



DÍOSPÓIREACHTAÍ PARLAIMINTE
PARLIAMENTARY DEBATES

DÁIL ÉIREANN

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

Ceisteanna - Questions	2
Priority Questions	2
Hospital Services	2
Disability Grant Schemes	5
Medical Card Review	7
Health Services Provision	9
Health Service Recruitment	11
Other Questions	13
Ambulance Service	13
Hospital Acquired Infections	17
Hospital Waiting Lists	23
Message from Select Sub-Committee	24
Topical Issue Matters	24
Topical Issue Debate	25
Thalidomide Victim Compensation	25
Treatment Abroad Scheme	28
Social Welfare Code	31
Common Agricultural Policy Negotiations	33
Order of Business	45
An Bord Bia Act 1994 (Levy on Slaughtered or Exported Livestock) Order 2013: Motion	54
Health (Alteration of Criteria for Eligibility) Bill 2013: Order for Second Stage	54
Health (Alteration of Criteria for Eligibility) Bill 2013: Second Stage	55
Message from Select Committee	79
Disability Services: Motion [Private Members]	80

DÁIL ÉIREANN

Dé Céadaoin, 20 Márta 2013

Wednesday, 20 March 2013

Chuaigh an Leas-Cheann Comhairle i gceannas ar 14.30 p.m.

Paidir.
Prayer.

Ceisteanna - Questions

Priority Questions

Hospital Services

1. **Deputy Billy Kelleher** asked the Minister for Health when he will bring forward proposals on the formation of new hospital groups; and if he will make a statement on the matter. [13933/13]

Minister for Health (Deputy James Reilly): We have a large number and range of acute hospitals in Ireland, all of which are held in high esteem and used mainly by local people for the majority of their hospital care. However, the provision of modern, high quality, safe care requires increasing levels of co-operation and overarching systems of governance and communication. We know that the traditional practice of providing as many services as possible in every hospital is neither sustainable nor safe. Experience in Ireland and abroad teaches us that a co-ordinated system of care rather than a sporadic approach from hospital to hospital is clearly better for patients. The formation of Irish acute hospitals into a small number of groups, each with its own governance and management, will provide an optimum opportunity for hospital services to be configured to deliver high-quality, safe patient care in a cost-effective manner.

It was with this in mind that I appointed Professor John Higgins in June of last year to chair a strategic board on the establishment of hospital groups. I have received Professor Higgins' report, which is based on a comprehensive consultation process and contains almost 60 recommendations on the formation, management and governance of hospital groups, all of which are strongly endorsed by the strategic board. I will shortly submit this report to Government for

20 March 2013

consideration and decision on the final formation of each hospital group. I appreciate that this report and the related Government decision are anxiously awaited. However, this is the most radical and fundamental modernisation of our health system infrastructure since the State's foundation and I take very seriously my obligation to consider the report closely, to assure myself and my Cabinet colleagues that it provides a robust basis to enable timely access to a high quality and sustainable hospital service for those who need it.

The Government will decide on the initial make up of hospital groups which will be established on an administrative basis pending the legislation required to set up hospital trusts by 2015. Before these trusts are established, the composition and functioning of the groups will be reviewed and if changes prove necessary, then they will be made with Government approval when the hospital trusts are being formed.

Deputy Billy Kelleher: The public is awaiting the publication of Professor Higgins's report and its consideration by Cabinet. It should be published as soon as possible. The Government has an obligation to consider it, but why not publish the 60 recommendations highlighted by the Minister so we can have a broad discussion on them?

I listened with great interest when the Minister stated he takes his position with regard to reconfiguration of hospitals seriously. This is a first for him, because when he was in opposition he took it anything but seriously. He was reckless in his commentary on many occasions, and completely irresponsible when it came to the issue of ensuring patient safety was a priority and that reconfiguration in certain areas was necessary. We have seen this with regard to the commitments made in Roscommon and Navan which clearly have been betrayed. The reconfiguration report should be published, rather than having a political brickbat on a continual basis, and indeterminable leaks to agitate the public and gauge public opinion to see where there is resistance and least resistance, pitting hospitals, public representatives and parties against each other.

An Leas-Cheann Comhairle: A question please, Deputy.

Deputy Billy Kelleher: I want the Minister to publish the report as quickly as possible so we can have a fully informed debate. Does the Minister agree if the Government is making the decision, we can have a look at it and the Government can adjudicate on it and then make a decision based on its recommendations? The Minister should not object to the public and the Opposition having the report. Does the Minister agree with regard to previous commitments made on reconfiguration, with regard to Navan accident and emergency services and the retention of all key supports there, that the pledge being requested should be signed by all public representatives and all parties?

Deputy James Reilly: Deputy Kelleher seems to be in fine fettle today-----

Deputy Billy Kelleher: I am.

Deputy James Reilly: -----making all sorts of allegations about the past.

Deputy Billy Kelleher: Allegations?

Deputy James Reilly: Why do we not look at some of his past endeavours and those of his leader-----

Deputy Billy Kelleher: I am on about statements-----

Deputy James Reilly: I did not interrupt the Deputy.

Deputy Billy Kelleher: The Minister has accused me of allegations. That is a very serious offence.

Deputy James Reilly: It is.

Deputy Bernard J. Durkan: It is not unusual though.

Deputy James Reilly: Exactly, it is not unusual. Deputy Kelleher accused me of being reckless with regard to patient safety; I have been anything but. The issue with regard to Roscommon was a safety issue as demonstrated very clearly by HIQA. No matter what I sought to do with regard to resources, this could not be addressed so I had to take the action I did. However, I am very pleased to say this hospital's future is secure and more services are available there than when the decision was made. We now have the addition of rheumatology, plastic surgery and a sleep apnoea clinic to mention but a few of the services which were not available previously. Deputy Naughten has tabled a question and I am sure we will have more time to go into the Roscommon issue.

Since the outset my focus has been on outcomes for patients and not inputs and how many doctors, nurses or billions. My focus has been on how many patients are treated and how quickly, and how many have had to be readmitted because they were not treated correctly in the first instance. This is what I am about and we have shown we have been able to do this, even with a reduction in resources in terms of finance and personnel.

The report is the greatest shake-up of the hospital system since the foundation of the State and I will consider it closely. I do not wish to delay any longer than I must to do it properly. The big difference between this Minister for Health and a former one, who is now Deputy Kelleher's party leader, is that when I publish a report I will act on it. I will not leave it sitting on a shelf as the Deputy's leader did with I do not know how many reports.

Deputy Billy Kelleher: When he was in opposition the Minister's priority was votes, and cynically so. Whether or not he has changed is still questionable.

In the context of the Higgins report, it was said that there were discussions between Waterford Regional Hospital and South Tipperary Hospital, and that they would be linked with Cork. In addition, it was reported that Wexford Hospital and St. Luke's Hospital would be linked with Dublin hospitals. There are clearly concerns about that because there have been claims of political interference in the decision-making process. The Minister should alleviate any such concerns because there has been political interference in other health areas concerning primary care centres and the funding of hospitals.

If the report is published, we will all know exactly what it recommends and can then have a political debate on it. Until it is published, however, there will obviously be concerns because there are continual leaks. In addition, there have been huge protests in the south east concerning Waterford Regional Hospital, and there are also concerns about Navan Hospital where the accident and emergency unit has been downgraded. In the latter case, commitments were made that a new hospital would be built prior to any service reduction in Navan. In the interests of transparency this report should be published quickly so that we can have a fully informed debate on it.

20 March 2013

Deputy James Reilly: I wish to correct the record of the House. My focus, and my reason for entering politics, is patient welfare. As a practising GP, I watched in frustration the ongoing shambles of a chaotic health service that had billions of taxpayers' money poured into it with no net effect. The consequence of that was that in January 2011, a mere two years ago, we had 569 people lying on trolleys despite the previous government and the then Minister for Health stating clearly that this would be treated as a national emergency. If that was how a national emergency was to be dealt with, God help us if we had a major national emergency. Of course, we did ultimately have such an emergency because we had to give away our financial sovereignty due to the mismanagement of the previous government.

The focus here is on outcomes for patients. It is about making this a service for patients and not a self-serving system which is what we inherited from the previous government.

Disability Grant Schemes

2. **Deputy Caoimhghín Ó Caoláin** asked the Minister for Health if he will reverse the decision to cease the mobility allowance and motorised transport grant schemes until such time as an alternative scheme or schemes are put in place that is both compliant with equality legislation and provides at least equivalent support to all individuals qualifying under the said two schemes; and if he will make a statement on the matter. [14001/13]

Minister of State at the Department of Health (Deputy Kathleen Lynch): The Government is very conscious of the needs of people with a disability who require transport supports from the State and also conscious of the position of the Ombudsman that the mobility allowance and the motorised transport grant schemes are illegal in the context of the Equal Status Acts.

The Minister, Deputy Reilly, and I considered carefully the recommendations of the Ombudsman in regard to both schemes and, in particular, we looked at the potential cost of implementing the recommended changes. Any additional cost incurred by expansion of the schemes would have to be met from current expenditure and result in a reduction of front-line specialist disability, older people and mental health services for people who need them. It is clear that an extension of either scheme would create serious financial pressure on the health budget in the current climate and would be unsustainable.

Following detailed consideration of issues involved with Cabinet colleagues, the Government decided on 26 February that it is no longer possible to allow the two schemes to continue as they presently operate and to devise an alternative solution for meeting people's needs. A special review group, which is independently chaired, has been established to seek an alternative method to provide for the needs of people in a manner that does not run counter to the Equal Status Acts.

The initial phase of the group's work, which is led by the Department of Health, will concentrate on issues around mobility allowance and the motorised transport grant. Thereafter, the group will continue, under the leadership of a different Department, to look at opportunities for the enhancement of the transport options provided to the relevant persons in need.

As part of the initial phase of the review, the Health Service Executive will examine the circumstances of all those currently benefiting from the schemes to ensure the identified solutions will encompass their priority mobility needs. In addition, the Minister for Health has instructed

the HSE to contact each individual in receipt of the payments to notify them of this decision.

It is important to note that, although the Government's decision ends both schemes to new applicants with immediate effect, the payment of mobility allowance to those currently in receipt of it will continue for a period of four months following the decision. It is also important to note the decision is in no way intended to save costs and the funding involved in the two schemes of €10.6 million remains committed to meeting the priority transport needs of people with a disability.

Additional information not given on the floor of the House

In advance of the establishment of the project group, Department of Health officials met representatives of the National Federation of Voluntary Bodies, the Disability Federation of Ireland and the Irish Wheelchair Association at my request. In addition, membership of the project group, which is independently chaired, is drawn from both the statutory and non-statutory sectors. The work of the project group is being supported by the National Disability Authority and includes representatives from the Irish Wheelchair Association, the Disability Federation of Ireland, an independent service user and advocate for people with disabilities, and a retired county council manager with relevant experience. Both the Minister, Deputy Reilly, and I have instructed the project group to seek solutions across the whole of Government in order that alongside representatives from the Department of Health and the HSE, membership also includes representatives from Pobal and from the Departments of Transport, Tourism and Sport, the Environment, Community and Local Government, Social Protection and Finance.

The project group has met twice and its next meeting is scheduled for 25 March. The Government decision includes a requirement that the results of the review will be presented to the Government before any final decisions are made on future arrangements.

Deputy Caoimhghín Ó Caoláin: This issue has not been addressed in the two years since the coalition came to power. The entire focus on the mobility allowance and the motorised transport grant scheme has only come to pass again because it is out of sync with the equality legislation. No action has taken place over that two year period and there is no point in hiding behind the failures of the previous Administration. The current Government has failed to do it over two years and now, in one fell swoop, it is leaving a significantly targeted sector of people further targeted with the loss of such schemes. It is no comfort to those who would be applicants or to those who have the mobility allowance and for whom it will cease in four months time.

An Leas-Cheann Comhairle: Put a question please, Deputy.

Deputy Caoimhghín Ó Caoláin: What should have happened for this sector of people with disabilities is that an alternative should have been devised and the scheme should have been extended to accommodate this if, at whatever point, the commencement of this consideration got under way. As the Minister of State can be no less aware of the extent of the hurt and pain this has caused throughout the State, I again ask and appeal to her to withdraw this cut-off date, to give certainty to those who currently have these supports and to create a deadline for the introduction of a scheme that will serve, within a specified timeframe, all the need that exists. As this is what people need, will the Minister of State do so?

Deputy Kathleen Lynch: Members should recognise the Government is more than conscious of the effect the abolition of these two schemes will have on those who are reliant on

them. This is the reason it took the Government so long, not that it was unaware of it. The Government has been considering these two schemes since coming into office. The difficulty is they are in contravention of the Equal Status Acts and even were one to comply with this legislation, the Government also believes there are certain areas in which it will contravene the Disability Act. Consequently, it was not one but two legislative items that were involved. To a great extent, the report by the Ombudsman forced the Government's hand. This is not to suggest the Ombudsman's report was wrong. It was perfectly clear and legitimate for the Ombudsman, Ms Emily O'Reilly, to make such a report and it became clear that both schemes were operating illegally. Were the Government to extend both these schemes in the manner suggested, the Government simply could not afford it. At present, it is examining how to meet the transport needs of this group of people, but it is highly conscious of the difficulties that arise in respect of both these schemes.

Deputy Caoimhghín Ó Caoláin: It is known that the Department of Health - I will leave it as being that Department, as distinct from the two successive Governments - was aware since 2008 that these particular schemes were not in line with the Equal Status Acts. The aforementioned schemes have been akimbo since the millennium year of 2000. What has the Minister of State discovered the Department of Health to have been doing to address this issue over the years spanning the end of the previous Administration to the time the present Government took office? Was it doing anything at all to address this particular issue? It is unacceptable, and in a point I have made to the Minister of State previously, I have it to say that for people in large parts of the country in which there is extremely limited public transport, not least in my own constituency, there is no great return from the travel pass for many in circumstances such as those that obtain in rural Cavan, Monaghan and many other places throughout this State. I refer to the scenario in which she is not prepared to reverse the decision announced. Can the Minister at least tell us what might replace these schemes? Importantly, given that she has put a time frame of four months for the death of entitlement, can she give us a sense of when whatever is to replace them will come on stream?

Deputy Kathleen Lynch: In fact, the Ombudsman tells us that these schemes have been illegal for the last 13 years. That is not to put blame on anybody.

Deputy Caoimhghín Ó Caoláin: Since the millennium year.

Deputy Kathleen Lynch: We looked at alternatives but each alternative we proposed was found to be illegal on the advice of the Attorney General. The group we have put together is wide-ranging and will examine transport needs. It will meet again on 25 March. With regard to the time frame, we hope to have a proposed scheme in place to replace the schemes we have abolished. It will not be an individualised scheme. The Deputy is correct in what he said. We all know what the circumstances are. It might be okay if one lives in the middle of a city and there is a transport solution at the end of one's street, even though that is not always the case in urban areas. However, what if one lives in a very rural area? We must seriously examine how to put in place a transport scheme for people with disabilities, not a separate transport scheme just for them but a scheme that is capable of allowing people with disabilities to travel. That is the type of mainstreaming we should have been examining for the last 20 years anyway.

Medical Card Review

3. **Deputy Thomas Pringle** asked the Minister for Health the reason many elderly persons

have had their medical cards cancelled by the primary care reimbursement scheme without any notice; the steps being taken to ensure that the system prevents this happening again avoiding undue distress and cost on elderly patients; and if he will make a statement on the matter. [14090/13]

Minister of State at the Department of Health (Deputy Alex White): Under the provisions of the Health Act 1970, as amended, determination of eligibility for a medical card is the responsibility of the HSE. The HSE has produced national assessment guidelines to provide a clear framework to assist the making of reasonable, consistent and equitable decisions when assessing an applicant. These guidelines are publicly available and can be downloaded from the HSE's medical card website.

A new medical card scheme for persons aged 70 years or over was introduced with effect from 1 January 2009. Under this scheme, a person who is ordinarily resident in the State qualifies for a medical card as long as their gross income does not exceed the means test income limit. The income limit for a single person is currently €700 per week. The relevant income limit for a couple is €1,400 per week.

The standard procedure for the review of medical cards for persons aged 66 years or older is that their medical card will be reviewed every four years. In the interest of fairness between medical cardholders, it is important that all people aged 70 years or over are treated in a like manner by the HSE. The primary care reimbursement office, PCRS, has confirmed that medical cards are not cancelled without notice. The PCRS notifies all medical card holders by letter three months in advance of the renewal date of their eligibility for a medical card, or when a review is due. A further reminder letter is sent to card holders who have failed to return their renewal form a month prior to the card expiry date. If no contact is made by a client with the central office within this period, their medical card will expire. The central office makes every effort to contact clients. In a small number of cases a client may not receive the renewal notice due to having changed address. When notified of such cases the central office extends the person's eligibility for a sufficient period to allow them to complete and submit a renewal.

Additional information not given on the floor of the House

Any medical cardholder undergoing a review for a renewed medical card, who genuinely engages with the HSE in that review, will not have their entitlement withdrawn before the review is complete, regardless of the expiry date shown on their medical card. In cases where a decision is made not to grant a medical card, the applicant will be informed of the decision and notified of their right to appeal this decision. Contact details for the appeals office are provided to them with that decision. Where a person submits an appeal to a decision not to renew a medical card within 21 days of that decision, they will retain their medical card until the appeal is decided. In conclusion, all efforts are being made to deal with the individuals properly, fairly and impartially.

Deputy Thomas Pringle: I put down this question because I have been contacted over recent months by a large number of elderly people who had their cards cancelled by the PCRS without prior notice. Indeed, when contacted, the PCRS acknowledged that the system did not send out the letters to the people concerned, and it reinstated the cards. However, this has caused huge distress for elderly people who, when seeking to renew their prescription, were told by either their GP or pharmacist they did not have a valid card. There was some type of system failure within the PCRS. It must be identified and steps must be taken to ensure the

20 March 2013

system does not allow such incidents to happen again. Elderly people should not have to go through that type of distress. They should always be notified.

Deputy Alex White: I can only agree with the Deputy that this should not occur. I ask him to relay to me details of cases where people were not notified in the manner that I have been advised is practice. I am satisfied there have been significant improvements recently in the administration of the medical cards system and primary care reimbursement system, PCRS. While it may well be the case that the system does not work at full throttle in all circumstances, I am convinced it is working very well. If the Deputy provides me with details of the specific cases he raised, I will address them.

Where someone is undergoing a review or is uncertain about the nature of the contact, it is vital that he or she engage with the service. In most, if not all, circumstances a proper resolution will be found.

Deputy Thomas Pringle: I thank the Minister of State for his response. I will arrange to have details of the relevant cases sent to him. When my office contacted the primary care reimbursement system, the medical cards of the individuals in question were reinstated as soon as it was realised that a system failure had occurred. The problem, however, is the distress caused by such failures. The system should be sufficiently robust to prevent such cases or at least minimise the number of them.

Health Services Provision

4. **Deputy Billy Kelleher** asked the Minister for Health his assessment of the new Health Service Executive regional service plans; and if he will make a statement on the matter. [13934/13]

(Deputy James Reilly): Under the Health Act 2004, the Health Service Executive must prepare a service plan and submit it to me for my approval following publication of the Estimates. The national service plan which was submitted to me in December sets out the quantum and type of health services to be provided in 2013 within the overall level of funding provided. In accordance with the Act, I approved the national service plan and laid a copy of the plan before both Houses of the Oireachtas on 9 January this year. At the end of February, the executive prepared and published its operational plan and the regional service plans which underpin the national service plan. The HSE has responsibility for the delivery of services set out in these regional plans and ensuring services are delivered within budget. The director general designate of the HSE, Mr. Tony O'Brien, has provided a full briefing on the regional service plans to the regional fora.

Deputy Billy Kelleher: When one breaks down the regional service plan, specifically in respect of the number of whole-time equivalent staff in services for older people and mental health and disability services, one finds that a significant reduction in staff numbers is envisaged. For example, in HSE west, HSE south, HSE Dublin-midlands and HSE Dublin north east, the number of whole-time equivalent staff is expected to fall by 267, 382, 446 and 277, respectively, giving a total reduction in whole-time equivalent staff of 1,372. Given that staff are under serious pressure as matters stand, does the Minister agree that further reductions in staff will result in a reduction in services? The Minister's view that fewer staff can continue to provide more care is not sustainable because one reaches a breaking or tipping point at some stage. It is evident that it will not be possible to sustain the level of service required in services

for older people and mental health and disability services with the reduced number of staff envisaged in the regional service plans.

Deputy James Reilly: A reduction in staff does not necessarily mean less service. We are seeking to reduce the cost rather than level of service provided. This policy forms part of the Government's general approach to public services. We must reduce our cost base because we became uncompetitive. We are, however, becoming more competitive and we must secure further reductions across the board. Everybody understands that we cannot continue to spend more than we raise in taxes.

There is room for major improvement in certain areas of the health service. I refer specifically to community nursing home units where we are struggling in many cases to achieve a nurse to health care assistant ratio of 1:1. The Royal College of Nursing in England has indicated the ratio should be 2.5 health care assistants per nurse. Moreover, consultants are seeing patients who could be treated by general practitioners and GPs are seeing patients who could be cared for by nurses.

3 o'clock

Nurses are looking after patients whom health care assistants could be looking after. A prime example is provided by a study conducted at St. Mary's Orthopaedic Hospital in the Deputy's county of Cork.

Deputy Billy Kelleher: Yes.

Deputy James Reilly: The study showed that, if physiotherapists were able to screen referrals to orthopaedic outpatient services, 50% of cases would not need to be seen by orthopaedic surgeons and could be dealt with by physiotherapists.

Deputy Billy Kelleher: The Minister has just reminded me of another broken promise as regards St. Mary's Orthopaedic Hospital, namely, that it would retain orthopaedic services. However, they have been moved to the South Infirmity Victoria University Hospital. However, let that be the case.

Deputy Jerry Buttimer: Did the area not get the urgent care centre, which is doing great work? Is the Deputy against it?

An Leas-Cheann Comhairle: Deputy, please. This is Question Time.

Deputy Billy Kelleher: I supported that move, but the current Government opposed it. In fact, I was the only one who supported it. I welcome the fact that the Minister came to Cork to open the urgent care centre, which is working well.

When discussing the reduction in services, it is evident that a tipping point must be reached. It has been reached with the attempt to provide the same level of service this year as last despite a reduction of 1,732 in staff numbers. Something will give at some stage. When it does, older people, people with disabilities and people with mental health issues will suffer.

Deputy James Reilly: I will make two points. First, the building and funding process in the case of St. Mary's Orthopaedic Hospital had more or less been completed by that point. It would not have made sense to start reversing the decision. We were left with something that was as good as a *fait accompli*.

20 March 2013

Deputy Billy Kelleher: I tried to tell the Minister that, but he would not listen.

Deputy James Reilly: Second, and if I may answer the Deputy's question on the reduction in staff numbers, an additional 884 new staff have been provided for mental health services.

We are reviewing the nursing home support scheme with a view to determining how the money might be better spent supporting people at home. I have no wish to engage in political point scoring, but we were left with a situation in which different criteria were used in various parts of the country to assess people's needs for long-term care. As a result, in one third of cases people need to be in nursing homes, that need is questionable in another third and, in the last third, they should definitely not be in homes.

We have invested heavily. I wish to put on record a note of gratitude for Atlantic Philanthropies, which supported us with a couple of million euro in the development of a new single assessment tool for older people to determine whether they need long-term care or what sort of home care packages might keep them at home for longer.

Health Service Recruitment

5. **Deputy Catherine Murphy** asked the Minister for Health when he intends to move forward with employing extra occupational therapists, speech and language therapists and psychological services to address the shortfall which exists in all three services; the numbers of new recruits expected to be employed; the locations that will be targeted for the deployment of new therapists; if the budget that was withdrawn in 2012 has been reinstated for 2013 in respect of same; and if he will make a statement on the matter. [14362/13]

Deputy Alex White: The Government is committed to reforming our model of delivering health care so that we can reduce the cost of achieving the best health outcomes for our citizens. The implementation of the primary care strategy continues to be a priority for the Government. The objective is to develop services in the community that will give people direct access to integrated multidisciplinary teams of general practitioners, GPs, nurses, physiotherapists, occupational therapists and others.

An allocation of €20 million was set aside in the HSE's 2012 national service plan for approximately 250 primary care posts. Due to financial constraints, however, it was not possible to fill these posts last year. This allocation of €20 million is ring-fenced in the 2013 national service plan to enable recruitment of posts to strengthen primary care services. The posts will be filled using the resource allocation model, based on deprivation and need, which was developed by the HSE's National Primary Care Office and health intelligence unit. Using this model, the HSE completed a detailed analysis of the numbers and distribution of public health nurses, registered general nurses, occupational therapists, physiotherapists and speech and language therapists. The analysis revealed considerable variation across the 17 integrated service areas, ISAs, in ratios of health care professionals to population and to population numbers in areas of high deprivation.

Based on this analysis, it proposed that, in addition to public health nurse and registered general nurse posts, the following therapy posts will be recruited to primary care teams across the four HSE regions as follows: Dublin mid-Leinster is to get 12 occupational therapists, 24 physios and 22 speech and language therapists; Dublin north east is to get nine occupational

therapists, 14 physios and 13 speech and language therapists; the south is to get 17 occupational therapists, six physios and four speech and language therapists; and the west is to get 13 occupational therapists, two physios and seven speech and language therapists. It is my firm intention, along with that of the Minister for Health, to have these posts and the public health and registered general nursing posts filled as soon as possible in 2013.

In relation to mental health, a special allocation of €35 million was provided in budget 2012 to be used primarily to further strengthen community mental health teams in both adult and children's mental health services.

A total of 414 posts, to include clinical psychologists, social workers, occupational therapists and speech and language therapists, were approved to implement the €35 million package of special measures. As at end of February, 307 posts have been filled, by which I mean an employment contract has issued and is signed with a start date agreed, and the remainder are at various stages of selection.

Additional information not given on the floor of the House

Budgetary pressures within the HSE delayed the full utilisation of this funding, but this sum is now available to mental health services along with an additional €35 million allocated in budget 2013 for the continued development of mental health services. The HSE National Service Plan 2013 commits to a number of objectives including the further development of forensics and community mental health teams for adults, children, older persons and mental health intellectual disability and to the recruitment of 477 additional staff to implement these measures.

In order to ensure that the additional resources will be used to best effect, discussions are ongoing within the HSE, and in consultation with the Department of Health, to finalise the allocation of these resources. Each HSE region is being asked to submit a business case against each of the identified objectives detailing how the funding is to be spent and the type and number of whole-time equivalents, WTEs, to be recruited. It is expected that this process will be concluded in the very near future.

My colleague, the Minister for Health, has been assured by the HSE that the recruitment process for the new mental health posts being funded in 2013 and any outstanding posts from the 414 approved in 2012 is being given priority within the HSE.

