categories of person, including those with full eligibility, women receiving services in respect of motherhood, children up to the age of six weeks and children suffering from prescribed long term diseases. Additionally, the accident and emergency charge does not apply in circumstances where the person has been referred by a medical practitioner or where the attendance results in a hospital admission.

The daily charge of private and semi-private care in major public hospitals was also increased by 25% with effect from 1 January 2005. This income goes towards supporting services in public hospitals. In the interests of equity, it is Government policy to gradually eliminate the effective subsidy for private stays in public hospital beds and relieve the general taxpayers of the burden of carrying these costs. Even with this increase, the cost of providing services to private patients in the major hospitals remains significantly greater than the income from the private insurance companies in many cases. The increase being implemented is aimed at closing that gap.

Under the Health Act 1970, determination of eligibility for health services is the responsibility of the Health Service Executive, HSE. It should be noted that where exemptions do not apply and cases of exceptional need arise, the chief officer of the relevant HSE Area has discretion to waive the charge where undue hardship would otherwise be caused. It is open to all persons to apply to the Health Service Executive for health services if they are unable to provide these services for themselves or their dependants without hardship.

### Health Service Staff.

90. **Mr. Coveney** asked the Tánaiste and Minister for Health and Children her views on a media report that the new chief executive of the HSE intends to introduce a new tier of management; and if she will make a statement on the matter. [15416/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** An organisational structure for the Health Service Executive was announced in November and is currently being implemented. The organisational structure of the executive is a matter for the board and chief executive officer of the executive, subject to the approval of the Department of Health and Children and the Department of Finance.

### Complementary Therapies.

91. **Mr. English** asked the Tánaiste and Minister for Health and Children the regulations and legislative protection surrounding the business of complementary therapists; and if she will make a statement on the matter. [15437/05]

116. **Mr. Wall** asked the Tánaiste and Minister for Health and Children the plans she has to regulate those offering alternative health therap-

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ies, many of whom have no formal qualifications, especially in view of the serious concerns expressed at a recent inquest into the death of a person (details supplied) in County Mayo who had been attending such a practitioner; and if she will make a statement on the matter. [15334/05]

153. **Dr. Cowley** asked the Tánaiste and Minister for Health and Children the progress she has made in regulating the situation whereby any person can practice as a therapist, alternative practitioner or so-called complementary practitioner without any statutory requirement to register; if, further to previous parliamentary questions, she has taken further steps to rectify the situation; the position regarding the working group of the registration of alternative practitioners which was mooted by a forum set up in 2001; her views on whether this process is taking far too long in view of public health and safety; and if she will make a statement on the matter. [10607/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 91, 116 and 153 together.

At present there is no statutory regulatory framework for complementary therapists. The provision of all services to the public is currently subject to the supervision of the Director of Consumer Affairs and must conform to the requirements of consumer legislation.

A national working group was established by my predecessor in May 2003 to advise on future measures for strengthening the regulatory environment for complementary therapists. This group has met 18 times and was expected to report by the end of this year. However, in response to a recent request from my Department, the chair of the working group has given a commitment to an earlier completion date. My approach to the most appropriate framework to be put in place to regulate the activities of complementary therapists will be informed by the group's recommendations.

The whole issue of the regulation of complementary therapists is especially important in light of the increasing number of people who are attending such practitioners, particularly in partnership with conventional medical care. As a result, the often informal nature of how some complementary therapies are practised needs more scrutiny. Greater controls in the complementary therapy area are in the interest of all reputable practising therapists as the presence of some unscrupulous practitioners undermines the sector and presents risks to those using the therapies. It is the personal responsibility of every individual practitioner providing health care services to the public to ensure that they are trained and qualified to the level required to work safely within their area of competence.

It is my firm intention to introduce appropriate measures to strengthen the regulatory environment for complementary therapists as soon as I receive the report of the national working group.

In the meantime, I have asked the health promotion unit of my Department to explore the possibility, in consultation with relevant experts, of running a public information campaign aimed at providing guidance to persons contemplating the use of complementary therapy services. A key message that needs to be communicated is that patients with undiagnosed conditions should be actively encouraged to seek medical advice in the first instance.

#### **Nursing Home Charges.**

92. **Mr. Stanton** asked the Tánaiste and Minister for Health and Children if the practice of health authorities holding the pension books of elderly patients to pay for their long-term care has reconvened; and if she will make a statement on the matter. [11893/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The HSE has reported that where it has been authorised to act as the patient's agent in relation to dealing with the patient's pension payments, weekly spending money is paid to each patient and the balance of such patient's pension is lodged to his-her patient private property account, from where it is accessible to the patient. With regard to the matter of the return of the pension book to patients, it is important that the process of altering the existing arrangements be carried out in an appropriate manner. Accordingly, the HSE has indicated that it is currently issuing a letter to all patients who have authorised it to act as their agent, offering them choices with regard to their pension books, and that arrangements will be made to return the pension books to the patients in question if that is their choice. Some patients may not be in a position to make a decision regarding their arrangements and the process will have to involve the patient's next of kin. This matter will be dealt with by each nursing home-institution and, therefore, there will be an opportunity to discuss the matter with the relevant local staff.

Patients in long stay units have the choice of having their pension book returned to them at any stage. No long stay charges are currently being levied for eligible patients in respect of in-patient services by the HSE. The HSE has advised that it is not aware of any instance where the practice of health authorities holding pension books of elderly patients has recommenced where patients have requested the return of their pension books.

#### **Inter-Country Adoptions.**

93. **Ms Shortall** asked the Tánaiste and Minister for Health and Children her plans to review the law governing international adoptions in view of the experience of a person (details supplied) in a case in Indonesia; and if she will make a statement on the matter. [15345/05]

**Minister of State at the Department of Health and Children (Mr. B. Lenihan):** In January this

year, I announced that legislation to ratify The Hague Convention on the Protection of Children and Cooperation in Respect of Inter-country Adoption was being drafted as a matter of priority and I hope it will be published at the end of the year. The Hague Convention is the international instrument that regulates adoptions of children between jurisdictions and sets out the standards expected of both countries of origin and receiving countries in inter-country adoptions.

The case to which the question refers is an adoption which was effected domestically in Indonesia and subsequently registered in Ireland. Current legislative provisions allow domestic adoptions effected legally in other countries to be registered in Ireland and for the High Court to make an order for that registration to be cancelled if such cancellation is found to be in the best interests of the adopted person. It is not proposed to amend these provisions.

### **Nursing Education.**

94. **Mr. Perry** asked the Tánaiste and Minister for Health and Children if the INO and the HSE management have reached an agreement on the introduction of a new nursing grade; and if she will make a statement on the matter. [15409/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I presume the Deputy is referring to the health care assistant grade which supports the work of nurses-midwives and acts under their supervision. This is not a nursing grade, however. Health care assistants are part of the nursing team and make a valuable contribution to the care of patients. Health care assistants and similar grades such as nurse's aide and ward attendant have been a feature of the Irish health service for some time. In recent years there has been investment in the upskilling of these grades so that they can play a greater role in the delivery of care and allow nurses to concentrate on more high level work appropriate to their education and training.

Section 23 of Sustaining Progress includes a commitment to the implementation of improved skill mix in the health service. There is a recognition of the need to mainstream existing developments including greater use of health care assistants. The Report of the Commission on Nursing, 1998, made recommendations in paragraphs 4.55 and 7.63 regarding the scope for increased use of care assistants and other non-nursing personnel in the performance of non-nursing tasks. Specifically, paragraph 7.63 recommended that a group be established to "examine opportunities for the increased use of Care Assistants and other non-nursing personnel in the performance of other non-nursing tasks".

This group was established to examine the effective utilisation of professional skills of nurses and midwives. It issued its report in May 2001. The group recommended that the grade of health care assistant-maternity health care assistant be introduced as a member of the health care team

to assist and support the nursing and midwifery function. It also made recommendations related to the education and training of health care assistants including that the healthcare support certificate, FETAC, NCVA, Level 2, qualification be the preparation required for employment as a health care assistant.

Health care assistants are now integrated into many health care teams. During 2004-05, over 900 health care assistants undertook the healthcare support certificate. In addition, health care assistants have been introduced in eight pilot sites in the mental health services and they are undertaking the healthcare support certificate. The pilot programme in mental health services is currently being evaluated.

This vocational education programme has enhanced the skills and competency levels of health care assistants. As a result, health care organisations are increasingly recognising the potential of health care assistants and have requested further development of their role.

The Irish Nurses Organisation does not represent health care assistants, however, because they work under the supervision of nurses-midwives. The INO and other nursing unions have been involved in discussions on the mainstreaming of this grade across the health service. The INO is currently in dispute with the Health Service Executive in relation to the content of one training module in the healthcare support certificate programme. I hope that the matters in dispute will be resolved in the near future in the interests of improved patient services.

### **Special Needs Children.**

95. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the extent to which studies have been conducted here into the cause or causes of children born with various special needs; the extent to which some are deemed hereditary; the comparisons made with the incidents in other European countries; if sufficient information is available to determine specific causes; and if she will make a statement on the matter. [15404/05]

**Minister of State at the Department of Health and Children (Mr. T. O'Malley):** Broadly speaking, there are two main sources of information in relation to children born with special needs: (1) major screening programmes such as the EURO-CAT, congenital malformation register, and the national metabolic screening programme; and (2) individual studies carried out by hospitals and university departments.

Hereditary factors are prominent in many conditions to a variable degree. The incidence of individual conditions varies widely throughout the world. For example, Ireland would have a relatively high incidence of Down syndrome and phenylketonuria.

My Department has asked the Health Research Board for its advice on the matters

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raised and will communicate with the Deputy when the reply becomes available.

#### Nursing Home Charges.

96. **Ms Burton** asked the Tánaiste and Minister for Health and Children if, arising from the Travers report, progress has been made with regard to determining the whereabouts of the file prepared by the Secretary General for submission to the Attorney General, but which was never received in the Attorney General's office, in regard to the illegal charging of long stay patients; and if she will make a statement on the matter. [15309/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The letter and briefing documents in the file the Deputy refers to were sent to the Attorney General last October at my request, following the issue being raised in the House.

The original file drawn up in January 2004 containing these documents was not found in the Department despite an extensive search undertaken in January and February this year to facilitate the work of Mr. John Travers on the report I requested. A further search now would not be likely to produce a different result.

#### Hospital Accommodation.

97. **Ms C. Murphy** asked the Tánaiste and Minister for Health and Children the bed capacity which St. James's, the Mater public, St. Vincent's public, Blanchardstown, Tallaght and Beaumont Hospitals were constructed to accommodate, including completed extensions; the number of hospital beds in place in these hospitals; and the further number of beds in use. [15244/05]

154. **Ms C. Murphy** asked the Tánaiste and Minister for Health and Children the number of beds which are reserved for private patients at St. James's, the Mater, St. Vincent's, Blanchardstown, Tallaght and Beaumont Hospitals. [15245/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 97 and 154 together.

The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of hospital services. Accordingly, my Department has requested the chief officer for the executive's eastern regional area to examine the issues raised and to reply to the Deputy directly.

#### Tuberculosis Incidence.

98. **Mr. Stagg** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to research showing that rates of tuberculosis infection may be increasing in pockets of

north Dublin; the steps she intends to take to counter the renewed threat from tuberculosis; and if she will make a statement on the matter. [15338/05]

#### Tánaiste and Minister for Health and Children (Ms Harney):

The Health Act 1947 and the Infectious Diseases Regulations 1981, as amended, provide the legislative basis for the control of infectious diseases, including tuberculosis, TB, in Ireland. My Department's strategy in relation to the prevention and treatment of TB is guided by the recommendations of the Report of the Working Party on Tuberculosis, 1996, which covers a wide range of issues including epidemiology, surveillance, screening, preventative therapy, clinical management and laboratory diagnosis. Responsibility for the implementation of the recommendations rests with the Health Service Executive. As recommended in the report, a permanent committee — the National Tuberculosis Committee — was established to advise on a detailed strategy for the control and management of TB. The committee meets when necessary to review all relevant issues.

The incidence of TB in Ireland has declined dramatically since its peak at the beginning of the 20th century. The Health Protection Surveillance Centre monitors rates of TB in Ireland on an ongoing basis and identifies any increases in rates or clusters of the disease.

According to data provided by the HPSC and the Department of Public Health in the HSE eastern region, TB notifications both nationally and in the eastern region between 1991 and 2003 are as shown in the following table.

| Year | National TB Notifications | TB notifications in HSE — Eastern Region |
|------|---------------------------|--|
| 1991 | 640                       | 183                                      |
| 1992 | 604                       | 202                                      |
| 1993 | 598                       | 144                                      |
| 1994 | 524                       | 159                                      |
| 1995 | 458                       | 150                                      |
| 1996 | 434                       | 113                                      |
| 1997 | 416                       | 129                                      |
| 1998 | 424                       | 154                                      |
| 1999 | 469                       | 180                                      |
| 2000 | 395                       | 143                                      |
| 2001 | 381                       | 171                                      |
| 2002 | 408                       | 162                                      |
| 2003 | 421*                      | 167                                      |

\*Figures for 2003 are provisional

The number of cases in each community care area in the eastern region fluctuates each year. In 2003, the highest rates in the eastern region were seen in the north and south inner city areas of Dublin and west Dublin.

TB services in the eastern region are conducted in accordance with the Report of the Working Party on Tuberculosis, 1996. These guidelines are currently being reviewed. The service has a number of components: hospital-based services,

public health services, which include contact tracing, and workplace-school-institutional screening.

### Hospital Accommodation.

99. **Mr. Bruton** asked the Tánaiste and Minister for Health and Children the efforts she is making to open closed beds; and if she will make a statement on the matter. [15411/05]

110. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children her views on recent reports from the INO that more than 150 beds in Dublin are closed; and if she will make a statement on the matter. [15410/05]

117. **Mr. Bruton** asked the Tánaiste and Minister for Health and Children the number of closed beds; and if she will make a statement on the matter. [15412/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 99, 110 and 117 together.

The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Accordingly, my Department has requested the chief executive officer of the Health Service Executive to reply directly to the Deputy with the information requested.

### Influenza Vaccines.

100. **Mr. Broughan** asked the Tánaiste and Minister for Health and Children the progress made to date with regard to acquiring a stock of influenza vaccines to deal with any influenza pandemic; the number of such doses available; and if she will make a statement on the matter. [15311/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Vaccination is the principal measure for preventing influenza and reducing the impact of epidemics. It will be the primary public health intervention in the event of an influenza pandemic. However, the production of a vaccine tailored to a pandemic influenza strain could take six to nine months. Developments are under way at international level seeking to expedite this process.

Pending the availability of virus specific vaccines, antiviral drugs will be the only influenza specific medical intervention available for use in a pandemic. Following consideration of advice from the Influenza Pandemic Expert Group, I decided at the beginning of March that 1 million treatment packs of oseltamivir, Tamiflu, should be stockpiled. This quantity is sufficient to treat 25% of the population and is in line with international trends.

The Health Service Executive signed a contract with Roche Products (Ireland) Ltd. for the supply of Tamiflu on 8 April 2005. A total of 600,000 packs will be delivered by the end of this year.

The remaining 400,000 packs will be delivered in 2006.

*Question No. 101 withdrawn.*

### General Practitioner Co-operatives.

102. **Mr. Ring** asked the Tánaiste and Minister for Health and Children the progress to date on the introduction of an out-of-hours general practitioner co-operative service for the east Cork region; the reason funding is not being made available for 2005; and if she will make a statement on the matter. [15426/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. That includes responsibility for the development, implementation and monitoring of GP out-of-hours co-operatives.

Since the first GP out-of-hours co-operative began in 2000, in excess of €104.8 million has been provided to the Health Service Executive for out-of-hours co-operatives nationally.

The Health Service Executive, southern area, received €11.389 million under that heading between 2001 and 2004. In 2005, a sum of €6.271 was provided to the Health Service Executive's southern area to allow further expansion of its out-of-hours service.

Decisions in respect of the geographical area to be covered in any development or expansion of a GP out-of-hours co-operative are matters which fall within the remit of the relevant area of the Health Service Executive to decide, having regard to the strategic, financial and other issues involved. While I understand that some progress regarding the expansion of the out-of-hours service in the east Cork region has been made in recent days, my Department has asked the HSE southern area to reply directly to the Deputy.

### Nursing Home Charges.

103. **Ms McManus** asked the Tánaiste and Minister for Health and Children the number of calls received to date by the national repayments scheme helpline; the latest information available to her Department regarding the extent of the potential cost to the Exchequer of the illegal charges; the progress made to date by the Government committee considering the question of repayments; if the committee has yet reported to Cabinet; if a decision has been made as to whether or not the statute of limitations will apply; and if she will make a statement on the matter. [15307/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** A memorandum for Government, regarding the repayment scheme for charges for residential long-term care, was brought before

[Ms Harney.]

Cabinet for consideration, and the Government has agreed the key elements of a scheme for the repayment of long-stay charges.

All those who were charged and are alive, and the estates of all those who were charged and died in the six years prior to 9 December 2004, will have the charges repaid in full. The scheme will not allow for repayments to the estates of those who died more than six years ago. The repayments will include both the actual charge paid and an amount to take account of inflation, using the CPI, since the time the person involved was charged.

Legislation will be brought before the Oireachtas as soon as possible to provide a clear legal framework for the scheme. In the case of those who were charged and are still alive, the repayments will be exempt from tax and will not be taken into account in assessing means for health and social welfare benefits. The normal tax and means assessment arrangements will apply to those who benefit from repayments to estates.

An outside company with experience in handling mass claims will be engaged to design and manage the scheme within the parameters of the key principles approved by Government.

A national steering committee will be appointed to provide an independent input into the design of the scheme and to monitor the operation of the scheme to ensure that it is being implemented quickly and in the most equitable and effective way possible.

The scheme will be designed and managed with the aim of ensuring that those who are eligible for repayments receive them as soon as possible and with the minimum possible imposition of bureaucracy. Priority will be given to those who are still alive. Many of those eligible for repayments have already been identified under the *ex gratia* payments process. The scheme will include a transparent and thorough appeals process.

The legislation will include appropriate safeguards to prevent exploitation of those who receive repayments and are not in a position to manage their own financial affairs.

The scheme will include a provision to allow those eligible for a repayment to waive their right to a repayment and have the money assigned to fund one-off service improvements in elderly, mental health and disability services.

It is estimated that about 20,000 people who are still alive and a further 40,000 to 50,000 estates will benefit. It is estimated that the scheme will cost approximately €1 billion. The decision to limit payments to the estates of those who died in the past six years reflects the reference in the Supreme Court judgment to the Statute of Limitations.

The national helpline set up by the Health Service Executive to allow people to register if they believe they are due a repayment will continue to operate, but there is no need for anyone who has already registered using that facility to make con-

tact with the HSE again to register for the scheme.

The total number of calls dealt with by the national repayment scheme helpline up to 10 May 2005 was 10,157.

#### Medical Cards.

104. **Ms O. Mitchell** asked the Tánaiste and Minister for Health and Children the application process for the doctor-only medical cards; and if she will make a statement on the matter. [15418/05]

113. **Mr. P. McGrath** asked the Tánaiste and Minister for Health and Children when the doctor-only medical cards will be introduced; and if she will make a statement on the matter. [15447/05]

124. **Mr. Costello** asked the Tánaiste and Minister for Health and Children the discussions she has had with the IMO regarding the introduction of the promised doctor-only card; the plans she has for further discussions; the number of such cards issued to date; when she expects that the full complement will be issued; and if she will make a statement on the matter. [15314/05]

137. **Mr. G. Mitchell** asked the Tánaiste and Minister for Health and Children the services that will be provided under the new doctor-only medical card; and if she will make a statement on the matter. [15419/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 104, 113, 124 and 137 together.

The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered, on its behalf, health and personal social services. That will include responsibility for the determination of eligibility of persons to “GP visit” cards.

In November, I announced the intention of extending free access to general practitioner services under the general medical services schemes to up to an extra 200,000 persons. Free access to general practitioner services will be the only service available to holders of “GP visit” cards. Funding has been provided in 2005 for that measure, and it is my intention that the required target can be met by the end of 2005.

Regarding the GP visit cards, the Health Service Executive has put in place the necessary administrative arrangements for their introduction. A public information campaign will be commenced over the coming days. That will indicate the process to be followed by applicants to obtain application forms and to have their eligibility assessed by the HSE. In the first instance, the HSE will consider the applicants’ eligibility for a full medical card.

A process of engagement with the contractor and staff representative bodies is ongoing, and it

is my intention to have GP visit cards available to persons on a low income as quickly as possible.

### Hospital Services.

105. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to concerns expressed at the recent IMO conference that surgeons and anaesthetists are regularly arriving at work to find that there is no work for them due to bed shortages; the steps she is taking to address this situation; and if she will make a statement on the matter. [15323/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I am aware of many issues raised at the recent IMO conference, which I attended, including the question of investment in new acute beds. On foot of the commitment in the health strategy, funding has been provided to open an additional 900 in-patient beds and day places in acute hospitals. Health agencies have informed my Department that, on 6 May 2005, 780 beds were in place. The Health Service Executive has informed my Department that the remaining 120 beds will come on stream during 2005.

Additional revenue funding of €70 million and additional capital funding of €10 million has been provided to support the actions identified to improve the delivery of accident and emergency services. The Health Service Executive, or HSE, has been charged with responsibility to implement the actions identified in the ten-point plan for accident and emergency services. Additional actions are needed which relate more to the management, work practices and processes in hospitals. Those too will be addressed by the Health Service Executive.

Increasing the capacity of acute hospitals through the measures contained in the ten-point action plan and through the capital investment framework will enable hospitals to carry out, in a planned way, scheduled elective treatment which will fully utilise the facilities and staff in the hospital.

106. **Ms C. Murphy** asked the Tánaiste and Minister for Health and Children the forward planning arrangements which are in place in her Department to assess and provide for increased acute hospital needs in line with projected population increases in fast-developing areas in Dublin and surrounding counties. [15246/05]

178. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of extra hospital beds required to bring the bed complement up to international norms; and if she will make a statement on the matter. [15697/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 106 and 178 together.

My Department carried out a detailed study of acute hospital bed requirements up to 2011, and published *Acute Hospitals Bed Capacity — a*

*National Review* in January 2002. The study examined current bed capacity and activity in acute hospitals and developed a framework for estimating future acute hospital capacity requirements. The study took account of current service pressures, projected increases in total population, the rise in the number of older people, increasing demand for services and potential changes in clinical practice. The study highlighted the need to expand hospital services for public patients.