Deputy Catherine Murphy: I tabled this question because not a day goes by that someone does not come into my office or contact me by e-mail or otherwise about the deficiency of services in my area. Most of the people to whom I speak have heart-breaking stories about lobbying for services that do not exist. I welcome the fact that the money is ring-fenced for this year but the fact that it was in the budget for last year and was not spent leaves me very nervous about what will happen this year. I would have thought if the 2013 allocation is ring-fenced that we would already have begun to see people filling those posts. I could give a litany of people that indicate-----

An Leas-Cheann Comhairle: Could the Deputy ask a question please?

Deputy Catherine Murphy: I will ask a question. I could give a litany of cases that indicate the kind of problems that exist and where there is not even a waiting list. Given the ring-fencing of the money for 2013, why have those posts not been filled at this stage? What assurances can I get from the Minister that the money will go where it is intended because that

is not what happened last year?

Deputy Alex White: I understand the point raised by the Deputy, but we are proceeding with the recruitment of the posts. I have indicated that already in terms of the mental health posts for which my colleague, the Minister of State, Deputy Kathleen Lynch, has principal responsibility. The primary care posts will be filled. There is not a basis for any nervousness about the posts. I say that in good faith, straight to the Deputy through you, a Leas-Cheann Comhairle. There is no basis for nervousness and the primary care posts will be filled this year. As a sign of our intention and goodwill in that regard, one can see on the basis of the information I have just given the progress that has been made on the mental health posts. Similarly, the Deputy will see the primary care posts filled. I have been in touch with the director-designate of the HSE about the posts as recently as today. The posts are going ahead and they will be filled.

Deputy Catherine Murphy: My nervousness is based on an unwillingness to welcome the posts until I see the people physically in place. When that happens I will be the first one to welcome them because they are critically important for children given that the windows of learning opportunity must be filled at an appropriate time. I see the upshot of the posts not being filled last year by virtue of the fact that I have a stream of people coming to me about deficiencies in service. Will the posts be filled in the first half of this year? If the situation drifts into the latter half of the year I would be concerned about the way budgets can get depleted and the ring-fencing becomes unhinged.

Deputy Alex White: There will be no unhinging of any fence with regard to these posts. The Deputy is correct to raise the issue and I have no difficulty with her doing so and pressing me on it. My job is to deliver and I will deliver.

Other Questions

Ambulance Service

6. **Deputy Denis Naughten** asked the Minister for Health the progress that has been made in the Health Service Executive West region since the introduction of standardised ambulance response times; the steps being taken to improve ambulance response times in the region; the way this is to be evaluated following the non implementation of Health Information Quality Authority standards; and if he will make a statement on the matter. [13683/13]

Deputy James Reilly: Emergency response times vary significantly between regions, depending on, among other things, geography and the rural-urban mix. Despite the geographical diversity of the national ambulance service west region, improvements in emergency response times were achieved in 2012. I am informed by the national ambulance service that there has been an improvement in response times in the west from 2011 to 2012. The national ambulance service has been addressing response times through a number of measures, including the intermediate care service, ICS, for non-emergency ambulance transport such as inter-hospital transfers, thus freeing emergency vehicles for emergency calls. Almost 40 ICS staff were ap-

pointed last year, with further resources to be deployed in 2013. Other measures include the trial emergency aeromedical service, EAS, which reduces transit times, particularly in the West, and allows emergency vehicles to remain within their regions, and the national control centre reconfiguration, with one national control system on two sites, in Tallaght and Ballyshannon, for improved dispatch and response times, with regional rather than local deployment and better use of first-responder schemes. These measures, together with more effective use of existing resources, for example with improved training and better deployment through more efficient rostering, will drive the improvement of response times in every region, including the West of Ireland. This will lead to better services and better outcomes when our citizens need these services.

Deputy Denis Naughten: I am disappointed that the Minister did not give more specific information on the provision of services in the West. As he is aware, response times in the west are some of the worst in the country. Difficulties include the wide geographical spread and the lack of adequate resources. The Minister's counterpart in Northern Ireland, the Minister for Health, Social Services and Public Safety, Mr. Edwin Poots, MLA, said that 90% of people in Northern Ireland who suffer a heart attack outside hospital die. Does the Minister believe that the figures are similar here? I ask him to respond to the comments of the coroner for south Mayo, Mr. John O'Dwyer, who said that it was physically impossible and totally unachievable for patients in Mayo to be in the catheterisation lab in Galway within 90 minutes. The same would apply to heart attack sufferers in County Roscommon, especially since the closure of the accident and emergency department there.

What steps are being taken to improve the ambulance service in the region and to deal with the lack of a catheterisation lab north of the line from Galway to Dublin?

Deputy James Reilly: With respect, I am not aware of the coroner's comments and I fail to see why a patient in Mayo would not be in a catheterisation lab in Galway within 90 minutes, particularly if he or she was being transported by air ambulance. I do not have the transit times from Mayo to Galway before me but we all know that outcomes are considerably improved for those who have an ST Segment Elevation Myocardial Infraction or STEMI if they are brought to a catheterisation centre, where a stent can be inserted.

Many improvements are being put in place, some of which I have enumerated. We will continue to review and upgrade the service to meet the needs of the people on an ongoing basis.

Deputy Denis Naughten: It is a pity the Minister did not answer the question I put to him. What mechanisms are now in place to monitor ambulance response times, in light of the fact that the Minister has now stated that he is not going to comply with the HIQA criteria? I am surprised that the Minister is not aware of the coroner's comments, not only because of the extensive media coverage given to them but because I tabled a parliamentary question on that specific issue. I am disappointed that something as prominent as this has not been brought to the Minister's attention.

On the west specifically, what is the situation regarding the use of existing resources? What are the plans, for example, for the ambulance base in Tuam that is lying idle because of a lack of resources and staff to man it? Where is the long-promised and long-planned ambulance base for the communities in west Roscommon?

Deputy James Reilly: I must reject out of hand what the Deputy has just said with regard

20 March 2013

to HIQA and non-compliance. Perhaps the Deputy will set out in writing an explanation of how he forms that opinion.

Deputy Denis Naughten: Will the Minister respond to the letter?

Deputy James Reilly: I have made it very clear that we now have the technology to monitor response times and that is being used. If the Deputy requires a more comprehensive answer, I will respond to him in writing.

Deputy Denis Naughten: What about the ambulance base?

Deputy Caoimhghín Ó Caoláin: In a previous reply to a parliamentary question on current national targets for ambulance response times, the Minister indicated that the targets were being abandoned and replaced with new criteria. Could we have an update on what is happening in that regard and the process being used? Does the Minister accept that with the loss of critical services at some of our smaller hospital sites, it was advised to dependent communities that services lost would be compensated by greatly improved state-of-the-art paramedic services? The reality is far from that, however, and there are many gaps in the service. Will the Minister comment on that?

Deputy Denis Naughten: Hear, hear.

Deputy James Reilly: The Deputy is alluding to the position in Mayo and there was an incident, which has been reviewed, with the issues addressed. I know there have been six ST elevation myocardial infarction transfers from Mayo General Hospital to Galway, with the procedure successfully carried out under protocol. I reassure people that there is a service that can be trusted and depended upon.

With regard to the more general comments from Deputy Ó Caoláin, there is ongoing review and monitoring. I am in contact with Mr. Edwin Poots on a regular basis with regard to cross-Border ambulance co-operation and air ambulance co-operation in particular.

An Leas-Cheann Comhairle: Question No. 7 is in the name of Deputy Áine Collins.

Deputy James Reilly: A number of questions are being taken together.

An Leas-Cheann Comhairle: There is a grouping of questions.

Deputy Billy Kelleher: On a point of order, I object to the grouping. I have seen cynical exercises in this House. We have a case of-----

An Leas-Cheann Comhairle: I am sorry-----

Deputy Billy Kelleher: -----25 questions-----

Deputy Derek Keating: The Deputy could listen to the answer. It is because this is good news. This always happens when there is good news.

An Leas-Cheann Comhairle: Deputies-----

Deputy Billy Kelleher: It is the Deputy's first time in here at this time. It is a cynical exercise the like of which I have not seen in years.

An Leas-Cheann Comhairle: Deputies, please-----

Deputy Derek Keating: The Deputy is a disgrace.

Deputy Billy Kelleher: With the 25 questions tabled, we cannot ask questions-----

An Leas-Cheann Comhairle: The Chair is on its feet.

Deputy Billy Kelleher: There are 42 questions on waiting lists. I have seen it all.

An Leas-Cheann Comhairle: The Deputy should resume his seat or leave the House.

Deputy Billy Kelleher: It is an absolute disgrace.

Deputy Derek Keating: The Deputy is a disgrace. Let the Minister answer.

Deputy Tony McLoughlin: Come on.

An Leas-Cheann Comhairle: The Deputy should resume his seat.

Deputy Tony McLoughlin: Let the Minister answer.

Deputy Billy Kelleher: I object.

An Leas-Cheann Comhairle: I am sorry, Deputy-----

Deputy Billy Kelleher: I object to this House being abused to the extent that there are 25-

An Leas-Cheann Comhairle: Deputy Kelleher-----

Deputy Billy Kelleher: -----questions on MRSA being tabled-----

Deputy Derek Keating: What about the rest of us who tabled questions?

Deputy Billy Kelleher: I do not begrudge any Deputy tabling a question-----

An Leas-Cheann Comhairle: The Deputy should resume his seat.

Deputy Billy Kelleher: -----but these were tabled by the press office of the Department. It is a disgrace.

An Leas-Cheann Comhairle: For the last time, Deputy-----

Deputy Billy Kelleher: The Leas-Cheann Comhairle and everybody in the Chamber knows it is a disgrace.

An Leas-Cheann Comhairle: The Deputy should resume his seat. We are proceeding with the questions.

Deputy Billy Kelleher: Deputies are lined up. It is an absolute farce.

An Leas-Cheann Comhairle: Please resume your seat.

Deputy Billy Kelleher: I will not.

Deputy Caoimhghín Ó Caoláin: A Leas-Cheann Comhairle-----

20 March 2013

An Leas-Cheann Comhairle: If the Deputy does not resume his seat-----

Deputy Billy Kelleher: On a point of order-----

An Leas-Cheann Comhairle: -----I will suspend the House for five minutes.

Deputy Billy Kelleher: -----there are 42 questions on waiting lists alone. It is a sham.

Sitting suspended at 3.20 p.m. and resumed at 3.25 p.m.

Hospital Acquired Infections

7. **Deputy Áine Collins** asked the Minister for Health the measures that have been taken to tackle MRSA in Cork University Hospital; the impact of these measures; and if he will make a statement on the matter. [14273/13]

9. **Deputy Andrew Doyle** asked the Minister for Health the measures that have been taken to tackle MRSA in Tallaght Hospital, Dublin 24; the impact of these measures; and if he will make a statement on the matter. [14315/13]

27. **Deputy Paul J. Connaughton** asked the Minister for Health the measures that have been taken to tackle MRSA in Portiuncula Hospital, Ballinasloe, County Galway; the impact of these measures; and if he will make a statement on the matter. [14331/13]

35. **Deputy Joe Carey** asked the Minister for Health the measures that have been taken to tackle MRSA in Mid-Western Regional Hospital, Ennis, County Clare; the impact of these measures; and if he will make a statement on the matter. [14332/13]

36. **Deputy Peter Mathews** asked the Minister for Health the measures that have been taken to tackle MRSA in Our Lady's Children's Hospital, Crumlin, Dublin; the impact of these measures; and if he will make a statement on the matter. [14328/13]

50. **Deputy Nicky McFadden** asked the Minister for Health the measures that have been taken to tackle MRSA in Midland Regional Hospital, Mullingar, County Westmeath; the impact of these measures; and if he will make a statement on the matter. [14284/13]

56. **Deputy Brendan Griffin** asked the Minister for Health the measures that have been taken to tackle MRSA in Kerry General Hospital; the impact of these measures; and if he will make a statement on the matter. [14336/13]

58. **Deputy Noel Harrington** asked the Minister for Health the measures that have been taken to tackle MRSA in Mercy University Hospital, Cork; the impact of these measures; and if he will make a statement on the matter. [14277/13]

65. **Deputy Pat Breen** asked the Minister for Health the measures that have been taken to tackle MRSA nationally; the impact of these measures; and if he will make a statement on the matter. [14261/13]

69. **Deputy Eoghan Murphy** asked the Minister for Health the measures that have been taken to tackle MRSA in St Vincent's University Hospital, Elm Park, Dublin 4; the impact of these measures; and if he will make a statement on the matter. [14311/13]

72. **Deputy Tom Barry** asked the Minister for Health the measures that have been taken to tackle MRSA in Mallow General Hospital, County Cork; the impact of these measures; and if he will make a statement on the matter. [14334/13]

86. **Deputy Joe McHugh** asked the Minister for Health the measures that have been taken to tackle MRSA in Letterkenny General Hospital, County Donegal; the impact of these measures; and if he will make a statement on the matter. [14338/13]

94. **Deputy Charles Flanagan** asked the Minister for Health the measures that have been taken to tackle MRSA in Midland Regional Hospital, Portlaoise, County Laois; the impact of these measures; and if he will make a statement on the matter. [14287/13]

100. **Deputy Noel Coonan** asked the Minister for Health the measures that have been taken to tackle MRSA in Mid-Western Regional Hospital, Nenagh, County Tipperary; the impact of these measures; and if he will make a statement on the matter. [14327/13]

107. **Deputy Frank Feighan** asked the Minister for Health the measures that have been taken to tackle MRSA in Sligo General Hospital; the impact of these measures; and if he will make a statement on the matter. [14303/13]

111. **Deputy Frank Feighan** asked the Minister for Health the measures that have been taken to tackle MRSA in Roscommon County Hospital; the impact of these measures; and if he will make a statement on the matter. [14335/13]

123. **Deputy John O'Mahony** asked the Minister for Health the measures that have been taken to tackle MRSA in Mayo General Hospital; the impact of these measures; and if he will make a statement on the matter. [14339/13]

127. **Deputy Liam Twomey** asked the Minister for Health the measures that have been taken to tackle MRSA in Wexford General Hospital; the impact of these measures; and if he will make a statement on the matter. [14325/13]

137. **Deputy Tom Barry** asked the Minister for Health the measures that have been taken to tackle MRSA in South Infirmary-Victoria University Hospital, County Cork; the impact of these measures; and if he will make a statement on the matter. [14330/13]

146. **Deputy Anthony Lawlor** asked the Minister for Health the measures that have been taken to tackle MRSA in Naas General Hospital, County Kildare; the impact of these measures; and if he will make a statement on the matter. [14340/13]

152. **Deputy Jim Daly** asked the Minister for Health the measures that have been taken to tackle MRSA in Bantry General Hospital, County Cork; the impact of these measures; and if he will make a statement on the matter. [14265/13]

153. **Deputy Olivia Mitchell** asked the Minister for Health the measures that have been taken to tackle MRSA in Midland Regional Hospital, Tullamore, County Offaly; the impact of these measures; and if he will make a statement on the matter. [14291/13]

158. **Deputy Jim Daly** asked the Minister for Health the measures that have been taken to tackle MRSA in Waterford Regional Hospital; the impact of these measures; and if he will make a statement on the matter. [14323/13]

20 March 2013

165. **Deputy Kieran O'Donnell** asked the Minister for Health the measures that have been taken to tackle MRSA in Mid-Western Regional Hospital, Dooradoyle, County Limerick; the impact of these measures; and if he will make a statement on the matter. [14281/13]

169. **Deputy Peter Mathews** asked the Minister for Health the measures that have been taken to tackle MRSA in St James's Hospital, Dublin; the impact of these measures; and if he will make a statement on the matter. [14329/13]

Deputy Caoimhghín Ó Caoláin: I do not wish to cause any aggravation but I wish to have my view put on record. There are 91 questions in the names of Fine Gael Deputies. I would judge eight of those questions to have been written by their respective authors, the named Deputies, but 83 of them are definitely manufactured by a single hand, each of them seeking information on measures that have been taken. I do not deny anyone the right to pose a question but the consequence of this is that I, as an Opposition Deputy, will not have the opportunity to pose an oral question to the Minister during the single opportunity I have each month to hold him to account in the House. That is my solemn objection. This is indefensible and I ask the Leas-Cheann Comhairle to report this to the Ceann Comhairle. I also appeal to the Minister and, particularly, to the two Ministers of State in the Department, who are both in the Labour Party, the Members of which are not party to this which has solely and wholly emanated from Fine Gael, to address this matter so this abuse does not continue in this House.

Deputy Jerry Buttimer: As a back bench Member of this House, elected by the people, have I the right to place a question to the Minister of any Department for oral or written reply?

Deputy Billy Kelleher: They must be telepathic. Every one of the Fine Gael offices must be linked telepathically because they all wrote the same question.

An Leas-Cheann Comhairle: Every Deputy is entitled to table two questions to a Minister. That is clear.

Deputy Jerry Buttimer: I thank the Leas-Cheann Comhairle for that answer.

An Leas-Cheann Comhairle: If Deputies have issues about this, they should raise them at the Committee on Procedure and Privileges.

Deputy Róisín Shortall: It is done to avoid any accountability. He is up to his usual tricks.

Deputy James Reilly: I propose to take Questions Nos. 7, 9, 27, 35, 36, 50, 56, 58, 65, 69, 72, 86, 94, 100, 107, 111, 123, 127, 137, 146, 152, 153, 158, 165 and 169 together.

I am pleased to inform the Deputies that MRSA rates are at a six year low and I would like to assure all Deputies that the management of health care associated infections, HCAs, including MRSA, is a key patient safety issue for my Department and the Health Service Executive. A number of significant initiatives have been developed to address that important public health issue, including the HSE's national infection control plan, which was launched in 2007 and the aim of which was to reduce HCAs and to target MRSA infection and antibiotic consumption. A national surveillance system was also established by the HSE to collect data and provide information to monitor HCAs in our health system, along with the establishment of the clinical care programme for HCAs.

With regard to the prevention and spread of MRSA, it should be noted that the number of cases of MRSA has decreased steadily.

Individual hospital MRSA rates are also collected and published - annually for 2006 and 2007 and quarterly from 2008 onwards. These results provide a good benchmark for the future to enable us to measure effectively the progress of each hospital on their performance in infection prevention and control. The data can be used by individual hospitals to monitor their progress in the control of healthcare associated infections and the Health Protection Surveillance Centre's regular reports allow for public assessment of that progress. It should be noted that this data does not allow direct comparison between individual hospitals as it does not take account of differences in patient populations, clinical services provided, inter-hospital patient transfers and other differences in activity between hospitals.

Deputy Derek Keating: I presume I will get the written reply showing the figures on Tallaght Hospital in due course.

I welcome the progress and the effort the Minister and front-line staff in the hospitals have been making. I note that over the past couple of years every effort has been made to tackle this MRSA issue.

I know at first hand of the dedication of the professionals, such as nurses and doctors, who work in the health service and in infection control. However, the number of deaths, amputations, chronic infections and debilitating conditions that the MRSA has caused is devastating, especially in circumstances where it can be prevented.

An Leas-Cheann Comhairle: A question, please.

Deputy Derek Keating: I welcome the announcement today. I am looking forward to getting the figures on Tallaght Hospital which serves those in my constituency.

I say this to Deputies Kelleher and Ó Caoláin.

Deputy Billy Kelleher: Deputy Keating may say what he likes.

Deputy Derek Keating: Over the past two years, I have sat for many long hours in this House, at the Committee Stage of Bills and at Oireachtas committee meetings and listened to where members of Fianna Fáil, the Technical Group and Sinn Féin have got priority time. Often I have gone away from those meetings and Dáil sessions without having the opportunity of speaking, and I have never once complained.

An Leas-Cheann Comhairle: My only concern is that each Deputy has one minute.

Deputy Derek Keating: And I have never brought the House into disrepute.

Deputy James Reilly: I am pleased to be able to tell Deputy Keating that Tallaght Hospital's rate of MRSA has fallen, from 27 cases in 2008 to seven cases in 2012. This is a provisional figure because we must be absolutely sure.

The hospital follows national MRSA guidelines and has a comprehensive programme to reduce MRSA, including screening of patients for infection. Infection control measures include hand-hygiene, appropriate use of antibiotics, surveillance and audit of infection, and staff education and research.

Given that there is such interest from Deputy Kelleher, perhaps he would like to know the Cork University Hospital rate of MRSA has fallen, from 25 cases in 2008 to 17 cases in 2012.

20 March 2013

The infection prevention control service for Cork University Hospital is based on an internationally accepted model. Measures to minimise the spread of MRSA within Cork University Hospital include adherence to hand-hygiene protocols; detection of MRSA cases and carriers and prompt isolation of patients with MRSA to prevent and control spread; prompt decolonisation protocols; strict anti-biotic control of both systemic and topical antibiotic uses; and early discharge of patients and environmental hygiene controls. Since 2010, there has been a 20% reduction in MRSA across the country.

Deputy Derek Keating: I welcome the figures announced by the Minister on Tallaght Hospital.

Deputy Jerry Buttimer: As somebody who has not submitted a question I welcome the fact that in the city of Cork there has been a 46% reduction in MRSA cases. The significant progress we have made in Cork is something about which we should not become complacent. I believe the Minister will agree that no patient should have to endure the horror of picking up an infection in hospital. Having recently met staff in all of the Cork city hospitals on the matter, I thank the workers, the healthcare professionals and healthcare assistants, who work in the hospitals.

In light of the fact that there has been a reduction of 20% nationally, and of 46% in the case of Cork, what plans has the Department in regard to every patient having a right to feel safe in our hospitals? It is not acceptable for people to be allowed to become seriously infected as a consequence of MRSA within hospitals, as happened in the past, in some cases leading to death.

Deputy James Reilly: I thank the Deputy for his comments. In fairness to the previous Government, figures for MRSA incidence were beginning to fall after 2008. It is important that all of us in the House should reassure patients going into hospitals that they will be in a safe place and come out better than when they went in. With hospital acquired infections, sometimes that is not the case and we need to strive to do everything we can to address that. One of the main areas we need to address is the overuse of antibiotics. It often takes doctors - particularly in primary care but also in hospitals - longer to explain to people why they do not need an antibiotic than it does to prescribe it. We need to continue to strive to address that issue. We have made progress, but we need to make much more and we will continue to do that. Patient safety and outcomes must be to the fore of all our policies. As long as we do that, I do not believe we will go too far wrong.

Deputy Caoimhghín Ó Caoláin: How many new isolation beds have been introduced in hospitals in the past two years to address the issue of hospital-based infections? For several years an issue of great concern to many of us here has been the failure of hospital authorities to advise either patients or their families that they had contracted MRSA or other hospital-based infections. Can the Minister assure the House that the current practice is that the presentation of MRSA or any other hospital-based infections is advised to patients and their families so that, unlike in the past, we do not need to wait to read it on a death certificate?

Deputy James Reilly: Health care associated infection prevalence in the Republic of Ireland, at 5.2%, was lower than that reported for England at 6.4%, but higher than that reported in Scotland at 4.9%. We have made progress and have much more progress to make.

The Deputy asked about the increase in the number of single rooms or isolation rooms. I would need to delve into the system to get a comprehensive answer to that question. We have

had the advent of the new 100 bed wing at St. Vincent's Hospital and any newer hospitals or new wings being developed are all single bed en-suite rooms, which represents the way forward. Of course, the national paediatric hospital will consist of single rooms as well. In Beaumont, Cork and other areas, additional en-suite facilities have been built on, often with the help of the Cystic Fibrosis Society of Ireland, which is always very welcome.

An Leas-Cheann Comhairle: I call Deputy O'Donovan.

Deputy Caoimhghín Ó Caoláin: It is not just CF, of course.

Deputy James Reilly: I understand that.

Deputy Caoimhghín Ó Caoláin: I ask the Minister to answer the question about notifying patients and their families, which is very important.

An Leas-Cheann Comhairle: Two other Deputies are offering and I have called Deputy O'Donovan.

Deputy Patrick O'Donovan: I have previously asked the Minister about clothing policies in hospitals *vis-à-vis* the risk of the spread of infection. In the UK there is a policy of bare below the elbow and no neckties. I know some Members of this House also follow that policy. Regarding the spread of infection from patient to patient in a hospital environment, are the Department and the HSE giving consideration to this matter? Research and reports on it are mixed and varied.

Deputy Billy Kelleher: We welcome any reduction in MRSA incidence. Obviously the HIQA report did not glorify all aspects of reductions in MRSA incidence. Clearly much work needs to be done on the basics of hand hygiene and basic cleanliness in our hospitals. Rather than grandstanding and backslapping and complimenting the Minister on the reduction in MRSA incidence, we should ensure basic hand hygiene and cleanliness of our hospitals are to the fore in any policies or the review of any policies.

Deputy James Reilly: I agree with the Deputy that more work needs to be done and that we need to reinforce continually to professionals - doctors in particular - the message on hand cleaning and hygiene. The same applies to people coming into and going out of hospitals.

The issue raised by Deputy Ó Caoláin of the reporting of MRSA, including to the patient that he or she has contracted it, is an important one. I would not stand over anything else. It should be only on a very rare occasion that that would not happen. We need to move away from defensive medicine and an unwillingness to share information. As far as I am concerned, it is for this reason we need a patient safety authority, which will be introduced on an administrative basis this year. As a doctor, my experience has been that when something goes wrong, what people want is an acknowledgement that it went wrong, an apology for it having gone wrong and an assurance that it will not happen again because change will be brought about. If they get this, they do not feel the need to go to the law. Very often, people are utterly frustrated because they do not get the information they want. Everyone then becomes defensive and the matter ends up in the hands of the legal profession. Sadly, approximately one third of what we pay out in terms of these events goes to the legal profession, which issue I want to address.

An Leas-Cheann Comhairle: We now move to Question No. 8.

Deputy Tony McLoughlin: I would like to ask a question of the Minister in relation to the

previous question.

An Leas-Cheann Comhairle: The Deputy may run out of time.

Deputy James Reilly: To be helpful, I will read my response to Question No. 8 quickly. That should afford Deputy McLoughlin with ample opportunity to put his questions.

Hospital Waiting Lists

8. **Deputy Tony McLoughlin** asked the Minister for Health the measures that have been taken to tackle in-patient waiting lists for children in Sligo General Hospital; the impact of these measures; and if he will make a statement on the matter. [14302/13]

Deputy James Reilly: At the end of February 2011, four children were waiting more than a year for an inpatient procedure in Sligo General Hospital. Waiting lists in excess of a year for inpatient procedures for children have now been eliminated in Sligo General Hospital. At the end of February 2011, 11 children were waiting more than nine months for an inpatient procedure in Sligo General Hospital. Waiting lists in excess of nine months for inpatient procedures for children have now been eliminated in Sligo General Hospital. At the end of February 2011, 18 children were waiting over six months for an inpatient procedure in Sligo General Hospital. Currently, only one child is waiting longer than six months for an inpatient procedure in Sligo General Hospital.

This reduction in waiting lists for inpatient procedures for children is mirrored throughout the country. At the end of February 2011, 169 children were waiting over a year for an inpatient procedure. Currently, ten children are waiting this length of time. This waiting list has been reduced by 94% since this Government took office. At the end of February 2011, 372 children were waiting more than nine months for an inpatient procedure. Currently, 26 children are waiting this length of time. This waiting list has been reduced by 93% since this Government took office. At the end of February 2011, 634 children were waiting more than six months for an inpatient procedure. Currently, 82 children are waiting this length of time. This waiting list has been reduced by 87% since this Government took office. As a result of these improvements, there are now 333 fewer children waiting for inpatient procedures.

I am determined that the progress made in 2012 will be maintained and improved upon and that the 20 week target will remain in place for 2013. It is important to recognise that the progress made in 2012 does not mean the problem is solved. The year 2013 will be extremely challenging. For example, winter pressures have impacted on scheduled care waiting times for children. However, in the coming months, as winter pressures ease, the special delivery unit, SDU, will work towards re-balancing scheduled care to maintain the improvements seen in 2012.

I take this opportunity to again thank the men and women on the front line in our health services for their extraordinary efforts in improving outcomes for patients and providing a better service.

Deputy Tony McLoughlin: I welcome the Minister's positive reply. It is hoped the positive trend will continue. Government policies over the past two years have resulted in a reduction in hospital waiting lists. I concur with the Minister's remarks in relation to front-line

staff, who must be given recognition for their work in our hospitals, in particular staff at Sligo General Hospital. The situation as outlined by the Minister is encouraging. I know this positive trend will continue over the next number of years.

Deputy Caoimhghín Ó Caoláin: When will the second consultant neurologist, promised nine months ago, be appointed to Sligo General Hospital? Also, as promised by the Minister prior to the general election in 2011, when will mammography services at Sligo General Hospital be restored?

Deputy James Reilly: On the latter question, mammography services will be restored as soon as we can locate mammographers, of whom there is a huge shortage. I remain committed to restoration of that service. Discussions are being held on the re-opening of a discontinued internal training programme to ensure training of more mammographers, of which there is genuinely a shortage and who, when a need is identified for them, are inclined to be taken up by the acute services, which is only right because it is important the most acutely ill be taken care of first. However, this impacts on the service in Sligo General Hospital, which I want to see restored and have given a commitment to this effect.

Deputy Caoimhghín Ó Caoláin: When will a consultant neurologist be appointed to Sligo General Hospital?

Deputy James Reilly: I will communicate in writing with the Deputy on that matter.

Deputy Caoimhghín Ó Caoláin: That was a very helpful Question Time session.

Deputy Róisín Shortall: Accountability my eye.

Deputy Billy Kelleher: It is a disgrace.

Written Answers follow Adjournment.

Message from Select Sub-Committee

An Leas-Cheann Comhairle: The Select Sub-Committee on Health has concluded its consideration of the Health (Pricing and Supply of Medical Goods) Bill 2012 [*Seanad*] and has made amendments thereto.

Topical Issue Matters

Acting Chairman (Deputy Olivia Mitchell): I wish to advise the House of the following matters in respect of which notice has been given under Standing Order 27A and the name of the Member in each case; (1) Deputy Thomas P. Broughan - the need to confirm whether evidence was withdrawn before the publication of the 2009 Coffey report into the Stardust tragedy; (2) Deputy Paschal Donohoe - the need for the Minister for Education and Skills to respond to

20 March 2013

the campaign for a new Educate Together secondary school in respect of the Dublin 1, 3, 7 and 9 area; (3) Deputy Gerald Nash - the need to examine the entitlements of travelling companions of patients being treated under the treatment abroad scheme;

(4) Deputies Aengus Ó Snodaigh and Seán Ó Feargháil - the need for the State to address immediately the needs of the surviving victims of thalidomide; (5) Deputy Patrick O'Donovan - the need for the introduction of changes to the social welfare code that will allow for the provision of social insurance cover in respect of self-employed persons;

(6) Deputy Peadar Tóibín - the use of the examinership process by businesses such as Accessorize, Monsoon and B&Q to deal with the issues of rents, and its impact on workers; (7) Deputy Stephen S. Donnelly - the need to provide mortgage arrears resolution targets and guidelines for the credit institutions not covered by the mortgage arrears resolution targets announced on 13 March 2013; (8) Deputy Michelle Mulherin - the need to direct EirGrid to implement Smart Grid technical solutions as a pilot project to stretch the network capacity and minimise constraints in north Mayo and to facilitate the number of wind and biomass electricity generating projects; (9) Deputy Ciara Conway - the need to reverse the 58% reduction to the Waterford County Council disability grant; (10) Deputy Michael McNamara - bank confidentiality agreements and mortgage debt relief;

(11) Deputy Brian Stanley - the effects of cuts to children's dental and orthodontic services in County Laois;

(12) Deputy Aodhán Ó Ríordáin - the payscales of Bank of Ireland directors and the need for the Minister for Finance to use his shareholding to address this;

(13) Deputy Ciarán Lynch - the remuneration packages of the directors and management of Bank of Ireland and other covered institutions; (14) Deputy Éamon Ó Cuív - the agreement on the Common Agricultural Policy reached last night;

(15) Deputy Mick Wallace - the impact of the crisis in Cyprus on Ireland and the rest of Europe;

(16) Deputy Clare Daly - the bonuses paid to senior bank officials; (17) Deputy Richard Boyd Barrett - the need to take action on the pay of top banking executives; and (18) Deputy Dessie Ellis - the need to ensure the basic safety and shelter of all potential rough sleepers.

The matters raised by Deputies Aengus Ó Snodaigh and Seán Ó Feargháil, Gerald Nash, Patrick O'Donovan and Éamon Ó Cuív have been selected for discussion.

Topical Issue Debate

Thalidomide Victim Compensation

Deputy Aengus Ó Snodaigh: The Government committed in the programme for Government to address the issues of thalidomide survivors in Ireland and to compensate them. Two years later, we are still waiting for it to do so. It is hoped the Minister of State, Deputy Lynch,

will be able to give survivors, the number of whom is reducing, some hope of their issues being addressed. While many people have been waiting since this Government took office two years ago for address of this issue, many others have been waiting the more than 50 years, since they were first affected, for it to be addressed.

The drug, introduced in 1959, was supposedly safe, non-toxic, had no side effects and was an effective treatment of morning sickness, nausea and sleeplessness. Later that year, questions around how unsafe it was first emerged and deformities in foetuses and infants were highlighted in many reports up to 1961, following which many states withdrew the product from Chemie Grünenthal. However, the Irish State did not move as quickly as others and failed to inform mothers of the horrific consequences of their taking thalidomide, including deformed limbs, malformation of the heart, bowel, uterus and gall bladder, shortened life spans, deafness, weakened facial muscles and a range of other health problems.

In 1975, the then Minister for Health, Mr. Brendan Corish, convinced thalidomide victims, many of whom it was believed would not survive beyond their teenage years, to agree a lump sum. However, there are now a number of survivors whose needs we need as a society to address into the future, in particular their medical needs as they grow older.

Deputy Seán Ó Fearghail: I thank the Ceann Comhairle for selecting this important issue for discussion. I tabled this matter in the aftermath of the undeniable progress being made following the Taoiseach's statement on the Magdalen situation. I commend the Taoiseach on his remarks in that regard and on how he has dealt to date with that particular issue. The manner in which that issue has been dealt with has given rise to renewed expectations on behalf of two other groups in Irish society, the victims of symphysiotomy and the 32 thalidomide victims.

I am aware that the Minister of State, Deputy Lynch, has taken great interest in this matter, which she has demonstrated in a practical manner down through the years. It is regrettable that the Minister for Health, Deputy Reilly, has left the Chamber as this issue is being discussed. When in opposition, the Minister indicated a serious level of interest in this matter. Thalidomide survivors are inordinately disappointed with the lack of action in this particular matter on the part of the Minister for Health since taking office. Quite clearly what they want are medical and social services provided on a statutory basis and adequate compensation. They are conscious of the fact that in other jurisdictions updated schemes of compensation and supports have been put in place, but they have not been put in place here and this flies in the face of the commitment in the programme for Government.

I hope it will be brought to the attention of members of the Cabinet that the Topical Issue system will not work unless we can depend on the responsible Minister coming to the House to answer the questions being tabled. It is the height of effrontery to leave the Chamber at a time when an issue of the significance is being taken.

Acting Chairman (Deputy Olivia Mitchell): I will pass on the Deputy's remarks to the Ceann Comhairle.

Deputy Seán Ó Fearghail: I thank the Acting Chairman.

Minister of State at the Department of Health (Deputy Kathleen Lynch): On behalf of the Minister for Health I wish to say it was because this is directly after an hour and a quarter of questions and the Minister had something else timetabled. I am sure he has not only seen the response but is still very committed to this area. With regard to the previous debate we had

on Question Time, it is significant that two Deputies, both from the Opposition, raised the same matter as a Topical Issue.

I am pleased to take this opportunity to outline the Government's position on Irish survivors of thalidomide raised by Deputies Ó Snodaigh and Ó Feargháil. The Government recognises that each individual survivor of thalidomide faces challenges. How could we not? In this context, the Government's aim is to address the health and personal social care needs of thalidomide survivors living in Ireland. The Minister for Health, Deputy James Reilly, has stated he is willing to enter into discussions with the Irish Thalidomide Association and the Irish Thalidomide Survivors Society on the basis of a health care package on a non-statutory basis, which I know is not what they seek; an *ex gratia* payment having regard to current financial circumstances; and a statement to the Dáil recognising the challenges faced by survivors. I genuinely believe if we get two out of three we will have the basis for engagement.

The current position is that in 2012 the Irish Thalidomide Association publicly announced it had ceased talks with the Government. The association's legal adviser has initiated personal injuries claims against the manufacturer and distributors of the thalidomide drug and the State. The Irish Thalidomide Survivors Society has sought guarantees on other issues, including an independent agency and a statutory health care package to include other aspects of their needs such as housing, heating, transport and clothing. These are outside the remit of the health sector. The Minister requested that the society consider, in good faith, proceeding with a health care protocol. The health care protocol envisaged appointing and training a multidisciplinary team, arranging a multidisciplinary health evaluation, identifying and documenting the health care needs and issues of thalidomide survivors and developing plans to address these needs. The Minister's position remains unchanged.

I would also like to outline for the House the financial supports provided to Irish survivors of thalidomide since 1975, which is in no way to say they are in any way a compensatory issue. The payments made by the State in 1975 to the survivors of thalidomide and their families were made because the State believed then that it was appropriate to make some provision for the survivors. The payments made were substantial and were designed to augment payments made to the survivors by a German foundation. As Deputy Ó Snodaigh correctly pointed out, at that point it was never envisaged that survivors would live into middle age or beyond. There are 32 Irish thalidomide survivors, and each survivor received lump sum payments from a German foundation and the Irish Government in the early 1970s. In 1975, the lump sums paid by the Irish Government ranged from €6,400 to €21,000. In addition, each survivor receives ongoing monthly payments from both the German foundation and the Irish Government. Combining the Irish and German payments, most individuals receive €30,386 per annum or €2,572 per month, tax free. The German and Irish monthly allowance is not reckonable for State benefits and each individual is automatically entitled to a medical card. The Government's response to the plight of thalidomide survivors from 1975 to date has been reasonable and compassionate in its provision of financial and other supports to augment payments made by the German foundation. The Minister's proposals to provide a non-statutory health care package and his offer of meaningful discussions around a financial gesture of goodwill towards survivors of thalidomide represents the Government's commitment in the programme for Government, very much recognising that the 32 people involved face substantial challenges every day of their lives.

Deputy Aengus Ó Snodaigh: Given the earlier debate, I am concerned that only two Deputies, whether Opposition or Government, tabled this matter as a Topical Issue because I presume we all received the same reminder about the issue.

Deputy Kathleen Lynch: Perhaps the Deputies are not as telepathically tuned in as the Government.

Deputy Aengus Ó Snodaigh: It is a pity.

Deputy Seán Ó Fearghail: We do not have the resources of the Fine Gael press office.

Deputy Aengus Ó Snodaigh: We are dealing with the question of 32 survivors who struggle with everyday life. The amount mentioned by the Minister of State that they receive from the German foundation eases the burden but does not lift it.

Deputy Kathleen Lynch: Yes.

Deputy Aengus Ó Snodaigh: It is an acknowledgement of the role the State has played since 1975, but given the fact they face substantial new challenges because of middle age and old age the victims have reasserted their call for the issue to be dealt with, as the programme for Government stated it would be.

Deputy Seán Ó Fearghail: We have all received correspondence from two extraordinary women, Maggie Woods from the Irish Thalidomide Association and Carmel Daly McDonnell from the Irish Thalidomide Survivors Society. The Irish Thalidomide Survivors Society has taken a more conciliatory approach, but it reports to us it has not seen much sign of conciliation from the Minister. Responses are not more readily forthcoming as a result of their conciliatory approach.

It is widely reported that in the aftermath of the first discussion and the first statement by the Taoiseach on the Magdalen issue that the Minister of State went to a Labour Party Parliamentary Party meeting and indicated her very strong dissatisfaction. She motivated many of her backbench colleagues to jump up and down and insist something meaningful be done for the survivors of the Magdalen laundries. I plead with her today to do the same thing for these 32 men and women who suffer on a daily basis as a result of the State having failed them for more than 50 years. The cost of doing justice will be minimal compared to the overall cost of State expenditure. We owe it to them. We have a moral obligation to do something for them. The Minister of State has the opportunity to do something about it and I trust her to do it.

Deputy Kathleen Lynch: I cannot possibly comment on what is reported in newspapers, as the Deputy knows. This is not an issue which has gone away. We need to continue to try to find a resolution to it. I will do my very best on this issue.

Treatment Abroad Scheme

Deputy Gerald Nash: I wish to question why current guidelines for the HSE treatment abroad scheme do not cover the costs of accommodation, baggage or travel agent fees for the travel companion of a patient who is unable to travel alone. I find it very perplexing that under current structures an individual who is unable to travel alone cannot receive financial support for the baggage, accommodation or travel agent costs of a person travelling with him or her.

We must remember we are not just dealing with guidelines or facts and figures, but real people who are actively and adversely affected by these decisions. The financial burden of their illness, as well as the emotional burden, is very real and distressing. In my constituency I have

been dealing with the case of an individual who is not, and never will be, in a position to travel independently to receive his annual treatment in the United Kingdom. Thus through necessity his wife is required to travel with him, but under the scheme she must bear the financial burden of her accommodation, baggage and travel agent fees. To be honest I am bewildered as to why the treatment abroad scheme does not allow for the travel expenses of this woman. As far as the HSE is concerned, she should have to worry about paying these expenses as well as worry about her ill husband. The couple is in receipt of an invalidity pension and a half rate carer's allowance. They have to borrow money to cover these critical expenses.

4 o'clock

This is unacceptable. We are dealing with individuals who, by virtue of the fact that they are covered by the scheme, are by definition unwell and vulnerable. We are not dealing with an extravagant request. In his instance the person has simply asked that as her husband is unable to receive the treatment he needs within the State, the HSE should cover the reasonable cost of somewhere for her to sleep. It is clear that the TAS do not cover these expenses but I feel strongly that this decision on the structure of the scheme must be revisited, in so far as is practicable.

These people are not looking for much. All they want to do is travel with a loved one who cannot travel alone, without the worry of putting themselves in debt. I think this is a reasonable request and I fail to see how anyone would find this situation tenable or sustainable for individuals in such circumstances.

Deputy Kathleen Lynch: I would like to thank the Deputy for raising this matter. The HSE operates a treatment abroad scheme, TAS, for persons entitled to treatment in another EU/EEA member state, or Switzerland, under EU Regulation 883/04 and Implementing Regulation 987/09 in accordance with Department of Health guidelines. Within these governing EU regulations and the Department of Health's guidelines, the TAS provides for the cost of approved treatments in another EU/EEA member state, or Switzerland, through the issue of form E112 (IE).

A decision is made on each application in accordance with this legislation and guidelines, and on the basis of a review by clinical experts. The cost of the treatment is not a deciding factor when approving an application. The treatment must not be available within the State or not available within a time normally necessary for obtaining it. The TAS allows for an Irish-based consultant to refer a patient that is normally resident in Ireland for treatment in another EU-EEA member state or Switzerland, where the treatment in question meets certain criteria.

The application to refer a patient abroad must be assessed and a determination given prior to the patient availing of the treatment abroad. Valid applications will be processed within 15 to 20 working days and a decision will be issued via letter. Appointments should not be scheduled prior to a decision being reached on an application. Appointments that are made prior to a decision will have no bearing on the review process or its expedition.

Following clinical assessment, the Irish-based referring hospital consultant must provide details of the patient's condition, the specific treatment being applied for and the provider of the treatment abroad. Under the regulations, there are no provisions obliging the State to make payments towards accommodation and baggage costs of people availing of treatment under the TAS. Nevertheless, in exceptional circumstances and despite budgetary pressures generally on

the budget of the Health Service Executive, some discretionary assistance is made available on a case by case basis.

The treatment abroad scheme does not include a provision for travel and or subsistence expenses for patients or their relatives travelling abroad to avail of approved treatments. However, the HSE and specifically the TAS may provide assistance towards reasonable, economic air or sea travel fares for patients and a travelling companion where appropriate.

In an effort to standardise and provide equity of access and entitlements to approved applicants for transport costs associated with travelling outside the State for treatment, this policy is executed as national policy. The HSE treatment abroad scheme will implement this policy on travel expenses for such patients and in certain circumstances an accompanying family member or another travelling companion, as follows: the full cost of air or sea transport from Ireland to the relevant EU-EEA country, or Switzerland, will be provided for the patient availing of approved TAS medical treatment, subject to available funding; where the patient is under the age of 18, the full air or sea transport costs of one accompanying adult will also be provided, subject to available funding; in the circumstances that a patient over the age of 18 requires accompaniment on the basis of medical health or incapacitation, consideration can be given for the funding of such an escort's sea or air transport costs where the referring consultant certifies such a need, subject to available funding.

Once the patient has availed of an approved treatment abroad, the care of the patient reverts immediately to the referring Irish consultant. I hope this clarifies the issues for the Deputy.

Deputy Gerald Nash: I thank the Minister of State for her comprehensive remarks on the structure of the scheme. I understand the regulation under which the scheme operates and that there are certain restrictions. It is a good, necessary scheme which has worked very well in recent years. The Minister of State said that some discretionary assistance is made available on a case by case basis but that should be made clear to applicants. They should be aware that discretion is applied, particularly to people in difficult financial circumstances because they are exclusively dependent on social welfare payments.

In the case I am dealing with, we have a set of circumstances whereby an individual is required to be accompanied by his wife. By definition, he has a chronic condition and will never be able to travel alone. The people concerned will be travelling for a week. It is not possible to survive with one small suitcase for a week, particularly if a person does not have any washing facilities. Therefore the treatment abroad scheme should take account of the real situation facing those applying for it. It is necessary to provide some resources for relatively small amounts of baggage fees which may not be a challenge for the Minister of State or myself, but may be very difficult for a person in vulnerable circumstances. The scheme helps people to get well but it should not put people into debt when they are already in a very difficult situation.

Deputy Kathleen Lynch: There is a key piece concerning the discretionary element of the scheme, which is that the consultant should state that the person needs to be accompanied. People probably do not know about that, but they need to.

A discretionary scheme has flexibility that does not apply to other schemes, which is helpful. Nonetheless, that discretion is not often applied evenly across the country. Therefore, while it is a good thing to have such discretion and flexibility, it often does not have the result one would expect. It is an issue of communication both for people exercising the discretion and

those applying for the scheme. That type of information needs to be available to applicants for the treatment abroad scheme. It would be helpful if the relevant data were part and parcel of the information leaflet on the scheme.

Social Welfare Code

Deputy Patrick O'Donovan: I thank the Ceann Comhairle's office for selecting this matter. In the short time I have been in this House, one of the difficulties I have come across - I am sure other Deputies have faced the same situation - concerns the problems of self-employed people who attend constituency clinics. Their businesses have evaporated and collapsed in a heap thanks in no small way to the mismanagement of the economy for a number of years by the previous administration, leading to the collapse of the construction industry. The vast majority of people who are being left in a limbo situation are those who were self-employed and either directly involved in the construction industry or those connected to the retail sector who have seen their businesses collapse in the economic meltdown that this Government is now trying to get the country out of.

On a number of occasions I have raised this matter by way of parliamentary questions to the Minister for Social Protection. In its pre-budget submission, the Small Firms Association has also identified this as a major issue. When people who have made substantial contributions by way of taxes and PRSI - both for themselves and, more importantly, for their employees - present themselves at a social welfare office when times get tough, there is absolutely nothing available for them.

I know the Minister of State's answer will be that a review has been established and that there is a class S scheme for the self-employed and class A1 for employees. However, at present there is no way to allow people to make an additional contribution on a voluntary basis, on top of what they already are making, or to encourage them to so do in order that when times get tough, they would have something they could avail of, if that is what they desire. Moreover, there are many other anomalies in the system. For instance, I refer to the difficulty people who were self-employed encounter if they manage to get into a community employment scheme in respect of being reassessed or the difficulties they have in gaining access to retraining or any form of support from the State in the context of such support being assessed under spouse's income or being assessed on a holistic basis. This issue pertains to a group of people who are silent regarding the effect this is having on them. However, I firmly believe that were one able to drill down into the figures on the approximately 80,000 people who emigrate from this country annually thanks to the economic collapse, they primarily would be tradespeople such as carpenters, painters, plumbers or plasterers. The vast majority of this group were self-employed and have credit they cannot service. Moreover, the vast majority of them had people working for them, kept their taxes, paid their PRSI and were instrumental in making the economy work.

If this country is ever to return to having real growth in local communities, those who are the wealth generators must be looked after. The Society of St. Vincent de Paul has identified the self-employed as being the new poor. This issue has been kicked around for several months in respect of a commission to establish and examine what will be done for them. There is a real sense of urgency in this regard because there will be a major problem unless something is done soon. I wish to make an appeal to the Minister, through the Minister of State, because unless the issue of how to treat self-employed people is dealt with, we will be storing up a major social

problem for ourselves. Those concerned are not people who make up stories but are genuine people who cannot make ends meet at present. I appeal to the Minister of State, through his colleague in Cabinet, the Minister for Social Protection, to put this issue at the top of the agenda.

Minister of State at the Department of Transport, Tourism and Sport (Deputy Alan Kelly): I am taking the debate on behalf of the Minister for Social Protection. Self-employed persons are liable for PRSI at the class S rate of 4%, which entitles them to access long-term benefits such as State pension, contributory, and widow's, widower's or surviving civil partner's pension, contributory. Ordinary employees who have access to the full range of social insurance benefits pay class A PRSI at the rate of 4%. In addition, their employers make a PRSI contribution of 10.75% in respect of their employees, resulting in the payment of a combined 14.75% rate per employee under full-rate PRSI class A.

In 2011 the Minister for Social Protection established the advisory group on tax and social welfare to meet the commitment made in the programme for Government. The advisory group is charged with, among other issues, examining and reporting on issues involved in providing social insurance cover for self-employed persons to establish whether such cover is technically feasible and financially sustainable. The advisory group's overall method of working is based on producing modular reports on the priority areas identified in the terms of reference. Where possible, the aim is to provide recommendations that can be acted upon in time for the annual budget, Estimates and legislative cycle and to allow the Government to best address its commitments under the EU-IMF programme of financial support. The group has been considering the issue of social insurance coverage for the self-employed and will submit its report once its examination of the various questions has been completed.

The third actuarial review of the Social Insurance Fund, as at 31 December 2010, was completed in 2012. The review covers a 55 year period from 2011 to 2066 and builds on the findings of the 2000 and 2005 actuarial reviews of the fund. One issue examined in the 2010 review was the long-term cost implications to the Social Insurance Fund and the break-even contributions rates required to provide invalidity pensions to the self-employed and to provide jobseeker's benefit for self-employed workers. The report found that the effective annual rate of contribution or the required contribution as a percentage of salary needed to provide the core full-rate State pension, contributory, which is the benefit currently available to self-employed contributors, is approximately 15%. This compares favourably with the 4% rate currently paid by the self-employed. An incremental increase in contribution rates from approximately 15% to 16% would be required if jobseeker's benefit in addition to core State pension, contributory, is provided. The average contribution rate required for the core State pension, contributory, plus jobseeker's benefit and the invalidity pension is estimated to be in the region of 17.3%. Any proposals to revise the social insurance system for self-employed persons by extending social insurance entitlements must be considered in a budgetary context, taking account of the finding of the actuarial review that the self-employed achieve very good value for money compared with the employed when the comparison includes both employer and employee contributions in respect of the employed person.

Self-employed workers may access social welfare payments supports by establishing entitlement to assistance-based payments such as jobseeker's allowance and disability allowance. In the case of jobseeker's allowance, they can apply for the means-tested jobseeker's allowance if their business ceases or if they are on low income as a result of a downturn in demand for their services. In general, their means will take account of the level of earnings in the last 12 months in determining their expected income for the following year and, in the current climate, account

is taken of the downward trend in the economy. As in the case of a non-self-employed claimant for jobseeker's allowance or disability allowance, the means of a person's husband or wife, civil partner or cohabitant will be taken into account in deciding on entitlement to a payment.

Deputy Patrick O'Donovan: One point that I, those who have made representations to me and others wish to ascertain is when the aforementioned report will be finalised and when action will be taken on it. As I stated, jobs are being haemorrhaged, primarily in the private sector and among self-employed people. The Small Firms Association also has identified a potential pitfall in this regard that it will be important to avoid from the perspective of the self-employed. It is that while the Minister of State has outlined the contribution that would be required in percentage terms, it cannot be regarded as some form of additional revenue-generating exercise into the future. It must be on a voluntary basis because, as I noted at the outset, there is no redundancy provision or safety net for self-employed people. These are the risk-takers in the State who create the wealth and the employment from which the rest of society can benefit. The State's public finances will not be dealt with in any meaningful fashion unless entrepreneurs and risk-takers return to generating jobs. Moreover, this will take place at the level of small or medium-sized entities. Given the manner in which such people have been treated heretofore and given that so many excellent people have been lost through the collapse in the economy on foot of the previous Government's maladministration, particularly in respect of construction, I believe now to be an opportune time to provide some element of hope to those who are about to take this risk again. They should do so in the knowledge that were they to relaunch a business and to take on people, there also would be something in place for them and their families. The sooner this is dealt with the better, because it is creating a huge amount of unnecessary uncertainty and ultimately it is holding back economic growth at a local level.