In the health strategy, the Government committed itself to improve access for public patients. That is to be achieved through a series of measures, for example, funding has been provided to open an additional 900 in-patient beds and day places in acute hospitals throughout the country — 720 are in place, and the remainder will come on stream before the end of 2005. My Department is exploring the scope that exists for the private sector to provide additional bed capacity, and the national treatment purchase fund has been established to source treatment in the private sector for public patients waiting longest for treatment. The fund had arranged treatment for 27,000 public patients up to the end of March 2005.

Following the establishment of the Health Service Executive, responsibility for the preparation of plans regarding new acute hospital facilities, including the provision of additional capacity, now rests with the National Hospitals Office.

### Community Care.

107. **Mr. M. Higgins** asked the Tánaiste and Minister for Health and Children if she will confirm that it has now been decided not to proceed with the 850 community nursing units, announced in July 2002, and which were intended to provide step-down facilities for elderly patients and thus relieve pressure on acute hospital beds; the reason for such decision; and if she will make a statement on the matter. [15318/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Work has been under way in my Department on the proposal to deliver 850 community nursing unit beds through a public private partnership, or PPP, and the work that has been done so far has helped to clarify several issues. My Department has been examining other procurement options with a view to finding the approach that will deliver the best services and value for money to the Exchequer.

In that regard there have been discussions between my Department and the Department of Finance on an initiative based on entering into a medium-term service agreement with the private sector to deliver the additional long-stay beds required to relieve pressure on the acute hospitals and community care programme.

I will be pursuing that initiative with the Minister for Finance as a matter of high priority, with a view to agreeing that the proposal be developed further to evaluate its cost-effectiveness.

### Health Service Staff.

108. **Mr. English** asked the Tánaiste and Minister for Health and Children if she intends lifting the cap on medical staffing; and if she will make a statement on the matter. [15439/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The 2005 employment ceiling for the health service is currently 97,550 in whole-time equivalent terms. Below that national ceiling, there is no specific cap on the number of medical personnel who may be employed.

Under the Health Act 2004, responsibility for the management of the health sector employment ceiling rests with the Health Service Executive, which took over full operational responsibility for running the country's health and personal social services on 1 January 2005. That management includes such issues as the determination of the appropriate staffing mix and the precise grades of staff employed, in line with service plan priorities, subject to overall employment levels remaining below the authorised ceiling.

The Deputy may wish to note that since the end of 1997 there has been a 41% increase in the number of medical and dental personnel working in the health services, bringing the total number to 7,031, an increase of 2,037 whole-time equivalents at the end of 2004.

### Hospital Accommodation.

109. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children if she will elaborate on the recent plan announced by the HSE to move additional beds into existing wards; if the staffing implications of this decision have been considered; if assessment of the safety implications has been carried out; and if she will make a statement on the matter. [15324/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health and Safety Authority recommended that the Health Service Executive determine, on a hospital-by-hospital basis after undertaking the necessary risk assessment and staff consultation, whether extra capacity can be achieved within existing units. The National Hospitals Office has asked hospital managers to examine the potential for using the total hospital capacity, including in-patient wards for patients who require admission in an attempt to alleviate pressure on the accident and emergency department. As I advocated in the House this week, I favour that measure being taken as a response to patients' needs where overcrowding occurs.

It is a matter for each individual hospital to exercise its own judgment on how to reduce health and safety risks within it. In doing so, hospital managers have been asked to have regard to international best practice in areas such as improving work-flow issues and increasing the use of more appropriate community-based interventions to reduce the pressure on accident and emergency units.

To assist those hospitals experiencing continuing pressures on the emergency service, the NHO is in the process of seeking tenders from companies who are expert in the area of work-flow management to carry out a review of ten hospitals to determine what internal efficiencies could be achieved to improve patient flow and reduce overcrowding.

*Question No. 110 answered with Question No. 99.*

### Hospital Staff.

111. **Mr. Eamon Ryan** asked the Tánaiste and Minister for Health and Children the progress made to date with hospital consultants on the renegotiation of their contract; and if she will make a statement on the matter. [15373/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** As the Deputy will be aware, it is over 12 months since preliminary talks were held between management and the medical organisations to discuss the commencement of negotiations on a new contract for hospital consultants. Unfortunately, the opposition of those organisations to the extension of the clinical indemnity scheme to cover claims against consultants has led to a decision by the Irish Hospital Consultants' Association, or IHCA, not to participate in further negotiations pending a resolution of the issues involved. That has resulted in the commencement of talks on a new contract being postponed.

I am anxious to break the long-standing deadlock that has arisen, and I regret that the medical organisations continue to say that residual issues arising from the introduction of the clinical indemnity scheme, to cover claims against consultants and certain other industrial relations matters, should be resolved to their satisfaction before they will agree to negotiate a new contract. Discussions are continuing with a view to resolving the former. I emphasise that the root cause is the withdrawal of cover for historic liabilities of consultants by the Medical Defence Union. I have given the medical organisations an assurance that consultants who have been unreasonably left without cover will receive State assistance for a legal defence for any case that arises against them. That assurance has been endorsed by the Government. In all the circumstances, I would be hopeful that the medical organisations will see their way to enter into negotiations with the Health Service Executive on a new contract for hospital consultants at an early date.

### Water Fluoridation.

112. **Mr. Sargent** asked the Tánaiste and Minister for Health and Children her views on the fact that water fluoridation has occurred here without the necessary statutory approval; and if she will make a statement on the matter. [15408/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The statutory basis for the fluoridation of public piped water supplies is the Health (Fluoridation of Water Supplies) Act 1960, 46 of 1960, and various regulations made under the Act. The Act provides for the making by health authorities of arrangements for the fluoridation of water supplied by sanitary authorities through pipes. The Act also provides that the amount of fluorine added to a water supply shall not exceed one part by weight of fluorine per million parts of water.

The expert body on fluorides and health, which was established by the Minister for Health and Children and is charged with implementing the recommendations of the forum on fluoridation, is currently examining the regulations governing fluoridation of public piped water supplies with the aim of making proposals to the Minister for the purposes of implementing the recommendation of the forum to reduce the level of fluorine in public piped water supplies from between 0.8 parts per million and one part per million to between 0.6 parts per million to 0.8 parts per million. As part of that exercise, the expert body is currently carrying out a census of public piped water supplies, and when that work is complete, the expert body will make recommendations to the Minister regarding the updating of the current regulations.

The Health Act 2004 provided for the Health Service Executive, or HSE, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. That includes responsibility for the levels of fluoridation for each water authority.

*Question No. 113 answered with Question No. 104.*

#### **Cancer Screening Programme.**

114. **Ms Enright** asked the Tánaiste and Minister for Health and Children the progress to date on the national rollout of BreastCheck in the west and southern areas; and if she will make a statement on the matter. [15422/05]

142. **Ms O'Sullivan** asked the Tánaiste and Minister for Health and Children her proposals to continue the rollout of BreastCheck; the proportion of the population covered; when the service will be available in all areas and to all women; and if she will make a statement on the matter. [15328/05]

166. **Ms B. Moynihan-Cronin** asked the Tánaiste and Minister for Health and Children the position regarding the rollout of BreastCheck screening to the south and west; the timescale envisaged; and if she will make a statement on the matter. [15538/05]

169. **Ms Hctor** asked the Tánaiste and Minister for Health and Children the progress on the

2005-2009 capital investment plans which are to include the nationwide rollout of the BreastCheck programme to include the mid-west region in view of the recent representations of a correspondent (details supplied) who awaits the plans prior to approval being made. [15633/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 114, 142, 166 and 169 together.

I am confident the target date of 2007 for the commencement of the rollout of BreastCheck to the west, north west, south and south west will be met. The national rollout of the programme is a major priority in the development of cancer services. This will ensure all women in the relevant age group of 50 to 64 years in every county will have access to breast screening and follow-up treatment where appropriate.

The national rollout of the programme required detailed planning for the development of infrastructure to provide for two static clinical units, one in Cork and the other in Galway. Last week, I gave approval to BreastCheck to advertise for the appointment of a design team to work on detailed plans for the design and construction of these two units. In addition, I also approved the development of a symptomatic breast centre at University College Hospital Galway. The total capital approved amounts to approximately €25 million. Tender notices have already been advertised in the *EU Journal* to expedite this major project.

Any woman irrespective of her age or residence who has immediate concerns or symptoms should consult her GP who, where appropriate, will refer her to the symptomatic services in her area.

#### **Accident and Emergency Services.**

115. **Mr. Perry** asked the Tánaiste and Minister for Health and Children the position regarding her ten-point plan for the accident and emergency crisis; and if she will make a statement on the matter. [15442/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Accordingly, my Department has requested the chief executive officer of the Health Service Executive to reply to the Deputy directly.

*Question No. 116 answered with Question No. 91.*

*Question No. 117 answered with Question No. 99.*

#### **Health Capital Programme.**

118. **Mr. Sherlock** asked the Tánaiste and Mini-

[Mr. Sherlock.]  
ster for Health and Children the capital projects in the health area for which funding has been provided and which are expected to commence in 2005; if further such capital allocations will be made during this year; and if she will make a statement on the matter. [15349/05]

143. **Mr. McEntee** asked the Tánaiste and Minister for Health and Children when she announced the capital programme for 2005; and if she will make a statement on the matter. [15452/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 118 and 143 together.

The Health Act 2004 provided for the Health Service Executive, established on 1 January 2005, to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for progressing the bulk of the health capital programme in 2005 and in future years.

The HSE service plan for 2005 was recently approved by me and, as required by relevant legislation, laid before the Houses of the Oireachtas. The detailed capital funding programme for 2005 is currently being finalised in the context of the capital investment framework, CIF, for 2005-09. This process will be concluded in the near future. The HSE will then be in a position to decide on publication and to progress its capital programme for this year.

This process involves making provision for commitments carrying forward from 2004 and initiating new contractual commitments for individual projects, in line with overall funding resources available for this year or beyond. The question of approving further capital funding during the course of the year will be kept under review by the HSE in the light of the delivery of the programme.

In addition to the Exchequer capital funding for the HSE, my Department has retained direct provision of capital funding for a small number of health agencies. The details of this programme are also being finalised in the context of the CIF. My Department will inform relevant agencies of funding in this regard when this programme has been formally sanctioned.

### Health Services.

119. **Mr. Rabbitte** asked the Tánaiste and Minister for Health and Children her views on the health service plan recently published by the HSE; and if she will make a statement on the matter. [15335/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The national service plan is the first such plan to be submitted to a Minister for Health and Children under section 31 of the Health Act 2004. The plan covers all the main programmes of care and treatment of the health services and sets down projected activity levels

for those programmes. The plan also describes the objectives of the programmes and the actions to achieve these objectives. It describes the key issues for the year ahead and the mechanisms to monitor them. Initiatives in regard to research, quality, evaluation and value-for-money are also discussed.

Under the targeted services to be delivered this year 29,195 older people will receive home help services, with almost 7 million hours of services provided. Some 25,374 older people will avail of day care and almost 5,500 respite care. Almost 19,500 people aged 75 and over will receive continuing care in a residential setting. Acute hospital services will provide more than 1 million patient treatment episodes, of which more than 564,000 will be inpatients and over 504,000 day patients. It is anticipated there will be in excess of 2.5 million outpatient attendances and over 1.23 million accident and emergency department attendances. In regard to ambulance services, it is anticipated there will be 235,000 emergency and 250,000 non-emergency calls dealt with in 2005.

I have approved the plan which is based on some €11.5 billion provided in the Estimates for the Health Service Executive. The implementation of the plan is the operational responsibility of the HSE and it will be monitored by my Department and the HSE during the year. The executive will report to me on a regular basis during the year in regard to the achievement of targets described for each programme.

I appreciate the work of the board of the executive and its management in producing the plan which I regard as a comprehensive document covering all the key areas of activity during 2005. Work will continue in the HSE in co-operation with my Department to further develop the service plan for 2006.

*Question No. 120 answered with Question No. 70.*

### Health Service Reform.

121. **Mr. O'Shea** asked the Tánaiste and Minister for Health and Children if the Government plans to implement the recommendations of the Hanly report; and if she will make a statement on the matter. [15326/05]

130. **Mr. Boyle** asked the Tánaiste and Minister for Health and Children the aspects of the Hanly report she intends to implement; when she plans to do so; and if she will make a statement on the matter. [15367/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 121 and 130 together.

The report of the national task force on medical staffing is a significant contribution to the development of acute hospitals services and to the organisation of medical staffing.

The report makes important proposals for reducing the working hours of non-consultant

hospital doctors, NCHDs, in line with the EU working time directive. It highlights the need to implement changes in medical staffing to ensure safety and quality of patient care, and to reduce significantly the unacceptably long working hours of NCHDs. The report recommends a significant increase in the total number of consultants, working in a “consultant-provided”, team-based system so that patients can receive faster access to senior clinical decision-making. It also deals with medical education and training, with particular reference to the changes that will be needed in the context of a 48-hour working week for NCHDs.

In regard to the organisation of hospital services, the report proposes an appropriate way forward in terms of regional self-sufficiency, investment in hospital services and the organisation of those services around hospital networks. In line with these recommendations, I will continue the Government’s planned investment in new hospital facilities and additional consultant posts. This approach will be to the benefit of all patients.

The national hospitals office is best placed to build on the recommendations of the Hanly report in regard to hospital services and I have asked my officials to progress the issue with that office. Implementation of the other recommendations of the report is proceeding. My Department is working closely with the Health Service Executive and other health agencies to implement the measures set out in the report to reduce the average weekly working hours of junior doctors. Negotiations with the Irish Medical Organisation on the reduction in hours are continuing, local implementation groups have been established in nine hospitals as part of an agreed process and a detailed hospital activity analysis is under way which will inform reforms in this area.

While consultant contract negotiations have been paused pending resolution of issues related to medical indemnity arrangements, significant preparatory work has been undertaken on a draft consultant contract and management position paper. The implications of the required changes for post-graduate medical education and training are being examined by the medical education and training group that was originally established as part of the national task force on medical staffing. I expect a report from that group shortly.

#### **Hospital Waiting Lists.**

122. **Mr. Wall** asked the Tánaiste and Minister for Health and Children when it is expected that publication of full hospital waiting lists will be resumed; the latest information available to the national treatment purchase fund in respect of the number of patients waiting more than three months, six months, 12 months and 24 months; and if she will make a statement on the matter. [15350/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Responsibility for the collection

and reporting of waiting lists and waiting times now falls within the remit of the national treatment purchase fund, NTPF. A new on-line national patient treatment register is being developed by the fund. This register will allow for more accurate identification of waiting lists and, more importantly, waiting times. It is intended the register will be implemented on a phased basis during 2005.

Up to the end of March 2005, a total of 27,000 patients have had treatment arranged for them. It is now the case that, in most instances, anyone waiting more than three months will be facilitated by the fund. My Department has asked the chief executive of the NTPF to reply directly to the Deputy in respect of the latest position regarding the publication of information on waiting lists in the format requested by the Deputy.

#### **Ambulance Service.**

123. **Mr. Naughten** asked the Tánaiste and Minister for Health and Children the action she is taking to improve the ambulance service in the west; and if she will make a statement on the matter. [15242/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, HSE, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of ambulance services. Accordingly, my Department has requested the chief officer for the executive’s western area to investigate the matter raised and to reply directly to the Deputy.

*Question No. 124 answered with Question No. 104.*

#### **National Cancer Strategy.**

125. **Mr. Connaughton** asked the Tánaiste and Minister for Health and Children when she will publish the new cancer strategy; and if she will make a statement on the matter. [15420/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The National Cancer Forum is finalising the new national cancer strategy. The forum, a multidisciplinary group of experts in cancer care, has conducted an extensive consultation process with professional bodies, voluntary organisations and the general public. In developing an organisational model for the delivery of cancer treatment services, the forum’s considerations have been informed by the broad strategic context in which the cancer strategy exists, a review of the current status of cancer care, a review of the literature evidence concerning key aspects of the organisation of cancer services and a review of international models of care.

The new strategy will have regard to the multi-faceted aspects of cancer control. The key priority

[Ms Harney.]

in the development of improved cancer care is that cancer patients will have access to multi-disciplinary care to ensure optimum treatment and best outcomes in line with international best practice. The strategy will set out the key priorities for the development of cancer services over the coming years and will make recommendations in regard to a balanced organisation of cancer services nationally. It will also make recommendations in respect of health promotion, screening and early detection, cancer treatment services, genetics, supportive care, and research.

#### **Hospital Accommodation.**

126. **Ms McManus** asked the Tánaiste and Minister for Health and Children if a feasibility study has been carried out as to whether or not St. Bricin's Military Hospital will be used to help relieve pressure on the Mater Hospital; the outcome of such study; and if she will make a statement on the matter. [15308/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The possibility of utilising facilities at St. Bricin's Hospital to ease the pressure on accident and emergency departments in Dublin, and in particular at the Mater Hospital, was examined by the Northern Area Health Board some years ago. At that time, the facility was found to be unsuitable as a consequence of the considerable capital investment that would be required. I recently asked that the facilities at St. Bricin's be further examined and I acknowledge the co-operation of my colleague, the Minister for Defence, Deputy O'Dea, in this regard.

Representatives from my Department, the eastern regional area of the HSE, and the Mater Hospital visited St. Bricin's recently to review the facilities and to consider the feasibility of the hospital being utilised for the provision of acute or sub-acute services. I understand that part of the infrastructure at St. Bricin's has been enhanced but that a significant level of investment would still be required to upgrade the hospital to the necessary standard.

A number of issues are now being considered by my Department in conjunction with the HSE. These include the level of capital investment needed and the timeframe within which the facility upgrade works could be completed. Other issues to be examined by the HSE include the type of service to be provided and any additional revenue requirements arising. My Department will be meeting with the HSE shortly to review the position.

#### **Pharmacy Regulation.**

127. **Ms O'Sullivan** asked the Tánaiste and Minister for Health and Children the position regarding her consideration of the report of the pharmacy review group; if her attention has been

drawn to the call made by the Pharmaceutical Society of Ireland for the urgent introduction of legislation to regulate pharmacies and pharmacists; and if she will make a statement on the matter. [15327/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The pharmacy review group submitted its report on 31 January 2003 and it was published in February 2004. I have given the complex issues raised in the report careful consideration and I have had a memorandum for Government prepared. This memorandum outlines my plans to consolidate and update the existing legislation to provide for the safe and effective delivery of pharmaceutical services to all citizens, in a comprehensive, manageable and robust legislative framework, incorporating recommendations from the pharmacy review group, as necessary. The memorandum is currently being revised on foot of observations received from Departments and I expect to be in a position to submit it to Government very shortly.

#### **Health Expenditure.**

128. **Mr. Cuffe** asked the Tánaiste and Minister for Health and Children Ireland's ranking in relation to health spending within the European Union; and if she will make a statement on the matter. [15369/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The latest information available from the OECD database, as set out in the following table, shows total health expenditure *per capita* in Ireland in 2002 to be US\$2,367 — purchasing power parity, PPP. This places Ireland eighth among the EU 15 and above the EU 15 average *per capita* spending of US\$2,326 — PPP. The OECD database also enables comparison of 19 EU countries — EU 15 plus Czech Republic, Hungary, Slovak Republic and Poland. Ireland still ranks eighth and considerably above the average *per capita* spending of the EU 19, which is US\$2,023 — PPP.

The Health Vote — the Department of Health and Children and the Health Service Executive — contains funds to cover a broad range of personal and social services, including social care, as well as what is recognised by OECD as coming within the standard boundaries of health care. The figures published by the OECD take account of adjustments necessary to bring Ireland's health expenditure better into line with the boundaries for health systems set out in the OECD system of health accounts.

However, if account is taken of all the items which fall within the Health Vote in Ireland, then Ireland's public health sector spending in 2005 is €11.94 billion — Revised Book of Estimates 2005. *Per capita*, this amounts to €3,000. Since 2002, our

real growth in publicly funded health spending has been about 37%.

Total Expenditure on Health EU 15 *Per Capita* — US\$ Purchasing Power Parity

| Countries                  | Year 2002 |
|----------------------------|-----------|
| Luxembourg                 | 3,065     |
| Germany                    | 2,817     |
| France                     | 2,736     |
| Netherlands                | 2,643     |
| Denmark                    | 2,583     |
| Sweden                     | 2,517     |
| Belgium                    | 2,515     |
| Ireland                    | 2,367     |
| Austria                    | 2,220     |
| Italy                      | 2,166     |
| United Kingdom             | 2,160     |
| Finland                    | 1,943     |
| Greece                     | 1,814     |
| Portugal                   | 1,702     |
| Spain                      | 1,646     |
| Average of EU 15           | 2,326.267 |
| Countries to include EU 19 |           |
| Czech Republic             | 1,118     |
| Hungary                    | 1,079     |
| Slovak Republic            | 698       |
| Poland                     | 654       |
| Average of EU 19           | 2,023.316 |

Source — OECD Health Data 2004 — 3rd Edition.

### Health Services.

129. **Mr. Deenihan** asked the Tánaiste and Minister for Health and Children when work will commence on the community nursing unit on the grounds of a hospital (details supplied) in County Kerry; and if she will make a statement on the matter. [15240/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive is required to manage and deliver, or arrange to be delivered on its behalf, health and personal social services.

As part of the executive's responsibility to prepare and submit an annual service plan for the Tánaiste's approval, it is obliged under section 31 of the Act to indicate any capital plans proposed by the executive. In this process, the executive can be expected to have regard to the full range of potential capital developments, its own criteria in determining priorities, available resources and any other relevant factors. The Health Service Executive's national capital plan is currently being examined by my Department.

*Question No. 130 answered with Question No. 121.*

### Cancer Screening Programme.

131. **Dr. Upton** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the recent claim from the Irish Cancer Society that women were dying needlessly from a wholly preventable disease due to the fact that there is no nationwide cervical cancer screening; the plans for the provision of such a service; and if she will make a statement on the matter. [15329/05]

138. **Mr. Neville** asked the Tánaiste and Minister for Health and Children if she intends rolling out the national cervical screening programme; if so, the regions to which it will be rolled out; and if she will make a statement on the matter. [15424/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 131 and 138 together.

I am committed to the national rollout of a cervical screening programme in line with international best practice. International evidence demonstrates the proven efficacy of programmes that are effectively managed and meet quality assurance standards. Careful planning and consultation with relevant professional and advocacy stakeholders is required before I make definite policy decisions on a national rollout.