Deputy Alan Kelly: I have raised the issue with the Minister for Social Protection and as the Deputy is aware, a working group is engaged on the issue. The work in this regard is quite extensive and is being carried out in a structured fashion. Given the financial aid programme in which the State finds itself, consideration obviously must be given for that and therefore a defined structure must be gone through. I accept absolutely the Deputy's points in respect of the self-employed. All Members deal with these issues in their constituency clinics and there is an issue that must be dealt with, although it must be done in a proper way. The issue raised by the Deputy regarding voluntary entry into a system must be prioritised in these considerations and I will relay this point back to the Minister.

Common Agricultural Policy Negotiations

Deputy Éamon Ó Cuív: Ba mhaith liom buíochas a ghlacadh leis an Aire as ucht teacht anseo um trathnóna agus an cheist seo a thógáil mar tá a fhios agam go raibh sé gnóthach le dhá lá anuas le Comhdháil na n-Airí thall san Eoraip. I thank the Minister for coming into the House because he has been busy for the past few days. First, I wish to register my agreement and support for the Minister in respect of reference years. This has been an important change that has been achieved and I presume that in the case of Ireland, we will go for the 2012 reference year to avoid any dislocation of the market for land. I presume the Minister intends to make a positive statement in that regard in the Dáil today to stop once and for all the crazy prices that are being sought for land because people think there may be a windfall gain for many years to come arising from taking back land or seeking exorbitant prices for its letting. It would be important to assure the country that if that remains the position next June, that the choice will be for 2012,

the Minister will be absolutely adamant that he will maintain that as a red letter issue on which everybody in Ireland agrees.

I am very disappointed with the deal on sugar. I would have thought the Minister would have been able to persuade his colleagues in the Council to adopt the Commission's position, which is to cease the sugar quota in 2015. The Government made revitalising the sugar industry an important part of the programme for Government. I am told it can be done before 2017, if the quotas go. It is disappointing that we are now being told we must wait until 2017 for that.

Deputy Patrick O'Donovan: He had to clutch at something.

Deputy Éamon Ó Cuív: I am addressing the issues.

Deputy Finian McGrath: It is outrageous.

Deputy Éamon Ó Cuív: That we should get a sugar industry?

Deputy Finian McGrath: The Government is outrageous.

Deputy Éamon Ó Cuív: It is. We know that.

The next issue is clarification of the decision about a national capping of the maximum amount of payment to any single farmer. Do I take it that, basically, the only option left as far as the Council is concerned is the capping *à la* the Commission only on a voluntary basis? If that is the situation, it is very retrograde. Furthermore, I am curious to know what type of battle the Minister waged to achieve even what he was seeking, which is the ability to have a national cap of €100,000 to any single farmer under the forthcoming CAP.

I congratulate the Minister on including the front-loaded or redistributive payment in the suite of measures that are now options in the Council document. Will he give details of whether the agreement specifies the level of redistributive payment that is achievable? That will be very important to protect the small intensive farmers, in terms of ensuring they get a very significant payment but that there is not a knock-on effect whereby the very large intensive farmers must also get it. Was there any minimum or maximum payment agreement? In other words, is there a proposal for a minimum payment in the proposals from the Council or was there any change or amendment of the internal convergence, which is based on the *status quo* and keeping as much as possible for those who have, and as little as possible for those who do not have? Was there any narrowing of that or is that proposal as intact as it was presented to me last spring?

Acting Chairman (Deputy Olivia Mitchell): The Deputy's time is up.

Deputy Éamon Ó Cuív: I have an extra minute for interruptions.

Is the greening optional on an individual basis or on a national basis? Obviously, it is very much in the interests of the large farmers with the very high payments. Will the Minister also confirm the situation with stacking? Will people who are able to stack payments, in other words they did not have the land the last time, be able to re-stack the same payments or does stacking finish with this CAP under yesterday's proposals? In each of these cases, I refer to what the Council has agreed. I realise the Parliament and the Commission can trump the Council on any of these issues.

Acting Chairman (Deputy Olivia Mitchell): The Minister has four minutes.

20 March 2013

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): The agreement on the CAP that was reached last night is a major stepping stone in the negotiations on the reform of the Common Agricultural Policy, which have been ongoing for over four years. Ministers from the 27 member states of the EU accepted a package of proposals tabled by the Irish Presidency and successfully concluded what is known as a general approach on the CAP reform package.

The agreement between the 27 member states is not the end of the road for these negotiations, but it allows the negotiation process on CAP reform to move to the final, so-called “trilogue” stage, in which the Irish Presidency will represent the Council in discussions with the European Parliament and with the Commission. The successful completion of the Council’s deliberations means that the Irish Presidency’s objective of an inter-institutional political agreement by the end of June remains on target. Moreover, the strength of the qualified majority given by the Council puts the Presidency in a strong position in the negotiations with the Parliament and the Commission.

Last night’s outcome was good for the Irish Presidency, but, more importantly, it was good for Ireland. The Council endorsed the principle of flexibility in the way in which direct payments are to be distributed within member states. The compromise on which we secured agreement in principle on internal convergence and the flexibilities surrounding that three weeks ago was agreed and endorsed in full last night. There were no amendments to it in terms of a mandatory minimum payment or the like. However, there are many voluntary options available to countries in terms of how they wish to reshape and redistribute payments, and this country will have to make political decisions once we know what the full tool box is, hopefully at the end of June.

The Deputy has my script so I will answer his questions. The reference year issue is causing many problems on the land rental markets in Ireland, so I was anxious to have an amendment accepted which would give countries an option not just to apply 2014 or 2015 as a reference year, but to apply a past year, such as 2012 or 2013, as a reference year. We now have that flexibility. All I am willing to say at present is that we will give significant consideration to using 2012 as a reference year, but we will not sign off on that now. However, I have been telling farmers repeatedly for the last two years that they should not make significant investment decisions or over-spend on renting land on the assumption that 2014 will be the reference year. I have consistently said that, and now we have the option to use 2012 as the reference year should that be accepted in the negotiations with the Parliament and the Commission. Farmers should reflect on that. Hopefully, it will cool off the rental market. It badly needs cooling because people are involved in a land grab, essentially, for rented land on the assumption that 2014 will be the reference year. I have always cautioned against that and last night is proof of why I did so.

With regard to sugar, if the Deputy knew the lengths we went to last night to get an agreement on sugar, he would realise how farcical his comments are. This was the most difficult issue on which to get agreement. Every member state that has a sugar industry at present, with the exception of the UK, wants to extend sugar quotas until 2020. The European Parliament has already agreed that its position should be to extend sugar quotas until 2020. Essentially, that means they do not end in 2020 but just go on into the next round of CAP. In other words, it would be an indefinite extension of sugar quotas. I took a strong stand against that because countries such as Ireland, Portugal, Slovenia and others would be locked out of sugar production as a result. Instead of getting a compromise that would allow Ireland to apply for some type of small, limited redistributed quota, which would be uncertain, the way to allow Ireland

the option of reinstating the sugar industry is to get rid of sugar quotas as soon as politically possible. The soonest date that is politically possible is 2017. It was one of the last things we agreed last night. It was totally unachievable to get an earlier date. If the Deputy was following the discussions, he would have realised that.

On the issue of capping, there are more options on capping than the Commission had proposed, but it is only options for payments above €150,000. As regards the redistributive payment, we are not making any decisions at this stage on whether we will use that option, but it is important to have it. Therefore, when we conclude our negotiations in the co-decision process there is the option of a top-up payment for either the average farm size or up to the first 30 hectares on a farm. We have agreement on that. That is the option for countries. There is no mandatory minimum payment.

We secured practically everything we had sought in the compromise on greening. I believe that was welcomed by the Deputy. It has certainly been welcomed by farmers. We have taken a very pragmatic approach to greening to ensure it is easy to understand and, most importantly, straightforward to implement for farmers.

Deputy Éamon Ó Cuív: I will be brief as I understand the Acting Chairman is operating under time constraints.

On the redistributive or top-up payment, is there an upper limit on the amount of money that can be allocated towards this payment? In other words, what percentage of the total pool can be allocated to a top-up payment on the first 30 ha. or 32 ha. as in Ireland's case? While there is not a major difference between 30 ha. and 32 ha., I would prefer if the second figure were used as it corresponds to 80 acres. It would be significant if a limit were to apply to the top-up that may be provided. Is such a limit provided for and, if so, what is it?

I understand there has been some movement on the coupled payment or payment per head. Has an upper limit been placed on this payment? If so, how would it translate into payments per ewe or suckler cow?

Deputy Simon Coveney: On the proposal on the redistributive payment, which is being described as a front-loaded payment, this is essentially a top-up on a farmer's single farm payment for the first 30 ha. or 32 ha. in the case of Ireland if we opt for the full limit of an average area. This is an optional tool we may or may not decide to use.

Deputy Éamon Ó Cuív: What is the limit?

Deputy Simon Coveney: I believe it is 20% of the overall envelope but I will have to check the figure.

On coupling, considerable pressure was applied to significantly increase the potential to use coupled payments. The Presidency's proposal, which was the same as the Commission's proposal, was to apply a 5% limit in respect of countries such as Ireland that had decoupled and a 10% limit for other countries that still have coupled payments. We increased the figures to 7% for countries which have decoupled, including Ireland, and 12% for countries that continue to have coupled payments. If we chose to reintroduce coupled payments for certain vulnerable sectors, this proposal gives us an option of having a significant chunk of money available. This is, however, a policy decision that will have to be taken domestically when we know the detail of the final deal on the Common Agricultural Policy.

^ **Leaders' Questions** ^

Deputy Michael McGrath: The position in Cyprus, a fellow eurozone country, is extremely grave. The country's banks remain closed today and it is uncertain when they will reopen. While the crisis is first and foremost one for the Cypriot people, it could also have major implications for the wider eurozone economy, including Ireland. Nine months ago, in June 2012, Cyprus first signalled that its banks would require a bailout arising from their exposure to the Greek debt crisis. At the weekend, emergency negotiations on Cyprus went down to the wire and resulted in deeply flawed proposals being made. The decision of European Finance Ministers and the troika to raid the private savings of ordinary Cypriot citizens was a serious mistake; they got it badly wrong. Incredibly, the Government welcomed this plan on Saturday morning as positive for Cyprus, the eurozone as a whole and Ireland. The decision to dip into personal savings and bypass the €100,000 deposit guarantee which applies across the eurozone will serve only to undermine the confidence of ordinary savers throughout the eurozone. Not surprisingly, the proposal was roundly rejected by the Cypriot Parliament. Despite reassurances that Cyprus is a unique case, the message that people will have received from the developments of recent days is that bank deposits are no longer sacrosanct in the eurozone. A Rubicon has been crossed and a dangerous precedent set.

Given our repeated insistence that corporation tax is a matter for each member state, it is difficult to believe that under Ireland's Presidency the Government agreed to insert a condition in the Cypriot bailout requiring Cyprus to increase its corporation tax rate from 10% to 12.5%. If the European Union under our Presidency does not demonstrate it has the capacity to deal with the crisis in Cyprus without that country having to look east and turn to Russia for assistance, the entire eurozone will have been weakened. Will the Minister give an absolute assurance that there are no circumstances, including if it were to transpire that our banks needed additional recapitalisation, in which our citizens will have their private savings targeted in the manner in which Cypriots have had their savings targeted in recent days?

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): I share the Deputy's concerns about the plight of Cyprus. Many people view the images from the island with great concern and Irish people can relate to the events taking place in Cyprus given what has occurred here in the past five years. Deputy Michael McGrath is trying to turn a crisis for a small country in Europe into a problem in Ireland. His approach is irresponsible and not founded in fact.

Deputy Timmy Dooley: The Minister should answer the question.

Deputy Simon Coveney: Let me set the record straight on a couple of issues. There is no evidence to suggest that what is taking place in Cyprus is having any impact in Ireland, whether in the financial markets, for example, in respect of the cost of funds, or on bank deposits. That is a simple fact. It is also a fact that the decision to raid deposits in Cyprus, as the Deputy describes it, was proposed by the Cypriot Government. Whereas it was not possible to put in place a programme with the previous Government of Cyprus, under the new government, an agreement on a bailout programme was reached in the Eurogroup of Finance Ministers chaired by the Dutch Finance Minister, rather than in the ECOFIN meeting which is chaired by the Minister for Finance, Deputy Michael Noonan. The proposal to introduce a one-off levy on deposits of under €100,000 agreed in the Eurogroup meeting was made by the Cypriot Government. It was not forced by other member states, as was proved only a couple of hours ago when the European Commission found it necessary to issue a statement on the matter in response to

commentary by people such as Deputy McGrath. The Commission stated:

Regarding the one off levy on deposits BELOW 100.000 €: The Commission made it clear in the Eurogroup BEFORE the vote in the Cypriot parliament, that an alternative solution respecting the financing parameters would be acceptable, preferably without a levy on deposits below 100.000 €. The Cypriot authorities did not accept such an alternative scenario.

Deputy Michael McGrath: What is the alternative?

Deputy Simon Coveney: We have here a country which made a decision that was not forced on it.

Deputy Timmy Dooley: Does the Minister believe that?

Deputy Simon Coveney: The difficulty facing Cyprus is the condition, as part of the bailout, that it raise almost €7 billion to trigger a financing mechanism of €10 billion under a programme. It needs to find a way of raising this money and it proposed to do so by imposing a levy on deposits of less than and more than €100,000.

Deputy Timmy Dooley: The Government supported the proposal.

Deputy Simon Coveney: The proposal was rejected by the Cypriot Parliament and Cyprus is now seeking an alternative means of raising the money. Ireland, as a fellow European Union member state and holder of the Presidency, will monitor the position on a daily basis and assist in this crisis in any way we can, as will the Commission.

Deputy Michael McGrath: With respect, the Minister fails to appreciate the significance of what transpired in recent days.

Deputy Eric Byrne: What is the Deputy on about? His party fell asleep on the job.

Deputy Niall Collins: From where did Deputy Byrne come?

Deputy Timmy Dooley: He must be pleased that Russia seems set to bail out Cyprus.

An Ceann Comhairle: I ask all sides to refrain from interrupting.

Deputy Michael McGrath: It is clear from the comments of senior spokespersons of various governments throughout Europe over the past 48 hours that they fully support the proposal to target the private savings of Cypriot citizens as part of the bailout for Cyprus. This proposal has now been rejected by the democratically elected Members of the Cypriot Parliament. The Minister seems to fail to grasp the key issue, namely, the confidence of ordinary eurozone savers that the deposit guarantee scheme of up to €100,000 will be respected and honoured in all circumstances. There has been a breach of faith in this regard. It was news to me and millions of people across Europe that the guarantee could only be invoked in the event of, as official spokespersons put it, banks failing and that it does not apply now, as the current proposal is a fiscal measure.

The Minister failed to answer my question.

Deputy Simon Coveney: Which was?

20 March 2013

Deputy Michael McGrath: It is important that the Irish people be given an absolute assurance to the effect that under no circumstances will the Cypriot proposal be applied to Ireland if our banks ever require further recapitalisation.

Deputy Simon Coveney: Let me deal with that question first. I should have dealt with it in the first round. I will give an absolute guarantee on behalf of the Government - under no circumstances will the Government look to introduce a Cypriot-style levy on deposits to raise money.

Deputy Timmy Dooley: Just pension funds.

Deputy Simon Coveney: I have discussed this matter with the Minister for Finance. From the Government's point of view, I am clear as crystal. We will not target bank deposits for any purpose. I cannot be any clearer.

I grasp only too well the difficulties that Cyprus faces. I spent many hours last night in Brussels trying to put a Common Agricultural Policy, CAP, deal together. I spent a great deal of time with the Cypriot Minister, a new Minister who was trying to get the best deal for Cyprus that he could. He told me about the devastation in his country. I understand its situation only too well. What I do not understand is why the Deputy is trying to turn a difficult problem in Cyprus for which we are all trying to find a solution-----

Deputy Simon Harris: Hear, hear.

Deputy Billy Kelleher: Stop.

Deputy Niall Collins: For God's sake.

Deputy Simon Coveney: -----into a scaremongering session for Ireland and Irish banks.

Deputy Michael McGrath: Absolutely not.

Deputy Simon Coveney: The Deputy should be more responsible.

Deputies: Hear, hear.

(Interruptions).

Deputy Patrick O'Donovan: He did not even know the troika was coming.

Deputy Timmy Dooley: Are difficult questions "scaremongering"?

Deputy Simon Coveney: Deputy Michael McGrath should be more responsible.

Deputy Billy Kelleher: Assurances from the Government are worthless anyway.

Deputy Pearse Doherty: Last night, every voting Member of the Cypriot Parliament rejected the demands of the troika and the Eurogroup. To them I say, "Well done". Despite being a small, partitioned island with a population of just over 1 million people, approximately Munster's population, it sent out a clear signal to the effect that it would not be pushed around.

I refer the Minister to the President of Cyprus, who made a televised address to the nation.

He is reported as saying that he felt blackmailed into signing up to the deal. That deal was an unprecedented assault on an EU country's sovereignty and a raid on its people's bank accounts. He claimed that he was blackmailed by the Eurogroup, of which the Minister for Finance, Deputy Noonan, is a member. The Eurogroup has crossed the line and the Minister should have said, "Stop".

Deputy Patrick O'Donovan: Listen to the Deputy talking about blackmail.

Deputy Pearse Doherty: The bullies got carried away with themselves. We are now in a farcical situation, in that a eurozone country cannot even re-open its banks. Depositors in many European states are afraid because the line has been crossed by the Eurogroup, in that levies can be imposed on depositors.

The Irish Government should not have signed up to this blackmail. For a country such as ours, the corporation tax rate of which has been in the firing line, it is foolish in the extreme to agree to a deal that would have forced Cyprus to increase its rates. Why was the Government a party to forcing Cyprus to raid the savings of EU citizens in order to pay for others' banking mistakes while letting senior bondholders off scot free?

Instead of piling pressure onto the Cypriot people, we should have been standing in solidarity with them and insisting on the full agreement of last June's Eurogroup statement. The European Stability Mechanism, ESM, should have been the vehicle to recapitalise Cypriot banks, not people's savings.

Deputy Billy Kelleher: Or Russia.

Deputy Pearse Doherty: How can the Government argue for the retroactive recapitalisation of our banks - we want the €30 billion that we pumped into the pillar banks back - with any legitimacy if we have just agreed that there will not be a separation of sovereign and banking debt in Cyprus and that the Cypriot people will bear the brunt? Does it not make a mockery of the Government's position? How can we claim that our corporation tax rate is sacred if we agree to force Cyprus to increase its rates? The Taoiseach welcomed that statement.

Deputy Simon Coveney: I thank the Deputy. I will provide some clarity on the corporation tax issue. It is important that people not try to muddy the waters. As part of an agreement to finance a programme in Cyprus, it and the other countries in the Eurogroup signed up to an increase in its corporation tax rates. The Deputy will remember that there was significant pressure on Ireland to do the same before, during and after our bailout negotiations. To the credit of the last Government, we resisted that pressure.

People will remember how, as soon as this Government took office, the first challenge to face the Taoiseach in Brussels was the considerable pressure to increase corporation tax rates, given Ireland's vulnerable position. We resisted. We showed that when a country wanted to resist tax measures, it could do so, since unanimous agreement is necessary if a change is to take place. Cyprus decided not to take this option. It decided that, as part of the package, it would increase corporation tax rates. It was entitled to do so.

There is no easy way to enter a bailout programme. Anyone who offers fairytale solutions for recapitalising banks without a cost being incurred by anyone is not living in the real world.

Deputy Billy Kelleher: The Labour lads tried it for approximately four years.

20 March 2013

Deputy Michael McGrath: Tell that to the Minister, Deputy Rabbitte, who is next to you.

An Ceann Comhairle: Would you mind?

Deputy Simon Coveney: This is a crisis for a country that is entering a bailout, just as we faced a crisis that was very costly for the Irish people.

Deputy Finian McGrath: There he goes again, blaming the Opposition.

Deputy Simon Coveney: We are trying to undo some of the damage that was done when those decisions were made. The Parliament in Cyprus has rejected the deal done by its Government and the Eurogroup. I must say that this is understandable, but Cyprus now has a responsibility to find an alternative way to raise money. Those alternatives are being discussed today and will be discussed again tomorrow.

Banks in Cyprus are different from banks in many European countries, given the size of its banking system and the deposits held in same. Compared with the size of the Cypriot economy, its banking sector is approximately eight times larger. Much of that money has come from outside the EU. Indeed, much has come from Russia. It is not easy to apply a normal banking recapitalisation programme to banks that are primarily capitalised with Russian money rather than money from European banks. This complex situation is developing day by day. Countries like Ireland will, in solidarity with countries like Cyprus, search for solutions. If possible, we will try to be helpful in our Presidency, as will the Commission.

There is no easy way out. Cyprus needs to raise significant sums of money to trigger the €10 billion bailout fund on offer. We must monitor the situation and be as helpful as we can be during that process.

Deputy Pearse Doherty: Cyprus deals in the euro. Last June, there was a seismic shift, as this Government called it, in terms of separating sovereign debt and banking debt. Cypriot banks need billions of euro. This is why the bailout is necessary. It has been agreed that the ESM will be the vehicle to bail out eurozone banks. We are hopeful about getting some of our money back because the ESM did not exist when we bailed out our banks.

Is the Government's argument not undermined if, in respect of a small eurozone nation, it signs up to an agreement under which the ESM will not bail out European banks, last June's seismic shift will be forgotten and the small nation must do it all by itself? The Eurogroup will provide Cyprus with a loan of a maximum amount, but the rest must come from increases in taxation-----

An Ceann Comhairle: A question, please.

Deputy Pearse Doherty: -----additional austerity for the Cypriot people and the raiding of bank savings. Does this not make a fool out of the Government's position? If a small nation is asked to take the same measures that we were forced to take a number of years ago, how can we legitimately argue for the retroactive recapitalisation of our banks?

Deputy Simon Coveney: It is true that we are looking for solutions to retroactively get a better deal for the Irish taxpayer for the cost of appalling policy and banking mistakes in this country. The ESM does not exist to solve all problems, regardless of the conditions. It is up to the Cypriot Government to make the case and it is then up to member states within the eurozone to consider the case. The ESM is not necessarily the answer to all problems. A case must be

made and a case must be won in order for the purpose for which the ESM was set up to be used in terms of recapitalising banks. Clearly, that case has not been made and won in the case of Cyprus. Instead, what has been decided and supported by the new government there is that it would be able to borrow €10 billion on the back of being able to raise €6.8 billion. It had signed up to a plan to do that, which involved taxation and a levy on deposits which people have now rejected. It must now seek an alternative to that and it is looking to the country that is heavily involved in its banking system as a potential funder to do that, and it is also looking at other domestic ways in which it can raise money. Let us give it some time to do that and let us give assistance if and where possible in terms of policy options because we have explored practically every policy option in terms of reducing the impact of bank debt on taxpayers.

As much as the Deputy would like to think so, it is not as straightforward as making the case that because the ESM exists and is set up for the right purposes that there is some kind of simplistic solution to shift bank debt into the ESM, regardless of the complexity of the debt.

Deputy Pearse Doherty: Raid the savings.

Deputy Dessie Ellis: The Government should stop paying the CEO of a bank more than €800,000 a year. It is a disgrace.

Deputy Simon Harris: What does that have to do with it?

An Ceann Comhairle: Deputy Halligan should be allowed to make his point.

Deputy John Halligan: Thank you, a Cheann Comhairle.

Deputy Dessie Ellis: The Government would need to cap itself somewhere.

Deputy Patrick O'Donovan: Deputy Ellis should keep the needs out of it.

An Ceann Comhairle: Would the Deputies mind not interrupting and give Deputy Halligan a chance to speak?

Deputy John Halligan: I was contacted in recent days by the owner of a well-known equestrian centre in the south east, Stonehaven. It had run into arrears of €3,000 on a bank loan following a downturn in business. The lady had successfully paid more than two thirds of her repayments last year and continued to make regular, albeit reduced payments, on the loan. However, last week a tractor – crucial to the day-to-day functioning of the business - was repossessed.

I will briefly outline the facts. This was not a company that had washed its hands of debt. It had already paid €42,000 of a €52,000 loan and was making efforts to catch up on the arrears owed despite a substantial decline in business. However, the bank service agent was not happy and, accordingly, arrived in the yard and took the tractor. It is staggering that a viable company that employs 15 people is in jeopardy based on arrears of €3,000 while 167 former bank executives are on pensions of more than €100,000 per annum.

I am in politics for 15 years. I topped the poll twice as a councillor and I have been mayor of Waterford. I am the only Deputy elected from Waterford city. I say that because I meet hundreds of ordinary people – small businesspeople and others in business - every week who tell me that the Government has badly underestimated the anger, infuriation and resentment at how the banks treated people and are still treating people. It is a barometer of what is happen-

20 March 2013

ing all over the country. Let us cut to the chase - advising banks to issue letters to their senior executives seeking cuts to pensions will not achieve anything. A substantial number of those individuals are responsible for the state of the country.

An Ceann Comhairle: We are way over time. Could the Deputy please put his question?

Deputy John Halligan: They have not taken any hit. Will the Government bring forward legislation to force executives of the bailed-out banks to take a cut in their Rolls Royce retirement schemes? If the Government were to do that the entire country would support it. The Government has repeatedly pointed to the constitutional barriers to the reduction of top-level pensions. Will the Government investigate whether a referendum is required to alter the Constitution in order to make the bankers reduce their pensions? Does the Government not understand what is happening throughout this country?

An Ceann Comhairle: The Deputy is over time. He should please resume his seat.

Deputy John Halligan: The Government is not listening to what people are saying or it believes the banks.

Deputy Finian McGrath: Hear, hear.

Deputy John Halligan: Somewhere along the line something has gone wrong when a business could be put to the wall by a bank because of arrears of €3,000 and 15 jobs could be put in jeopardy.

An Ceann Comhairle: The Deputy has made his point. Will he please resume his seat?

Deputy John Halligan: The banks have busted this country.

Deputy Finian McGrath: Hear, hear.

An Ceann Comhairle: The Deputy should please allow the Minister to reply.

Deputy Michael Healy-Rae: He made his point well.

An Ceann Comhairle: I did not ask Deputy Healy-Rae for his comments. Would he mind please not interrupting?

Deputy Michael Healy-Rae: I am entitled to my opinion.

Deputy Simon Coveney: Deputy Halligan did make his point well. It is a fair point. Many businesses in this country have not got fair treatment from banks in recent years. We are trying to rebuild a broken banking system and to force banks to get back into the banking business. That is something they had moved away from as they moved into the business of speculation which was part of the problem in this country.

I am not qualified to comment on the individual case as this is the first I have heard of it. However, it seems to be totally unreasonable to repossess farm machinery on the back of arrears of €3,000. I assume the case is more complex than that. Deputy Halligan must be joking to suggest that anyone on this side of the House is not familiar with the difficulties faced by small businesses at the moment. Everyone on this side of the House hears those stories all of the time. Given that we are in government people expect us to try to respond to them so we hear the stories as much as the Deputy does. We are more than aware of the situation which is why

we have driven reform in the banking system and will continue to set targets and ensure they are met in terms of the level of lending. We will also introduce the necessary legislation to try to ease people's debt management burdens.