The former Health Board Executive commissioned an international expert in cervical screening to examine the feasibility and implications of a national roll out of a cervical screening programme. The examination included an evaluation of the current pilot programme in the mid-western area, quality assurance, laboratory capacity and organisation and the establishment of national governance arrangements. The expert's report was published on 14 December 2004.

The pilot cervical screening programme commenced in October 2000 and is available to eligible women resident in Counties Limerick, Clare and Tipperary north. Under the programme cervical screening is being offered, free of charge, to approximately 74,000 women in the 25 to 60 age group, at five year intervals.

My Department is now consulting the Irish College of General Practitioners, An Bord Altranais, the Academy of Medical Laboratory Science, the Institute of Obstetricians and Gynaecologists of the Royal College of Physicians of Ireland, the faculty of pathology of the Royal College of Physicians of Ireland, the Women's Health Council, the Irish Cancer Society and the Dublin Well Woman Centre. The consultation with these key stakeholders is well advanced and will be completed in a matter of weeks.

The number of smear tests carried out annually is approximately 230,000 and represents an increase of almost 20% in recent years. To meet this increased demand additional cumulative funding of approximately €14.5 million has been provided by my Department since 2002 to enhance the laboratory and colposcopy services.

[Ms Harney.]

In addition, my Department allocated a further €1.1 million to the programme on an ongoing basis to complete the transition of the remaining laboratories to new and more effective testing and to support the development of quality assurance and training programmes. These are essential preparatory elements in a national roll out.

#### Hospital Services.

132. **Mr. Sherlock** asked the Tánaiste and Minister for Health and Children the reason for the delay in the publication of the Comhairle report on plastic surgical services; the date on which the report is expected to be published; and if she will make a statement on the matter. [15348/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, Comhairle na nOspidéal was dissolved on the day the Health Service Executive was established and the functions of Comhairle have been transferred to the Health Service Executive. My Department has, therefore, requested the interim chief executive of the Health Service Executive to investigate the matter raised and to reply directly to the Deputy.

*Question No. 133 answered with Question No. 70.*

#### Hospital Accommodation.

134. **Mr. Howlin** asked the Tánaiste and Minister for Health and Children the number of beds provided to date and the hospitals in each case in regard to the commitment given in the national health strategy to provide an additional 3,000 hospital beds; the projected number that will be provided before the end of 2005; the number of beds lost since 1997 in each such hospital; and if she will make a statement on the matter. [15320/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** On foot of the commitment in the health strategy, funding has been provided to open an additional 900 inpatient beds and day places in acute hospitals. Health agencies have informed my Department that at the 6 May 2005, 780 beds were in place. The Health Service Executive has informed my Department that the remaining 120 beds-places will come on stream during 2005. My Department will provide details separately to the Deputy.

There has been no overall diminution in the number of acute hospital beds since 1997. It is important to note that the numbers of beds available in any hospital may fluctuate over time depending on service demands and other factors such as seasonal closures and refurbishment. In addition, extra beds will be provided in the new acute medical units which I announced as part of

the accident and emergency services package on the publication of the Estimates for 2005.

#### Hospital Services.

135. **Mr. Allen** asked the Tánaiste and Minister for Health and Children the number of new facilities that have opened following the allocation of funding announced; and if she will make a statement on the matter. [15413/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I take it the Deputy is referring to the announcement made by the previous Minister for Health and Children, Deputy Martin, on 15 September 2004 approving the commissioning of a number of new units in acute and non-acute hospitals throughout the country which have been funded under the national development plan.

New units in the following locations have opened since September 2004: a new hospital block at Connolly Hospital, Blanchardstown; two additional theatres-day unit at Our Lady's Children's Hospital, Crumlin; new units at St. James's Hospital, Dublin; a 12 bed assessment unit at Midland Regional Hospital, Tullamore; acute psychiatric unit at Midland Regional Hospital, Portlaoise; a new accident and emergency unit at Cork University Hospital; additional linear accelerators for radiotherapy unit at Cork University Hospital, partially commissioned; a new radiotherapy unit at University College Hospital, Galway; an orthopaedic unit at Mayo General Hospital; and a new accident and emergency unit at Roscommon County Hospital.

The Health Service Executive has informed my Department that the remaining units will come on stream during 2005.

#### National Treatment Purchase Fund.

136. **Dr. Twomey** asked the Tánaiste and Minister for Health and Children if a person is entitled to have their colonoscopy under the national treatment purchase fund if the date for carrying out the procedure is greater than six months since they last saw the consultant; and if she will make a statement on the matter. [15247/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The national treatment purchase fund, NTPF, which is now a statutory body, was established as one of the key actions for dealing with public hospital waiting lists arising from the health strategy. My Department has, therefore, asked the chief executive of the NTPF to reply directly to the Deputy with regard to the issue raised.

*Question No. 137 answered with Question No. 104.*

*Question No. 138 answered with Question No. 131.*

### Company Privatisation.

139. **Mr. Gogarty** asked the Tánaiste and Minister for Health and Children if she has had recent discussions with VHI regarding the privatisation of this company; when this company will be privatised; and if she will make a statement on the matter. [15371/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Government's legislative programme provides for legislation to be brought forward before the end of the year which will address the VHI's future corporate status. As part of the process of preparing the legislation I recently met the chairman of the VHI board and the senior management of the company. Officials of my Department have also been meeting representatives of the company on a regular basis. It would be premature at this early stage to speculate on the future ownership of the company.

### Medical Cards.

140. **Mr. McGinley** asked the Tánaiste and Minister for Health and Children if her Department has the full co-operation of IMPACT for the introduction of the new doctor-only medical card; and if she will make a statement on the matter. [15417/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The HSE advises me that it has indicated that it is prepared to engage in discussions with the staff representative bodies, including IMPACT, regarding the introduction of the GP-visit cards. I do not anticipate any difficulties in this regard.

*Question No. 141 answered with Question No. 65.*

*Question No. 142 answered with Question No. 114.*

*Question No. 143 answered with Question No. 118.*

### Risk Equalisation.

144. **Mr. Gogarty** asked the Tánaiste and Minister for Health and Children her views on the recent statement by BUPA Ireland that it may have to withdraw from the Irish market if risk equalisation is introduced; and if she will make a statement on the matter. [15370/05]

147. **Mr. Penrose** asked the Tánaiste and Minister for Health and Children if she intends to trigger the mechanism for risk equalisation following receipt of the recent report from the Health Insurance Authority; if her attention has been drawn to the threat from BUPA Ireland to withdraw from the Irish market; her response to this threat; and if she will make a statement on the matter. [15332/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 144 and 147 together.

My Department received the Health Insurance Authority's report on 29 April. However, as I am sure the Deputies are aware, there is a statutory process to be adhered to, following receipt of the report. Given that the statutory process assigns specific functions to me as Minister, it would be inappropriate for me to make any comment on whether the provision for risk equalisation is to be triggered, or on any related issues at this time.

### Hospital Accommodation.

145. **Ms Lynch** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the call from the IMO for priority to be given to an increase in public bed capacity and that failure to do so would endanger the long term survival of the public health system; her response to the call; and if she will make a statement on the matter. [15322/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Funding has been provided to open an additional 900 in-patient beds and day places in acute hospitals throughout the country. Health agencies have informed my Department that by 6 May 2005, 780 were in place. The Health Service Executive has informed my Department that the remaining 120 beds places will come on stream during 2005. In addition, extra beds will be provided in the new acute medical units which I announced as part of the accident and emergency services package on the publication of the Estimates for 2005.

### General Practitioner Co-operatives.

146. **Mr. O'Dowd** asked the Tánaiste and Minister for Health and Children the progress to date on introducing an out of hours general practitioner co-operative service; and if she will make a statement on the matter. [15425/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Funding for full out of hours co-operatives commenced in 2000. Between 2000 and 2004 a total of €72.882 million was allocated to the Health Service Executive for out of hours co-operatives nationally and in 2005 €31.98 million has been included in their baseline funding which includes €5.6 million in additional funding. These figures do not include the fees of the participating doctors.

All areas of the Health Service Executive have expanded their out of hours co-operatives and services since 2003. Co-operatives are now found in part of all areas of the Health Service Executive, providing coverage in part of all of the 26 counties. Decisions with respect to the geographical areas to be covered by co-operatives and any developments or expansions are for each area of the Health Service Executive to make, having regard to the service needs and the strategic, financial and other issues involved.

*Question No. 147 answered with Question No. 144.*

### **Accident and Emergency Services.**

148. **Mr. M. Higgins** asked the Tánaiste and Minister for Health and Children if, in regard to the package of measures announced on Estimates day to improve accident and emergency services, she will list those measures implemented to date; the timetable for the implementation of each other planned measures; if she has satisfied herself with the rate of progress having regard to the serious problems that continue to be experienced in many accident and emergency departments; and if she will make a statement on the matter. [15317/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The actions to improve the delivery of accident and emergency services take a wide-ranging approach and are aimed at improving access to accident and emergency services, improving patient flows through accident and emergency departments, freeing acute beds and providing appropriate longer term care for patients outside of the acute hospital setting. While we all wish to see more immediate solutions, the Health Service Executive, HSE, is working with hospitals in order to deliver these measures and to ensure that the investment produces sustainable solutions. There are also additional actions that are needed which relate more to the management, work practices and processes in hospitals. These too will be addressed by the Health Service Executive.

The following is the current position regarding the ten point action plan which I announced to improve the delivery of accident and emergency services: (i) Development and expansion of minor injury units, chest pain clinics and respiratory clinics in hospitals to relieve pressure on accident and emergency departments: The HSE's eastern region has had very positive discussions with both public and private sector providers for the development of additional minor injury facilities in Dublin. The HSE's eastern region has initiated an exercise due for completion this month to assess minor injury attendances at accident and emergency departments and the potential of having these patients treated elsewhere. The results of this exercise will inform decisions regarding the scope of minor injury and diagnostic initiatives and also the evaluation criteria; (ii) Provision of a second MRI at Beaumont Hospital: It is expected that the second MRI for Beaumont Hospital will be available by the autumn; (iii) Provision of acute medical units, AMU, for non-surgical patients at Tallaght, St. Vincent's and Beaumont Hospitals: The relevant hospitals are finalising their proposals for the HSE. The national hospitals office is in the process of seeking tenders from companies who are expert in the area of workflow management to identify how processes for patient services can be improved and made more efficient. Final decisions on the

design of the acute medical units will be taken in the light of this work so that resources are used most effectively, hospital by hospital; (iv) The transfer of 100 high dependency patients to suitable private nursing home care: The tender process for the provision of high dependency beds for 100 patients in private nursing homes is in the final stage. The essential site inspection visits have been completed. Decisions on which nursing homes to be awarded contracts will shortly be taken; (v) Negotiation with the private sector to meet the needs of 500 people annually for intermediate care of up to six weeks: The tendering process is completed and successful applicants notified. A total of 90 beds have been procured nationally to allow an annual throughput of 500 patients. Some 64 patients from hospitals in the eastern region and 23 patients in the Cork region have already been discharged as a result of the intermediate beds being available; (vi) Expanded home care packages to support 500 additional older people at home: Additional home care packages for patients in each of the six major acute hospitals in the Dublin area have been made available. An additional 100 home care packages have been allocated to hospitals outside of the eastern region. To date, some 51 patients have already been discharged from acute hospitals in the eastern region and discharge arrangements are being finalised for a further 45 patients; (vii) Provision of more out of hours GP services in order to keep people's need to attend accident and emergency units to a minimum: Some 150 GPs on Dublin's northside have agreed in principle to the establishment of out of hours services. Discussions in this regard are progressing positively; (viii) Dedicated cleaning services and security measures for accident and emergency departments: The director of the National Hospitals Office is finalising arrangements for the establishment of a national audit and an inspection process to measure cleanliness in all acute hospitals. Funding is available to hospitals to improve security measures and to take whatever measures are necessary to ensure patient and staff safety. The director of the National Hospitals Office has also written to all hospitals with respect to the report of the Health and Safety Authority in this regard; (ix) The further expansion of palliative care facilities: An additional six palliative care beds will be made available in Blackrock Hospice in Dublin as soon as the necessary staff are recruited; and (x) Measures to enhance direct access for GPs to diagnostic services: It has been agreed to explore entering into local arrangements with the private sector to match capacity with needs. Negotiations are ongoing. As far as inpatient diagnostic services are concerned, discussions are advanced with two private hospitals in the eastern region regarding MRI and CT.

### **Health Service Reform.**

149. **Mr. G. Murphy** asked the Tánaiste and

Minister for Health and Children the progress to date on the establishment of the four new regional health areas; and if she will make a statement on the matter. [15415/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** On foot of proposals from the interim Health Service Executive my predecessor, as Minister and the executive chairman of the interim HSE, announced the four regional areas of the Health Service Executive, which are the western region, the southern region, Dublin and north-east and Dublin and mid-Leinster. The function of these units is to assist in the co-ordination of services delivered through the local health offices in order to improve services to customers. The regional offices will be responsible for performance management, translating national policies through the local areas and gathering and relaying information on a regional basis. Interaction with local communities and their elected representatives through regional forums will also be a key function.

The Health Service Executive was established on 1 January 2005 pursuant to the Health Act 2004, No. 42 of 2004. I will be making regulations shortly to establish the four regional health forums, provided for under section 42 of the Act. The executive's organisational structure provides for the establishment of posts of director for each of the four regional health offices. The recruitment process to fill these posts is at an advanced stage and I have been informed by the executive that offers of appointment have been made.

#### Health Services.

150. **Mr. Quinn** asked the Tánaiste and Minister for Health and Children if her attention has been drawn to the fact that some chiropodists are charging medical card holders €10 per visit; if she considers such a charge to be acceptable; if she intends to take action in regard to this matter; and if she will make a statement on the matter. [15352/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The provision of chiropody services is a matter for the local area of the Health Service Executive. This is a service which the executive is not statutorily obliged to provide but a variety of arrangements are in place nationally under arrangements made by the former Eastern Regional Health Authority, ERHA, and other health boards.

Generally speaking, fees paid to private health care practitioners for the provision of services to public patients are reviewed periodically, and in that context I have requested my Department, in conjunction with the Health Service Executive, to look specifically at the current levels of fees paid to chiropodists participating in the chiropody scheme of the former ERHA. Arrangements are being made by my officials to further this matter. I wish to restate that I consider it inappropriate for chiropodists to charge a top-up fee to elderly

public patients who have been deemed eligible for services under the scheme. My Department wrote to the Health Service Executive on 26 January 2005 regarding the inappropriateness of these additional charges.

*Question No. 151 answered with Question No. 80.*

#### Medicinal Products.

152. **Mr. Stagg** asked the Tánaiste and Minister for Health and Children the investigation which has been held into the circumstances in which huge numbers of counterfeit condoms (details supplied) were distributed and offered for sale here; if the estimate is available as to the number of such condoms that were sold; if she has satisfied herself that all counterfeit products have been withdrawn; if she has further satisfied herself that all appropriate and speedy action was taken when the problem was uncovered; the steps being put in place to prevent a recurrence of such a problem; and if she will make a statement on the matter. [15337/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Irish Medicines Board notified my Department on 8 March last that possible counterfeit condoms had been placed on the Irish market. The condoms had been imported from China through a UK distributor to a company in County Meath.

The packaging of the counterfeit condoms was very similar in appearance to the genuine products and had a CE marking on the boxes. A large quantity of products, approximately 413,000 condoms, was seized from the Irish distributor by the board on 7 March. A recall notice targeted at pharmacies was issued by the board on 8 March instructing them to quarantine all affected products. Subsequently, the board confirmed that the counterfeit products did not meet the stringent European CE standards for condoms and immediately issued an urgent press release on 14 March notifying the public about the products and the serial numbers involved. Since that date, the board has been collecting the counterfeit products and approximately 165,000 condoms are now in its possession in addition to the amount ceased earlier. It is now known that the counterfeit products were in circulation on the Irish market for a number of months and an estimated 333,000 may have been sold.

I am satisfied that the board did everything in its power to safeguard public health and, working in tandem with the manufacturer and brand owner of the genuine products, has acted appropriately to prevent the supply of counterfeit products in the future.

*Question No. 153 answered with Question No. 91.*

*Question No. 154 answered with Question No. 97.*

### Public Health.

155. **Mr. Timmins** asked the Tánaiste and Minister for Health and Children the number of radioactive contaminants that can be treated using iodine in tablet form; the number of these contaminants which are in use at Sellafield; and if she will make a statement on the matter. [12432/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Iodine tablets offer protection from radioactive iodine. Those principally produced in a nuclear reactor are iodine-131, iodine-132, iodine-133 and iodine-135, of which iodine-131 is normally the most significant in terms of radiation dose. Radioactive iodine is no longer produced at Sellafield since the closure of the Calder Hall reactors in March 2003. The Deputy may wish to note that in recent years the threat to Ireland has significantly reduced due to the closure of a number of the older reactors in the UK. A programme of further closures over the next five years is planned.

### Hospital Services.

156. **Mr. Perry** asked the Tánaiste and Minister for Health and Children if a person (details supplied) in County Sligo will be called for an operation; and if she will make a statement on the matter. [15524/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. As the person in question resides in County Sligo, my Department has requested the chief officer of the executive's north western area to investigate the matter raised and to reply directly to the Deputy.

157. **Mr. Perry** asked the Tánaiste and Minister for Health and Children if a person (details supplied) in County Sligo will be called for a test; and if she will make a statement on the matter. [15527/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. As the person in question resides in County Sligo, my Department has requested the chief officer of the executive's north western area to investigate the matter raised and to reply directly to the Deputy.

158. **Mr. Perry** asked the Tánaiste and Minister for Health and Children if a person (details supplied) in County Leitrim will be called for an operation; and if she will make a statement on the matter. [15528/05]

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**(Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. As the person in question resides in County Leitrim, my Department has requested the chief officer of the executive's north western area to investigate the matter raised and to reply directly to the Deputy.

*Question No. 159 answered with Question No. 70.*

### Medical Cards.

160. **Mr. N. O'Keeffe** asked the Tánaiste and Minister for Health and Children if a person from the UK who has resided in the UK all their life, who is in receipt of a contributory pension from the DHSS and is proposing to retire and live here on a full time basis, is entitled to apply for a medical card from the HSE. [15531/05]

### Tánaiste and Minister for Health and Children

**(Ms Harney):** Under EU regulations, 1408/71, persons taking up permanent residence in Ireland who are in receipt of a social security pension from another EU member state, who are not in receipt of an Irish Department of Social and Family Affairs pension, as either a recipient or dependant and who cannot be regarded as employed or self-employed in Ireland, are entitled to receive health services free of charge and are issued with a medical card.

For UK pensioners retiring to Ireland, it is necessary to produce proof of their social security pension and in addition the health board must be satisfied that they are not employed or self-employed — that is, subject to PRSI, have an income above a certain ceiling — in Ireland or in receipt of a payment from the Irish Department of Social and Family Affairs.

Where the EC regulations do not apply, persons with social security pensions from another EC member state are entitled to be assessed for medical cards by the Health Service Executive on the normal eligibility criteria.

### Health Services.

161. **Mr. N. O'Keeffe** asked the Tánaiste and Minister for Health and Children the reason for the non-payment of a curam home care grant approved by the HSE in respect of a person (details supplied) in County Cork. [15532/05]

### Minister of State at the Department of Health and Children (Mr. S. Power):

The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of home care grants in County Cork. Accordingly,

my Department has requested the chief officer for the executive's southern area to investigate the matter raised and to reply direct to the Deputy.

### Community Care.

162. **Mr. Stagg** asked the Tánaiste and Minister for Health and Children the outcome of the review by the HSE in relation to the number of hours allocated to the home help service in County Kildare; and if she will make a statement on the matter. [15533/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** The provision of the home help service in County Kildare is the responsibility of the Health Service Executive, south western area. Following from the issue raised on the Adjournment by the Deputy on 27 April, the Tánaiste wrote to the HSE's national director of primary, community and continuing care to have the matter reconsidered in the context of the needs of the area. The Tánaiste is awaiting a response from the HSE and this will be communicated to the Deputy as soon as it is received.

### Accident and Emergency Services.

163. **Mr. O'Dowd** asked the Tánaiste and Minister for Health and Children her views on the recent request to the HSE to consider using mobile military field hospitals to alleviate overcrowding in accident and emergency departments (details supplied); and if she will make a statement on the matter. [15534/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver or arrange to be delivered on its behalf, health and personal social services. Accordingly, my Department has requested the director of the Nationals Hospitals Office to reply to the Deputy directly.

### Health Service Executive Property.

164. **Mr. McGuinness** asked the Tánaiste and Minister for Health and Children the cost of security, maintenance and insurance of the vacant property at Myshall, County Carlow since the property was transferred in August 2002; if a decision has been reached regarding the future use of this property; and if she will make a statement on the matter. [15535/05]

**Minister of State at the Department of Health and Children (Mr. T. O'Malley):** The responsibility for the provision of security at Myshall rested with my Department from September 2002 to December 2002. During that period the total cost of the security to my Department was €18,606.36.

Since January 2003, it has been the responsibility of the Health Service Executive south eastern area — formally the South Eastern Health Board. My Department has asked the chief officer of the Health Service Executive south eastern area to reply directly to the Deputy. With regard to the future use of the property, my Department is awaiting a definitive response from the Health Service Executive south eastern area on the matter.

### Hospital Services.

165. **Mr. Penrose** asked the Tánaiste and Minister for Health and Children when funding will be awarded to allow the special care baby unit at the Regional Hospital, Mullingar to open immediately on a full time basis; and if she will make a statement on the matter. [15537/05]

170. **Mr. P. McGrath** asked the Tánaiste and Minister for Health and Children if approval has been given for a special care baby unit at Mullingar General Hospital; if so, when approval was given for this unit; and the funding allocated to this unit. [15640/05]

171. **Mr. P. McGrath** asked the Tánaiste and Minister for Health and Children the reason a special care baby unit has not yet opened at Mullingar General Hospital (details supplied). [15641/05]

172. **Mr. P. McGrath** asked the Tánaiste and Minister for Health and Children when the special care baby unit at Mullingar General Hospital will be allocated staff and funding (details supplied). [15642/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 165, 170, 171 and 172 together.

The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of hospital services at the Midland Regional Hospital, Mullingar. Accordingly, my Department has requested the chief officer for the executive's midland area to examine the issues raised and to reply to the Deputies directly.