On the issue of pay in banks, it is important to state that in many ways it is a separate issue. If one were cut pay in banks, which many would like to see, it would not necessarily mean one would change banking practice in this country. We must do two things. First, make sure that the demands we make of bankers in this country at a senior level are appropriate to the conditions in which we find ourselves. That is why the Government has not broken the cap it set on bank salaries – unlike the previous Government. There has been much coverage in newspapers on the CEO of Bank of Ireland whose contract was put in place in 2009 when a cap did not apply. Since we took office we applied a cap of €500,000 and will continue to do so.

In recent weeks the Government has also made a clear statement to the pillar banks that we want to see a reduction in the salary costs within the banks of between 6% and 10%. We look forward to proposals in that regard from the banks concerned. I assume senior management in those banks will lead by example on any cuts that will apply in the months ahead.

Deputy John Halligan: The Minister suggested that I must be joking. It is not a joke. I deal with people on a daily basis whose lives have being destroyed-----

Deputy Finian McGrath: Hear, hear.

Deputy John Halligan: -----by the banks. Families and businesses are affected. People have taken their lives because of the banks. The Minister completely avoided the question I asked. I expect that everyone in the House would agree with my call - even members of the Labour Party - for legislation to deal once and for all with how the banks are treating this Parliament with contempt. Will the Government put the question to the people of this country in a referendum if it cannot introduce legislation? The Government should check the position with the Attorney General.

5 o'clock

Will the Government, for once and for all, deal with what the banks are doing to people? That is all I am asking. Will the Minister give me a simple "Yes" or "No" rather than a long-winded answer about this and that? Will the Government introduce legislation or offer a referendum to the people if legislation cannot be introduced to reduce the salaries of bankers? What the Government could sensibly do is reduce their salaries and pensions and let the banks go to court. All of the people in Ireland would support the Government in that.

Deputy Simon Coveney: There are two separate issues here. One relates to businesses under pressure and the other to pay levels in banks. We have just had a review of pay levels in banks and actually, for what it is worth---

Deputy John Halligan: The banks are walking all over the Government.

An Ceann Comhairle: Deputy, please.

Deputy Simon Coveney: If Deputy Halligan does not want to hear my ---

Deputy John Halligan: They are walking all over everybody. A girl called to my office this morning at 8 a.m.-----

(Interruptions).

An Ceann Comhairle: Deputy Halligan, please cool down and show some respect.

Deputy John Halligan: The bank are trying to take her house from her. I am upset because of the cases I am hearing about every day.

An Ceann Comhairle: The Deputy may be upset but he must allow the Minister to reply.

Deputy John Halligan: The banks are walking all over us. Enough is enough.

An Ceann Comhairle: Thank you, Deputy. You have had your say. Please allow the Minister to reply.

Deputy Simon Coveney: I will reply to the specific question that was asked. My view and that of the Government is that it is not possible to legislate essentially to undo or reverse contracts that have been signed. That is the position with regard to the CEO of Bank of Ireland. Instead, we have asked the banks to come forward with proposals that will reduce salary levels within banks by between 6% and 10%.

Deputy Aengus Ó Snodaigh: More proposals.

Deputy Simon Coveney: We expect that we will get a detailed proposal on that from the banks in the not-too-distant future.

Deputy Richard Boyd Barrett: Not according to a report in today's *The Irish Times*.

Order of Business

Deputy Simon Coveney: The Order of Business is No.10, motion re proposed approval by Dáil Éireann of An Bord Bia Act 1994 (Levy on Slaughtered or Exported Livestock) Order 2013; and No. 3, Health (Alteration of Criteria for Eligibility) Bill 2013 - Order for Second Stage and Second Stage. It is proposed, notwithstanding anything in Standing Orders, that No. 10 shall be decided without debate and that Private Members' business, which shall be No. 98, motion re disability supports, shall also take place immediately after the Order of Business tomorrow and shall, if not previously concluded, be brought to a conclusion after 90 minutes on that day.

An Ceann Comhairle: There are two proposals to put to the House. Is the proposal that No.10 shall be decided without debate agreed? Agreed. Is the proposal for dealing with Private Member's business agreed? Agreed.

Deputy Michael McGrath: I wish to raise a number of items of legislation with the Minister. The first is the social welfare and pensions Bill, which among other measures will propose changes to the distribution of assets on the winding up of defined benefit pension schemes, which is an issue of growing concern. I ask the Minister to indicate when he expects that Bill

to be taken in this House. Second, when does the Minister expect the national economic and social development office (amendment) Bill to be brought forward?

Deputy Simon Coveney: The national economic and social development office (amendment) Bill can be expected later this year. We expect the heads of the social welfare and pensions Bill to be published in April.

Deputy Pearse Doherty: I wish to ask about legislation that may emanate from the publication last week of the Mercer report. We have the revelation that Mr. Richie Boucher is on a salary of €843,000 and I wish to point out to the Minister that four years ago, his party had a right go at the former Minister for Finance, the late Deputy Brian Lenihan. Indeed, Deputy Richard Bruton-----

An Ceann Comhairle: The Deputy is supposed to be asking about promised legislation. We are not going to go back over the issue of Mr. Boucher again.

Deputy Pearse Doherty: Deputy Bruton accused the then Minister for Finance of “bottling it” when he said that a cap of €500,000 on bankers’ pay was adequate. Fine Gael, Sinn Féin and others all voted to reduce bankers’ pay. The only people who did not vote to reduce it were members of the Fianna Fáil Party. The Government has no problem with threatening public sector workers with legislation to reduce their pay, effectively tearing up the contracts of employment for front line workers, including gardaí, nurses-----

An Ceann Comhairle: What specific legislation is the Deputy speaking about?

Deputy Pearse Doherty: When will we see legislation to reduce bankers’ pay or is the Government bottling it, just as it accused the previous Government?

An Ceann Comhairle: Is there promised legislation in this area?

Deputy Simon Coveney: No. That is my understanding.

Deputy Pádraig Mac Lochlainn: Does that answer apply to both parts of the question?

Deputy Pearse Doherty: This Government is bottling it, just like the previous Government.

Deputy Simon Coveney: Deputy Doherty should stop grandstanding.

An Ceann Comhairle: Deputies, please. We can not have conversations across the Chamber.

Deputy Ciarán Lynch: The legislation being referred to by the Deputy is the Credit Institutions Stabilisation Act 2012. When that Act was passed, it put in place public interest directors in each of the banks that were recapitalised. I suspect that Deputy Doherty was not aware that this legislation actually deals with the matter.

Deputy Seán Ó Fearghail: We are lucky to have Deputy Lynch here to explain matters.

Deputy Ciarán Lynch: One of the public interest directors that was appointed to the banks actually-----

Deputy Pádraig Mac Lochlainn: I cannot believe the Deputy is referring to the public interest directors. That has nothing to do with this. That is a separate issue but a nice try.

20 March 2013

Deputy Ciarán Lynch: -----sits on the remuneration committee of Bank of Ireland and was the director who actually-----

An Ceann Comhairle: That is a separate issue. We cannot deal with this on the Order of Business.

Deputy Timmy Dooley: Perhaps the Deputy could also raise the separate issue of upward only rent reviews, which he championed in opposition.

Deputy Ciarán Lynch: -----passed the pay increase for Mr. Boucher. The question I put to the Minister is whether it is time for the Government to consider amending the Credit Institutions Stabilisation Act-----

An Ceann Comhairle: That is a matter for another day.

Deputy Ciarán Lynch: -----to ensure that when the public interest directors are making such decisions, they get sanction from Government.

An Ceann Comhairle: That is not related to promised legislation, Deputy Lynch. Deputy Boyd Barret please. I remind Deputies that we are dealing with promised legislation.

Deputy Ciarán Lynch: I have put my question very simply and would like an answer.

An Ceann Comhairle: We are supposed to be dealing with promised legislation. We cannot have debates on whether Acts will be amended. If a Bill is on the list, we talk about it.

Deputy Ciarán Lynch: With respect, a Cheann Comhairle-----

Deputy Timmy Dooley: The Deputy should raise it at his parliamentary party meeting.

An Ceann Comhairle: I am abiding by the Standing Orders of the House. Deputy Lynch is the Chairman of an Oireachtas committee and he knows all about Standing Orders. I ask the Deputy to resume his seat.

(Interruptions).

Deputy Ciarán Lynch: This has nothing to do with Standing Orders. I am simply asking the Minister, with regard to the Credit Institutions Stabilisation Act 2012, which put in place public interest directors-----

An Ceann Comhairle: I know all of that.

Deputy Ciarán Lynch: Is the Government giving consideration to amending this legislation?

An Ceann Comhairle: We do not ask about things that are under consideration. We ask about promised legislation.

Deputy Ciarán Lynch: Yes, but two minutes ago, during Leaders' Questions-----

An Ceann Comhairle: That is a different issue.

Deputy Ciarán Lynch: Fair is fair.

(Interruptions).

An Ceann Comhairle: That is a different issue.

Deputy Ciarán Lynch: I ask Deputies to be quiet and listen. They might learn something.

An Ceann Comhairle: This is the Order of Business.

Deputy Ciarán Lynch: I ask the Ceann Comhairle to hear me out and give me a bit of latitude.

Deputy Timmy Dooley: Is Deputy Lynch going to deal with upward only rent reviews too?

Deputy Ciarán Lynch: Under Leaders' Questions a few moments ago, the Minister, Deputy Coveney, said an examination is taking place within the banks with regard to payments. If the banks do not take the issue of payments in hand, the Government will examine the matter further. I would imagine, if the Government is doing that, it will look to the aforementioned Act and-----

An Ceann Comhairle: No, Deputy.

Deputy Ciarán Lynch: -----the role of the public interest directors.

An Ceann Comhairle: I will reply if the Deputy resumes his seat. We are on the Order of Business, which deals with promised legislation, that is, legislation that has been promised by the Government. Deputies can ask about when such legislation is likely to be introduced. Standing up and asking if the Government proposes to amend legislation that is not on the list is not in order under the Order of Business. I suggest the Deputy tables a parliamentary question and if he gets a reply to the effect that the Government is proposing to introduce new legislation, then he will be entirely in order on the Order of Business to raise it. Does Deputy Lynch understand that?

(Interruptions).

An Ceann Comhairle: This is getting out of hand. I ask Deputy Lynch to resume his seat. I am quite clear about this and it applies to everybody in the Chamber. I have made a ruling and am moving on to Deputy Kelleher.

Deputy Richard Boyd Barrett: I was next.

An Ceann Comhairle: I am sorry, Deputy Boyd Barrett.

Deputy Richard Boyd Barrett: As we know, the protests of the Cypriot people have led to their Government rejecting the troika plan to raid their savings.

An Ceann Comhairle: We know all that, Deputy. What legislation does the Deputy wish to ask about? We are not having another speech.

20 March 2013

Deputy Richard Boyd Barrett: This arises under the Order of Business.

An Ceann Comhairle: Under what heading?

Deputy Richard Boyd Barrett: If events, such as those mentioned this morning-----

An Ceann Comhairle: Deputy Boyd Barrett, please resume your seat and do not try to cod me. Sit down please.

Deputy Richard Boyd Barrett: I wish to ask about the possibility-----

An Ceann Comhairle: Please resume your seat.

Deputy Richard Boyd Barrett: -----that Cyprus might pull out-----

An Ceann Comhairle: I ask that the Deputy's microphone be switched off. Resume your seat, Deputy.

Deputy Richard Boyd Barrett: I am asking-----

An Ceann Comhairle: I am not dealing with the Cypriot matter now. We have already dealt with it and it has nothing to do with promised legislation.

Deputy Richard Boyd Barrett: Is the Government going to allow time for a discussion-----

An Ceann Comhairle: Not on the Order of Business.

Deputy Richard Boyd Barrett: -----of this major issue in the next few days?

An Ceann Comhairle: The Deputy should have asked Deputy Halligan to raise the matter on his behalf during Leaders' Questions.

Deputy Simon Coveney: The matter could be raised through the Whips.

Deputy Billy Kelleher: I do not wish to be out of order but-----

An Ceann Comhairle: I hope not. I am getting a bit tired of it.

Deputy Billy Kelleher: I accept that. In the context of Dáil reform, today there were 85 questions-----

An Ceann Comhairle: Dáil reform does not come into it. The Deputy should refer to his Whip.

Deputy Simon Harris: The Deputy should do better than that. What does it have to do with legislation?

Deputy Patrick O'Donovan: The Deputy was going great. Has he something else to speak about?

Deputy Billy Kelleher: I need clarity on the issue. There was a shameful exercise today in the Dáil.

An Ceann Comhairle: I heard the Deputy on the monitor and the Dáil had to be suspended as a result of his behaviour.

Deputy Billy Kelleher: No, it was a result of the Government's behaviour.

An Ceann Comhairle: Resume your seat.

Deputy Billy Kelleher: I just want clarity.

Deputy Patrick O'Donovan: The Deputy's party never did anything like it.

An Ceann Comhairle: You did not listen to the Leas-Cheann Comhairle. Resume your seat.

Deputy Billy Kelleher: I want to know, in the context of promised legislation-----

An Ceann Comhairle: No. What promised legislation?

Deputy Billy Kelleher: -----and Dáil reform-----

An Ceann Comhairle: It has nothing to do with Dáil reform. I call Deputy Ó Snodaigh.

Deputy Billy Kelleher: Dáil reform requires legislation-----

An Ceann Comhairle: Resume your seat.

Deputy Billy Kelleher: -----and it must address the number of questions being tabled by the Fine Gael press office.

An Ceann Comhairle: I call Deputy Ó Snodaigh.

Deputy Billy Kelleher: Everybody knows it was shameful. There were 85 questions written-----

Deputy Simon Harris: He is critical because we are working too hard.

Deputy Patrick O'Donovan: The Deputy was well able to ask questions about County Leitrim.

Deputy Billy Kelleher: -----by the Fine Gael press office.

An Ceann Comhairle: Deputies on the Government side should stay quiet.

Deputy Simon Harris: Sorry.

An Ceann Comhairle: Deputy Ó Snodaigh, I ask that at least one Deputy be in order.

Deputy Aengus Ó Snodaigh: I will try to be, although sometimes it is difficult.

An Ceann Comhairle: Thank you. It would be a breath of fresh air to hear somebody ask about promised legislation.

Deputy Timmy Dooley: We have reached a new point.

Deputy Aengus Ó Snodaigh: I cannot live up to that.

Deputy Patrick O'Donovan: It is a new one.

Deputy Aengus Ó Snodaigh: Promises were made before the last election and in the pro-

20 March 2013

gramme for Government to address an area requiring legislation that would protect jobs. Accessorize and Monsoon will close ten of 18 stores-----

An Ceann Comhairle: Deputy-----

Deputy Aengus Ó Snodaigh: There is a reason behind this.

An Ceann Comhairle: That may be so but to what legislation is the Deputy speaking?

Deputy Aengus Ó Snodaigh: There are 269 jobs at risk.

An Ceann Comhairle: The Deputy should resume his seat.

Deputy Aengus Ó Snodaigh: I will refer to two pieces of legislation.

An Ceann Comhairle: Please switch off the Deputy's microphone.

Deputy Aengus Ó Snodaigh: I will outline the two pieces of legislation, if the Ceann Comhairle bears with me.

Deputy Michael McGrath: Just one question, a Cheann Comhairle.

An Ceann Comhairle: I allowed the Deputy to raise a Topical Issue matter today and he could have used the time to raise this matter. He is not having two bites of the cherry.

Deputy Aengus Ó Snodaigh: This is not a case of having two bites of the cherry. The landlord and tenant Bill is one promised piece of legislation, with the other being the land conveyancing Bill.

An Ceann Comhairle: When will we have the landlord and tenant Bill?

Deputy Aengus Ó Snodaigh: Does the Government intend to have a referendum to deal with upward only rent reviews? We will have referendums in the autumn, which would be an ideal time to have a referendum to deal with the issue. The advice of the Attorney General to the Government has not been published so nobody can understand why the Government-----

An Ceann Comhairle: Resume your seat. When will the Bill be before the House?

Deputy Aengus Ó Snodaigh: -----does not want to comply with the programme for Government.

Deputy Simon Coveney: The landlord and tenant Bill will be published before the end of the year. The land and conveyancing Bill was approved last week.

Deputy Joan Collins: Last week, I asked the Taoiseach if the Minister for Health had received the report on the death of Ms Savita Halappanavar and it was indicated that he had not. Why is that so? The draft report was initially leaked-----

An Ceann Comhairle: What is the question?

Deputy Joan Collins: -----and we were told we would have it in two weeks. Why have we not received it?

An Ceann Comhairle: We do not deal with "why" on the Order of Business. Is there any

information on the publication of the report?

Deputy Simon Coveney: My understanding is that the Minister concerned does not yet have the report. When he does, he will give a copy to the family first before bringing it to the Cabinet. He does not have a finalised copy of the report.

Deputy Joan Collins: It is eight weeks on.

Deputy Michael Healy-Rae: The Ceann Comhairle will be delighted to know that I will be in order.

An Ceann Comhairle: Thanks be to God.

Deputy Michael Healy-Rae: It is very disappointing today to see members of the Garda Representative Association, which represents rank and file gardaí throughout the country, protesting outside the Dáil today.

An Ceann Comhairle: What piece of legislation is the Deputy speaking about?

Deputy Michael Healy-Rae: The question relates to the Croke Park II agreement or promised legislation that the Government is threatening to introduce if there is no agreement. I want confirmation-----

Deputy Simon Harris: About a threat, apparently.

Deputy Michael McGrath: There is promised legislation.

An Ceann Comhairle: The Deputy will get no confirmation if there is no promised legislation.

Deputy Michael Healy-Rae: It is promised.

Deputy Timmy Dooley: It is threatened.

An Ceann Comhairle: What is it?

Deputy Michael Healy-Rae: The Government has indicated it will introduce legislation.

Deputy Michael McGrath: There is no name on it yet, but it is promised.

Deputy Billy Kelleher: It is the “intimidation of public sector workers Bill”.

An Ceann Comhairle: I do not need any help from Deputy Kelleher.

Deputy Patrick O’Donovan: The Deputy’s party never did anything like that.

An Ceann Comhairle: Deputy Kelleher is taking on a major role as rabble rouser in this Dáil.

Deputy Michael Healy-Rae: The Government has said that if there is no agreement, it will legislate.

An Ceann Comhairle: Is there promised legislation?

Deputy Michael Healy-Rae: It is disappointing to see gardaí having to protest outside

Leinster House.

Deputy Patrick O'Donovan: They could be brought in with a family pass.

Deputy Simon Coveney: If legislation is required following the-----

Deputy Niall Collins: Failure.

Deputy Aengus Ó Snodaigh: Rejection.

Deputy Simon Coveney: -----introduction of the Croke Park II agreement, we will update the House when it happens.

Deputy Michael McGrath: It will be required either way.

Deputy Bernard J. Durkan: I have a question on legislation to prevent repeat offending in the criminal world. The bail Bill has been on the books for a long time and was promised during the time of the previous Government. When is it likely to come before the House and have the heads been fully approved and discussed by the Cabinet? A housing crisis exists in the country so will it be possible to indicate when the housing Bill will come before the House?

Deputy Simon Coveney: As a result of the size of the housing legislation, it will be split into three Bills. The first will be introduced in the next session and we hope the other two will come before the end of the year. There is no date for the bail Bill as the heads of the legislation have not yet come to the Cabinet.

Deputy Timmy Dooley: The Minister is aware of the concerns of many citizens living in newly built estates that have yet to be taken in charge by local authorities. Some of these estates require a relatively small amount of work to be completed to allow them to be taken in charge by the authorities. There seems to be a log-jam at local authority level-----

An Ceann Comhairle: About what?

Deputy Timmy Dooley: This concerns the taking in charge of these estates.

An Ceann Comhairle: What legislation are we talking about?

Deputy Timmy Dooley: It is the housing Bill. When is it intended to bring that forward as many people are affected by lights and sewerage services being turned off?

Deputy Emmet Stagg: There is no need for extra legislation in that respect.

An Ceann Comhairle: Many of these questions can be dealt with by way of a parliamentary question. This is the Order of Business.

Deputy Timmy Dooley: With respect, they filibustered the questions process today, as Deputy Kelleher attempted to deal with.

An Ceann Comhairle: Please resume your seat.

Deputy Patrick O'Donovan: The Deputy's party never did that.

Deputy Timmy Dooley: I am trying to be helpful.

Deputy Simon Coveney: The Deputy is one to speak about filibustering. I just answered the question on the housing Bill. The answer would be the same.

An Ceann Comhairle: He probably was not listening. When is it due?

Deputy Simon Coveney: The housing legislation will be split into three parts, with the first of those to be introduced in the next session. We hope the other two Bills will be introduced before the end of the year.

Deputy Seamus Kirk: The CAP agreement was raised during the Topical Issue debate, although I was not around at the time. Will the Minister advise if there will be statements in the House?

Deputy Simon Coveney: We had a Topical Issue debate on the matter today with Deputy Ó Cuív.

Deputy Timmy Dooley: The red carpet was rolled out all day.

Deputy Simon Coveney: We began statements on the CAP last week and the debate is open-ended. That is a deliberate process, and we had approximately 90 minutes of debate before the CAP negotiations last night. I hope to continue the debate for as long as people wish, as it is a significant policy issue and the House must contribute to it.

An Bord Bia Act 1994 (Levy on Slaughtered or Exported Livestock) Order 2013: Motion

Minister for Agriculture, Food and the Marine (Deputy Simon Coveney): I move:

That Dáil Éireann approves the following Order in draft:

An Bord Bia Act 1994 (Levy on Slaughtered or Exported Livestock) Order 2013,
a copy of which Order in draft was laid before Dáil Éireann on 14th March, 2013.”

Question put and agreed to.

Health (Alteration of Criteria for Eligibility) Bill 2013: Order for Second Stage

Bill entitled an Act to amend the Health Act 1970 and to make provision in relation to eligibility for services under that Act; to make provision for the furnishing of personal data in certain circumstances and to provide for matters connected therewith.

Minister of State at the Department of Health (Deputy Alex White): I move: “That Second Stage be taken now.”

Question put and agreed to.

20 March 2013

Health (Alteration of Criteria for Eligibility) Bill 2013: Second Stage

Minister of State at the Department of Health (Deputy Alex White): I move: “That the Bill be now read a Second Time.”

The maintenance of health services is a priority in 2013 for the Government despite the need for significant and difficult financial savings in the health area. It has been our intention that front-line health services would be protected to the greatest extent possible. As part of budget 2013, over €13.6 billion in current funding has been made available to the Health Service Executive for the provision of services. This amount represented an increase of €150 million over the original expenditure targets for 2013, as set out in the comprehensive expenditure review published in 2011. However, despite the extra funding provided, just over €750 billion in savings must be made during 2013. This represents a major challenge for the health services.

The budget strategy has been to achieve savings through efficiencies and reorganisation under the public service agreement, curtailing the growing cost of pharmaceuticals and increasing income generation. The aim of this budgetary strategy is as far as possible to cut the cost of the services and not the services themselves. By way of example, significant savings have been targeted in the cost of prescribed drugs and medicines. Last year’s agreement with the Irish Pharmaceutical Healthcare Association, IPHA, will provide savings in excess of €400 million over a three-year period. The agreement also means significant reductions for patients in the costs of drugs, as well as a reduction in the drugs bill to the State. Separate legislation aimed at reducing the costs of drugs is making its way through the Oireachtas at present - it passed Committee Stage yesterday - and it will introduce a system of reference pricing and generic substitution which will deliver further significant savings in the costs of medicines for the health service.

Budget 2013 set out a wide range of savings that were required, which are made up of a €323 million reduction in the cost of primary care schemes; €308 million pay-related savings; €65 million in increased generation of income by public hospitals; €60 million in net savings on the Department’s Vote; €20 million savings on procurement; and €5 million in other savings. Nonetheless, the achievement of €781 million in savings in 2013 remains difficult. The majority of savings have been designed not to impact on front-line activity. However, we have previously acknowledged that it has been necessary to take a number of difficult measures to ensure that the most vulnerable are protected.

The General Medical Services scheme comprises the GP service and prescription drugs, as well as some other services, where such services are provided to holders of medical cards or GP visit cards. Over recent years, there has been a significant expansion in the GMS scheme. At the end of 2007, there were 1.28 million medical cardholders, while by the end of 2012, there were 1.85 million medical cards in circulation, an increase of almost 600,000 cards, or approximately 45%, over a five year period.

The total cost of the GMS scheme is about €2 billion per year. At the end of 2012, there were about 1,986,000 qualifying people under the GMS. Medical cards make up the majority of this number, amounting to about 93% of the total. Medical cards for persons aged 70 years and over account for about 360,000 individuals, or about 20% of all medical cards. The total cost of services provided to over-70s medical cardholders is approximately €750 million per year, which represents about 38% of the total cost of the GMS scheme.

Under the Health Act 2008, special eligibility rules applying to persons aged over 70 years

were put in place which are more generous than those applying to the standard means-test medical cards. Under the 2008 framework, a single person over 70 years old with a gross income of up to €700 per week, equivalent to about €36,000 per year, qualifies for a medical card. A couple over 70 years old with a gross income of up to €1,400 per week, equivalent to about €72,000 per annum, also qualifies for a medical card. There are approximately 370,000 people aged over 70 years in the State. Given that there are currently about 360,000 medical cards issued to people aged over 70, medical card coverage of the over 70s population is about 97%. In comparison, the medical card coverage of the under 70s population is about 35%.

In the recent budget, two interrelated changes to the over 70s eligibility arrangements were announced to deliver €12 million in savings during 2013 from the €750 million expenditure on over-70s medical cards. The income limit for an over-70s medical card is to be reduced and people who no longer qualify for a medical card will continue to receive a free GP service. In addition, they will qualify under the drug payments scheme to have some of the cost of their prescription drugs met by the HSE. More specifically, the income limit for an over-70s medical card is to be reduced to €600 per week, equivalent to about €31,000 per year, for a single person. For a couple, the income limit for the over-70s medical card is to be reduced to €1,200 per week, equivalent to gross income of about €62,000 per year.

As I stated, those who no longer qualify for an over-70s medical card will qualify for an over-70s GP visit card. A single person over 70 years old with a gross income of up to €700 per week, equivalent to about €36,000 per year, qualifies for a GP visit card. A couple over 70 years old with a gross income of up to €1,400 per week, equivalent to about €72,000 per year, also qualify for a GP visit card. In addition, under the drug payments scheme, the HSE will meet the prescription drug costs of these people in excess of the DPS threshold of €144 per month. It is estimated that about 20,000 people will have their medical card replaced with a GP visit card under the new income rules. Therefore, it is important to note that about 95% of the over-70s population will not be affected by these new rules; 92% of over-70s that qualified for a medical card will continue to have a medical card; 3% of over-70s that did not qualify for a medical will continue not to have either a medical card or a GP visit card; and 5% of over-70s that did qualify for a medical card will now qualify for a GP visit card instead.

The new legislation is specific in that it is only meant to affect a small number of people aged over 70 years of age: single individuals earning more than €31,000 per year or couples earning more than €62,000 per year. The new income limit for a single person of €600 per week is, for comparison, more than two-and-a-half times the single person's basic State pension of €230 per week. The new income limit for a couple of €1,200 per week is, for comparison, more than two-and-three-quarter times the basic State pension for a married couple of €436 per week.

The Civil Partnership and Certain Rights and Obligations of Cohabitants Act was enacted in 2010 to introduce certain rights and obligations for civil partners and cohabitants. It is important that these rights and obligations are also reflected in the legislation relating to the over-70s medical cards and the new over-70s GP visit cards. The necessary amendments to achieve this are also included in this Bill to ensure that spouses, civil partners and cohabitants are treated in a similar manner.

A primary objective of public service reform is to integrate services with a view to providing better service to citizens and greater efficiency for the State. Co-operation between public bodies at national and local level is one of the key pillars to the achievement of this objective. In this context, the Department will continue to support the HSE in its exploration of opportunities

to exchange data with public bodies with a view to ensuring that public services are delivered as efficiently as possible to those who have an entitlement to such services.

One of our intentions under the new over-70s arrangements was to avoid having to unnecessarily contact as many over-70s individuals as possible. Contacting all over-70s would be a very wasteful and time-consuming task, as well as disturbing for the individuals themselves, given that 95% of the over-70s population are unaffected by the new rules. One of the benefits of greater co-operation between the HSE and the Revenue Commissioners is that the HSE will be able to prioritise contacts with higher-income over-70s medical cardholders.

However, the exchange of personal information is more general than just the changes to the over-70s arrangements. The prevention of fraud and abuse of the health service is a very important element of the work of the HSE, even more so in the time of severely limited resources. One of the most effective and efficient ways of targeting cases for review is to electronically match data from other relevant Government Departments and public bodies against the HSE's computer systems. The purpose of this is to identify people who may be holding a medical card to which they are not entitled. In carrying out these data matching exercises, the HSE is obliged to be mindful of its responsibilities to protect the rights and privacy of individuals in accordance with the Data Protection Acts 1988 and 2003.

As I stated at the outset, it is a Government priority during 2013 that health services are to be maintained despite the need for significant and difficult financial savings in the health area. The majority of savings have been designed not to impact on front-line activity. However, it has been necessary to take a number of targeted measures, such as this proposal, to ensure that the most vulnerable continue to be protected.

I commend this Bill to the House and look forward to hearing the views of Deputies.

Deputy Billy Kelleher: The Minister of State might be looking forward to hearing our views but we cannot express any confidence in this Bill. First and foremost, on the aspect of the Bill being published last week, Deputies have been unable to get a copy of it and we are now in the Dáil Chamber discussing Second Stage. Quite clearly, this an unpopular measure the Government is bringing forward. Let us be under no illusions. Nobody in the broader public is embracing this measure. Nobody in this Chamber is supportive of it, but the Government has an overwhelming majority and will ram it through. There has been no discussion on this legislation. It was published last week. There has been no time for stakeholders, advocacy groups and others who represent those in the community who will be directly affected by this legislation. It is inherently a nasty piece of legislation.

The Minister of State, Deputy Alex White, in his opening remarks, stated that the legislation was about protecting the vulnerable, that the Government had to make difficult decisions. The Government had to wrestle with its conscience. It had to look deep into its heart. The problem here is that the Government did not wrestle with its conscience. In particular, the Labour Party did not wrestle with its conscience in the context of the formulation of the last budget. There was an easy way to avoid all of this, in terms of targeted cuts. The cuts to date have been targeted at the most vulnerable. They have been targeted at the over 70s, in this legislation, at home help and at special needs assistants. They have been targeted at all of the areas where people are most vulnerable. The mobility allowance is another such area where they were targeted. Quite clearly, those who have been targeted most by this Government have been the elderly, those with disability and those who require State supports. Any perusal of the budgetary strategy

would indicate that. If the Government really wanted to be fair and equitable and ask those who have most to carry most, it would have had a completely different budget arithmetic brought to this House last year. For example, the universal social charge would have been increased for those earning more than €100,000. That would have realised a major increase in tax receipts and the Government would not have had to bring about some of the insidious and nasty cuts that have been announced.

I do not want to go back over the history of eligibility for those over 70s, but it is interesting. The first one to put a cap on eligibility was the previous Government made up of Fianna Fáil, the Progressive Democrats and the Greens. Previously, it was a Fianna Fáil-led Government that brought in automatic entitlement for those over 70. When, in January 2009, we brought in a more liberal regime in terms of assessing eligibility for medical cards for those over 70, the parties opposite were apoplectic with rage. The Government parties, then in opposition, were beside themselves with anger, indignation and sheer determination that they would campaign to the end to take away the inherent unjust proposal that was being brought forward. The Minister, Deputy Reilly, was furious in opposition at the time when we were bringing in an eligibility income threshold, but a more generous one than that being proposed in this legislation. He stated that those were the people who made this country what it is today, that they raised us, nursed us when we were sick, protected us from violence, grew our food and ran a proud Civil Service.

I find it hard to believe that the Government is bringing this in as it stands. First, there has been no consultation whatsoever. It was announced as a budgetary matter, but one would have thought that the legislation would be published and that there would have been time for Deputies to collect it and read it before it was rammed through the Dáil so that there would be no dissent from Government backbenchers. One would have thought also that there would have been an opportunity for engagement with the broader community and society because this will impact on people's lives.

What I cannot understand is that while the Government speaks about universal health insurance and getting rid of the two-tier system, every policy it has adopted since has provided the opposite and created more difficulty for people. The policy of charging private insurance companies the full cost for patients in public beds will increase the price of private health insurance dramatically to subscribers who are put to the pin of their collar to retain private health insurance. Previously, subscribers have responded to the Government's suggestion that they take out private health insurance to lighten the burden on the public health system and to enable them to access care. Here we have a Government, that is promising to bring in health insurance for everybody while at the same time loading private health insurance against those who are trying their best to lighten the burden on the State in terms of the provision of health care. A total of 67,000 people gave up their private health insurance last year. Any assessment or actuarial analysis of the figures shows that this is quite alarming because it is the younger subscribers, those who are healthiest, who are leaving private health insurance and the burden will fall further on those who retain private health insurance, and there will be a price spiral.

One need not be an economist or actuary to assess the impact of this. One need only listen to Mr. Donal Clancy. He represents a private health insurance company, but he, along with many others such as VHI, GloHealth and Aviva, was quite adamant in his evidence to the Joint Committee on Health and Children. All of the insurers state that this will have a devastating impact on the ability of the private health insurance market to grow, prosper and develop. At the same time, week in and week out, I get a lecture from the Minister for Health that he has a mandate to bring in universal health insurance. He has a mandate, but he certainly did not seek

a mandate to inflate private health insurance and drive families, who are put to the pin of their collar making decisions on whether they will fill the oil tank or whether they will buy essential services and supplies for their house, to decide not to pay their private health insurance. That is what people are doing. The Minister of State should go out to Dunshaughlin or Stamullen. If he goes anywhere in County Meath, he will hear this on the doorsteps. Residents are saying they simply have not got it. Now they are getting a letter through the letterbox. That is a separate issue, but it shows that people simply do not have disposable income. Are we now viewing private health insurance as a luxury? Is this now considered a luxury that one can do without? It is fine. If they do without it, they will fall into the public health system.

My point is the Minister is making decisions that go against everything of which he speaks when he refers to universality. On universal GP care, the problem is this legislation makes it more expensive for people to access their GP and medicines. That simply is the case and there is no way around it. Listening to the opening statement from the Minister of State, who has responsibility for primary care, it is quite evident that a U-turn of massive proportions is being done in terms of the legislation the Minister has presented to the Dáil. At the same time, the Government is promising free GP care for everybody. If we cannot afford to look after those who, as the Minister stated, made this country what it is today, how does he expect us to believe that the Government could afford to provide free GP care to everybody? It simply does not add up.

It is time that the Government stopped this delusional approach and had a rational debate on how we fund the health services. I am the first to accept there are budgetary constraints on the Government. We all realise the difficulties the country faces, but the critical issue is how we apportion funding and taxpayers' money, who we decide are vulnerable and who we decide we should care for. As a member of the Labour Party, I am amazed the Minister of State, Deputy White, is coming forward with this legislation. He should have fought tooth and nail with the Minister in the corridors of Hawkins House not to present this legislation in terms of the budget arithmetic because it is inherently unfair, if we are talking about universality.

All the statistics on the number of GP visits show clearly that older persons will visit their GP more, will access medications more, will have higher incidence of chronic diseases and need chronic illness management. This legislation will impact disproportionately on older persons. It will have a profound impact on those who built this country, and I quote none other than the Minister for Health.

When one goes through the legislation, there is another little nasty nugget in it. We talk about democratic accountability in this Chamber, but I do not believe anybody believes that anymore. The Bill will allow a Minister without ever having to come into the House again to decide to change the eligibility criteria for those on medical cards. Up until now a Minister had to come into here - brazen and with a brass neck possibly - and explain to the House why he or she was changing the eligibility criteria and reducing people's entitlements and rights. However, with one fell swoop this legislation takes that democratic accountability away. If we pass the Bill, we will allow the Minister, whoever it might be, to decide without any further approval to change criteria and reduce medical card eligibility. Most people inside and outside this Chamber could not accept that. It simply gives a Minister too much power to decide without having to explain the rationale behind it to a democratic assembly.

The Bill is contrary to stated Government policy as outlined in the programme for Government and is a U-turn of massive proportions. Just as importantly, it denies public representa-

tives the opportunity to speak on changes to eligibility to medical cards and GP-only cards. We will be opposing the Bill and urging everybody else to oppose it. As the Minister of State well knows, its provisions can and will be abused. There is more mention of the Minister for Public Expenditure and Reform than anything else with phrases such as “with the consent of the Minister for Public Expenditure and Reform”. Where are we going? We are giving a *carte blanche* for responsibility for budgetary matters. Removing accountability of any form must be genuinely reconsidered. We will be opposing the Bill on Second Stage. The Government may make its case for changing eligibility. However, the democratic deficit will be forever enshrined in the legislation if passed and is a shameful exercise in itself regardless of the attack on the older people. Equally, there is an attack on the ability of democratically elected public representatives to at least have an opportunity to speak and defend those who are vulnerable and for the Minister of the day to come into the House and explain his or rationale for changing eligibility criteria. The Minister of State knows in his heart and soul that is wrong for many reasons.

Deputy Alex White: It is based on the CPI.

Deputy Billy Kelleher: While the Minister of State may say it is based on the CPI, the Minister can still decide at any time he likes to change the criteria. It does not need to be based on the CPI at all.

Deputy Alex White: The Minister has to act rationally. The Deputy should read out the section.

Deputy Billy Kelleher: He can decide to change eligibility criteria without any legislative change, which is simply unacceptable.

On the broader issue of access to our health services, the GMS costs approximately €1.9 billion a year and is clearly a drain on resources. However, at the same time the Minister has told us - as a Minister and as a GP - that access to a GP is critical. The first port of call is to a GP and should go unhindered as much as possible.

Deputy Alex White: We are not taking that away.

Deputy Billy Kelleher: He previously said that access to medicines is critical. He expressed serious concern when we applied a 50 cent charge on prescriptions. He vehemently opposed that and said it was an appalling attack. He said that measure alone could discourage people from going to their GP and on to a pharmacist to get their medicines on the medical card. He said the 50 cent charge was a barrier to people accessing possibly life-saving medicines. My problem is that charge is now €1.50 and is a bigger barrier to accessing life-saving medicines. What has changed between March 2011 and March 2013? In two years it has gone from 50 cent to €1.50 and the monthly ceiling has been raised to €19.50 so people have to pay that much in prescription charges prior to being exempted. What was promised and what has happened are at variance in many cases. It is hugely at variance in the context of free GP care for everybody. Universal health insurance and all the Government legislation and proposals that come to this House are simply not credible when one considers the commitments in the programme for Government. The health care commitments in the manifestos prior to the general election are fundamentally at variance with the programme for Government.

Last week, the Minister for Health waved at me an interim document on universal health insurance the Government had published. There is nothing in that.

20 March 2013

Deputy Alex White: Did you read it in the meantime?

Deputy Billy Kelleher: I read it initially.

Acting Chairman (Deputy Seán Kenny): It would be better if we spoke through the Chair.

Deputy Billy Kelleher: If the Acting Chairman read it, he would be amazed. It was basically a press release that got a little bit longer and he had to keep filling things into it - timelines, commitments made, 2016, etc. It is utterly farcical that we are discussing small hospital frameworks, the establishment of hospital groups and universal health insurance when the Minister has not even a notion of what he is doing. The Labour Party's proposal was for a social insurance model for universality. The Minister for Health, on the Fine Gael side, is proposing that private health insurers would fund health cover in the years ahead. If we are to change fundamentally how we are to fund our health services, one would think the Minister for Health would have an idea as to what he is doing. He should have been able to publish some form of vision of where he is going. We are two years on and are still awaiting a White Paper on universal health insurance and I do not know how close we are to it being published. In the meantime we have a health service that is being dragged from pillar to post in terms of the Minister's whims about how it is to be funded and the direction it is being taken, which is simply not credible.

For all its faults and ills, the Health Service Executive was established on the premise of having a centralised system giving strong governance to health and removing it from political interference. Every day of the week something else comes out about political interference in the delivery of health care. These are not allegations but statements of fact - primary care centres, hospitals in Wexford and Kilkenny, etc. These are things happening on a continual basis. While we have limited resources, we need absolute certainty that decisions on the basic provision of health care are not being made for political reasons. I accept Ministers always make representations - nobody is denying that. However, when resources are scarce and decisions are being made to prioritise hospitals, we need clear accountability and clear criteria laid out to ensure they are awarded on the basis of need as opposed to political decisions or whatever goes on behind closed doors at Cabinet.

The Health Service Executive (Governance) Bill also gives the Minister significant powers. I cannot understand why the Government is doing this. It beggars belief that it is now introducing legislation to give sweeping powers to the Minister in the governance of the new health structure. It provides that the Minister may decide on many issues. I accept the Minister should have accountability to the House here but he should not be able to direct where health services should go. This is a dangerous road to go down, one in respect of which Fianna Fáil was criticised in the past. To introduce legislation in this Chamber which will give a Minister more power in terms of the running of the health services is fraught with danger. This Bill also gives the Minister extraordinary powers to, if he or she so wishes, reduce people's rights and entitlements. For all those reasons, I urge caution.

Older and Bolder and many other organisations representing people at the coalface also have difficulty trusting what the Government says. Only last year the Government launched an all-out assault on home helps. It withdrew home help hours from those who most needed them, and in an arbitrary way with promises of reviews and instructions to the HSE regarding the process of reducing hours. The Minister of State, Deputy White, and I know that people's lives were turned upside down during the time home help hours were reduced dramatically, in some cases without prior notice. I know of an 85 year old who was told by way of letter that his

home help hours were being reduced from eight to four hours. There was no consultation with the man concerned. This type of behaviour is unacceptable.

I am concerned about the implementation of policy decisions by the Department and how they impact on people on the ground. During the past two years, Members of the Opposition have been highlighting and pinpointing the difficulties in the medical cards process. I accept there have been some improvements. The Minister of State's predecessor, Deputy Róisín Shortall, gave a commitment in January 2012 to address the issues people were experiencing in accessing emergency medical cards. There have been some improvements. However, on the broader issue of medical cards, there is a lot to be desired.

On eligibility, during the 20 years I have been a Member of the Oireachtas I always assumed, obviously wrongly, that a person diagnosed with cancer was entitled to a discretionary medical card on health grounds. Following representations which I made previously to the former health boards, patients were awarded a card on discretionary health grounds. I have received representations from a woman diagnosed with cancer who, despite having had a double mastectomy, cannot get a medical card. I have previously brought this to the attention of the Taoiseach in the Dáil and have, at his request, forwarded the information to him. I have also raised this issue by way of parliamentary question, the response to which has been that the woman concerned does not qualify for a medical card because she does not meet the income criteria. However, I did not ask if she met the income guidelines, rather I asked if a medical card could be provided on discretionary health grounds. This situation is repeated throughout the country.

The Government should following this debate, and having endured the whims of the Opposition in highlighting these issues, seek to rectify the situation whereby people with life threatening and often life limiting illnesses are being refused discretionary medical cards because they are over the income qualifying criteria. Like many other Deputies, I had always assumed such people were entitled to a medical card. The reason this was assumed is because previously people were given discretionary medical cards on health grounds. This entitlement has been reduced dramatically. There has been much mention from Government and others of the increase in the number of medical cards granted. The reason for this increase is the downturn in the economy, which means more people qualify on income grounds. The Government needs to give serious consideration to the issue of discretionary medical cards on health grounds. It needs to undertake deep analyses of the blockages and the reason people diagnosed with bowel cancer and so on, who are over the limit by only a few euro, are being refused cards. I have outlined many instances in this regard in the Dáil and have, as I stated earlier, forwarded the information to the Taoiseach, at his invitation.

Why can such people not get a medical card? Why is it that in this day and age, taking account of all our difficulties, people with serious life threatening and in many cases life limiting illnesses cannot because they are a few euro over the income criteria obtain a medical card? The power to grant medical cards on a discretionary basis has all but been abolished. There is no doubt but that this is the result of a policy decision by the Department of Health to save money. The bar, in terms of eligibility on health grounds, has been raised so high people cannot qualify, resulting in their having to not only suffer the difficulties of their illness, but the financial vagaries of life in terms of dealing with it. It is shameful that this Government has chosen to make it almost impossible for people to qualify for medical cards on a discretionary basis. This is being said not alone by me, but by Deputies on all sides of the House and advocacy groups.

20 March 2013

On the Government's comments around changes in eligibility, income guidelines, fair budgets and having looked deep into its heart to ensure there would not be an attack on the vulnerable, in my view a person who has been diagnosed with cancer and has had a double mastectomy is vulnerable, as is the person diagnosed with bowel cancer and the person with a life limiting illness, yet they are being refused medical cards. The Government should be addressing this issue in this legislation. It should also address therein the issue of eligibility for people with life limiting illnesses.

There were alternatives in terms of how the health services and government services in general could be funded. The Labour Party almost walked out of Government. Labour Party Ministers walked out of the discussions, down the corridor and then went back in again. I am still puzzled as to the reason they went back in. I have asked myself on numerous occasions what it is they went back in for. It has been said that the reason they walked out is the Labour Party wanted an increase in tax on those earning over €100,000 and that they fought very hard for it, including walking out of the discussions. However, when the budget was presented, the only change in terms of income revenue raising measures was a reduction in eligibility for people over 70. There was no increase in tax for people earning over €100,000.

What changed? Why did the Labour Party Cabinet Ministers turn around and run back to the Cabinet table? I would like an answer to that question. I will never get it because of Cabinet confidentiality, safety in numbers, running back to the herd and taking cover in the flock. What I do know, however, is that the budget did not address fairly the imbalance in our society. It disproportionately affected those on low incomes. The Minister of State, Deputy White, need not take my word for that. The ESRI has said the last two budgets were the most regressive in recent years. While Fianna Fáil in government introduced fairly tough budgets, they were not as regressive as were the last two budgets introduced by this Fine Gael-Labour Party Government.

This issue is another indication of this Government targeting groups as opposed to showing genuine solidarity by ensuring those with the widest and broadest shoulders bear most. As I said, the ESRI stated that the last two budgets were regressive. This legislation is further proof that when it comes to making decisions this Government chooses to hit people with disabilities, older people and other vulnerable groupings in society as opposed to standing up, being brave and making decisions that will ensure that those who have most pay most. This Bill is not part of any such measure and I reject it.

6 o'clock

Deputy Caoimhghín Ó Caoláin: Citizens could be excused for believing this Bill is more accurately named than most legislation which presents in these Houses. The Health (Alteration of Criteria for Eligibility) Bill is not about the medical card in one's pocket; it is about the eligibility for health. This is what it comes down to in real terms for real people, citizens throughout the land.

The Minister of State, Deputy White, must hand it to his senior colleague at the Department of Health for sheer brass neck. The Minister, Deputy Reilly, has it all. We saw evidence of it here earlier this afternoon, with the nakedly obvious efforts he and his associates employed to close down ministerial accountability to the Dáil and the people. This was the Minister who made much of his stated intent to restore ministerial accountability on taking office, but this afternoon we saw a flagrant effort to stymie the opportunity for Opposition voices to hold him to account here in the Parliament of the land. There are buckets full of evidence from which to

choose with regard to the Minister and brass neck.

In 2001 and 2002, he was head of the Irish Medical Organisation's GP section. He spoke publicly against the decision of the then Fianna Fáil and Progressive Democrats Government to extend the medical card without means test to people aged over 70. He then negotiated a hugely lucrative deal for general practitioners to provide care for these new over 70s medical card holders. Fast forward to 2008, when the Fianna Fáil and Green Party Government tried to row back on universal over 70s medical card entitlement, they quite rightly met a huge wave of opposition from older people.

Sinn Féin supported the over 70s non-means tested medical card because we consistently support the principle of universal eligibility for health care free at the point of delivery for all. Therefore, when the threat to withdraw it was made, we stood with older people in opposition. So too did the former Irish Medical Organisation negotiator, by then Fine Gael and Opposition health spokesperson, Dr. James Reilly. The then Deputy Reilly did not mince his words, as he rarely ever did on these benches over that time. He stated the threat to withdraw the over 70s card was a vicious attack and a savage assault on the elderly. I spoke from the Opposition benches also, as my party's health spokesperson, and I heard his words as I did at protest events organised by Age Action and others. When the Fianna Fáil and Green Party Government was forced to back down and introduce the current over 70s medical card scheme based on an income limit, then Deputy Reilly stated it was a desperate climbdown, that their efforts were tinkering with income limits and that it was nowhere near good enough.

The Minister, Deputy Reilly, championed Fine Gael's fair care health policy with its promise of universal primary care. The Fine Gael and Labour parties achieved a record mandate in the general election of 2011 on the basis of manifestoes which promised to greatly extend, and make universal, entitlement to free primary care. This is a laudable objective. In the Fine Gael and Labour parties' programme for Government we are told universal primary care will remove fees for general practitioner care and will be introduced in the Government's term of office. We are also told access to primary care without fees will be extended in the first year to claimants of free drugs under the long-term illness scheme at a cost of €70 million; access to primary care without fees will be extended in the second year to claimants of free drugs under the high-tech drugs scheme at a cost of €15 million; access to subsidised care will be extended to all in the next phase; and access to care without fees will be extended to all in the final phase.

The Minister, Deputy Reilly, promised the first phase, including the extension of free primary care to claimants of free drugs under the long-term illness scheme, would be in place by the summer of last year, but it was not as we well know. The explanation given was drafting difficulties because of the change from entitlement based on income to entitlement based on forms of illness. In the autumn of last year we were told by the Minister it was still on track and that there would be a Bill. Here we are today, 20 March 2013, and there is no Bill yet presenting to extend free primary care in any way whatsoever. On the contrary, we have this legislation, the Health (Alteration of Criteria for Eligibility) Bill 2013 which is designed to reduce the number of citizens entitled to free primary care under the medical card scheme.

Deputy Alex White: But not to GP visits.

Deputy Caoimhghín Ó Caoláin: The Minister for Health, Deputy Reilly-----

Deputy Alex White: Does the Deputy accept this?

Deputy Caoimhghín Ó Caoláin: We know very well what it says about entitlement to the medical card and the care this entails. We must remember it is all about health. The Minister for Health, Deputy James Reilly - I do not need to remind Minister of State, Deputy White, of the picture I painted which is absolutely accurate - has come full circle, from IMO opponent of universality for over 70s, to IMO beneficiary of it, to vociferous Dáil opponent of change to it, and now to imposing a further restriction on the scheme leading to thousands of older people losing their medical cards. This is some journey.

Again and again in opposition, the Minister, Deputy Reilly, quite rightly pointed out that restricting action to primary care was penny wise and pound foolish, because older people would suffer poorer health outcomes and require more hospital visits, inpatient care and residential nursing home care. Time after time these were his words, yet now in the very same manner as the people he condemned time and again, namely, his Fianna Fáil predecessors, he brings forward a Bill to restrict medical card access, a so-called savings measure which will undoubtedly, as the Minister believed when in opposition, adversely affect the health of our older citizens, a view I still hold. Just as the Fianna Fáil row-back on the over 70s did in 2008, this Bill will cause confusion and distress to many older people. The question is what other categories, based on income or otherwise, are to follow. That is a valid question to ask. Heretofore we have been told that it will be the category of over 70s with an income in excess of €600 and others. Who are these others?

Already we know that the HSE is tightening up on the issuing of discretionary medical cards. I learned today of a mother with a young child who has Down's syndrome and a serious heart condition. He is entitled to a long-term illness card but also had a discretionary medical card based on medical need. The mother has now been told that her child is no longer entitled to the medical card, even though his condition and circumstances have not changed and will not change in any way through his lifetime.

Another mother with a child who has a rare condition decided not to fight what is for many a long and weary battle for a discretionary medical card. She chose instead to await the promised extension of free primary care to long-term illness patients. She is still waiting and, sadly, will continue to do so.

The main provisions of this Bill will reduce the income threshold for assessment for an over 70s medical card from €700 per week to €600 per week for a single person and from €1,400 per week to €1,200 per week for a couple. Those in the €600 to €700 weekly income bracket will be assessed for an over 70s GP visit card, as the Minister of State indicated.

This Bill does not implement the programme for Government, but rather the will of the troika as interpreted by this Government in the contents of its budget for 2013 and in the HSE's so-called national service plan for 2013. It is not a service plan but could be more accurately described as a plan for slashing services. Of the total of €721 million in cuts in this plan, a massive €383 million - not the €323 million as suggested earlier - is being cut from primary care. That is a huge cut which, in the minds of any reasonable person, makes a mockery of the Government's so-called reform programme which it claims has primary care at its centre. That incredible claim holds no water any more.

The Minister, Deputy Reilly, signed off on a plan that will deprive some 40,000 people of medical cards in 2013. How many more people will be similarly deprived thereafter as the income criteria for receiving a medical card are changed? This is a further attack on people on

low incomes. In his reply, perhaps the Minister can indicate how many people the Department of Health estimates will lose medical cards as a result of this Bill. If it falls short of the 40,000 figure that has been signalled repeatedly, including in the HSE's national service plan, where will the others come from? Will they include that young child I described earlier who rightly had succeeded in securing a discretionary card based on medical need?