*Question No. 166 answered with Question No. 114.*

### Civil Registration Service.

167. **Mr. J. O'Keefe** asked the Tánaiste and Minister for Health and Children when it is proposed to provide for the commencement of the marriage provisions of the Civil Registration Act 2004 allowing marriages to be solemnised in a place chosen by the parties to the marriage with the agreement of the registered solemniser. [15623/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** An tArd Chláraitheoir, Registrar General, is the person with statutory responsibility for civil registration in Ireland. I have made inquiries of the Registrar General and the position is set out below. The Civil Registration Service has been engaged in a major modernisation programme in recent years, including conversion of historic records to electronic format, implementation of a new computerised registration system and organisational reform. This work, which is key to the implementation of the Civil Registration Act 2004, is being carried out in phases and the stage has been reached where it will soon be possible to begin commencing certain provisions of the Act.

The Civil Registration Act 2004 provides for the commencement of the various provisions of the Act on a gradual basis. Preparatory work for the commencement of parts I, II, III, V and VIII of the Act is at an advanced stage. The new procedures for marriage are set out in Part VI of the Act and include universal procedures for notification, solemnisation and registration of marriages. Before these provisions can be commenced, a substantial body of work must be completed, including drafting and publication of regulations, guidelines and detailed procedures, establishment of a register of solemnisers in consultation with religious bodies, establishment of a register of approved venues for civil marriages and the further development of the computer system to facilitate the administration of the new marriage provisions introduced by the Act.

In addition, the General Register Office decentralised to Roscommon recently and considerable efforts are ongoing to ensure the hand over of sufficient skills and corporate knowledge to enable the new team to provide an efficient service from the new location. For these reasons, the Registrar General is unable to give a specific date for the implementation of the new marriage procedures but it is unlikely to be before the end of this year. It is intended to give as much public notice as possible and a comprehensive public information campaign, incorporating guidelines and registration procedures regarding marriage venues, will be undertaken at the appropriate time.

#### Health Services.

168. **Mr. Naughten** asked the Tánaiste and Minister for Health and Children if she will allocate additional rehabilitative training places to the HSE western region; and if she will make a statement on the matter. [15626/05]

**Minister of State at the Department of Health and Children (Mr. T. O'Malley):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for rehabilitative

training. Accordingly, my Department has requested the chief officer for the executive's western area to investigate the matter raised and to reply directly to the Deputy.

*Question No. 169 answered with Question No. 114.*

*Questions Nos. 170 to 172, inclusive, answered with Question No. 165.*

173. **Mr. O'Shea** asked the Tánaiste and Minister for Health and Children if she will clarify the apparent discrepancy between her statement to the Dáil on 23 March 2005 regarding dedicated transport arrangements in place for radiotherapy patients and the letter of the HSE, south eastern region (details supplied); the urgent arrangements she will make to put in place a dedicated transport system for cancer patients travelling outside of Waterford or the HSE, south eastern region, to Cork or Dublin; and if she will make a statement on the matter. [15679/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. Significant investment has been made in the south eastern region since the implementation of the national cancer strategy in 1997 to address pressures and progress developments in oncology services. I consider that appropriate transport arrangements for patients requiring radiotherapy should be made available, where necessary, by the HSE. Accordingly, I have requested my Department to refer this matter to the director of the National Hospitals Office for priority attention.

174. **Ms Shortall** asked the Tánaiste and Minister for Health and Children if she will report on the position regarding the fitting out and equipping of the new health centre and health board offices in Ballymun, Dublin 9; the amount of funding which has been allocated for this purpose; when this work will commence and the timeframe proposed; if moneys owed to Dublin City Council for the rental purchase of this property have been paid; and when this facility will be open for public use. [15680/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of health centres. Accordingly, my Department has requested the chief officer for the executive's eastern regional area to investigate the matter raised and reply directly to the Deputy.

### Departmental Correspondence.

175. **Ms Shortall** asked the Tánaiste and Minister for Health and Children the reason no reply issued to this Deputy in respect of Parliamentary Question No. 257 of 8 July 2004; if she has satisfied herself with the capacity of the HSE to provide detailed replies in a reasonable timeframe; if she has further satisfied herself with the accountability of the HSE; and if information requested will be provided without further delay. [15693/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** My Department has asked the chief executive officer of the Health Service Executive to respond to the Deputy in connection with the original information requested and to investigate why a response did not issue to Parliamentary Question No. 257 of 8 July 2004.

The Health Service Executive has recently established a parliamentary affairs division. A key function of this division involves the making of arrangements to respond to queries raised in parliamentary questions that are appropriate for direct reply by the executive, having regard to its object and functions under the Health Act 2004. I will shortly make regulations under section 79 of the Act in regard to the conduct by the executive of its dealings with Members of the Houses of the Oireachtas. I am keen to ensure the executive provides a high quality service to Members of the Oireachtas. My Department is having discussions with the executive to agree appropriate further actions in that regard.

I am satisfied regarding the accountability of the Health Service Executive as provided for under Part VII of the Health Act 2004. In addition to the specific accountability provisions concerned, the executive is currently making provision in its organisational structure and operational processes for the efficient delivery of information to Members of the Houses of the Oireachtas.

### Hospital Waiting Lists.

176. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of persons on waiting lists for heart and hip replacement and eye surgery; and if she will make a statement on the matter. [15695/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** Responsibility for the collection and reporting of waiting lists and waiting times now falls within the remit of the national treatment purchase fund, NTPF. My Department has, therefore, asked the chief executive of the NTPF to reply to the Deputy directly with the information requested.

### Medical Cards.

177. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the way in which the number of medical cards issued to date compares

with the commitment given by the Government prior to the general election of 2002; the costing provided at the time and the eventual cost; and if she will make a statement on the matter. [15696/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The health strategy committed to making improvements in the income guidelines in order to increase the number of persons on low incomes who are eligible for medical cards and to give priority to families with children. Income limits for medical card eligibility increased in the years between 2002 and 2004 in line with the annual consumer price index. Both the income guidelines and income allowances for children, taken into account for the purposes of assessment of eligibility for the medical card, have now been increased further with effect from 1 January 2005. These increases were among the set of priorities for new health initiatives in 2005 that I announced on 18 November 2004. The Government's policy remains as stated in the programme for Government, namely, to extend eligibility for medical cards rather than to achieve coverage of a certain percentage of the population or to issue a specific number of medical cards. Accordingly, the issue of costing would be dependant on the timeframe for the introduction of additional cards.

A sum of €60 million has been provided for in the 2005 Estimates for health to improve access to primary care by providing for additional persons to become eligible for a medical card and free access to GP visits for those on low incomes. The medical card income guidelines were increased with effect from 1 January 2005 by 7.5% generally. With specific regard to children, the income allowance for each of the first two children was increased by 20% and for the third and subsequent children by 30%. The higher rate of increase in respect of the allowances for children is specifically aimed at assisting low income families with children in accessing primary care services. It is estimated that this will increase the numbers eligible for medical cards by approximately 30,000. The estimated cost of an additional 30,000 standard medical cards would be in the order of €30 million in a full year.

In addition, free access to general practitioner visits will be provided to individuals and families based on income guidelines 25% over the new medical card income guidelines. However, it should also be noted that discretion to allow eligibility for the doctor visit medical card for those above the guidelines suffering hardship will also apply as for the existing medical card. It is estimated that approximately 200,000 persons will become eligible for free GP services as a result of this measure. The estimated cost of 200,000 new doctor visit cards would be in the region of €50 million in a full year. Taking into account both of these initiatives, in the region of 230,000 additional people, including children, will be able to access their general practitioner free of charge.

*Question No. 178 answered with Question No. 106.*

### Health Services.

179. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of speech and language therapists and child psychologists required throughout the country at present; her plans to meet this requirement in full having particular regard to the needs of children; and if she will make a statement on the matter. [15698/05]

**Minister of State at the Department of Health and Children (Mr. T. O'Malley):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the recruitment and employment of speech and language therapists and child psychologists. Accordingly, my Department has requested the Health Service Executive's national director for primary, community and continuing care to investigate the matter raised and to reply directly to the Deputy.

180. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of consultant orthodontics employed throughout the health service; the number required; her plans to address any shortfall; and if she will make a statement on the matter. [15699/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the employment of consultants. Accordingly, my Department has requested the national director of human resources to investigate the matter raised and to reply directly to the Deputy.

### Health Service Staff.

181. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of posts to be filled at each level throughout the health services at the present time; her plans to bring staffing levels up to requirement; and if she will make a statement on the matter. [15700/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the health service staffing. Accordingly, my Department has requested the

national director of human resources to investigate the matter raised and to reply directly to the Deputy.

### Hospital Accommodation.

182. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of beds available at a hospital (details supplied) in County Kildare; the number occupied; the number of patients awaiting admission; the extent to which the full staff requirement is being met; and if she will make a statement on the matter. [15701/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of beds in Maynooth Community Hospital. Accordingly, my Department has requested the chief officer for the executive's eastern regional area to investigate the matter raised and to reply directly to the Deputy.

### Hospital Services.

183. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children when all the posts at Naas General Hospital will be filled; and if she will make a statement on the matter. [15702/05]

187. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of extra beds required at Naas General Hospital having particular regard to the next phase of the hospital development plan; if she will consider increasing the bed complement to meet requirements arising from demographic trends; and if she will make a statement on the matter. [15707/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** I propose to take Questions Nos. 183 and 187 together.

The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of hospital services at Naas General Hospital. Accordingly, my Department has requested the chief officer for the executive's eastern regional area to examine the issues raised and to reply to the Deputy directly.

### Health Service Staff.

184. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number and status of posts awaiting to be filled in the health services in County Kildare; and if she will make a statement on the matter. [15703/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the health service staffing. Accordingly, my Department has requested the chief officer for the executive's south western area to investigate the matter raised and to reply directly to the Deputy.

#### Health Services.

185. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children her plans to improve, enhance or otherwise upgrade the various health centres in County Kildare having due regard to demographic trends; and if she will make a statement on the matter. [15705/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of health centres. Accordingly, my Department has requested the chief officer for the executive's eastern regional area to investigate the matter raised and reply directly to the Deputy.

186. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children her proposals to upgrade health centres with a view to relieving some of the pressure on hospitals; and if she will make a statement on the matter. [15706/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The strategy, Primary Care: A New Direction, sets out the Government's broad vision for the development of primary care as the central focus for the delivery of health and personal social care services in a modern health system.

The strategy aims to shift the emphasis from the current over-reliance on acute hospital services to one where patients will have direct access to an integrated multidisciplinary team of general practitioners, nurses, health care assistants, home helps, occupational therapists, physiotherapists, and social workers in their local community. As the new primary care model is implemented, a wider network of other health and social care professionals will also provide services for the population served by each team.

The strategy provides a template for the development of primary care services over a period of ten to 15 years. The full implementation of the primary care strategy will require significant investment, over a sustained period, in order to expand capacity and to enable primary care to fulfil its role as the cornerstone of our health

system. There are three broad approaches which will be taken to enable this to happen. These are: revenue and capital investment by the State in order to deliver additional services in primary care; a structured role for the private sector in the development of facilities and possibly also the delivery of services; and the substantial reorganisation of the resources already within the health services.

In relation to implementation, one of the first steps has been to establish an initial group of ten primary care teams, with supplementary funding, to enable existing staff resources within the public system to be augmented. These teams are intended to demonstrate the primary care model in action and also to enable practical experience to be gained of the process involved in establishing a primary care team.

Among the enhanced and expanded range of services which these teams are providing or developing are improved access to physiotherapy and occupational therapy, shared care arrangements with general hospitals and social work services focusing on general family support needs.

A significant element in the implementation of this strategy will be the reorganisation and reconfiguration of resources and services already within the health service. This reflects also one of the core principles underpinning the health service reform programme. This must be addressed by the Health Service Executive in order to provide a firm basis for the development of primary care teams and networks as the standard model of service delivery. I am aware that considerable work has already been undertaken by the former health boards over the past two years to map out the proposed numbers, locations and configuration of future primary care teams and the resource requirements associated with these. The HSE must complete this task to provide a firm basis for the reorganisation of resources within primary care.

All the investment needed to enable implementation of the primary care strategy need not involve the public sector and I am committed to developing policy in ways which will stimulate private sector investment in the development of both facilities and services. In the same way as we have seen considerable private sector interest in the development of hospitals and long-term care services, I see much potential for such developments in primary care to complement investment by the State. I have asked my Department to consider how this agenda can be advanced in a way which will harness this undoubted potential within the non-State sector and so enable and support the delivery of integrated primary care services in line with national policy.

*Question No. 187 answered with Question No. 183.*

#### Hospital Accommodation.

188. **Mr. Durkan** asked the Tánaiste and Mini-

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ster for Health and Children the number of respite beds available in County Kerry at the present time; the number required; her plans to expand this service; and if she will make a statement on the matter. [15708/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of respite beds in County Kerry. Accordingly, my Department has requested the chief officer for the executive's southern area to investigate the matter raised and to reply direct to the Deputy.

189. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of respite care places available in the country in 2005; the number required; and if she will make a statement on the matter. [15709/05]

**Minister of State at the Department of Health and Children (Mr. S. Power):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage, deliver, or arrange to be delivered on its behalf, health and personal social services. This includes responsibility for the provision of respite beds. Accordingly, my Department has requested the HSE's national director of primary, continuing and community care to investigate the matters raised and to reply direct to the Deputy.

#### **Infectious Disease Incidence.**

190. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of cases of MRSA reported to date; if more than one such case has been reported from the same location; the steps being taken to address the issue; and if she will make a statement on the matter. [15710/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** MRSA, methicillin-resistant staphylococcus aureus, is a resistant form of staphylococcus aureus. The Health Protection Surveillance Centre, HPSC, collects data on MRSA bacteraemia, also known as bloodstream infection or "blood poisoning", as part of the European Antimicrobial Resistance Surveillance System, EARSS. At national level, MRSA bacteraemia is now included — since 1 January 2004 — in the revised list of notifiable diseases under the infectious diseases regulations and therefore laboratories are now legally required to report cases of serious MRSA infection to the Departments of Public Health and to the HPSC. The reporting process for MRSA bacteraemia remains the same for now, that is, direct reporting to the HPSC via the EARSS protocol which is

done on a quarterly basis. As MRSA bacteraemia is a laboratory diagnosed disease, notification is done per clinical laboratory rather than on a hospital by hospital basis. Provisional figures for 2004, the most recent period for which data are available, indicate that 533 cases of MRSA bacteraemia were notified last year.

International experience shows that the number of MRSA bloodstream infections seen in an individual hospital is generally proportional to the size of the hospital and the complexity of illnesses seen at that hospital. Thus larger hospitals treating sicker patients are more likely to see cases of MRSA bloodstream infection compared to smaller hospitals. As can be seen from the overall number of cases reported, hospitals reporting cases of MRSA bloodstream infection will report more than one case in each quarter and this is in keeping with surveillance data from other countries.

In order to address the issue of antimicrobial resistance, including MRSA, the Strategy for the Control of Antimicrobial Resistance in Ireland, SARI, was launched in June 2001. Since then, approximately €20.5 million in funding has been made available by my Department under the strategy; of this, approximately €4.5 million has been allocated in the current year. This SARI funding is in addition to normal hospital funding arrangements in relation to infection control.

In 1995, a Department of Health committee comprising representatives from my Department, consultant microbiologists, specialists in public health medicine, general practice and a representative from the Association of Infection Control Nurses produced a set of guidelines for the management of MRSA in acute hospital wards, including specialist units. The implementation and operation of these guidelines in acute hospitals is a matter for those hospitals in the first instance. These guidelines have been widely circulated and include an information leaflet for patients. The infection control sub-committee of the National SARI Committee recently prepared draft guidelines in relation to the control of MRSA in Irish hospitals and community health care settings. The key recommendations cover such areas as environmental cleanliness, bed occupancy levels, isolation facilities, hand hygiene, appropriate antibiotic use and protocols for the screening and detection of MRSA. These draft guidelines, based on the best evidence available internationally, are a key component in the response to MRSA in Ireland. The recommendations, when signed off by the National Hospitals Office of the HSE, will replace the guidelines issued in 1995 in relation to MRSA.

Effective infection control measures, including environmental cleanliness and hand hygiene, are central to the control of hospital acquired infections, HAIs, including drug-resistant organisms such as MRSA. The HSE and hospital managers have corporate responsibility for infection control. Infection control, including hand hygiene, is

a key component in the control of MRSA. The SARI infection control sub-committee released national guidelines for hand hygiene in health care settings during 2004 — these guidelines have been widely circulated by the HPSC and are available on the HPSC's website, *www.hpsc.ie*. The ten point plan for accident and emergency services, which I announced in November 2004, includes provision for dedicated cleaning services; this recognises the importance of hospital cleanliness.

The NHO of the HSE has identified the auditing and targeting of infection control initiatives and the enhancement of cleanliness of hospitals as priorities in its service plan for 2005.

#### Hospital Accommodation.

191. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of hospital beds available in 1990; the number available now; if the position reflects needs created by increased population; and if she will make a statement on the matter. [15711/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The information sought by the Deputy is set out in the following table.

Publicly Funded Acute Hospitals In-Patient Beds and Day Places 1990 and 2004

| Type of Bed | 1990   | 2004   |
|-------------|--------|--------|
| In-Patient  | 11,868 | 12,329 |
| Day         | 284    | 1,080  |
| Total       | 12,152 | 13,409 |

Source: 1990 — Health Statistics Report 1990, Department of Health — Bed Complement

Source: 2004 — Integrated Management Returns, Department of Health and Children — Average no. of beds in use (provisional figures)

The increase in acute hospital capacity has come about through investment in new facilities, the bed capacity initiative and the opening of new units in acute hospitals throughout the country.

The increase in day places reflects the changes in medical and surgical practices which allows for treatment without the necessity to stay in hospital overnight.

Activity levels in our acute hospitals continue to rise. We are now treating over 1 million patients as either inpatients or day cases.

#### National Treatment Purchase Fund.

192. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the cost to date of the treatment purchase scheme; and if she will make a statement on the matter. [15712/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The funding provided in respect of the national treatment purchase fund in the years 2002 to 2004 was €79.069 million. The allocation available to the fund in 2005 is €64 million.

#### Hospital Staff.

193. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children her proposals to address the shortage of nursing staff; and if she will make a statement on the matter. [15713/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** According to the most recent Health Service Executive-employer representative division survey of nursing resources, recruitment remains well ahead of resignations and retirements. Employers reported that 765 vacancies existed at 31 December 2004. The vacancy rate now stands at 2.25%. This 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. 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. In excess of €90 million revenue funding is being provided in 2005 for undergraduate nurse training. This is in addition to a capital investment programme costing €240 million for the establishment of purpose-built nursing education facilities on the campuses of 13 higher education institutions around the country. Nursing continues to be regarded as an attractive career. Provisional data indicates that overall CAO applications for nursing in autumn 2005 are 8,155, with 4,869 first preferences, an increase of 3.5% over first preferences in 2004.

A comprehensive range of financial supports have also been introduced to support nurses in pursuing part-time degrees and specialist courses, including “back to practice” courses. The cost of these supports will be €10 million in 2005. My Department 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. Almost a quarter of all nurses now job share or work part-time hours.

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. There have been substantial salary increases for nurses over the last number of years. Between 1997 and 2004, the basic salary of a staff nurse increased by 57.5%. In the same period, the salaries of clinical nurse managers increased by between 73% and 89%.

The promotional structure within nursing, including the introduction of a clinical career pathway, has been substantially improved on foot

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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, over 1,650 clinical nurse specialists and 24 advanced nurse practitioner posts have been created.

The measures I have outlined have produced very positive results. Since 1997 there has been a net increase of 7,000 nurses. This represents a 25% increase in the nursing and midwifery workforce in the public health service. Turnover of nursing staff has also declined. The most recent turnover study covered the years 1999 to 2003. The results of this study showed that nationally turnover had decreased by 40% over the five year period.

Ensuring that there are sufficient nursing resources in 2005 and 2006 is a priority for the Health Service Executive. This will be the transition period between the diploma and the degree programmes. The final group of diploma students graduated in late 2004 and the first group of degree students will graduate in autumn 2006. A national steering group inclusive of nurse managers and HR specialists has been established by the HSE to examine and address the issues involved in ensuring there are adequate numbers of nurses in 2005 and 2006. This group is overseeing the work of a project office tasked with running local and overseas recruitment campaigns. Additional funding has been provided to the HSE for nurse recruitment in 2005. Work is well under way on the tender process for overseas recruitment. Registered nurses in Ireland, who are not practising are being targeted for recruitment and nurses working flexible-part-time hours are being asked to increase their hours. Improved skill mix will also assist in addressing the problem.

#### **Hospital Accommodation.**

194. **Mr. Durkan** asked the Tánaiste and Minister for Health and Children the number of step down beds provided since June 2004; the number required; and if she will make a statement on the matter. [15714/05]

**Tánaiste and Minister for Health and Children (Ms Harney):** The Health Act 2004 provided for the Health Service Executive, which was established on 1 January 2005. Under the Act, the executive has the responsibility to manage and deliver or arrange to be delivered on its behalf, health and personal social services. Accordingly, my Department has requested the chief executive officer of the Health Service Executive to reply to the Deputy directly.

#### **Garda Stations.**

195. **Mr. P. McGrath** asked the Minister for Finance the towns and villages in which Garda

stations have been disposed of and which have had new purpose built facilities with the finance from these dealings; the profit in each case from these transactions; and the funds available for 2005 to refurbish rural Garda stations.

[15546/05]

**Minister of State at the Department of Finance (Mr. Parlon):** A pilot equity exchange programme was developed to test the feasibility of exchanging clusters of small Garda stations that cannot be viably maintained on an ongoing basis in return for modern new facilities. However, following an advertising campaign in the national press, the level of interest expressed was not adequate to meet the requirements of the programme. Various options are under consideration to progress matters in the future.

#### **Job Creation.**

196. **Mr. Kehoe** asked the Minister for Finance if there is a job vacant or becoming vacant in the near future on OPW sites (details supplied); and if he will make a statement on the matter. [15636/05]

**Minister of State at the Department of Finance (Mr. Parlon):** Local management in the first site referred to by the Deputy have requested that three general operative positions be filled. A decision on whether some or all of these positions are to be filled will be made shortly. Three temporary seasonal guides-information officers were recruited recently for the summer season. There are currently no vacancies in the second site referred to by the Deputy. Four temporary seasonal guides-information officers were recently recruited for the summer season.

#### **Tax Collection.**

197. **Mr. Timmins** asked the Minister for Finance the position in regard to the case of a person (details supplied) in County Wicklow; and if he will make a statement on the matter. [15650/05]

**Minister for Finance (Mr. Cowen):** I am advised by the Revenue Commissioners that notices of assessment issued on 1 July 1998 detailing the taxpayer's liabilities for the tax years 1996-97 and on 17 February 1999 for the years 1997-98. The taxpayer also received a demand for outstanding liabilities for 1996-97 on 2 September 1998 and made three additional payments reducing his liabilities for 1996-97 to €380.03. A total of €738.50 remains outstanding.

The taxpayer can enter into an instalment arrangement with the Revenue Commissioners, debt management section, Apollo House, Tara Street, Dublin 2, to clear outstanding tax owed. It is a matter for the Department of Social, Community and Family Affairs to determine the level of pension to which he is entitled.

### Tax Code.

198. **Mr. J. O’Keeffe** asked the Minister for Finance if a study has been completed regarding the benefits of introducing here a flat tax on personal and corporate income; and if he will make a statement on the matter. [15687/05]

**Minister for Finance (Mr. Cowen):** I am aware that a number of eastern European countries have introduced a flat rate of tax on personal and business income. The tax policies of individual countries reflect a range of factors and democratic choices, social, economic and cultural.

The Irish tax system as it has developed, particularly over the period 1997 to date, with lower rates of personal and business taxation, has proven, along with other factors, to be a very successful tool in incentivising and creating employment and in attracting and retaining inward investment. The most recent OECD data relating to the year 2004 show that for the single worker on the average production wage, Ireland has the lowest tax wedge, that is, income tax plus employee and employer PRSI as a proportion of gross wages plus employers PRSI, in the EU and one of the lowest in the entire OECD. According to data from the United Nations Conference on Trade and Investment, foreign direct investment flows into Ireland in 2003 amounted to the equivalent of about €19.5 billion. This represents 8.5% of all foreign direct investment flows into the EU 15 in 2003; a very strong performance given that Ireland’s share in the EU 15 population is only approximately 1%. Indeed, in absolute terms only six other countries in the world registered larger FDI inflows in 2003 than Ireland. With the exception of Luxembourg, all of these countries were larger than Ireland, most considerably Spain, Belgium, France, China and the US.

Economic growth has been sustained at higher levels than our EU counterparts and the role that taxation has played in the success of the Irish economy, especially in recent years, has been widely recognised internationally. Having regard to the success of the Irish tax system in contributing to our economic development, I see no need at present to explore alternative models which would involve a dramatic shift from our current approach.

### Immigration Policy.

199. **Mr. Penrose** asked the Minister for Foreign Affairs when the Government intends to ratify the UN Convention on the protection of the rights of migrant workers and members of their families, which is especially relevant in view of recent examples of publicised exploitation by employers here; and if he will make a statement on the matter. [15638/05]

**Minister for Foreign Affairs (Mr. D. Ahern):** Ireland is not a signatory to the International

Convention on the protection of the rights of all migrant workers and members of their families. The convention was adopted by the UN General Assembly in December 1990, and it entered into force on 1 July 2003, following ratification by the requisite number of states — 20. The convention on migrant workers has been open for signature and ratification since December 1990. However, to date, only 29 states have ratified the convention. No European Union member state has as yet signed or ratified the convention, nor have any indicated an intention to do so.

Where Ireland wishes to ratify an international instrument, the Government must first ensure that our domestic law is fully in conformity with the agreement in question. The Government must, therefore, make any necessary legislative changes, or be satisfied that none are required, before ratification takes place. As signature of an instrument is an indication of an intention to ratify it, the Government would consequently also have to have a firm intention to ratify, and be taking steps to do so, before signing an international instrument.

The Convention on the rights of migrant workers has been examined by my Department. It would appear that in order for Ireland to ratify the convention, significant changes would have to be made across a wide range of existing legislation, including legislation addressing employment, social welfare provision, education, taxation and electoral law. These changes would also have implications for our relations with our EU partners, none of whom has signed or ratified the convention, and possibly for the operation of the common travel area between Ireland and the UK.

There are no plans at present to introduce the changes in the areas above which would be necessary before Ireland could ratify or consider signing the convention. Moreover, the convention on the rights of migrant workers has not acquired universal recognition as a standard for the protection of the human rights of migrant workers.

It should also be noted that the rights of migrant workers and their families are already protected under existing national legislation and under the Irish Constitution. In addition, the rights of migrant workers and their families are addressed by Ireland’s commitments under international human rights instruments to which the State is already a party. These international instruments include, for example, the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights.

### National Minimum Wage.

200. **Mr. J. Higgins** asked the Minister for Enterprise, Trade and Employment the number of disabled persons in sheltered or supported

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employment earning less than the minimum wage. [15505/05]

201. **Mr. J. Higgins** asked the Minister for Enterprise, Trade and Employment the average wage awarded to disabled persons in sheltered or supported employment. [15506/05]

**Minister of State at the Department of Enterprise, Trade and Employment (Mr. Killeen):** I propose to take Questions Nos. 200 and 201 together.

FÁS provides a grant to sponsors of the supported employment programme to fund the provision of co-ordinators and job coaches in order to provide support to people with disabilities in employment. The supported employment programme is designed to assist in the integration of persons with a disability into a job in the open labour market, leading to independence and career progression. The terms of employment contracts, including the wage rates, are agreed between employers and employees and are covered by the relevant employment legislation, including that relating to the national minimum wage.

In regard to sheltered employment, my Department has responsibility for the pilot programme for the employment of people with disabilities, PEP, and FÁS pays an annual subvention to Gandon Enterprises in regard to 182 places. The terms of employment contracts, including the wage rates, are agreed between employers and employees and are covered by the relevant employment legislation, including that relating to the national minimum wage.

202. **Mr. J. Higgins** asked the Minister for Enterprise, Trade and Employment the entity which pays disabled persons on the NTDI's community workshop scheme to manufacture products for private companies. [15507/05]

203. **Mr. J. Higgins** asked the Minister for Enterprise, Trade and Employment the average wage of disabled persons on the NTDI's community workshop scheme. [15508/05]

**Minister of State at the Department of Enterprise, Trade and Employment (Mr. Killeen):** I propose to take Questions Nos. 202 and 203 together.

FÁS contracts with NTDI and other agencies to provide training to people with disabilities who are deemed capable of accessing the open labour market. All trainees are paid a standard training allowance, average €179 per week, by the NTDI. Some trainees may also retain their social welfare entitlements, depending on their circumstances.

Training is delivered via three delivery methods: centre based, distance learning and company based. FÁS has no responsibility for

persons who are employed in NTDI workshops. This is a matter for the company itself.

#### **Economic Partnership Agreements.**

204. **Ms O. Mitchell** asked the Minister for Enterprise, Trade and Employment if he shares the concerns and reservation expressed by the UK Government in respect of economic partnership agreements; and if the Government intends to seek to negotiate changes to the EU position on EPAs. [15597/05]

**Minister of State at the Department of Enterprise, Trade and Employment (Mr. Ahern):** I have read with interest the recent position paper that sets out the UK view on how best the commitment to put development at the heart of the EPA negotiations can be best delivered. I would agree with the basic thrust of an approach to the EPAs which ensures that the needs and concerns of developing countries are taken adequately into consideration during the substantive phase of these negotiations. I note in particular that, more recently, in the context of the further progression of EPA negotiations, Commissioner Mandelson has indicated that he is putting the EPA process under continuing review, with a new review mechanism to ensure that at every stage in the negotiations the development dimension is put first. I fully support this approach by the commissioner.

As trade is a European Community competence, it is the European Commission which conducts the negotiations on the EPAs between the EU and six regional groupings of ACP states on behalf of the member states. The Commission provides the Council with regular updates on the progress of the negotiations. Ireland is satisfied that the Commission is discharging its mandate in accordance with the provisions of the Cotonou Agreement and in a manner which is sensitive to the particular concerns of the ACP states.

Ireland is actively following the developments in the EPA negotiations process and will continue to do so. In so far as the discussions within the EU Council, including the Article 133 Committee, are concerned, Ireland will have full regard to the content of the UK paper. In all of these discussions, we will be insisting that the Commission discharge its mandate in accordance with the provisions of the Cotonou Agreement and in a manner which is sensitive to the particular concerns of ACP States.

#### **Work Permits.**

205. **Ms Burton** asked the Minister for Enterprise, Trade and Employment if his Department was in any way involved in the issue of permits for exemption from PRSI to GAMA workers from Turkey; if his Department corresponded on the matter with the Department of Social and Family Affairs; and if the work permits

issued by his Department to GAMA's Turkish workers were subject to any inquiry or conditionality by his Department in respect of the location of employment and contract of employment of such workers. [15619/05]

**Minister for Enterprise, Trade and Employment (Mr. Martin):** My Department has no function regarding PRSI payments by any company, nor has the Department been involved in determining the PRSI to be paid by any specific company. Work permits are only granted in respect of specific employments in the State.

I have sent a copy of the labour inspectorate's report of the investigation into alleged breaches of employment rights in GAMA to the Minister for Social and Family Affairs.

206. **Ms Burton** asked the Minister for Enterprise, Trade and Employment the conditions which apply in respect of foreign workers granted a work permit here; if such workers are required to reside here and work for an Irish employer, agency or company registered here with a contract of employment in Ireland; and the information which is given in respect of such workers to the Department of Social and Family Affairs. [15620/05]

**Minister for Enterprise, Trade and Employment (Mr. Martin):** Nationals of the European Economic Area, EEA, do not require an employment permit to work in Ireland. The EEA comprises the 25 EU member states, Iceland, Norway, Liechtenstein and, for this purpose, Switzerland. Where an employer cannot source a person from within the EEA to fill a specific vacancy, that employer may make an application for a work permit in respect of a specified non-EEA national.

Non-EEA nationals who enter employment in Ireland under the work permit system have permission to remain in the State for the duration of the stated employment. Section 2 of the Employment Permits Act 2003 provides that work permits in Ireland are issued only in respect of employment positions in the State. There is no requirement for the employing company to be registered here.

Data protection considerations preclude the transfer of information from my Department to the Department of Social and Family Affairs in respect of non-EEA national workers.

#### **Industrial Development.**

207. **Mr. Lowry** asked the Minister for Enterprise, Trade and Employment the incentives available to an industry (details supplied); and if he will make a statement on the matter. [15646/05]

**Minister for Enterprise, Trade and Employment (Mr. Martin):** The 35 county and city

enterprise boards, CEBs, which were established nationally in 1993, provide a source of support for small businesses with ten employees or fewer. The function of the CEBs is to develop indigenous enterprise potential and to stimulate economic activity at local level.

Subject to certain eligibility criteria, enterprises may qualify for support from the CEBs in the form of feasibility, employment and capital grants. In addition, the CEBs deliver a comprehensive range of development and support programmes designed to help new and existing enterprises to operate effectively and efficiently so as to last and grow.

I suggest that the person concerned should, in the first instance, make direct contact with his or her local county enterprise board to explore what type and level of assistance, if any, would be available to him or her from that board.

#### **Private Rented Accommodation.**

208. **Dr. Upton** asked the Minister for Social and Family Affairs the procedures which are in place to monitor the standard of accommodation provided by private landlords whose tenants are in receipt of rent supplement; if he has satisfied himself that tenants in receipt of rent supplement are placed in suitable accommodation; and if he will make a statement on the matter. [15607/05]

**Minister for Social and Family Affairs (Mr. Brennan):** Rent supplements are available through the supplementary welfare allowance scheme, which is administered on my behalf by the community welfare division of the Health Service Executive.

To qualify for a rent supplement, a person must satisfy a means test. The executive must satisfy itself also that the applicant has a genuine accommodation need which he or she cannot provide for, that a bona fide tenancy arrangement exists between the applicant and the landlord and that the property being rented is suitable to his or her needs. The executive may consider that a property is not suited to the applicant's needs if the accommodation does not comply with the Housing (Standards for Rented Housing) Regulations 1993.

Responsibility for enforcing housing standards regulation rests with the local authorities. In addition, the Private Residential Tenancies Board provides a mechanism for dealing with problems between landlords and tenants associated with rent levels, accommodation conditions, etc., and its services are available to people in receipt of rent supplement in the same way as for any other tenant.

The Government has introduced a new system of rental assistance to be operated by the local authorities. One of its objectives is to ensure that a full range of good-standard and appropriate housing options is available to people with long-

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term housing needs, who currently rely on rent supplement. The rental accommodation scheme component of the new arrangements will involve local authorities in ongoing contact with participating private rented sector landlords. This will place the authorities in a position to enforce good accommodation standards for people receiving housing support under the scheme.

#### Social Welfare Code.

209. **Mr. Perry** asked the Minister for Social and Family Affairs his plans to extend the boundary areas with regard to the entitlement of the smokeless fuel allowance; the criteria used for drawing up the boundaries; and if he will make a statement on the matter. [15513/05]

**Minister for Social and Family Affairs (Mr. Brennan):** The aim of the national fuel scheme is to assist householders who are in receipt of long-term social welfare or health board payments and who are unable to provide for their extra heating needs during the winter season. A fuel allowance payment of €9 per week is paid to eligible households, with an additional €3.90 per week being paid in smokeless zones, bringing the total amount in those areas to €12.90 per week.

The current set of designated cities and towns in which the smokeless fuel allowance rate applies is as follows: Arklow, Bray, Celbridge, Cork City, Drogheda, Dublin city, Dundalk, Galway city, Kilkenny city, Leixlip, Limerick city, Naas, Sligo, Tralee, Waterford city and Wexford.

The specification of designated urban areas in which the sale of smoky fuels is prohibited is primarily an environmental and public health matter. It comes under the responsibility of my colleague the Minister for the Environment, Heritage and Local Government and he is responsible for designating the boundaries of these areas. The responsibility of my Department is to ensure that the special smokeless fuel allowance is paid to eligible pensioners and other relevant social welfare clients in these designated areas, to assist them with the additional cost of purchasing smokeless fuel products.

#### Social Welfare Benefits.

210. **Mr. P. McGrath** asked the Minister for Social and Family Affairs the number of customers who receive either weekly or monthly payments from his Department; the percentage of these who receive their cash payments through the local post office; if he has encouraged his customers to opt for payments through a particular method; and if he will make a statement on the matter. [15521/05]

**Minister for Social and Family Affairs (Mr. Brennan):** My Department makes payments to some 1.6 million customers on a weekly or

monthly basis. Of those, 58% currently receive payment through their local post office, 11% are paid by cheque through the postal system and 31% receive direct electronic payment to their bank or building society account.

Customers opt for a particular payment method having regard to their own circumstances and particular needs. It is my Department's policy to provide as much information as possible to customers to enable them to make an informed choice in this regard. Occasionally, it may be necessary for customers to move from one payment method to another, for example, where a new computer system is being introduced and a particular payment option is no longer available. Subject to this, customers generally are free to opt for the payment method which suits them.

211. **Ms O. Mitchell** asked the Minister for Social and Family Affairs if, following the introduction in 2005 of a €35 allowance to disabled persons in residential care who have hitherto been deprived of any disability payment, it is intended to award some or all of the years of back money to these residents. [15522/05]

**Minister for Social and Family Affairs (Mr. Brennan):** Responsibility for the disabled person's maintenance allowance, DPMA, scheme was transferred from the Department of Health and Children and the health boards to the Department of Social and Family Affairs in October 1996. On the transfer of the scheme, the existing qualifying conditions were retained and the scheme was renamed "disability allowance". This position was provided for in Part IV of the Social Welfare Act 1996.

One of the qualifying conditions applying to the former DPMA scheme was that the payment could not be made to people who were in residential care where the cost of the person's maintenance was met in whole or in part by a health board. Since 1999, the restrictions on payment to persons in residential care have been progressively relaxed, as reflected in successive amendments to the Act. From August 1999, existing disability allowance recipients living at home can retain their entitlement where they subsequently go into hospital or residential care.

A wide-ranging review of illness and disability payment schemes completed by my Department in September 2003 recommended the removal of the residential care disqualification for disability allowance purposes. The working group which oversaw the review recognised that the removal would have a range of implications, and that, in the absence of reliable data on the numbers involved and the actual funding arrangements currently in place, it was not possible to assess fully the likely impact or cost of such a move.

Budget 2003 provided for the takeover by my Department of the discretionary "pocket money"

allowances paid to people with disabilities in residential care who are not entitled to disability allowance and for the standardisation of the level of these allowances. My Department then undertook an information-gathering process with the health boards with a view to arranging for the transfer of responsibility for the payment of these allowances and of the funds involved.

In budget 2005, I announced that, as an interim measure, a payment of €35 per week would be payable to the persons with disabilities who are affected by the current restriction, with effect from June 2005. This development was provided for in the Social Welfare and Pensions Act 2005.

There are a number of practical and administrative issues to be resolved with the Department of Health and Children, including the question of the appropriate contribution to be made by residents of institutions towards care and maintenance. It is my intention that the outstanding issues will be progressed as a matter of urgency. Payments of disability allowance were at all times made in accordance with the relevant legislative provisions so the issue of repayments does not arise in this instance.

#### **Social Insurance.**

212. **Mr. Bruton** asked the Minister for Social and Family Affairs if his Department will consider allowing stay-at-home husbands or wives to purchase credits under the PRSI code as a means of paying a contribution towards the old age contributory pension; if, in relation to other social welfare schemes, a rule exists to allow persons to gain credits at various stages of their working lives; and if he will make a statement on the matter. [15523/05]

**Minister for Social and Family Affairs (Mr. Brennan):** PRSI credited contributions are an integral part of the social insurance system. The primary purpose of PRSI credits is to secure social welfare benefits and pensions of insured workers by covering gaps in insurance where workers are not in a position to pay PRSI, such as during periods of unemployment, illness or caring.

To qualify for social insurance credits, a person must have previously worked and paid PRSI, must have paid PRSI in the last two full contribution years and must show evidence of the underlying contingency giving rise to the credited contribution, such as illness, unemployment or maternity. In addition, credited contributions are provided in particular circumstances for periods of studying or training or when undertaking work as a volunteer development worker.

Separate arrangements have been put in place to protect the long-term social insurance pensions of men and women who spend periods outside the workforce for caring purposes. From 6 April 1994, periods spent out of the workforce caring

for children up to the age of 12 years, or incapacitated people, are disregarded when calculating pension entitlements, subject to a maximum period of 20 years. In addition, the homemakers scheme provides for credits to be awarded for the balance of the tax year in which the person leaves the workforce and from the beginning of the tax year to the date of re-entering employment.

An examination of the provisions of the homemakers scheme is being undertaken as part of the review of eligibility conditions for old age contributory pensions. I expect to receive recommendations on foot of that review later this year.

A scheme providing the option of purchasing voluntary PRSI contributions also exists. It allows previously insured workers to maintain their entitlement to long-term benefits such as old age pension. To qualify as a voluntary contributor, a person must be under 66 years, have ceased to be compulsorily insured, have a minimum number of paid contributions and apply within 12 months from the end of the contribution year in which he or she last paid contributions on a compulsory basis.

#### **Social Welfare Benefits.**

213. **Mr. Perry** asked the Minister for Social and Family Affairs if a decision will be expedited for a person (details supplied) in County Sligo; and if he will make a statement on the matter. [15525/05]

**Minister for Social and Family Affairs (Mr. Brennan):** Mortgage interest supplements are available through the supplementary welfare allowance scheme which is administered on my behalf by the community welfare division of the Health Service Executive.

The HSE, western area, has advised that, following a review of the household income situation of the person concerned, it was decided that he no longer qualifies for payment of a mortgage interest supplement. The executive has further advised that he has been unsuccessful in appealing against this decision to its area appeals officer. At the request of the person concerned, his case was referred by the executive to the social welfare appeals office for further adjudication and a decision on that appeal is expected shortly.

#### **Social Welfare Code.**

214. **Dr. Upton** asked the Minister for Social and Family Affairs if his attention has been drawn to the fact that social welfare payments awarded via a bank account are delayed by one day when a Monday bank holiday occurs; his views on whether this delay in payment causes hardship to social welfare recipients; if this delay will be removed in future; and if he will make a statement on the matter. [15548/05]

**Minister for Social and Family Affairs (Mr. Brennan):** My Department makes payments to some 1.6 million customers on a weekly or monthly basis. Of those, 58% currently receive payment through their local post office, 11% are paid by cheque through the postal system and 31% receive direct electronic payment to their bank or building society account.

Customers opt for a particular payment method having regard to their own circumstances and particular needs. It is my Department's policy to provide as much information as possible to customers to enable them to make an informed choice in this regard. Occasionally, it may be necessary for customers to move from one payment method to another, for example, where a new computer system is being introduced and a particular payment option is no longer available. Subject to this, customers are generally free to opt for the payment method that suits them.

#### **Computerisation Programme.**

215. **Mr. Stanton** asked the Minister for Social and Family Affairs if the computerisation of births, deaths and marriage records has eliminated the perceived risks previously identified with electronic funds transfer payment systems for social welfare recipients; if automatic computer systems are in place to link in appropriate ways and subject to data protection requirements the computerised records of births, deaths and marriages with his Department's computer systems in so far as these issue or generate payment instructions for periodic benefits such as pensions that could be paid efficiently by electronic funds transfer. [15681/05]

**Minister for Social and Family Affairs (Mr. Brennan):** The introduction of electronic registration of life events, including births, marriages and deaths, has enabled the automatic transmission of registration data to my Department at the time of registration. The necessary systems have been put in place to electronically match registration data against social welfare payment systems to identify cases for appropriate action.

The information received from the civil registration system is a positive addition to existing measures in place to minimise possible over-payments whether payment is by way of electronic fund transfer or by personal payable order book. The necessary provisions have been incorporated into the Social Welfare Acts to meet data protection requirements as regards the receipt of life event data from the civil registration system.

#### **Social Welfare Fraud.**

216. **Mr. Stanton** asked the Minister for Social and Family Affairs if his attention has been drawn to any country that requires electronic funds transfers or equivalent arrangements for the standard method of paying most benefits and

making analogous payments; if so, if any such country has experienced levels of fraud and error that suggest that electronic funds transfer might not be a cost-effective alternative payment arrangement compared to pension books, cheques and cash; and if he will make a statement on the matter. [15682/05]

**Minister for Social and Family Affairs (Mr. Brennan):** The relevant state agencies in the United Kingdom are currently engaged in the migration of all social welfare-type payments to direct payment. At the end of December 2004, 72% of their customers were paid by direct payment to their bank or building society accounts and 14% were paid by direct payment to their post office accounts.