No doubt we will be told that the numbers of people with medical cards is increasing and is at an all time high. We are all aware of that but I understand the reasons. It is because people's incomes have plummeted with mass unemployment and a prolonged economic recession brought on, I acknowledge, by the last government and prolonged - all too sadly and despite all the promises - by the current Fine Gael-Labour coalition. Even at the current low income threshold for a medical card, the numbers are increasing. This Bill and other measures no doubt being contemplated by the Government are designed to restrict access where possible. What cards are they still holding to their chests? This is exactly the opposite of what was promised by this Government when it took office. It is nothing but a further health cutback from a Government whose health policy is in total disarray.

We still do not know what shape the Government's proposed universal health insurance scheme will take or how it is to be funded. We know it will be based on competing private, for-profit insurance companies. I find it incredible that Labour would even countenance that. Far from bringing us fundamental reform, this Government is continuing the regime of health cuts and health privatisation of its predecessors.

The other provisions in this Bill relate to cohabitants to bring the law into line with the provisions of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010. These are necessary and welcome. We do not have a difficulty with the other provisions in the Bill regarding the exchange of personal data information between Departments and the Revenue Commissioners, nor with the data protection provisions. These latter provisions could easily have been made in a separate Bill and are essentially extraneous to the main purpose of this Bill. They are not a neat fit. The main purpose of this Bill is, without question, to further restrict access to the medical card entitlement. On that basis, Sinn Féin will oppose the Bill's passage at every Stage.

Deputy Richard Boyd Barrett: I wish to share time with Deputy Seamus Healy.

Acting Chairman (Deputy Seán Kenny): Is that agreed? Agreed.

Deputy Richard Boyd Barrett: I am implacably opposed to this move to erode further universal health care to the over 70s. A brass neck attitude seems to abound in this House both on the Government side and on the main Opposition party benches when it comes to this issue.

As the saying goes: "By their deeds and words you shall know them." If one was to state a case against what the Government is doing, one would not have to do more than cite the motion tabled here by the current Minister for Health, Deputy James Reilly, on 21 October 2008.

One need only consider the arguments he made against Fianna Fáil's effort to remove universal health care for pensioners, that is, for all those over 70. Indeed, what Fianna Fáil at the time was trying to do was even worse. Initially it planned to remove completely automatic entitlement to a medical card for those over 70. That was its initial proposal, which was met with utter outrage by the pensioners of the nation and many others who came out on the streets and, like the people of Cyprus, showed the effectiveness of mass protest. Within days, they

had terrified the Fianna Fáil Government into backtracking on its atrocious plan to do away with automatic entitlement to medical cards. I certainly hope that in response to this effort, the pensioners will do the same again and, if they are alerted to what is going on, will come out onto the streets.

At the time, both Fine Gael and the Labour Party stood with the pensioners at the demonstrations and expressed the same outrage at what Fianna Fáil was proposing to do. Not only did they express outrage at the original drastic proposal to remove automatic entitlement for all those over 70, they also expressed outrage at the revised position Fianna Fáil adopted as a result of the protests. They, and specifically the now Minister, Deputy Reilly, asserted that even in the face of considerable backtracking on the part of the Government, which conceded that only those over the threshold of €36,000 per year would not be entitled to the medical card, this was neither acceptable nor good enough. The then Deputy Reilly then tabled a motion in the Dáil demanding “immediate reversal of the Government decision to withdraw the automatic entitlement to a medical card from citizens aged over 70”. He made the point that his policy and that of Fine Gael was there should be universal entitlement. He made this point without qualifications or buts or thresholds or eligibility criteria. He stated there should be universal entitlement to medical cards for all those over 70 and that “Fine Gael supports the policy of universal health care for all”. While I will quote further from his contribution in a moment, the Minister for Justice and Equality, Deputy Shatter, stated: “To suggest that an individual with €36,500 gross is among the super rich is such a warped view of income as to defy understanding.” The threshold that Government proposed was €36,000 but yet the current Administration proposes to reduce it to €31,000. I will quote further from the Minister, Deputy Reilly, who, commenting on the motion he tabled, stated:

The principle is simple; universal health care for everyone over the age of 70. Those are the people who made this country... They raised us, nursed us when we were sick, protected us from violence, grew our food and ran a proud Civil Service. Are we to repay them by taking away something which was freely given?

He continued that “with the loss of their medical cards, many of those affected... may not take their medicines regularly. If they end up in hospital as a result, one day’s care will negate any saving made to the Exchequer”. He stated that “for the sake of €20 million”, which is the same figure this Government projects will be saved by the measure under discussion, “we are sacrificing the principle of universality in health care for the over 70s”. He then asked, “What is next?”, thereby pointing to the slippery slope once one begins down this road. He stated:

It makes no sense to remove the medical card from the over 70s. It is important to point out that the removal of the card is in direct contradiction to the stated aim of the Minister... of supporting people at home and in the community, thereby avoiding hospitalisation.

One really could not put it any more clearly and he was absolutely right. I have nothing to add to that but this measure is an utter betrayal of those words. It reveals those words to have been hollow and cynical and as another ruse to fool the people. It was a ruse to fool the pensioners and to gather in the votes of those who rightly took to the streets against the outrageous plans of Fianna Fáil to take away their automatic entitlement to medical cards. It was a case of cynically saying what those people wished to hear before going into government to do the exact opposite. Moreover, the Government is doing even worse than the action to which Fianna Fáil fell back as a result of those protests. It really is outrageous and as I have indicated in the aforementioned quotes, someone who is earning more than the threshold being proposed, namely,

€31,000, was not super rich. Such people were nurses, doctors or teachers, that is, ordinary people and there should be no threshold which would debar them from automatic entitlement to a medical card.

In response to all these points, Members opposite of course will note that they will get a GP visit card, which mitigates against the unfairness and injustice and many of those points the Minister, Deputy Reilly, rightly made at the time. However, even if one gets a free visit to a GP, one still may be obliged to pay out a lot of money for medication and for items such as ‘flu vaccines, public health nurses, community nurses, hearing aids, physiotherapy, dentistry or services for one’s eyes, namely, for all those items that people are far more likely to need as they move into their elder years. Moreover, all those items are before one counts the possible costs of ending up in hospital. This was the point the Minister, Deputy Reilly, made himself at the time. It is the point he made to Fianna Fáil when its members referred to the thresholds in an effort to justify them. He noted there were significant potential costs for elderly people, above and beyond the cost of going to a GP, and, therefore, there should be no question of eligibility criteria, thresholds or anything else but it should just be a straightforward and simple principle in respect of the people over 70, who have made a massive contribution to the State. As the Minister then pointed out, the generation to which I refer are those who paid 60% tax for most of their lives and who were obliged to put up with interest rates of 15% on their mortgages. This generation has already made significant sacrifices but now the Government intends to ask them to pay again and to take away this entitlement, which they deserve richly as a reward for the lifelong contribution they have made to the State and society. However, the Government intends to take that away from them, which is absolutely outrageous. As the Minister, Deputy Reilly, pointed out at the time, what next? Once one takes away the principle of universality, he asked, “what is next?” We are on the slippery slope. At the time, he asked about the €20 million in savings and I must read out this classic quotation on the savings. He stated “Some €20 million, and much more besides, could have been secured from the bankers who got off very lightly.” He went on to state:

An additional €100 million or €200 million from that source would not have gone astray. Instead, however, the Government went after the elderly whom it perceived as the soft option.

This is extraordinary as one simply could not put it better, more succinctly or more accurately. Was he right then or was he simply playing people?

Was this just another cynical trick pulled on the elderly in this country or did he mean it? There is no doubt that his words were correct, yet now he has simply torn up those promises. That was a promise. Fine Gael and the Labour Party said that their policy was universal entitlement to all health care, and all costs of health care, for all pensioners. They put down motions to that effect in the Dáil. That was a promise to the people of this country whose votes those parties were seeking. Then they go and do this to them, the exact opposite of what they said, and try and justify the very things they railed against when in the Opposition. That type of stuff is not just a cruel kick in the teeth for the pensioners of this country, but it has brought politics into disrepute. The reason people are so utterly alienated from the political system is that politicians think it is okay to play fast and loose with the truth and with their supposed principles, manifestos and so forth to cynically secure votes and then just abandon those policies completely and do the reverse. Really, it is shameful.

Incidentally, the Minister, Deputy James Reilly, went further at the time. It was not just

20 March 2013

pensioners. He said: “My personal belief is that once Irish citizens [not just Irish citizens over 70 but all Irish citizens] have adequate food, clothes on their backs and roofs over their heads, they should be entitled to proper access to health and education regardless of their status, creed, race or religion.” That is absolutely right. However, now we are establishing eligibility criteria for pensioners and reducing the eligibility and rights of those pensioners. It is not just all the citizens that the Minister referred to, but the pensioners. It is simply unacceptable.

How does it make sense to do this against the background of this Government having committed itself to universal health cover and free general practitioner care for everybody? I do not understand how it can square this, and all for €20 million. At that time the Members opposite asked the Fianna Fáil Government about the €20 million which it said it would save through that measure. That Government could never show the savings. Can this Government show the savings?

Deputy Alex White: We are not removing the GP visit card from anybody.

Deputy Richard Boyd Barrett: No, but the Minister is saying that the saving that will result from changing the eligibility criteria will be approximately €20 million. The Fianna Fáil Government used the same figure at the time as a result of reducing the income to €36,000. The Minister is saying that reducing it from €36,000 to €31,000 will save €20 million.

Deputy Alex White: I will get the numbers for the Deputy.

Deputy Richard Boyd Barrett: Coincidentally, it is the same figure. The Minister condemned that Government for that-----

Deputy Alex White: It is €12 million this year.

Deputy Richard Boyd Barrett: It is even less.

Deputy Alex White: It is €24 million in a full year. I am not chiding the Deputy, just drawing his attention to the figure.

Deputy Richard Boyd Barrett: I have no problem with that. The figure is about the same as the saving that the then Government claimed, and the current Minister, Deputy Reilly, railed against it. He told that Government that it was doing away with the principle of universal health care for the sake of a miserable €20 million, which it could have got from the bankers. Now, this Government is doing the same thing. It is an utter betrayal of the principles the parties in this Government expounded, and there is no justification for it.

I hope the pensioners will rise up against this. We will oppose the Bill, but words in this House seem to count for little, whether one is in opposition or in government. The only thing that made any difference on the last occasion was the fact that the pensioners took to the streets and forced Fianna Fáil to backtrack. I suspect the only thing that will force this Government to backtrack on this attack on the concept of universal provision is doing the same thing.

What is the alternative to this? It is what the Minister of State, Deputy White, and the Minister, Deputy Reilly, said at that time, universal health provision. How should it be funded? This is the same argument as applies to the issue of removing child benefit. If the aim is to take from those who can afford it, it should not be done at the price of the principle of universal health care. The same amount of money, indeed much more money, could be raised through having higher levels of taxation on higher earners. The Government could achieve in a fairer

way the savings or the extra revenue it seeks without sacrificing that critical principle, which the Minister upheld until he took office. I appeal to him not to betray yet another principle. There cannot be another principle that is more important than the principle of universal health care, particularly for pensioners and the elderly who have contributed and done so much and who deserve to be rewarded with at least the security that they will be looked after and all the costs of their health care will be provided.

I hope the Minister will reconsider this, but I doubt it. Nevertheless, hope springs eternal.

Deputy Seamus Healy: I object and draw attention to the manner in which this legislation has been brought before the House. It was published late last week. Deputies scarcely had time to read the legislation and certainly did not have time to consider it properly or to consult with stakeholders. The Minister and the Department were absolutely unreasonable in the manner in which this legislation was put before the House. We were told that the last general election was a democratic revolution. Any revolution is based on information. It is another U-turn on the part of this Government that it would bring legislation before the House at such short notice, giving both Opposition and Government Deputies little or no time to consider or consult about it. It is absolutely outrageous behaviour and is, again, another U-turn by the current Government.

Deputy Boyd Barrett outlined the history of the hypocrisy surrounding this issue on the part of the Minister, Deputy Reilly, the Minister for Justice and Equality, Deputy Shatter, and others. Everybody also recalls the grandstanding and outrage of the Leader of the Labour Party at the time, the Tánaiste and Minister for Foreign Affairs and Trade, Deputy Eamon Gilmore. He did his usual grandstanding and outrage act in the Dáil. Now there is a U-turn on that. It is a fact that both the Tánaiste, Deputy Gilmore, and this Government have again reneged on the positions they held and promises they made in that election and, indeed, in the programme for Government. Politicians, politics and political parties are being brought into disrepute on a daily basis because solemn promises and commitments made to the electorate in the course of a general election are being reneged on. Young people can no longer trust or believe statements made by politicians.

The Minister of State trotted out the old, dishonest argument that cutbacks are needed. It is especially dishonest of the Labour Party to make this argument which must be rebutted at every opportunity. The Government continues to have choices. This is a very wealthy country, with significant numbers of wealthy individuals who do not pay their fair share of taxation. In recent days, we learned that the chief executive officer of the Bank of Ireland receives an annual salary, excluding additional payments, of approximately €690,000. Last week, the Minister for Finance informed me that 10,000 individuals have a combined income of almost €6 billion per annum, giving an average annual income of €595,000. Moreover, a further 20,000 individuals have a combined annual income of €8.742 billion per annum, giving an average income of more than €400,000. These extraordinarily wealthy people do not pay their fair share of taxation, yet the Government refused to impose any tax increases on them in the previous budget. We were told the Labour Party was prepared to walk out of government on this issue, but it did not do so. Even if we were to take 10%, 15% or 20% of the incomes of the wealthiest individuals in Ireland, they would remain extremely rich.

The Central Statistics Office informs us that the top 5% of earners made a profit from the recession, both in terms of income and assets. Last Sunday week, the *Sunday Independent* reported that in the past two years the richest 300 individuals in the country had increased their

20 March 2013

wealth from €50 billion to €66 billion. Despite this, we do not have a wealth or asset tax. There are, therefore, choices. We could, for example, take on the rich and powerful and properly tax their income, assets and wealth to properly fund the health service. The Government, specifically the Labour Party, should have made this choice.

On the basis that it expounded a policy of universality and free general practitioner care for all during the general election campaign, people expected the Government to introduce a Bill to implement its policy commitments. We could have at least expected it to implement some reasonable measures, for example, the provision of free general practitioner cards for people with long-term illnesses. The Government told us such a scheme would be in operation by June 2012, yet there is no sign of the relevant legislation. It is clear that legislation to reduce eligibility can be introduced at the drop of a hat, whereas there is always a problem with drafting or some other aspect of legislation when one wishes to extend eligibility.

In addition to a provision implementing its promise to introduce free GP visit cards for people with long-term illnesses, we could have expected the Government to abolish prescription charges given that it was ostensibly opposed to the charge when it was introduced. Rather than abolish the 50 cent charge, however, it chose to increase it to €1.50 per item. It now costs people in poverty, including those on an income of €188 per week, up to €19.50 per month for medicines.

We could also have expected income limits for medical cards to be increased given that they have not increased since 1 January 2006. The only reason for the large increase in the number of medical cards issued in recent years has been the increase to 430,000 in the number of people who are unemployed and, as such, automatically entitled to a medical card.

The current income limits for medical cards are out of date. A person with income in excess of a social welfare payment will not be eligible for a card. For instance, the current limit for a single person aged up to 65 years is €184 per week, which is below the minimum social welfare rate. The figure for a married couple is €266.50, which is also below the social welfare rate. One would have expected the Government to increase these income limits.

Members, in particular, members of the Joint Committee on Health, have consistently made the case to the Minister and Health Service Executive that people suffering from serious illnesses such as cancer should receive a discretionary medical card. Prior to the centralisation of the medical card system, people with serious illnesses were able to obtain a discretionary medical card. Unfortunately, that is no longer the case. I am informed that applicants in this category have been told the only way they will obtain a medical card is if their general practitioner certifies they are terminally ill, which is outrageous.

I ask the Minister to consider the issues I have raised. We expected and should have been given some amelioration of the position in regard to the issues to which I have referred.

Deputy Liam Twomey: A previous speaker indicated that the legislation is rushed and stakeholders were not given an opportunity to discuss it. This is a pity because no mention has been made of the ongoing debate outside the House on the issues of eligibility and universality. Instead, we have heard tit-for-tat commentary, point scoring and remarks about what the Minister, Deputy Reilly, stated or did not state. Were we to hold this debate up to ourselves like a mirror, we would see that we did not have much to say about future eligibility and entitlements.

I expected the figures to be discussed further. Some 42% of patients over the age of 70 years

have private health insurance, 47% of patients under the age of 70 years have private health insurance, 90% of patients over the age of 70 years have medical cards and 36% of patients under the age of 70 years have medical cards. Approximately 70% of people aged less than 70 years must pay for their own health care costs. Surely the House should debate this issue. People with young families are not being looked after as they should be, yet this debate has been focused on people aged over 70 years.

For this reason, primary care reform is important. Not only must we continue to look after the health care needs of elderly patients, but we must make resources available to those under the age of 70 years to prevent the types of health problems that have exploded in recent years. When I qualified as a doctor 20 years ago, the issues of obesity, diabetes, blood pressure, cholesterol and a lack of exercise were discussed, but they were not central concerns. Now, some schoolchildren are significantly obese. The cholesterol plaques that lead to heart disease begin to form in one's teenage years. We will see an explosion in the incidence of heart disease among younger people. Diabetes is being diagnosed in people in their 30s and 40s. Some 20 years ago, cases were only seen in people in their 50s and 60s.

More people need medical cards and should be able to access general practitioner, GP, services, yet we have not held a discussion on eligibility for health care services or on universality. We should not be discussing elderly people alone. We must debate the available resources. There is no point in discussing what we should be doing in terms of health or education without referencing the available resources or how resources can be shifted. To do so would be to continue with our silly arguments and tit-for-tat rubbish. It is easy to see why no one has any interest in paying the House's proceedings attention, given the ráiméis that I have had to put up with in this debate.

Deputy Alex White: Hear, hear.

Deputy Liam Twomey: Many resources are aimed at people aged over 70 years, but no one has suggested giving a medical card to every child under the age of five years. What about the young parents who are unsure about whether their children are sick because the latter cannot express what is wrong with them? No one believes that there is a need to discuss such people. Sinn Féin has its usual approach - give everyone whatever he or she wants.

If anything has come through in this discussion, it is the fact that a blatant political stroke was pulled when a medical card was given to everyone aged over 70 years without there being any policy to support the move or any view of what the ideas of eligibility and universality constituted in a health care, educational or other setting. We are now hearing the usual commentary that we heard during the past decade, for example, whether that measure was right. It does not matter.

No one has mentioned the suggestion of a patient safety authority. Most democracies have such authorities. We are in the process of developing one. I raised the issue a number of years ago. The former Minister, Ms Mary Harney, established a commission to get the idea off the agenda. The current Minister, Deputy Reilly, is considering the idea seriously. Such an organisation would look after patients.

Much of what has been mentioned about the Minister being able to change eligibility and universality under this legislation is not technically true. It is a question of how these parts of the legislation work. After a bad week, the Minister will not change everything on a whim or

because someone annoyed him. We need a better approach, for example, a patient safety authority. Such an approach would work. For example, the Mental Health Commission has revolutionised how the health service perceives patients with mental health issues. It has removed the paternalistic view that the doctor always knows what is best for people with mental health issues. Those people know their illnesses well, but they are also vulnerable. The commission has made a difference.

If we are to be progressive in how we manage health, we should establish a patient safety authority that would consider questions of eligibility for accessing services. The medical card is not just about GP care. It also determines whether a person gets to see a public health nurse. One's entitlement to a range of services is automatic when one has a medical card. If one does not have a medical card, one is not entitled. For example, if a retired schoolteacher happens to have some savings and presents to me for bad leg ulcers, getting a public health nurse to see him or her is difficult, as he or she is not entitled to that service. We should discuss issues such as this and determine how to move them forward.

Maternity care is a free service for every woman. One is entitled to free GP and hospital care while one is pregnant and for up to six weeks after one's child is born. If we are really discussing how to move the concept of eligibility onwards, let us consider extending this service in the next budget so that the child is protected for up to one year after birth. In the following budget, change that to two years. In the subsequent budget, change it to three years.

Let us start considering what "universality" means. We can put income limits on that provision if, for example, the view is taken that Deputies with young families are too prosperous to have it extended to them, but we should consider how to provide services for everyone else in society.

All of the commentary in this debate has been reactive on the issues of the elderly, people with long-term illnesses and the Minister's remarks a number of years ago. Nothing new has been added to our considerations. The parties' representatives should meet the many societies that are considering this issue and are suggesting that legislation should be put in place to underpin service delivery for patients, albeit not necessarily free GP care for everyone. We should consider what we can do for our citizens at all times.

I hope that the economic crash of recent years will be a blip in our history. It will not crash like that again, 250,000 people will not become unemployed in the course of a few years and 600,000 husbands, wives and children will not need medical cards because a Government made a royal mess. If we debate matters now, put certain principles in place and underpin universality, we could build year on year. I had hoped that ideas such as this would be discussed during this debate.

We know what will occur in terms of primary care. I am not privy to what the Minister or the Minister of State, Deputy White, think on this issue, but I have a fair idea about how primary care works. GPs will be paid less to look after more patients. There is an expectation that practice nurses and other health care professionals will do more primary care work and that GPs will have an overarching role in patient care. There will be greater co-operation and, I hope, value.

Primary care teams and primary care buildings are not the only solution to making primary care work. They are an expensive solution and other options are available. The 300 additional health care professionals who have been promised are vital, particularly because deficiencies

have been identified in certain areas. The HSE failed to provide universal health care. Universality does not mean that everyone should have everything. Rather, it means that we should all have the same chance in light of the level of resources that are available. County Wexford should have the same number of speech and language therapists as County Galway. We should have the same level of occupation therapists as County Waterford. That there are seven times more occupational therapists in County Waterford than there are in County Wexford is amazing, given the fact that it is just across the river from us. The HSE failed to do what it was supposed to do.

7 o'clock

That was a strong criticism of it. Even though I was very critical of the HSE I am aware it developed its corporate memory and corporate structures to the extent that it was managing to work better than was previously the case.

The Minister of State, Deputy Alex White, is very much in favour of the collation of information. A significant amount of information is generated in primary care. With few changes the Department of Health could access the information. At this stage 90% of general practitioners are computerised. All payments should be made on the Internet. Disease coding should be introduced and applied to every single patient. A chronic disease management programme should be introduced for patients. That would require a new contract with GPs but that is not impossible and has been done previously. There is no reason why it could not be done again. We would get a tremendous amount of information were such a system to be introduced. We could identify pockets of the country where health needs are greatest. We would know about the prevalence of heart disease, diabetes and obesity instead of assuming we know, having the HSE second-guessing or spending large amounts of money to find out such information. The information would be readily available from the 22 million consultations carried out by GPs every year. We are not collating the information in the way we should.

The Minister of State, Deputy White, visited the Caredoc service in County Carlow to see how such a system works there and how the health service could be run like any other business. The service does not need to be erratic or all over the place. One can identify trends in health care but we are not collecting the information. That would add hugely to how we make decisions on eligibility and make medical cards and other services part of universal health care. That is the type of thinking and discussion we should have in the Chamber. That discussion is happening outside of the House. Instead we get nonsense about who said what, who did this and that and who did not do this or that. That is a pity. The argument about private health insurance and what went wrong with it in terms of community rating dates back to 2006 and a court case BUPA took to Europe about the initial legislation that was introduced. We must acknowledge that the issue is tricky and difficult to work out.

Prescription charges were raised and comments were made about the Government being uncaring. I read a report concerning a call by the Irish Pharmaceutical Union for its members to collect drugs its patients had not used that were out of date and lying around in cupboards in people's homes that should not be there. The campaign was run for three months and three tonnes of unused medication were collected. It would save a significant amount of money if we had a better system of monitoring drug use, patient compliance with taking medication and prescriptions were not given out willy-nilly that are not necessary and are going off in cupboards at home. Rather than having a bog standard political debate about the Government increasing charges and Members quoting back what Government party members said four years ago, let

us examine whether there is another way to improve compliance by talking to patients about how to make the system work. That would reduce our drugs bill and thereby reduce the approximately €300 million worth of cuts we must make in the primary care system this year. It would also reduce the €2 billion we spend on primary care. A remark was made by a Member of the Opposition that the €2 billion spent on primary care was just fiddled away. A good service is provided. However, it is true that a significant amount of waste is still ongoing in the way medication is used in primary care and the hospital system. A remarkable amount of waste is evident in how we deliver health services to patients. When I began in general practice I had no practice nurse and one secretary. A significant amount of the work I did then is now done by the practice nurse. That change has taken place in a considerable number of general practices so even though there has not been a significant increase in the number of GPs in recent years there is still an increased amount of throughput in general practices because of the improved system of organisation.

If hospitals were to organise themselves as well as the primary care sector significant savings could be made there also. That is not to say there is not scope for further efficiencies and a better use of the expertise of doctors and nurses in primary care, which is still to come. The debate in which we should engage in the House is how we can make the primary care system work better. If we make the necessary changes to primary care it will reduce the amount of cuts that are required elsewhere. We must be efficient in what we do. Some efficiencies are driven by the hospital sector and others are caused by it. Some of the efficiencies were based on a protocol on how patients should be X-rayed so as not to waste X-ray resources. Equally, we could introduce protocols on how we take routine blood samples from patients so that we do not just take a blood cholesterol test because a patient has not turned up for six months or that we carry out a full blood count, FBC, test because a patient looks a bit pale from a hard weekend in Galway. There is a need to examine how we can make the health service work. If we do that it will improve our opportunity to provide more services for patients and possibly at no cost. That is how a free GP care service will be delivered over a number of years.

I accept legislative issues require to be dealt with, but the issues that exist in primary care have not been examined either by this House or any political party. I hear much about the need for free GP care and suggestions by the Opposition on what we should do but nobody has set out a structure for how that is to be achieved. Nobody has provided an action plan. Both the Minister, Deputy Reilly, and especially the Minister of State, Deputy Alex White, share a desire to understand how the system works and to roll out an action plan to make it work. That must be the focus of the debate in this House. In so doing, patients will say we are relevant to what happens in their lives. I urge Members to steer clear of what has passed for debate in the past hour and a half.

Deputy John Browne: I welcome the opportunity to speak on the Bill. I listened with interest to Deputy Twomey, who is also a doctor. I agree with many of the issues he raised, in particular about home help, community nursing and primary care centres. However, I am not in favour of many of the measures being introduced by the Minister. When he was on this side of the House he was critical of what Fianna Fáil did in power. I will not spend my time criticising the Minister, Deputy Reilly, who has done so many U-turns that he has gone beyond criticism.