The Department is not aware of any increased risk of fraud or error in countries adopting electronic means of paying social welfare recipients. In the main, the potential for fraud in respect of welfare payments is determined by the risks associated with the claim profile and characteristics rather than the method of payment.

#### **Proposed Legislation.**

217. **Ms O. Mitchell** asked the Minister for Transport if it is intended to legislate to provide that digital imagery will be deemed admissible as proof of commission of a speeding offence in cases taken before the courts. [15603/05]

**Minister for Transport (Mr. Cullen):** Section 21 of the Road Traffic Act 2002 provides an appropriate and comprehensive basis for the use of apparatus, including cameras, for the purpose of establishing evidence in respect of a range of traffic offences, including speeding offences.

The Road Traffic Act 2004 introduced further clarity to the provisions of section 21 to affirm the use of radar guns, and other apparatuses that do not produce permanent records, to support Garda enforcement. The parameters established by section 21 for the use of apparatus generally are stated in the broadest possible manner to facilitate the deployment of any technology currently in use, including digital imaging. Decisions relating to both the type of equipment and the technology to be deployed to support enforcement are matters for the determination of the Garda Commissioner.

#### **National Car Test.**

218. **Mr. Lowry** asked the Minister for Transport the number of tests carried out by the national car test in each test centre since 2000; the number of test failures and the main reason for the failure in each test centre since 2000; the amount of money generated from test failures and retests since 2000; and if he will make a statement on the matter. [15630/05]

**Minister of State at the Department of Transport (Mr. Callely):** My Department does not compile data on test activity or outcomes for individual test centres. Data on test activity, pass rates and top failure items for the car testing service since 2000 are available on the website maintained by National Car Testing Service Limited, the address of which is *www.ncts.ie*.

My Department is satisfied that the rate of re-testing and the fees associated with such re-testing reflect the condition of the vehicles presented for inspection.

219. **Mr. Lowry** asked the Minister for Transport if there are failure targets which national car test centres must meet; and if he will make a statement on the matter. [15631/05]

**Minister of State at the Department of Transport (Mr. Callely):** The sole basis for determining the outcome of a national car test is the assessment of the vehicle carried out by the vehicle inspector in accordance with the requirements set out in the National Car Test Manual, published by my Department. The setting of failure targets for individual test centres or for the service as a whole would be inconsistent with the basis on which test outcomes are determined, and does not happen.

#### Community Development.

220. **Ms Burton** asked the Minister for Community, Rural and Gaeltacht Affairs if he will make a statement on the award of funds by his Department for a proposed play area at Ladyswell, Drumheath, Dublin 15; the amount which was awarded; when it was awarded; if the amount was conditioned to be spent by a certain date; the programme heading under which the money was disbursed; if his attention has been drawn to the fact that a contractor arrived on site for a brief period, left the site in a mess, and that local people are completely dissatisfied with the work, which has left the area dangerous to children; and the role of Fingal County Council in this case. [15621/05]

**Minister for Community, Rural and Gaeltacht Affairs (Éamon Ó Cuív):** My Department provided funding of €30,000 to Fingal County Council in February of this year. This funding was provided under the local authority housing estate enhancement scheme 2004, which is part of the RAPID programme, to enhance an open area in this estate. The funding was paid to the council following confirmation by Fingal County Council and the chair of the area implementation team that works were completed to their satisfaction. The quality of these works has not matched the community's expectations. However, Fingal County Council has undertaken to carry out a full programme of remedial works.

#### Grant Payments.

221. **Mr. Ring** asked the Minister for Agriculture and Food when a person (details supplied) in County Mayo will be paid the balance on 18 animals, on the special beef premium. [15588/05]

**Minister for Agriculture and Food (Mary Coughlan):** The person named lodged two applications under the 2004 special beef premium scheme, in respect of 21 animals. The first application, in respect of three animals, was lodged on 5 October 2004, while the second application, in respect of 18 animals, was lodged on 31 December 2004. The 60% advance payment in respect of the second application, €2,268.00, issued on 1 April 2005.

The three animals, which were included on the first application, had been the subject of a query, which has now been resolved satisfactorily. Payment of the 60% advance payment in respect of the first application, together with the balancing payments in respect of both applications, will issue shortly.

#### Direct Payment Schemes.

222. **Mr. D. Moynihan** asked the Minister for Agriculture and Food the number of clients of her Department being paid by direct credit system; and if she will make a statement on the matter. [15589/05]

**Minister for Agriculture and Food (Mary Coughlan):** A total of 62,360 clients of my Department, including staff members, are paid by direct credit to a bank account. We are actively promoting payment by direct credit to all client groups.

#### Milk Quota.

223. **Mr. Perry** asked the Minister for Agriculture and Food if her attention has been drawn to the fact that due to ongoing medical problems a person (details supplied) had to give up milk production; if the reference year 2002 will be used; and if she will make a statement on the matter. [15590/05]

**Minister for Agriculture and Food (Mary Coughlan):** The person named, having been notified that the circumstances outlined by him did not satisfy the criteria for *force majeure* or exceptional circumstances under Article 40 of Council Regulation (EC) No. 1782/2003, submitted an appeal to the independent single payment appeals committee.

Following a full examination of the circumstances outlined in the appeal, the independent single payment appeals committee made a recommendation and a letter issued to the persons named on 8 November 2004. The findings of the

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appeals committee were that the original decision taken by my Department should be upheld.

The person named submitted an application under the single payment scheme national reserve under categories B and C. Category B caters for farmers who, between 1 January 2000 and 19 October 2003, made an investment in production capacity in a farming sector for which a direct payment under livestock premia and — or arable aid schemes would have been payable during the reference period 2000-02. Category C caters for farmers who sold their milk quota into the milk quota restructuring scheme and converted to a farming sector for which a direct payment under livestock premia and-or arable aid schemes would have been payable during the reference period 2000-02.

My Department is processing in excess of 16,500 applications already received and the closing date for receipt of completed applications to the national reserve has been extended to 16 May 2005. In view of the number of applications received and the documentation submitted, it will be some time before a decision is reached on whether the person named is entitled to an allocation from the reserve. The person named will be notified of the outcome as soon as all applications are processed. However, it should be noted that an applicant may benefit under only one category that is, whichever one is more beneficial to him or her.

#### Grant Payments.

224. **Mr. Penrose** asked the Minister for Agriculture and Food the way in which existing participants in the forestation grant scheme, who have already been receiving grants under the said scheme, will have their entitlements treated under the new single entitlement system, for the purpose of the 2005 single payment scheme and subsequently; and if she will make a statement on the matter. [15591/05]

**Minister for Agriculture and Food (Mary Coughlan):** Participants in the afforestation premium scheme must submit a single payment scheme application in 2005 and are obliged to declare all the land parcels in their holding — owned, rented and leased.

All land parcels in receipt of payment under the afforestation premium scheme must also be registered on this Department's land parcel identification system with a unique identification number. Failure to register afforested parcels under this scheme on that system could affect future premium payments.

Participants in the afforestation premium scheme should shade the circle at 11 on the front of the single payment scheme application form and also enter their forestry contract number in the space provided on the front of the single pay-

ment scheme application form and ensure that all land parcels, including the land parcels afforested in accordance with the afforestation premium scheme are detailed on the back of the form.

Farmers who afforested lands since 2000 and do not have sufficient lands to benefit from their full single payment can apply to consolidate their single payment entitlements on their declared lands in 2005. Such farmers should complete the consolidation application form and submit it with their single payment application form.

Farmers should consider carefully the consequences of consolidation if there is a possibility they might wish to avail of the early retirement scheme or might wish to retire from farming within the next five years. Consolidated entitlements are allocated from the national reserve and cannot be sold or leased for five years. These entitlements must also be claimed each year for five years, failing which the unclaimed entitlements will revert to the national reserve.

These farmers will continue to receive the afforestation aid on the planted lands and if successful in their application to consolidate their entitlements, will also benefit from their full single payment.

225. **Mr. N. O'Keeffe** asked the Minister for Agriculture and Food if notification of entitlement under the single payment scheme has issued to a person (details supplied) in County Cork since 1 March 2005. [15592/05]

**Minister for Agriculture and Food (Mary Coughlan):** Summary statements of provisional entitlements issued to all farmers during April 2005, including the person named. However, I have had arrangements made to have a further copy issued today to the person named.

226. **Mr. N. O'Keeffe** asked the Minister for Agriculture and Food if she will give consideration to a person (details supplied) in County Cork for approval under the national reserve-single payment scheme. [15593/05]

**Minister for Agriculture and Food (Mary Coughlan):** The person named submitted an application under the single payment scheme national reserve under category B which caters for farmers who, between 1 January 2000 and 19 October 2003, made an investment in production capacity in a farming sector for which a direct payment under livestock premia and — or arable aid schemes would have been payable during the reference period 2000-02.

My Department is processing in excess of 16,500 applications already received and the closing date for receipt of completed applications has been extended to 16 May 2005. In view of the number of applications received and the documentation submitted, it will be some time before a decision is reached on whether the person

named is entitled to an allocation from the reserve. The person named will be notified of the outcome as soon as all applications are processed.

227. **Mr. N. O’Keeffe** asked the Minister for Agriculture and Food the reason a person (details supplied) in County Cork has not yet received notification of her entitlements under the EU single payment scheme; and if her attention has been drawn to the fact that their application was approved under the category of *force majeure*. [15594/05]

**Minister for Agriculture and Food (Mary Coughlan):** The person named applied for consideration of *force majeure* — exceptional circumstances on 4 February 2004. Having fully examined the circumstances outlined by the person named, my Department is satisfied that *force majeure* circumstances should apply in this case.

The years 2001 and 2002 will be excluded and 2000 only will be used in the calculation of the provisional single payment entitlements. This decision was notified to the person named on 8 November 2004.

An application for consideration in respect of the inheritance measure of the single payment scheme was also submitted. Following an examination of this application the person named was notified that her application to transfer special condition entitlements was successful. A statement of provisional entitlements outlining the amended position has now issued to the person named.

228. **Mr. N. O’Keeffe** asked the Minister for Agriculture and Food the position regarding a single payment scheme application under *force majeure* for a person (details supplied) in County Cork. [15595/05]

**Minister for Agriculture and Food (Mary Coughlan):** The person named was originally notified that the circumstances outlined by him did not satisfy the criteria for *force majeure* — exceptional circumstances under Article 40 of Council Regulation (EC) No. 1782/2003.

The person named then submitted an application for consideration in respect of the inheritance measure of the single payment scheme. Following processing of this application he was notified that his application was successful. The amended position reflecting the inheritance measure was included in the statement of provisional entitlements issued to him on 22 March 2005.

The person named subsequently submitted additional medical information and following a full examination of this additional information it has been decided that *force majeure* should be applied. Consequently, 1998 only will be used in the establishment of the single farm payment entitlement for the person named.

The person named has been notified of this decision and an updated statement of provisional entitlements reflecting this position has now issued.

229. **Mr. N. O’Keeffe** asked the Minister for Agriculture and Food the position regarding an appeal in relation to the single payment scheme under the category of *force majeure* for a person (details supplied) in County Cork. [15596/05]

**Minister for Agriculture and Food (Mary Coughlan):** The person named has been notified that the circumstances outlined by him did not satisfy the criteria for *force majeure* — exceptional circumstances under Article 40 of Council Regulation (EC) No. 1782/2003.

Following this decision the person named submitted an appeal to the independent single payment appeals committee. A full review of the circumstances of the case will be carried out by the independent single payment appeals committee and the person named will be notified shortly of the outcome.

The person named also submitted an application requesting consideration in respect of the inheritance measure of the single payment scheme. Following processing of his application I am pleased to advise that the person named has been notified that his application was successful and a statement of provisional entitlements outlining the amended position issued to him on 22 March 2005. The person named cannot be considered for the new entrant measure of the single payment scheme as he received no direct payments in the reference years 2000-02.

#### Commercial Horticulture.

230. **Mr. Lowry** asked the Minister for Agriculture and Food the incentives which are available to an industry (details supplied); and if she will make a statement on the matter. [15627/05]

**Minister for Agriculture and Food (Mary Coughlan):** My Department operates the scheme of investment aid for the development of the commercial horticulture sector funded under the National Development Plan 2000-2006. The scheme is intended to assist in the development of the horticulture sector by grant aiding capital investments in specialised plant and equipment in commercial horticulture.

Applicants must demonstrate that they have the necessary skill and competence for the running of the business. The horticulture enterprise must be shown to be viable on a commercial scale. The minimum investment which will be considered is €10,000. The upper cumulative limit for investments per applicant over the period of the scheme is €1.27 million. Aid will be payable at the rate of 35% on the accepted net cost of investments approved and completed to the Department’s satisfaction.

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Even though the scheme is not aimed at start-up business, if such an application is considered to be viable then the project would be given every consideration. Applications for the scheme in 2005 are now closed.

### Rural Development.

231. **Mr. Lowry** asked the Minister for Agriculture and Food her views on a proposal (details supplied); and if she will make a statement on the matter. [15628/05]

**Minister for Agriculture and Food (Mary Coughlan):** The issues raised by the Deputy relate to the forestry elements contained in the draft Rural Development Regulation 2007-2013, first published by the European Commission in July 2004 and which is the subject of ongoing negotiations in the Council of Ministers.

From the outset, the Irish position on the draft regulation in general, including the specific aspects related to forestry, has been clear. On these forestry aspects I have pointed to the negative impacts that the proposals would have on the sector, particularly those relating to reduced establishment grants, premiums and associated premium payment periods.

Forestry is only one element of the wider rural development proposals, but a very important one for Ireland and for those countries with active afforestation programmes. As the overall negotiations move to an expected conclusion in June, I will be pressing for a satisfactory outcome for Ireland on the package as a whole, which will include an outcome on forestry which best suits our particular needs.

### Grant Payments.

232. **Mr. Naughten** asked the Minister for Agriculture and Food, further to Question No. 129 of 4 May 2005, the reason her Department deems up to 27% of animals ineligible even though it has paid moneys out on all animals; and if she will make a statement on the matter. [15629/05]

**Minister for Agriculture and Food (Mary Coughlan):** The Deputy will be aware that I decided to estimate the quota overshoot reduction in order that balancing payments could be made under all of the bovine premia schemes to farmers who had applied for special beef premium in respect of more than 25 animals.

The calculations involved in the interim balancing payments under the 2004 special beef premium scheme involved reducing the rate of aid rather than the number of animals. This process did not have any impact on the amount paid to individual farmers. On establishing the definitive position regarding the quota overshoot, a full recalculation of payments due to all scheme applicants will be carried out by my Department.

This recalculation will involve a reduction in the number of animals rather than reducing the rate of aid, which was an interim measure to facilitate early payment.

233. **Mr. Perry** asked the Minister for Agriculture and Food if her attention has been drawn to the difficulties encountered by a person (details supplied) which have been outlined in correspondence in relation to the new single payment scheme and the national reserve; the avenues this person should pursue to ensure that their application is successful; and if she will make a statement on the matter. [15632/05]

**Minister for Agriculture and Food (Mary Coughlan):** An application for consideration under the *force majeure*-exceptional circumstances measure of the single payment regulations was submitted by the person named in early February 2004. The person named has been notified that the circumstances outlined by her do not satisfy the criteria for *force majeure*-exceptional circumstances under Article 40 of Council Regulation (EC) No. 1782/2003.

The person named has been advised that she can appeal this decision to the independent single payment appeals committee who will carry out a full review of the circumstances outlined. No such appeal has been received to date.

The person named also submitted an application to the 2005 single payment scheme national reserve under category B which caters for farmers who made investments in production capacity between 1 January 2000 and 19 October 2003.

My Department is at present processing in excess of 16,500 applications already received and the closing date for receipt of completed applications has been extended to 16 May 2005. In view of the number of applications received and the documentation submitted, it will be some time before a decision is reached on whether the person named is entitled to an allocation from the reserve. The person named will be notified of the outcome as soon as all applications are processed.

234. **Mr. Crawford** asked the Minister for Agriculture and Food when a person (details supplied) in County Monaghan will receive the balance of cattle premiums and any other moneys due to them under the headage or premium area. [15635/05]

**Minister for Agriculture and Food (Mary Coughlan):** The person named has received his full entitlement under the 2004 area based compensatory allowance scheme.

The person named lodged three applications under the 2004 special beef premium scheme, in respect of a total of 28 animals. The first application, in respect of 23 animals, was lodged on 28 May 2004, the second application, in respect of

four animals, was lodged on 6 December 2004 and the third application, in respect of one animal, lodged on 20 December 2004.

The 60% advance payment of €2,070.00, in respect of the first application, issued on 18 October 2004. Having been selected by the computer based risk analysis programme, the herd was the subject of a field inspection, which was carried out on 17 February 2005. The inspection results having been finalised on 22 April 2005, the outstanding payment will issue in the coming days, that is, the 60% advance payments in respect of the second and third applications, together with the interim balancing payments for the three applications.

Two animals eligible under the 2004 slaughter premium scheme were slaughtered under the herd number of the person named. The 60% advance payment of €96.00 issued on 20 October 2004. The balancing payment due will issue immediately following the special beef premium scheme payments mentioned above.

235. **Mr. Kehoe** asked the Minister for Agriculture and Food further to an appeal in 2003 made by a person (details supplied) in County Wexford, if this case will be reinvestigated; and if she will make a statement on the matter. [15637/05]

**Minister for Agriculture and Food (Mary Coughlan):** This appeal was received in the agriculture appeals office on 27 May 2004 and the appeals officer issued a decision on 13 August 2004 to disallow the appeal. The decision of the appeals officer is final and conclusive, except in the following circumstances: an appeals officer may change a decision where there is new evidence, new facts or a relevant change in circumstances but the appeals officer considers that no new evidence has been provided that would warrant a change in the decision; the director of agriculture appeals may revise a decision where there has been a mistake made in relation to the law or the facts of the case, but the director has reviewed the file and is satisfied that there are no grounds for revising the decision of the appeals officer; and a case may be appealed to the High Court on a point of law.

#### **Farm Retirement Scheme.**

236. **Mr. O'Shea** asked the Minister for Agriculture and Food her proposals to meet the difficulty of a person (details supplied) in County Waterford and other persons regarding the early retirement scheme in farming, particularly in relation to the single payment scheme, *force majeure* and exceptional circumstances (details supplied); and if she will make a statement on the matter. [16003/05]

**Minister for Agriculture and Food (Mary Coughlan):** My Department has been aware,

from an early stage in the negotiations leading to the introduction of the single payment scheme, of the possible implications for retired farmers who had leased their holdings during the reference years 2000 to 2002. In so far as it has proved possible in the context of the EU regulations governing the single payment scheme, and following lengthy discussions with the European Commission, provision has been made under the rules of the single payment scheme to address some of the concerns of retired farmers.

The person named retired from farming in 1994 and was a participant in the scheme of early retirement from farming from May 1994 until September 2000 when he reached 70 years of age. As he had retired before the reference period, he is not in a position to claim entitlements under the single payment scheme. However, a concession agreed with the European Commission will allow family members who take over a holding that was leased to third parties during the reference period to have access to entitlements from the national reserve. This will benefit the family members of retired farmers who decide to take up farming.

The person named applied under the *force majeure* measure of the single payment scheme but as he did not apply for any direct payments during the reference period 2000-02, or during the alternative reference period of 1997-99, the provisions of the EU regulations in relation to *force majeure* do not apply to this case. He subsequently submitted an appeal to the independent single payments appeals committee and following a full examination of the circumstances outlined in the appeal, the single payments appeals committee made a recommendation that the original decision taken by my Department should be upheld. The person named has been notified of this decision.

#### **Coroners Service.**

237. **Dr. Cowley** asked the Minister for Justice, Equality and Law Reform his views on whether a penalty of €6.35 is a grossly inadequate penalty for a person who refuses to attend a Coroner's Court when summonsed to do so; her further views on whether such action requires urgent reform of the Coroners Act; and if he will make a statement on the matter. [15239/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** I refer the Deputy to my response to Questions Nos. 81, 96, 137 and 743 of 12 April 2005. The position has not changed.

#### **Youth Diversion Project.**

238. **Mr. Deenihan** asked the Minister for Justice, Equality and Law Reform if he will approve and provide funding for youth diversion project for the Mitchels area, Tralee, County

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Kerry; and if he will make a statement on the matter. [15604/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** Garda youth diversion projects are a community-based, multi-agency crime prevention initiative which seek to divert young persons from becoming involved — or further involved — in anti-social or criminal behaviour by providing suitable activities to facilitate personal development, promote civic responsibility and improve long-term employability prospects. By doing so, the projects also contribute to improving the quality of life within communities and enhancing Garda-community relations.

The number of projects has grown from 12 in 1997 to 64 at present, a process made possible, in part, by funding under the National Development Plan 2000 — 2006. A budget of €5.471 million has been provided for the Garda youth diversion projects and local drugs task force projects in 2005. There are currently two Garda youth diversion projects operating in County Kerry, the Connect 7-Just Us project and the BAPADE project.

I am committed to the continuing development and, as resources permit, the expansion of Garda youth diversion projects. Proposals made by the Garda Síochána to my Department on establishing further projects are examined within the context of available resources. All applications relating to the establishment of further projects should follow the establishment process as set out in the Garda youth diversion project guidelines which I launched in 2003. The 11 establishment guidelines give a clear structure to the application process from the initial expression of interest to the final submission of the proposal and cover issues such as the pre-establishment phase, consultation, memorandum of understanding, legal structure, coordinator's job description and catchment area.

It is expected that the amount allocated in 2005 will be required to meet the funding needs of the projects currently in operation. However, the possibility of funding further projects in light of prevailing budgetary conditions remains, and in this context the application for the project referred to by the Deputy will be kept under review.

#### Courts Service.

239. **Mr. J. O'Keefe** asked the Minister for Justice, Equality and Law Reform the steps being taken to avoid exposing the State to possible action before the European Court of Human Rights due to failure by a judge to deliver a reserved judgement in view of the fact that there have been four cases in recent years in which the State was sued over delays in issuing reserved judgements. [15606/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** As the Deputy will appreciate, the courts are, subject only to the Constitution and the law, independent in the exercise of their judicial functions. It is not therefore open to me to comment or intervene in any way in relation to how a particular case is being conducted, which is entirely a matter for the presiding judge.

With regard to the general issue of reserved judgments, the Deputy will be aware that I recently signed the Courts and Court Officers Act 2002 (Register of Reserved Judgments) Regulations 2005, which came into effect on 31 March 2005. These regulations provide for the establishment and maintenance on computer by the Courts Service of a register of the judgments reserved by the Supreme Court, the High Court, the Circuit Court and the District Court. They set out where the various parts of the register are to be kept, the arrangements for getting a copy of an entry in the register and other relevant matters.

I am informed that every effort is being made to afford judges time to prepare reserved judgments within acceptable time periods.

#### Crime Levels.

240. **Mr. Gregory** asked the Minister for Justice, Equality and Law Reform the number of house break-ins in an area (details supplied) in Dublin 7 to date in 2005; the number of persons charged to date; and if he will make a statement on the matter. [15643/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** I wish to advise the Deputy that it has not been possible to compile the information requested in the timeframe allowed. I will arrange for the information to be forwarded directly to the Deputy at the earliest possible opportunity.

#### Criminal Prosecutions.

241. **Mr. Gregory** asked the Minister for Justice, Equality and Law Reform the number of persons charged to date in relation to the ongoing serious anti-social behaviour at the new senior citizen scheme (details supplied) in Dublin 7; and if he will make a statement on the matter. [15644/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** I am informed by the Garda authorities that there have been two persons arrested since January 2005 directly related to public order incidents at the location referred to by the Deputy. Both persons are being dealt with under the juvenile diversion programme.

I am further informed by the Garda authorities that a new development for senior citizens is under construction at the complex. On completion the entire site will be surveyed by the divisional crime prevention officer to ensure that

access to the complex will be made more difficult for non-residents.

### Crime Levels.

242. **Mr. Gregory** asked the Minister for Justice, Equality and Law Reform if there has been a recent upsurge in street prostitution in a residential area (details supplied) in Dublin 7; and if he will make a statement on the matter. [15647/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** I am informed by the Garda authorities that there has been no recent upsurge in street prostitution in the area referred to by the Deputy.

I am further informed by the Garda authorities that all gardaí at the Bridewell Garda station have been briefed on this matter and are aware of the concerns of residents in the area. In addition to normal patrols there are two plain-clothes gardaí specifically assigned to deal with this activity.

### Citizen Applications.

243. **Mr. G. Mitchell** asked the Minister for Justice, Equality and Law Reform when a decision on an application for family reunification will be made in the case of a person (details supplied) in Dublin 12; if this person will be considered for citizenship; and if he will make a statement on the matter. [15648/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** The person referred to by the Deputy was admitted to the State in December 2001 as a programme refugee. His wife arrived in the State in 2003. I can confirm that the visa applications in relation to his wife's family have been received in my Department. She has been requested to provide further documentation and information in support of the applications and on receipt of same a decision will be reached.

An application for a certificate of naturalisation was received in July 2003 from the person referred to by the Deputy. That application is in the final stages of processing and will be submitted to me for a decision in the coming weeks. I will advise the Deputy and person concerned as soon as I have reached a decision in the matter.

### Equal Rights Issues.

244. **Mr. Kehoe** asked the Minister for Justice, Equality and Law Reform the rights which fathers have in seeking sole custody or full time care of a child who has been physically and emotionally abused by their mother; if he plans to make changes to family law to ensure equal rights in terms of caring for children in the case of fathers; and if he will make a statement on the matter. [15672/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** In a case of alleged physical and emotional abuse by the mother of a child, it is open to the father to apply to the court for custody of the child. It is also open to a father to apply to the court, under the Domestic Violence Act 1996 as amended by the Domestic Violence (Amendment) Act 2002, for a barring order or a protection order against the mother.

Married parents living together are joint guardians and custodians of their child. If they separate, the custody is normally with the parent with whom the child primarily resides but the other parent still remains a guardian. Under section 6A of the Guardianship of Infants Act 1964, as inserted by section 12 of the Status of Children Act 1987, an unmarried father may apply to the court to be appointed a guardian of his child. Alternatively, where there is agreement between the parents, they can make a statutory declaration under section 2(4) of the Guardianship of Infants Act, as inserted by section 4 of the Children Act 1997, conferring on the father the status of guardian. Under section 11 of the 1964 Act, a guardian may apply to the court for its direction on any question affecting the welfare of the child — “welfare” in relation to a child is defined in section 2 of the Act of 1964, by way of amendment in the Act of 1997, and comprises the religious, moral, intellectual, physical and social welfare of the child. Examples of such proceedings are applications for custody and access orders. In making such orders and in determining, say, whether an unmarried father should be appointed guardian, the court has to regard the welfare of the child as the first and paramount consideration. Where appropriate and practicable, the court in making any order takes into account the child's wishes in the matter having regard to the age and understanding of the child. In considering whether to make an order under section 6A or 11 the court is directed — under provision in the Act of 1997 — to have regard to whether the child's best interests would be served by maintaining personal relations and direct contact with both his or her father and mother on a regular basis.

The Act of 1964, by way of amendment in the Act of 1997, encourages parties to a dispute in relation to a child to agree on the custody or guardianship of or access to a child. Prior to institution of proceedings the legal representatives of the parties must discuss with them the possibility of agreement. The court may adjourn any proceedings to assist agreement between the parties.

These legislative provisions are extensive. They permit the court in cases of disagreement to decide on arrangements for the child's care and upbringing having regard to the child's best interests. I am aware of the concerns of non-custodial parents regarding custody and access rights and the issue of enforcement. Operation of the

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law in this whole area is being kept under review in my Department.

### Visa Applications.

245. **Mr. Wall** asked the Minister for Justice, Equality and Law Reform the reason correspondence in relation to a visa has been forwarded to a person (details supplied) in County Kildare in view of the fact that they made an application for naturalisation; and if he will make a statement on the matter. [15675/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** I have been unable to trace any recent correspondence in relation to a visa concerning the person or any family members of the person named by the Deputy.

The visa reference numbers quoted by the Deputy numbers 1229469 and 1229470 relate to applications made in August 2003. Formal notification regarding refusal of these applications issued to Abuja on 5 September 2003. The reasons for refusal of the visas issued by post to the address provided on the visa application forms on 15 May 2004. No appeal was received in connection with these refusals.

It is open to the applicants to make fresh applications. Any such applications should include up to date supporting documentation.

### Crime Levels.

246. **Mr. G. Mitchell** asked the Minister for Justice, Equality and Law Reform the crime statistics for the Rathmines Garda station area, Dublin, for each of the years between 1997 and 2004; the personnel strength by rank for each of these years; and if he will make a statement on the matter. [15688/05]

247. **Mr. G. Mitchell** asked the Minister for Justice, Equality and Law Reform the crime statistics for the Donnybrook Garda station area, Dublin for each of the years between 1997 and 2004; the personnel strength by rank for each of these years; and if he will make a statement on the matter. [15689/05]

248. **Mr. G. Mitchell** asked the Minister for Justice, Equality and Law Reform the crime statistics for the Irishtown Garda station area, Dublin for each of the years between 1997 and 2004; the personnel strength by rank for each of these years. [15690/05]

249. **Mr. G. Mitchell** asked the Minister for Justice, Equality and Law Reform the crime statistics for the Harcourt Terrace Garda station area, Dublin for each of the years between 1997 and 2004; the personnel strength by rank for each of these years. [15691/05]

250. **Mr. G. Mitchell** asked the Minister for Justice, Equality and Law Reform the crime

statistics for the Pearse Street Garda station area, Dublin for each of the years between 1997 and 2004; the personnel strength by rank for each of these years. [15692/05]

**Minister for Justice, Equality and Law Reform (Mr. McDowell):** I propose to take Questions Nos. 246 to 250, inclusive, together.

On becoming Minister for Justice, Equality and Law Reform, I arranged for the publication of headline crime statistics on a quarterly basis in order to improve the quality of information available to the public. While caution should be exercised in interpreting levels of crime between quarters, I am pleased to note that during my term of office as Minister, the quarterly crime rate has decreased from 6.7 per 1,000 population to six per 1,000 over the longer period of eleven quarters for which figures are available. This trend is reflected throughout most Garda districts in the country. In interpreting these figures, account has also to be taken of the introduction of the new PULSE computer system by the Garda Síochána in 1999, which led to more complete and comprehensive recording of crimes reported than was previously the case. The Deputy will also wish to be aware that, taking into account the significant increase in our population since 1995, the headline crime rate has fallen from 29 per 1,000 population in 1995 to 25 per 1,000 population in 2004.

The following tables show the headline offences, for the years 2000 to 2004 inclusive, for the Terenure Garda district which covers the Rathmines area, the Pearse Street Garda district, which covers the Harcourt Terrace area, and the Donnybrook Garda district which covers the Irishtown area. Comparable figures for the years 1997 to 1999 are not available.

I am informed by the Garda authorities that the personnel strength by rank for each of the Garda stations requested by the Deputy is set out on the attached tables. The number of Garda personnel assigned to each station, together with overall policing arrangements and operational strategy, is continually monitored and reviewed. Such monitoring ensures that optimum use is made of Garda resources, and the best possible Garda service is provided to the general public. In this regard, I should like to mention that in addition to the specific resources available to above stations, there has also been a considerable increase since 1997 in the number of gardaí serving in National units which are available to all the stations in the DMR. Specialist Garda units such as the Garda National Drug Unit, the National Bureau of Criminal Investigation, the Criminal Assets Bureau and the Garda Bureau of Fraud Investigation operating under the assistant commissioner in charge of national support services has enabled the Garda Síochána to tackle serious crime effectively. These specialist units work very closely with Garda operating at district and divisional level.

In regard to Garda resources generally, I am very pleased that the Government has approved my proposal to increase the strength of the Garda Síochána to 14,000 members on a phased basis, in line with the An Agreed Programme for Government commitment in this regard. This is a key commitment in the programme for Government, and its implementation will significantly strengthen the operational capacity of the Force.

The Commissioner will be drawing up plans on how best to distribute and manage these additional resources. Clearly, the additional

resources will be targeted at the areas of greatest need, as is envisaged in the programme for Government. The programme identifies in particular areas with a significant drugs problem and a large number of public order offences, but it will be possible to address other priorities as well, such as the need to very significantly increase the number of gardaí allocated to traffic duties as part of the new Garda Traffic Corps. I have already promised that the additional gardaí will not be put on administrative duties. They will be put directly into frontline, operational, high-visibility policing. They will have a real impact.

Table 1

Headline Offences Recorded and Detected for Terenure Garda District from 2000 to 2004\*

| Year            | 2000  |     | 2001  |     | 2002  |     | 2003  |     | 2004* |     |
|-----------------|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
|                 | Rec   | Dec |
| Homicide        | 2     | 1   | 0     | 0   | 0     | 0   | 1     | 1   | 0     | 0   |
| Assault         | 20    | 12  | 35    | 21  | 56    | 25  | 68    | 45  | 43    | 25  |
| Sexual Offences | 11    | 3   | 15    | 4   | 32    | 14  | 42    | 26  | 26    | 10  |
| Arson           | 12    | 2   | 14    | 0   | 14    | 2   | 17    | 1   | 31    | 5   |
| Drugs           | 11    | 11  | 13    | 13  | 14    | 14  | 21    | 21  | 18    | 18  |
| Thefts          | 840   | 191 | 834   | 240 | 911   | 267 | 874   | 253 | 854   | 187 |
| Burglary        | 684   | 189 | 675   | 235 | 722   | 92  | 782   | 100 | 727   | 64  |
| Robbery         | 59    | 30  | 50    | 19  | 65    | 16  | 71    | 20  | 55    | 18  |
| Fraud           | 14    | 5   | 29    | 20  | 53    | 37  | 22    | 11  | 44    | 27  |
| Other           | 4     | 3   | 10    | 5   | 12    | 9   | 7     | 2   | 11    | 6   |
| Total           | 1,657 | 447 | 1,675 | 557 | 1,879 | 476 | 1,905 | 480 | 1,809 | 360 |

\*Statistics for 2004 are provisional/operational and liable to change.

Table 2

Headline Offences Recorded and Detected for Pearse Street Garda District from 2000 to 2004\*

| Year            | 2000  |       | 2001  |       | 2002  |       | 2003  |       | 2004* |       |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|                 | Rec   | Dec   |
| Homicide        | 0     | 0     | 1     | 1     | 2     | 2     | 2     | 1     | 4     | 1     |
| Assault         | 54    | 25    | 115   | 76    | 212   | 141   | 171   | 89    | 145   | 70    |
| Sexual Offences | 24    | 19    | 62    | 53    | 119   | 103   | 41    | 21    | 28    | 8     |
| Arson           | 17    | 3     | 15    | 1     | 13    | 2     | 12    | 2     | 12    | 2     |
| Drugs           | 71    | 71    | 75    | 75    | 128   | 128   | 145   | 145   | 179   | 179   |
| Thefts          | 4,639 | 1,418 | 4,747 | 1,741 | 5,471 | 1,867 | 4,819 | 1,455 | 4,029 | 1,268 |
| Burglary        | 661   | 266   | 673   | 259   | 557   | 170   | 726   | 138   | 583   | 109   |
| Robbery         | 256   | 99    | 266   | 95    | 282   | 99    | 240   | 69    | 183   | 67    |
| Fraud           | 76    | 52    | 130   | 93    | 193   | 148   | 162   | 125   | 115   | 59    |
| Other           | 11    | 9     | 17    | 12    | 22    | 19    | 26    | 21    | 16    | 6     |
| Total           | 5,809 | 1,962 | 6,101 | 2,406 | 6,999 | 2,679 | 6,344 | 2,066 | 5,294 | 1,769 |

\*Statistics for 2004 are provisional/operational and liable to change.

Table 3

Headline Offences Recorded and Detected for Donnybrook Garda District from 2000 to 2004\*

| Year            | 2000  |     | 2001  |     | 2002  |     | 2003  |     | 2004* |     |
|-----------------|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
|                 | Rec   | Dec |
| Homicide        | 1     | 1   | 0     | 0   | 1     | 1   | 1     | 1   | 2     | 1   |
| Assault         | 13    | 11  | 38    | 30  | 37    | 31  | 25    | 22  | 35    | 21  |
| Sexual Offences | 19    | 19  | 32    | 26  | 47    | 40  | 37    | 31  | 23    | 15  |
| Arson           | 10    | 0   | 8     | 1   | 10    | 1   | 12    | 5   | 20    | 9   |
| Drugs           | 3     | 3   | 17    | 17  | 14    | 14  | 17    | 17  | 6     | 6   |
| Thefts          | 977   | 274 | 926   | 342 | 1,074 | 310 | 1,067 | 233 | 1,046 | 198 |
| Burglary        | 434   | 241 | 492   | 239 | 549   | 166 | 692   | 230 | 663   | 99  |
| Robbery         | 43    | 25  | 64    | 33  | 50    | 23  | 75    | 38  | 54    | 27  |
| Fraud           | 18    | 15  | 47    | 27  | 128   | 95  | 38    | 26  | 46    | 36  |
| Other           | 2     | 2   | 11    | 6   | 27    | 26  | 20    | 13  | 14    | 7   |
| Total           | 1,520 | 591 | 1,635 | 721 | 1,937 | 707 | 1,984 | 616 | 1,909 | 419 |

\*Statistics for 2004 are provisional/operational and liable to change.

Table 4

Personnel strength of Rathmines Garda Station for the years 1997 to 2004.

| Year | Superintendent | Inspector | Sergeant | Garda |
|------|----------------|-----------|----------|-------|
| 1997 | 1              | 5         | 11       | 73    |
| 1998 | 1              | 5         | 11       | 73    |
| 1999 | 0              | 1         | 10       | 65    |
| 2000 | 0              | 1         | 9        | 69    |
| 2001 | 0              | 1         | 10       | 70    |
| 2002 | 0              | 1         | 8        | 58    |
| 2003 | 0              | 1         | 8        | 62    |
| 2004 | 0              | 1         | 9        | 62    |

Table 5

Personnel strength of Pearse Street Garda Station for the years 1997 to 2004.

| Year | Chief Superintendent | Superintendent | Inspector | Sergeant | Garda |
|------|----------------------|----------------|-----------|----------|-------|
| 1997 | 2                    | 1              | 8         | 29       | 191   |
| 1998 | 1                    | 2              | 7         | 28       | 177   |
| 1999 | 1                    | 2              | 9         | 24       | 179   |
| 2000 | 1                    | 2              | 9         | 26       | 183   |
| 2001 | 1                    | 2              | 8         | 26       | 179   |
| 2002 | 1                    | 2              | 8         | 24       | 179   |
| 2003 | 1                    | 2              | 6         | 27       | 202   |
| 2004 | 1                    | 2              | 7         | 28       | 214   |

Table 6

Personnel strength of Donnybrook Garda Station for the years 1997 to 2004.

| Year | Superintendent | Inspector | Sergeant | Garda |
|------|----------------|-----------|----------|-------|
| 1997 | 1              | 4         | 14       | 107   |
| 1998 | 1              | 4         | 17       | 107   |
| 1999 | 1              | 4         | 15       | 106   |

| Year | Superintendent | Inspector | Sergeant | Garda |
|------|----------------|-----------|----------|-------|
| 2000 | 1              | 3         | 15       | 101   |
| 2001 | 2              | 3         | 14       | 97    |
| 2002 | 1              | 4         | 15       | 94    |
| 2003 | 1              | 4         | 16       | 102   |
| 2004 | 1              | 4         | 15       | 105   |

Table 7

Personnel strength of Harcourt Terrace Garda Station for the years 1997 to 2004.

| Year | Superintendent | Inspector | Sergeant | Garda |
|------|----------------|-----------|----------|-------|
| 1997 | 0              | 0         | 12       | 79    |
| 1998 | 0              | 0         | 13       | 80    |
| 1999 | 0              | 0         | 12       | 72    |
| 2000 | 0              | 1         | 10       | 73    |
| 2001 | 0              | 1         | 9        | 70    |
| 2002 | 0              | 1         | 10       | 68    |
| 2003 | 0              | 1         | 9        | 65    |
| 2004 | 0              | 1         | 9        | 67    |

Table 8

Personnel strength of Irishtown Garda Station for the years 1997 to 2004.

| Year | Superintendent | Inspector | Sergeant | Garda |
|------|----------------|-----------|----------|-------|
| 1997 | 0              | 1         | 9        | 50    |
| 1998 | 0              | 1         | 11       | 47    |
| 1999 | 0              | 1         | 9        | 47    |
| 2000 | 0              | 1         | 9        | 49    |
| 2001 | 0              | 1         | 10       | 43    |
| 2002 | 0              | 0         | 10       | 39    |
| 2003 | 0              | 1         | 8        | 46    |
| 2004 | 0              | 1         | 8        | 48    |

### School Staffing.

251. **Ms Harkin** asked the Minister for Education and Science the service which will be put in place to replace resource teaching hours for a person (details supplied) in County Leitrim from September 2005. [15509/05]

**Minister for Education and Science (Ms Hanafin):** The review of the general allocation system has now been completed. The new model replaces that which was notified to schools in June 2004, which has been reviewed to take account of difficulties that it may have caused for smaller schools.

I confirm that 660 additional special needs teaching posts will be put in place in primary schools from next September to facilitate the implementation of the new general allocation system.

The introduction of this new system will involve the provision of an estimated additional 340 permanent posts in primary schools from September next. A further 320 posts are being provided on a temporary basis to facilitate the

transition to the new system and to ensure continuity of service for children who have previously been given an individual allocation until those children leave the primary school system.

My Department is now devising school clusters in respect of allocations to be made under the general allocation system. These will be notified to schools shortly along with the details of each school's individual allocation. My Department is also finalising a circular for schools which will contain detailed information on how the new system will operate. This circular will issue before the end of the school year.

### School Transport.

252. **Ms B. Moynihan-Cronin** asked the Minister for Education and Science the way in which catchment areas for school bus transport for secondary schools are drawn up and decided; and if she will make a statement on the matter. [15539/05]

**Minister for Education and Science (Ms Hanafin):** In the interest of rational arrangements

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for the purposes of educational provision, the country is divided into catchment areas, each of which has its own post-primary education centre. These areas were drawn up in the late 1960s in the context of the free education scheme. The catchment boundaries were determined following consultation with local educational interests and the intention was that certain primary schools would feed exclusively into each post primary centre. A relatively small number of primary schools are shared between two or more centres. My Department provides resources to meet the educational needs of an area on this basis.

Recognised post-primary pupils who live at least 4.8 kilometres from the post-primary centre of the catchment area in which they reside are eligible for transport under the scheme to that centre.

Eligible pupils who wish to attend a post-primary centre other than their appropriate one may be allowed transport from within the catchment boundary of the centre being attended, subject to there being spare accommodation available on the service and provided that no additional State cost is incurred.

253. **Mr. N. O’Keeffe** asked the Minister for Education and Science if she has received a report from Bus Éireann in relation to a school bus route (details supplied). [15540/05]

**Minister for Education and Science (Ms Hanafin):** My Department has requested Bus Éireann to clarify certain matters regarding this case. The Deputy will be advised of the position, as soon as possible.

#### Youth Services.

254. **Mr. N. O’Keeffe** asked the Minister for Education and Science if she will make the necessary funding available to a project (details supplied) in County Cork. [15541/05]

**Minister for Education and Science (Ms Hanafin):** A request for funding under the special projects for youth scheme has been received in my Department on behalf of the project referred to by the Deputy. My Department is at present giving consideration to this request and to other applications made for youth work funding in 2005, having regard to available financial resources. A decision regarding funding will be given as soon as possible.

#### School Staffing.

255. **Mr. O’Dowd** asked the Minister for Education and Science the assistance her Department will offer to a person (details supplied) in County Louth in relation to remedial spelling at their present school; the further assistance which will be given at the post primary school of this person’s choice; and if she will make a statement on the matter. [15542/05]

**Minister for Education and Science (Ms Hanafin):** The school referred to by the Deputy currently has the services of a learning support teacher shared with one other school in the area. The professional report indicates that the pupil in question would benefit from learning support provision. In this regard, it is open to the school in question to make provision for this pupil from within existing learning support provision available in the school.

In regard to the future provision at post-primary level, all second-level schools in the free education scheme have an entitlement to an ex-quota allocation in respect of learning support teaching. The allocation to an individual school for a particular school year is determined by its enrolment at the end of the preceding September. Schools with an enrolment of 600 or more are entitled to a full post and those with an enrolment below 600 are entitled to the equivalent of one half of a post for learning support teaching.

256. **Mr. Bruton** asked the Minister for Education and Science the minimum number of non-national children that must be at a school before it obtains additional teaching support, particularly for language skills; the number of schools in which such support is made available; and if she will make a statement on the matter. [15543/05]

**Minister for Education and Science (Ms Hanafin):** Primary schools which have 14 or more non-national pupils with a significant English language deficit are entitled to an additional temporary teacher for a period of up to two years. Schools with 28 or more such pupils are entitled to two temporary teachers.

Primary schools in which between three and 13 non-English speaking non-national pupils are enrolled are eligible for grant assistance. This grant aid is intended to enable schools to take appropriate measures to improve the standard of English of non-national pupils with significant English language deficits. In the current school year, grant assistance was provided to 355 primary schools with 13 or less non-English speaking, non-national pupils. Post-primary schools which have 14 or more non-English speaking non-nationals enrolled are entitled to an additional full-time temporary teacher. Schools with 28 or more such pupils are entitled to two temporary teachers.

In the case of post-primary schools which have fewer than 14 non-national pupils with significant English language difficulties enrolled, additional hours, ranging from three hours per week in respect of one such pupil to 19.5 hours per week in respect of 13 pupils, are sanctioned.

Approximately 384 post-primary schools have been allocated hours under this scheme in the current school year.

#### School Discipline.

257. **Mr. Bruton** asked the Minister for Edu-

cation and Science the procedures in replace in respect of school expulsions; if the newly established Education Welfare Board must authorise a school expulsion, even after a decision has been taken to expel a students by the local board of management; if, as a result of the passage of the Education (Welfare) Act 2000, the ultimate power of school boards of management has been reduced or alerted in respect of school expulsions; and if she will make a statement on the matter. [15544/05]

**Minister for Education and Science (Ms Hanafin):** There is no provision in the Education (Welfare) Act 2000 requiring the National Educational Welfare Board to authorise a school expulsion. Section 24 of the Education (Welfare) Act 2000 requires schools to notify their educational welfare officer before expelling any student. The educational welfare officer concerned is then required to make all reasonable efforts to ensure that provision is made for the continued education of the student, including consulting with the school authorities, the student concerned and his or her parents. In such instances, the role of the educational welfare officer is to bring together the relevant parties to try and identify a mutually agreeable solution to provide for the education of the student concerned.

Section 24(4) requires that a student shall not be expelled from a school before the passing of 20 school days following the receipt of such a notification by the educational welfare officer. However, this requirement is without prejudice to the right of the board of management to take such other reasonable measures as it considers appropriate to ensure that good order and discipline are maintained in the school and that the safety of students is secured.

Section 23 of the Education (Welfare) Act 2000 requires all schools to have in place a code of behaviour specifying: (a) the standards of behaviour that shall be observed by each student attending the school; (b) the measures that may be taken when a student fails or refuses to observe those standards; (c) the procedures to be followed before a student may be suspended or expelled from the school concerned; (d) the grounds for removing a suspension imposed in relation to a student; and (e) the procedures to be followed relating to notification of a child's absence from school.

Under this section of the Education Welfare Act, the school principal is required, before registering a child in the school, to provide the child's parents with a copy of the code of behaviour and may, as a condition of registering the child, require his or her parents to confirm in writing that the code is acceptable to them and that they will make all reasonable efforts to ensure that the child will comply with the code.

Each board of management is responsible for formulating, in consultation with parents, a fair and efficient code of behaviour. This code should

ensure that the individuality of each child is accommodated, while acknowledging the right of each child to education in a relatively disruption free environment. This code should include provision for dealing with serious breaches of discipline and continuously disruptive pupils.

My Department has issued guidelines to boards of management to assist them in discharging their obligations in the area of school discipline. These guidelines were drawn up following consultation with representatives of management, teachers and parents, and are sufficiently flexible to allow each school authority to adapt them to suit the particular needs of the school. These guidelines lay considerable stress on the use of expulsion only as a last resort.

Section 29 of the Education Act 1998 provides for an appeal to the Secretary General of my Department where a board of management of a school or a person acting on behalf of the board refuses to enrol a student, suspends a student for a cumulative total of more than twenty days in an academic year or expels a student from the school.

At post-primary level, appeals against permanent exclusions and suspensions make up approximately one third of all appeals lodged to date. Taking the years 2003 and 2004 together, the number of appeals which progressed to a hearing before an appeals committee were decided almost two-to-one in favour of the schools position.

At primary level, the overwhelming majority of appeals under section 29 of the Education Act 1998 are against refusals to enrol rather than suspension or expulsion.

#### **School Accommodation.**

258. **Mr. Bruton** asked the Minister for Education and Science the additional teaching resources and facilities which will be made available to a school (details supplied) in Dublin 24 in connection with the unprecedented demand for school places at this school as a result of recent housing development in the area; if the local school has made known this fact to her Department; the response of her Department; and if she will make a statement on the matter. [15545/05]

**Minister for Education and Science (Ms Hanafin):** The school to which the Deputy refers has not informed the school planning section of my Department that its pre-enrolment list is over-subscribed for 2006-07 school year.

If this is the case, it will be open to the school authority to apply under the temporary accommodation scheme for the 2006-07 school year when it is announced.

In the Dublin 24 area generally, a project to increase the capacity at Ballycragh national school to 24 classrooms is one of a number of projects which I recently announced to progress through the architectural planning process. In addition to this, the school has received sanction

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for temporary accommodation to meet its immediate needs.

Also, a site for primary school purposes has been reserved in the Ballycullen area. A decision on the provision of a new school in Ballycullen will involve further consultations with the local authority regarding the likely timescale for the delivery of housing developments together with an ongoing assessment of the capacity of existing schools in the area to meet anticipated demand.

#### School Staffing.

259. **Mr. Aylward** asked the Minister for Education and Science if the staffing of a primary school (details supplied) in County Kilkenny will be reviewed. [15608/05]

**Minister for Education and Science (Ms Hanafin):** The mainstream staffing of a primary school is determined by applying the enrolment of the school on 30 September of the previous school year to a staffing schedule, agreed between my Department and the education partners.

In accordance with the staffing schedule, the staffing of the school referred to by the Deputy for the school year 2004-05 is a principal and eight mainstream class teachers based on an enrolment of 209 pupils at 30 September 2003. In addition, the school has the services of a learning support teacher.

It is expected that the staffing schedule for the 2005-06 school year will issue to all national schools this week.

According to data submitted to my Department by the board of management of the school, the enrolment on 30 September 2004 was 204 pupils. The staffing for the 2005-06 school year will be determined on the basis of this figure and in accordance with the agreed staffing schedule.

As outlined in primary circular 19/02, an independent appeals board was established to adjudicate on appeals from boards of management on mainstream staffing allocations in primary schools. The appeals board operates independently of the Minister and my Department and its decision is final. Appeals must be submitted to primary payments section, Department of Education and Science, Athlone, on the standard application form, clearly stating the criterion under which the appeal is being made, after the schedule for the 2005-06 school year has issued.

#### Higher Education Grants.

260. **Ms Shortall** asked the Minister for Education and Science the reason the Higher Education Training Awards Council does not come within the scope of the Freedom of Information Act 1997; and if she will take steps to address this matter in order to ensure transparency in the third level sector. [15609/05]

**Minister for Education and Science (Ms Hanafin):** Proposals for extending the Freedom

of Information, FOI, Acts are currently being considered in the Department of Finance.

#### Pupil-Teacher Ratio.

261. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 20 which have 30 children or more; and if she will make a statement on the matter. [15611/05]

262. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 15 which have 30 children or more; and if she will make a statement on the matter. [15612/05]

263. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 15 which have 30 children or more; and if she will make a statement on the matter. [15613/05]

264. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 15 which have 30 children or more; and if she will make a statement on the matter. [15614/05]

265. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 15 which have 30 children or more; and if she will make a statement on the matter. [15615/05]

266. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 15 which have 30 children or more; and if she will make a statement on the matter. [15616/05]

267. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 15 which have 30 children or more; and if she will make a statement on the matter. [15617/05]

268. **Ms Burton** asked the Minister for Education and Science the number of classes at a school (details supplied) in Dublin 15 which have 30 children or more; and if she will make a statement on the matter. [15618/05]

**Minister for Education and Science (Ms Hanafin):** I propose to take Questions Nos. 261 to 268, inclusive, together.

The information sought by the Deputy is not readily available for 2004-05 as my Department is still collecting and finalising data for the current school year. Data for the 2003-04 school year is provided in the table set out below. However it should be noted that this data may be out of date and not reflect the current position in these schools.

The Deputy will be aware that mainstream staffing of a primary school is determined by applying the enrolment of the school on 30 September of the previous school year to a staffing schedule, agreed between my Department

and the education partners. The system for allocating teachers to primary schools is based on ensuring an overall maximum class of 29 in each school. Where some classes in a school have class

sizes of greater than 29, it is generally because a decision has been taken at local level to use their teaching resources to have smaller numbers in other classes.

No. of Classes by Class Size (2003/04)

| PQ No.   | Roll No.        | No. Classes  |              |              |              |
|----------|-----------------|--------------|--------------|--------------|--------------|
|          |                 | 10-19 Pupils | 20-24 Pupils | 25-29 Pupils | 30-34 Pupils |
| 15611/05 | 18324C          |              | 2            | 10           | 4            |
| 15612/05 | 19601H          | 7            | 6            |              |              |
| 15613/05 | 19643A          | 1            | 5            | 4            |              |
| 15614/05 | 19435Q          |              | 3            | 11           |              |
| 15615/05 | 19470S          |              | 1            | 12           | 2            |
| 15616/05 | 19605P (Junior) | 8            | 4            | 1            |              |
|          | 19694R (Senior) | 6            | 6            |              |              |
| 15617/05 | 19505L          |              | 1            | 3            | 4            |
| 15618/05 | 19545A (Junior) | 4            | 9            |              |              |
|          | 19636D (Senior) | 6            | 3            |              |              |

#### Site Acquisitions.

269. **Ms Shortall** asked the Minister for Education and Science if she will report on progress in securing a permanent location for a school (details supplied) in Dublin 9; if her attention has been drawn to the fact that this school will have major overcrowding problems from September 2005; if she will honour the commitment given in 2002 in respect of the purchase of a suitable site which the school has identified; and if she will make a statement on the matter. [15639/05]

**Minister for Education and Science (Ms Hanafin):** The property management section of the Office of Public Works, which acts on behalf of my Department in relation to site acquisitions generally, has identified a site which could provide for the long term accommodation needs of the school referred to by the Deputy. Negotiations are ongoing regarding the acquisition of this site. However, the building of a new school on a greenfield site is only one option being considered by my Department.

A second option, which could offer a better value for money solution, is being examined as part of an overall review of the primary educational infrastructure in the area where the school is located. The purpose of this review is to ascertain the likely demand for pupil places in the medium to long term and to ensure that existing provision is maximised to meet this demand. This review, which will be completed as quickly as possible, will inform any future decision on how best to resolve the accommodation needs of the school in question.

#### Site Acquisitions.

270. **Ms O'Sullivan** asked the Minister for Education and Science the progress which has been made since her visit on 10 March 2005 in locating a suitable site for a school (details supplied); if she has made financial provision for the purchase

of a site; and if she will make a statement on the matter. [15685/05]

**Minister for Education and Science (Ms Hanafin):** The property management section of the OPW, which acts on behalf of my Department regarding site acquisitions generally, is continuing to explore the possibility of acquiring a site for the school referred to by the Deputy. While a technical report on sites in the area has been received by OPW, a number of issues identified in this report need to be pursued. Due to the commercial sensitivities of site acquisitions, it is not proposed at this stage to identify specific sites to be acquired.

271. **Ms O'Sullivan** asked the Minister for Education and Science the progress which has been made in identifying a site for a Gaelcholáiste in County Limerick; and if she will make a statement on the matter. [15686/05]

**Minister for Education and Science (Ms Hanafin):** It is my Department's policy to support the provision of all-Irish school facilities at primary and post-primary level in all areas where a demand for such provision is clearly demonstrated and no alternative exists within a reasonable distance. My Department is in receipt of a proposal from Limerick City VEC to establish a Gaelcholáiste in Limerick from September 2006 and this is under active consideration. Location is part of this consideration.

#### Overseas Missions.

272. **Mr. Timmins** asked the Minister for Defence the reason a person (details supplied) has not been selected for overseas service with the 93rd Infantry Battalion on the UN mission in Liberia; if consideration will be given for this person's inclusion; and if he will make a statement on the matter. [15511/05]

**Minister for Defence (Mr. O’Dea):** The military authorities advise that the individual in question is undergoing training under the Defence Forces trainee technician scheme. His future on this scheme is currently being reviewed arising from an assessment of his performance on the most recent phase of his training. He is not eligible for deployment overseas with 93rd Infantry Battalion, UNMIL, pending the outcome of the review into his participation in trainee technician scheme training.

#### **Air Pollution.**

273. **Mr. Durkan** asked the Minister for the Environment, Heritage and Local Government if he has studied the result of various air pollution monitors throughout County Kildare; if any trends are detectable; and if he will make a statement on the matter. [15704/05]

**Minister of State at the Department of the Environment, Heritage and Local Government (Mr. B. O’Keeffe):** Air quality assessment is a matter for the Environmental Protection Agency, EPA, and air quality management is a matter for local authorities informed by air quality measurement data. The EPA’s 2002 annual report on air quality monitoring contains details of the monitoring and assessment of national air quality. It incorporates data from all air quality monitoring stations operated by the EPA and local authorities, including monitors in County Kildare. In light of the most recent data available to them, neither the EPA nor Kildare County Council have drawn my attention to any particular air quality issue in County Kildare. I understand the EPA’s 2003 report will be published shortly and I will arrange for a copy to be placed in the Oireachtas Library. A copy of the EPA 2002 report and Kildare County Council’s annual report on ambient air quality for 2003-04 are already available in the Library.

#### **Fire Stations.**

274. **Mr. O’Shea** asked the Minister for the Environment, Heritage and Local Government the reason no allocation was made to Waterford County in the fire services capital programme 2005 in respect of fire station development projects in regard to Tallow, Dungarvan and Portlaoise which are awaiting approval; and if he will make a statement on the matter. [15598/05]

**Minister of State at the Department of the Environment, Heritage and Local Government (Mr. B. O’Keeffe):** Waterford County Council’s proposals for new fire stations at Tallow and Portlaoise, together with an extension to Dungarvan headquarters fire station, are under consideration in my Department in the context of the fire services capital programme. Having regard to the overall availability of resources under the programme it was not possible to approve additional fire station projects in Waterford this year. However, my Department has provided €2.3 mill-

ion to Waterford County Council for fire services investments since 1997, including funding for a new fire station currently under way at Ardmore.

#### **Fire Services Capital Programme.**

275. **Mr. O’Shea** asked the Minister for the Environment, Heritage and Local Government when the documentation awaiting approval in his Department since October 2004 in regard to the approval in 2004 for Waterford County Council to purchase one new fire vehicle will be dealt with; and if he will make a statement on the matter. [15599/05]

276. **Mr. O’Shea** asked the Minister for the Environment, Heritage and Local Government if, in regard to the 2005 allocation of one new class B fire appliance to Waterford County Council, he will ensure that there is no repeat of the needless delays with the processing of the 2004 new fire vehicle; and if he will make a statement on the matter. [15600/05]

**Minister of State at the Department of the Environment, Heritage and Local Government (Mr. B. O’Keeffe):** I propose to take Questions Nos. 275 and 276 together.

Waterford County Council’s tender proposal for the purchase of a new fire appliance, which was submitted to my Department on 5 January 2005, is at present the subject of correspondence with the council. On the receipt of the outstanding information a decision will issue to the council as early as possible. A further new fire appliance has been approved for the council under this year’s fire services capital programme. Subject to compliance with the relevant guidelines for the purchase of new fire appliances there should be no avoidable delay in dealing with any tender proposal submitted by the council on this matter.

#### **Water and Sewerage Schemes.**

277. **Mr. Penrose** asked the Minister for the Environment, Heritage and Local Government if he will furnish a comprehensive account of the position concerning the provision of a new modern sewerage plant for the town of Mullingar and its environs; the cost associated with it; the time-frame over which it will be constructed; and if he will make a statement on the matter. [15601/05]

**Minister for the Environment, Heritage and Local Government (Mr. Roche):** The upgrading of the Mullingar wastewater treatment plant is an element of the Mullingar sewerage scheme which is included in my Department’s water services investment programme 2004-2006 as a scheme to commence construction this year at an overall estimated cost of €66.4 million. My Department approved the preliminary report for the scheme in June 2003 and is now awaiting the submission of contract documents by Westmeath County Council. The council will be in a position to invite tenders for the scheme following my Department’s approval of the contract documents.

### Road Network.

278. **Mr. Penrose** asked the Minister for the Environment, Heritage and Local Government if he will allocate funding to carry out works on the R394 Mullingar to Castlepollard road at Taughmon, County Westmeath, as they are urgently required. [15602/05]

**Minister for the Environment, Heritage and Local Government (Mr. Roche):** The improvement of non-national roads at the location concerned is a matter for Westmeath County Council. Non-national road schemes are funded from the local authorities' own resources supplemented by grants from my Department. In 2004, my Department sought applications from road authorities for funding under the 2005 EU co-financed specific improvement grants scheme. While Westmeath County Council's application included a request for funding of €100,000 in respect of improvement works to the R394 Mullingar to Castlepollard road at Taughmon, it has not been possible to prioritise this project for funding in 2005. However, five of the eight schemes submitted by the council received an allocation from my Department in 2005. All applications submitted under this scheme were considered in my Department having regard to EU eligibility criteria, the need to prioritise projects, competing demands from other local auth-

orities and the funds available for the scheme in 2005.

My Department will again seek applications under the EU co-financed specific improvement grants scheme later this year and it will be open to the Westmeath County Council to submit a funding application for consideration under this scheme in 2006.

### Social and Affordable Housing.

279. **Mr. Bruton** asked the Minister for the Environment, Heritage and Local Government the number of persons purchasing dwellings under shared ownership both nationally and in each of the four Dublin local authorities during the period 1997 to 2005; the amount of rent subsidy awarded under the shared ownership scheme during this period; the number of applicants obtaining rent subvention; the income thresholds for qualifying for rent subvention; the income limit to qualify for a shared ownership loan; and if he will make a statement on the matter. [15684/05]

**Minister of State at the Department of the Environment, Heritage and Local Government (Mr. N. Ahern):** The number of persons who purchased dwellings under the shared ownership scheme both nationally and in each of the four Dublin local authorities during the period 1997 to 2005 and the amount of subsidy and number of households obtaining rent subsidy are set out in the following table:

| Year          | Total National | Dublin City | Fingal | Dublin South | Dun-Laoghaire Rathdown | Amount of rent subsidy paid | No. of households in receipt of ongoing rent subsidy |
|---------------|----------------|-------------|--------|--------------|------------------------|-----------------------------|--|
|               |                |             |        |              |                        | €                           |  |
| 1997          | 1,042          | 294         | 123    | 160          | 11                     | 624,973                     | 1,414  |
| 1998          | 805            | 278         | 54     | 114          | 9                      | 1,347,390                   | 1,846  |
| 1999          | 1,314          | 539         | 45     | 306          | 36                     | 1,241,882                   | 1,981  |
| 2000          | 1,190          | 463         | 42     | 249          | 40                     | 864,254                     | 1,273  |
| 2001          | 1,611          | 468         | 20     | 400          | 30                     | 1,156,776                   | 1,502  |
| 2002          | 1,686          | 577         | 6      | 144          | 27                     | 1,878,536                   | 1,602  |
| 2003          | 998            | 358         | 2      | 41           | 16                     | 1,757,979                   | 1,356  |
| 2004          | 798            | 329         | 0      | 18           | 0                      | 2,770,817                   | 2,022  |
| *1st Qtr 2005 |                |             |        |              |                        | 354,605                     | 431  |
|               | 9,444          | 3,306       | 292    | 1,432        | 169                    | 11,997,212                  | 13,427   |

\*The number of persons who purchased dwellings under the shared ownership scheme to date in 2005 is not available yet.

The qualifying income limit and the amount of rent subsidy available under the shared ownership scheme were revised in January 2002 for transactions completed on or after 1 January 2000 and are as follows:

| Household Income per annum | Mortgage/Rent Subsidy payable per annum |
|----------------------------|---|
| €13,000 and under          | €2,550                                  |
| €13,001 to €15,500         | €2,300                                  |
| €15,501 to €18,000         | €2,050                                  |

| Household Income per annum | Mortgage/Rent Subsidy payable per annum |
|----------------------------|---|
| €18,001 to €20,500         | €1,800                                  |
| €20,501 to €23,000         | €1,550                                  |
| €23,001 to €25,500         | €1,300                                  |
| Over €25,500               | Nil                                     |

I announced increases in the income limits for the shared ownership scheme in July 2004 together with an increase in the loan limit, in line with growth in average wage costs and house price inflation. The eligibility limit for applying for the

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scheme is now €36,800 for a single-income household. In the case of a two-income household, both incomes are assessed in determining eligibility on the basis of a formula whereby two and a half times the main income and once the second income cannot exceed €92,000. The terms and conditions of this scheme are being kept under review with the assistance of input, as appropriate, from the housing forum which has been charged under Sustaining Progress to review the effectiveness of all social and affordable housing programmes and in light of the NESC report was published just before the end of last year.

280. **Mr. Durkan** asked the Minister for the Environment, Heritage and Local Government the percentage of the overall affordable housing initiative announced on 4 July 2003 which is planned for Magee Barracks, Kildare town; the location of the other affordable housing initiatives which are to take place; and if he will make a statement on the matter. [15694/05]

**Minister of State at the Department of the Environment, Heritage and Local Government (Mr. N. Ahern):** I refer to the reply to Questions Nos. 456 and 457 of 10 May 2005.

The commitment under the Sustaining Progress affordable housing initiative is to increase the supply of affordable housing by 10,000 units. It is proposed that a minimum of 350 affordable housing units will be provided on the former Magee Barracks site that was made available to the initiative, which works out at 3.5% of the overall total. To date, more than 70 projects on State and local authority lands are planned, which together with the projected 2,500 housing units under Part V of the Planning and Development Acts 2000 to 2004, gives more than 10,000 housing units in total projected for delivery under the initiative. These projects are located in Clare, Cork, Dublin, Galway, Kerry, Kildare, Meath, Sligo, Waterford, Wexford and Wicklow. In addition, housing units under the Part V arrangements are under way throughout the country.