I wish to bring to the attention of the Minister of State, Deputy White, the issues that require attention. Older people have suffered dramatically in recent budgets due to cuts in ESB allowance, fuel allowance and to many other areas that affect them. Many organisations representing older people are concerned that the Minister is implementing changes to medical card eligibility

without any discussion with stakeholders. It is important that the Minister would engage with groups such as Older & Bolder which wish to support and assist him with ideas and suggestions on how to save money without implementing the cuts proposed by him in certain areas.

One area that should always be exempt from cuts to medical card eligibility is cancer care. On a number of occasions in recent months we raised issues relating to cancer patients not being granted medical cards. Serious discussion is required on the issue. Many cancer patients cannot afford their disease treatment and others use their entire savings to pay the associated costs of treatment. Cancer should be treated as a chronic disease in the same way as multiple sclerosis, MS, and other long-term illnesses. As we know, when people are suffering from cancer it can cause many problems within the home. In many cases people have to hire in home help and child minders to take care of their children. They also incur enormous costs travelling to and from hospital for treatment. In some instances, their spouses have to spend time at the hospital too, paying for overnight accommodation and so forth. I ask that discussions take place with those involved in the treatment of cancer to ensure that it is easier for cancer sufferers to get medical cards. In fairness to the HSE, it must be said that those dealing with medical card applications try, where possible, to help those with cancer to acquire a medical card. However, the delays that sometimes occur can result in major burdens being placed on families.

I do not know what the Minister intends to do with the savings to be made from these changes. This Bill has been rushed in but reference was made to a saving of €12 million for the latter half of this year and €24 million in a full year. Will some of that money be diverted to the home help service, which is particularly important for older people? In Wexford there is no money available for additional home help hours and we are only in March. I was told at a recent meeting with the HSE that a new applicant will only be given home help hours if an existing service user dies or has his or her hours reduced. This is an area that merits serious examination. It is a matter of grave concern that in the month of March there is no budget for home help in Wexford and I am sure it is the same in many other counties.

Deputy Twomey mentioned nurses in the community and perhaps Deputy White could lean on the Minister for Public Expenditure and Reform, Deputy Howlin, to consider releasing community nursing from the current recruitment embargo. Community nursing is very important in terms of keeping older people in the community and out of long-term care or hospital. However, in every area of Wexford - I am sure it is the same in other counties - there has been a reduction in the number of public health nurses. As a result, the remaining nurses are not in a position to provide the services that are needed. Deputy Twomey alluded to that and the fact that people are finding it very difficult to get public health nurses to call to their homes. When older people are discharged from hospital, they are not getting the after-care they need because of the scarcity of public health nurses in the system.

I have a problem with primary care centres. Many doctors have upgraded their practices in recent years. Others have amalgamated with colleagues and provided their own one-stop-shop for health care. There are often two or three doctors, a nurse and other trained medical staff. In many cases, doctors have provided their own primary care centres without any Government support and in that context, I am not sure that we should be wasting money on the provision of primary care centres. Furthermore, in some areas, doctors are not one bit interested in getting involved in public primary care centres. They want to stay in their own upgraded practices.

I could say that this Bill is shameless, scandalous and that these changes should not happen but they will happen because the Government has a majority. This Bill will be passed and the

number of medical cards will be reduced. In that context, I wish to focus on what will happen with the money that is saved. There was uproar recently with regard to the withdrawal of the mobility allowance for people with disabilities. I ask the Minister of State to use whatever influence he may have to ensure that the mobility allowance is restored to people with disabilities as quickly as possible. I know there is a four-month window but many people with disabilities are worried about what will happen at the end of that period. It is important that funds be restored immediately to that particular area to ensure the continued independence of people with disabilities. There are approximately 200 families in Wexford who will be affected if nothing happens at the end of the four months. I am hopeful that the Minister for Health and his Ministers of State will have enough sense and concern to make sure that people with disabilities have their mobility allowance restored.

I have written to the Minister a number of times about a practice which the Minister himself has said should not be happening but which is continuing to happen, namely, doctors charging medical card patients for blood tests. Charges range from €10 to €20. The Minister has told me that this is not allowable under the GMS rules but I know of doctors who are charging their patients. Doctors should be brought to heel in this regard. If they are not entitled to charge for blood tests for medical card patients, they should not be allowed to do so. The practice is widespread in my own county and it is important that it is dealt with forthwith.

I am concerned that the Bill gives the Minister for Health the power to further decrease the income thresholds for medical card eligibility without Dáil approval. In the past, the Minister for Health had to have Dáil approval for changes to income limits and could only increase, rather than decrease, the income limits. This Bill puts the Minister in a very powerful position whereby he or she can reduce the income limits for medical cards whenever he or she feels like it. If the Exchequer is not meeting its budgetary targets for 2014, will the Minister just decide, with the stroke of a pen, to further decrease the income limits for medical card eligibility?

Another area of concern is the data exchange agreement between the HSE, the Department of Social Protection and the Revenue Commissioners. The Revenue Commissioners are becoming the most powerful body in the State. They cause havoc for people in the area of revenue and have recently been given responsibility for the collection of the property tax. Revenue will now also be providing information to the Department of Health on people's incomes. I ask the Minister to explain how this will work and how any data protection concerns will be addressed. What discussions, for example, have taken place between the Department and the Data Protection Commissioner? I am concerned that so much information will be shared and exchanged and I believe that, at the end of the day, older people will suffer as a result.

I am opposed to this Bill in principle but recognise that it will be passed whether I like it or not, because the Government has a majority. However, I would like to see the moneys saved being spent on the areas I have referred to and, in particular, on elderly people. If older people are going to suffer cuts in one area, I would like to see them benefit in other areas. They have already felt the effects of the trebling of prescription charges, the sharp reduction in the income thresholds for the over-70s medical card and the reductions in the value of their household budget packages, all of which is having a serious impact.

I could read out all the things the Minister for Health said in 2008 when he was in opposition, when thousands of people were on the streets protesting about the reduction in the income thresholds for medical cards for those over 70. I will not do it because it might embarrass Deputy Reilly, although he is not easily embarrassed. He did a lot of jumping up and down and

that stage, saying the then Government was callous, uncaring, a disgrace and so forth.

The Minister has made great play of the fact that generic drugs will become much cheaper but the cost of such drugs in Ireland is a scandal. I got a prescription recently that was filled with a generic drug but when I compared prices, the saving in purchasing the generic drug over the branded drug was €1.20. The Minister of State should take that on board and tackle the companies providing generic drugs in this country. The cost of these drugs is way above the cost in England, Spain and other European countries, and we should consider why that is so.

People with disabilities who were in receipt of the mobility allowance should be the priority for the Minister of State, Deputy White. The Government must restore their funding within the four-month timeline set out by the Minister.

Deputy Peter Fitzpatrick: I wish to share time with Deputy Bernard Durkan.

Acting Chairman (Deputy Thomas P. Broughan): Is that agreed? Agreed.

Deputy Peter Fitzpatrick: The Health (Alteration of Criteria for Eligibility) Bill 2013 seeks to reduce the income limits for medical eligibility for people over 70 and introduce new measures for data sharing between the HSE and the Department of Social Protection, as well as the HSE and the Revenue Commissioners. Overall, nearly 43% of the national population has free access to GP services under the general medical services, GMS, scheme. As of 1 February 2013, there were 1,855,797 medical cards, equating to over 40% of the national population, with 130,301 GP visit cards, representing nearly 3% of the population. Expected activity in 2013 with regard to medical cards and GP visit cards reflects a Government commitment to address rising costs in the medical card scheme and to rebalance medical cards. It also takes account of the roll-out of GP care without fees, as promised by the programme for Government. The expected total number of medical cards at the end of 2013 will be 1,921,245, with the expected total of GP visit cards at the end of 2013 at 265,257.

This Bill will reduce income limits for medical card eligibility for people over 70 to €600 per week or approximately €31,000 for a single person, or €1,200 per week or approximately €62,000 per year for a couple. Those who lose medical cards as a result of this will become eligible for a GP visit card and the HSE will also meet prescription drug costs in excess of the drugs payment scheme threshold of €144 per month. There are approximately 370,000 people over 70 in the State and approximately 360,000 medical cards issued to people over 70, giving medical card coverage of approximately 97%. In comparison, the medical card coverage of those under 70 is approximately 35%. This policy change will leave approximately 92% of the existing medical card holders over 70 unaffected, with approximately 20,000 medical card holders over 70 continuing to receive free GP services instead of a medical card.

The changes proposed in this Bill will happen in the context of a broader health service reform, including the phased introduction of free GP care for all and the introduction of universal health insurance, planned for 2016, which will effectively end the two-tier health system. The Bill allows for data sharing between the HSE and the Department of Social Protection, as well as the HSE and the Revenue Commissioners. The Bill includes provisions for sharing of personal and sensitive data between the bodies for the purpose of assessing and reviewing eligibility, entitlements and liability for taxes and charges. The Data Protection Commissioner must be consulted before data can be shared.

The legislation also proposes to change the manner in which those over 70 who have ob-

20 March 2013

tained separation are assessed for eligibility. Those separated over 70, although legally married, will be assessed as a single person. Their assessment will also take account of any maintenance payments. The proposed approach is similar to that used by State bodies like the Revenue Commissioners.

Acting Chairman (Deputy Thomas P. Broughan): Deputy Durkan has 16 minutes.

Deputy Bernard J. Durkan: Some of that will be used tomorrow. I am glad to have the opportunity to speak to this important legislation. It is particularly distressing for any Minister to have to introduce cuts in health services for older people, and any cut is always felt by this vulnerable group, which is more prone to illness. That is understandable. The Minister and his Minister of State, Deputy White, are clearly very conscious of that. Nevertheless, it should not go unnoticed that the number of medical card holders expected at the end of this year will be 1.9 million, as opposed to the current number of 1.8 million.

I have listened with interest to the heart-wrenching allegations of hardship from the Opposition all evening but I do not understand the comments. This is a corrective measure within the system to try to make the budget meet requirements that will be greater than they were in the year gone by: it is about being able to pay for services until the end of the year. The expected number of GP visit cards being used at the end of 2013 will be 265,000, as opposed to the current figure of 130,000.

I am not sure where the outrageous indignation that has been expressed by some parts of the Opposition in the past hour or so has come from. We are all aware of how difficult it is for people to function now. This Minister of State and others must be watching with incredulity nevertheless. In the past two years, the total cost of motions proposed in this House by the Opposition would have had a total cost of between €12 billion and €15 billion. That would be on top of the current budget deficit of between €12 billion and €15 billion. The grandiose proposals, which appeal to the hearts and minds of the people, would only double our current budget deficit. Nevertheless, it was never mentioned in the House that those actions would create more hardship for the people, including those who currently have medical cards but who would lose them if we continued on that way.

There was a time when the Opposition would be asked what to do but that seems to have gone by the wayside and nobody seems to ask that question now. Those opposite only seek more spending, and not one person from the Opposition has put forward a single proposal to raise revenue. They are only appealing to the public and arguing that everything is all right because we can get more money from banks or another group of individuals. They want to pour more money on so-called troubled waters. It is about time to be honest with the people of this country and we must tell them how it is. When those opposite were in power there was a promise to extend medical cards to everybody over 70. That promise was made just before an election, and such statements served their purpose.

Debate adjourned.

Acting Chairman (Deputy Thomas P. Broughan): The Select Committee on Justice, Defence and Equality has completed its consideration of the Criminal Justice (Spent Convictions) Bill 2012 and has made no amendments thereto.

Disability Services: Motion [Private Members]

Deputy Finian McGrath: I move:

That Dáil Éireann:

recognises that, according to Census 2011, 13% of the population is coping with a disability;

accepts that the percentage of people with a disability who complete second or third level education is much lower than the comparative figure for the general population;

acknowledges the census figures which show that 4.1% of the population is providing unpaid assistance to others and that 2.3% of carers are under the age of 15;

condemns the Government for its abolition of the mobility allowance, which is a vital and essential resource for so many;

believes that the disability sector has been unfairly targeted and has shouldered a disproportionate cut to income and services;

recognises that many voluntary organisations have seen their budgets slashed by as much as 25% and are now under severe financial pressure;

deplores the 40% cut for grants to help older people to adapt their homes; and

calls on the Government to:

- reverse its decision on the mobility allowance and grant or, alternatively, set up a new scheme with immediate effect;

- fulfil all disability-related promises made in the programme for Government;

- give a guarantee to all those depending on disability supports that their income will now be protected and no further cuts will be made to this sector;

- bring forward modern legislation during 2013 to replace the outdated Lunacy Regulation (Ireland) Act 1871;

- review access to education for people with disabilities with a view to improving current rates;

- engage constructively with groups representing the disabled and give firm commitments as regards services and personal assistants; and

- treat all citizens in a fair and equitable manner.

20 March 2013

I welcome the opportunity to move this Private Members' motion on the urgent need to support all people with a disability. This motion puts down a marker on the way we treat citizens of this State and reminds us of the need for equality and respect and the duty to enjoy and actively support diversity in our society. It also offers a vision for an inclusive Ireland that should guarantee the rights of all citizens. This is about our children, our sons and daughters, our brothers and sisters, our neighbours and family members.

The motion is also about two core issues in any democratic society, health and education. It is also about getting away from the charity syndrome and putting the rights of the disabled at the top of the political agenda. We have had the talk and all the old guff; now we are demanding action. We have set out clear objectives on the needs and put forward common sense solutions. I challenge any Member of this House to say we cannot do this in a clear, transparent and, in particular, a fair way.

I speak as the parent of a daughter with an intellectual disability who wants to see all citizens respected and guaranteed their rights under the Constitution. It is time for clear choices and decisions. Is it right that disabled citizens and their families, who pay their taxes, must fight, kick and scream, or sit outside the Dáil in the cold and rain, to get basic services? Is it right for a young, severely disabled man to have his five day service reduced to three days per week because of the actions of greedy senior bankers or developers? Is it fair that services like St. Michael's House, ChildVision or Prosper Fingal must keep cutting back services while others get pay increases or walk away with a pot of gold? These are the decisions in this debate on funding. These are the fundamental questions and running away from them is not an option. Tonight, the Independent Deputies stand with the disabled. Tonight, we fight to defend their interests and this motion sets ours aims out clearly.

The motion states that Dáil Éireann recognises that, according to census 2011, some 13% of the population has a disability. We also accept that the percentage of people with a disability who complete second or third level education is much lower than the comparative figure for the general population. We acknowledge the census figures that show 4.1% the population is providing unpaid assistance to others and that 2.3% of carers are under the age of 15.

We condemn the Government for its abolition of the mobility allowance, which is a vital and essential resource for so many. We believe the disability sector has been unfairly targeted and has shouldered a disproportionate cut to income and services. We recognise that many voluntary organisations have seen their budgets slashed and are now under financial pressure.

Tonight, I call on the Government to reverse its decision on the mobility allowance and grant or, alternatively, to set up a new scheme with immediate effect. I call on the Government to fulfil all disability-related promises made in the programme for Government, key promises made at the last general election. This Government was elected with that mandate, as I was myself. I also call on the Government to give a guarantee to all those depending on disability supports that their income will now be protected and no further cuts will be made to this sector.

The Government must bring forward modern legislation during 2013 to replace the outdated Lunacy Regulation (Ireland) Act 1871 and review access to education for people with disabilities with a view to improving current rates. I welcome John Dolan from the Disability Federation of Ireland here tonight and I call on the Minister and Government to engage constructively with groups representing the disabled and to give firm commitments as regards services and personal assistants. Finally, we demand that all citizens be treated in a fair and equitable man-

ner. This debate is about equality. It is about justice and giving people the rights to services and supports.

The following services will be needed in the period 2012 to 2016. Most service needs are recorded as being immediate. A total of 217 people who are currently without support require day services or activities, including home support. Eight of these are first-time requirements for home support services. There are 10,153 day places that need to be changed or enhanced, including 486 people who currently have a day place but have an additional requirement of a home support service. I was given these figures by the HSE in the last few days.

In the next five years, 2,248 people without residential placements will require such a placement on a full-time basis. Most of these needs are immediate. There are 2,865 residential places that must be changed or enhanced, for example, a resident in a residential centre who requires a move to a community group home setting. When it comes to residential services, 2,040 require residential support services for the first time. They will also need 1,701 residential support places to be enhanced. These are the basic issues.

There are more than 13,000 people registered as blind in the State. More than 50% have not had access to mobility training or services that would enable to live more independently. That is one group of people that must be prioritised. The voluntary group Irish Guide Dogs for the Blind is currently in the middle of its fund-raising campaign but is short €3 million. When we hear figures like that, and the €10 million spent on the mobility allowance, and we then hear figures like the €600 million that could be brought in if we took action on the illegal trade in cigarettes, it is clear that measures could easily be put in place that would address these funding shortfalls.

Many organisations are struggling to stay afloat, incurring financial deficits. There is evidence of reinstitutionalisation and concern about the reduction in the quality and quantity of services. Organisations are experiencing more and more difficulties in maintaining essential services. There are cutbacks in respite at weekends and some respite houses have been closed. There have been cuts in transport and further cuts in funding will result in service reductions. All these fears were outlined in the minutes of a meeting held with parents on the northside of Dublin by an organisation that provides services for 267 adults with an intellectual disability.

Accessible Community Transport Southside Limited has operated for the past ten years on a not-for-profit basis. ACTSLtd. offers door to door transport services for those with disabilities and mobility difficulties across the south and west of Dublin as far as the city centre with a fleet of ten wheelchair accessible minibuses. It has almost 1,600 members, many of them using large motorised wheelchairs, who cannot avail of public transport or wheelchair taxis. Many of the members are dependent on the mobility allowance to pay ACTSLtd to bring them to hospital appointments, doctors' appointments, dental appointments, shopping and social events. If, as seems likely, the Department abolishes the mobility allowance, it will have a catastrophic effect on the lives of many disabled people and rob them of their independence and quality of life. That is the issue that is of concern to me: people being robbed of their quality of life. If we believe in equality and the rights of citizens, these are the key issues people are asking us to raise. Last Christmas day, eight minibuses were travelling south and west Dublin from early morning, with the majority of members using that mobility allowance to pay for the journey. These are vital issues.

Mary Doherty, the parent of a child with Down's syndrome, recently asked me to ask Min-

isters some simple questions. Can the Minister of State, Deputy Kathleen Lynch, tell me why a child with Down's syndrome does not automatically qualify for resource hours and a special needs assistant to help him or her navigate through mainstream school? Can she tell me why a Down's syndrome child has to fail assessments in order to have a chance of getting the resources and assistance he or she requires? Can she tell me why a Down's syndrome child is not rewarded for his or her achievements by providing him or her with all the necessary resources and assistance to build on and nurture these achievements? Can she tell me why a child with Down's syndrome is not afforded every opportunity to reach his or her full potential and be the best that he or she can be? Can she tell me why a child with Down's syndrome is getting forced out of inclusion in mainstream school and into special schools? Finally, the parent asked, can the Minister of State tell me why a child with Down's syndrome is denied the right to a fully resourced inclusive education system but instead is left isolated in classrooms without the necessary supports? These are the issues the parents are raising. These are not coming from Members of the Oireachtas. These are coming from parents.

Following the budget, there was a major reaction to the respite care grant being reduced by €325. Is that justice, is it fair? At the same time, there was €3 million spent on special Government advisers, many of whom are paid in excess of the promised limits. When one puts those figures together, this equates to 300,000 home help hours or other hours in support of those with disabilities.

I will read a letter from Ms Aoibheann Gill, who is another person with a disability. She writes:

I am a disabled woman, having acquired a disability ten years ago, aged 29. I have battled for my life, my recovery and against very dark days since 2003. I have even had to fight for a temporary medical card for medication to keep me alive. I know what it is to be able-bodied and I know only too well how limiting life is as a disabled woman whose mind functions but whose body does not respond. It seems that this Government is determined to plunge my already compromised life into the darkest of places.

Why is the Government making it so difficult for those of us who are not even mobile enough to get out and take action? Is it because we're the easy target and we can be scorned in our supposed simplicity? The Government has not challenged the wealthy, it has not targeted the problem in this country; it protects and nurtures the problem ... that is, [many wealthy people] the bankers.

Now the Government has taken away my car. How do I get to work or to the doctors? It will take my medical card when it's due for renewal early next year. Would it like my life too? Is there no man or woman out there that can help the vulnerable, that can walk or talk on behalf of those of us who can't? It's despairing to watch the disabled being targeted again. Are we never in our lifetimes going to see real equality where the wealthy pay as much as the poor?

[This is where she mentions the Minister of State] Kathleen Lynch does not represent the disabled. We don't want 'agony' and 'pity'; we want equal life opportunity. 'Agonising' in the Dail from a minister for disability is inappropriate and inadequate and does not serve the vulnerable. A productive minister would have their replacement policy ready to announce.

My colleague, Deputy Catherine Murphy, has also raised a number of important issues and I am sure she will deal with them later. One is that the prolonged periods spent on waiting lists for vital services such as occupational therapy, speech and language therapy and psychological services by children and young adults has a profound impact on the educational attainment of those in need of those services. Another is the extreme disparity from area to area. I happen to live in an area where down the road there is an excellent disability service but there are many in different parts of the city and country who do not have access to these services.

It is important to point out in this debate that there are examples of good practice in the disability. I commend all the staff who have taken the salary cuts and yet continue to work long hours. I am aware of one service that took a reduction of €10 million over three years. They have taken the hits and still do their job to the best professional standards. I use this opportunity to commend them.

I urge the Government to listen to my colleagues' points. The Independent Deputies in Dáil Éireann are standing and fighting for those with a disability.

Acting Chairman (Deputy Thomas P. Broughan): To check in regard to Standing Orders, did Deputy Finian McGrath have the permission of the writer of the letter that he read into the record?

Deputy Finian McGrath: Yes.

Deputy Maureen O'Sullivan: Ba mhaith liom comhghairdeas a dhéanamh leis an Teachta Finian McGrath agus gabhaim buíochas leis ar son an obair a dhein sé i gcóir an Gnó Príomháideach seo. Aithníom, chomh maith, an obair a dhein sé thar na blianta ar son lucht míchumais. Credit is due to Deputy Finian McGrath for this Private Members' motion. There is a need for recognition of him as being a voice for those with disabilities, both in his time on Dublin City Council and also in the Dáil.

One of the most shameful moments that I experienced in my few years here was some months ago when persons with disabilities, in their wheelchairs, including some past pupils of mine from St. Mary's Baldoyle, took part in a protest outside the Dáil. It was an overnight protest to highlight their situation and the implications of the threatened cuts. I must ask what kind of society are we that any consideration or any thought would go to making life more difficult for those with disabilities. We know we are living in challenging times but those challenges are really compounded for those with disabilities. They have so many additional challenges and those challenges extend to their families and their loved ones.

My first point is that we do not define a person by the disability and we must be careful when we discuss disability. There is such a wide range of areas, covering physical, mental, intellectual, environmental, social and medical. We only see the word as an umbrella term for impairments, activity limitations or participation restrictions. It is vital that we look at the person rather than the disability and equally vital that somebody with a disability is not precluded from taking as full and active a role in society as is possible.

It has been a bad time, particularly recently, for those with disabilities, both mental and physical. It comes from those additional stresses and strains caused by insensitive and, I believe, immoral and unethical, measures taken with regard to personal assistant hours, home help hours, mobility allowance, etc. On purely economic terms, the supports provided by families and carers are much less than if the person was in full-time nursing care and the cost of provid-

20 March 2013

ing support for persons with disabilities in order that they can be cared for at home in so far as is practicable is minimal in comparison.

Recently I spoke on a Topical Issue matter. The Minister of State, Deputy Kathleen Lynch, was not able to take it but another Minister did. I quoted UN Special Rapporteur on Torture and Cruel, Inhuman and Degrading Treatment or Punishment, Mr. Juan Méndez, when looking at abuses in healthcare settings, within the UN Convention on the Rights of Persons with Disabilities and Committee on the Rights of Persons with Disabilities. He made the point that community living, with support, is no longer a favourable policy development but an international recognised right. In that regard, there are implications for us as a society.

On mental health, Mr. Méndez, in his report, called for the revision of legal provisions which currently permit detention on mental health grounds in mental health facilities and allow coercive interventions and treatments in those settings without the free and informed consent of the person concerned. The Minister of State and I both remember the late Mr. John McCarthy when it comes to these kind of issues. The report also calls for a ban on forced or non-consensual medical interventions for persons with a disability, such as electric-shock treatment, mind-altering drugs, restraint and solitary confinement. In the reply to the matter I raised the Minister of State indicated the report was being looked at.

When it comes to decision-making, as Amnesty International set out in a submission, the ability to make decisions is something that most of us take for granted but there are those whose ability to make decisions is taken from them. There is our archaic wards-of-court system, the Lunacy Regulation Act 1871 and the Electoral Act 1992. No doubt there is discrimination against disability, in particular, those with mental health issues and intellectual disabilities, and that is in our legislation. Those with mental health issues and intellectual disabilities have their decision-making capacity compromised in areas of finance, banking, healthcare, social welfare, education and family law, and in practically every other area where decision-making is required. It is time that we as a country mainstreams decision-making in all legislation as a human right guaranteed to everyone and not the particular few. We must prioritise bringing in that capacity legislation in line with the Convention on the Rights of Persons with Disabilities as per the programme for Government so that there would be a system of supported decision-making that upholds the autonomy of everyone.

The motion calls on the Government to treat all citizens in a fair and equitable manner. I spoke at the opening of the Constitutional Convention and I want to reiterate a point I made there regarding the areas not covered under the remit of the eight sessions of the convention. One of those is protecting the rights of persons with disabilities. I hope that will be a priority area for the Constitutional Convention at the end when the eight are discussed and it can make recommendations.

We know the effect of the cuts and the austerity measures on the healthy population and it is far worse for those with a disability. In a civilised and humane society, people with disabilities should be sacrosanct when it comes to budgets. Their lives should not be made any worse, in particular in those weeks coming up to the budget when they have the added strain of kite flying about what might be cut for them, which is immoral. The cutbacks take no account of those aspects of the person's quality of life. For example, a person with a physical disability has greater needs for home heating than an able-bodied person who has mobility and can move around and keep himself or herself warm. Dublin City Council is waiting for funding from the Department of the Environment, Community and Local Government which it will use for adap-

tations to homes for people with a disability. A lady in Dublin Central, who is an amputee, is in her third year of waiting for an adaptation. The toilet and shower are upstairs in a three storey house. The stairs were built in such a way that they cannot accommodate a chair lift. That she has been waiting for three years is simply wrong and is an example of a person with a disability not being treated fairly.

Deputy Finian McGrath's motion recognises work of the voluntary organisations which have seen their budgets cut by as much as 25%. If they are under severe financial pressure, it will impact on the services they are providing for people with disabilities. St. Michael's House provides services for those with intellectual disabilities. Despite the moratorium on recruitment, the budget cuts and the reduction in staff numbers, all of which are having considerable impact, those at St. Michael's House have continued to expand and develop the services provided there. Those staff are coping with an increase in the number of people who use their day services and receive residential services. Great credit is due to the staff at St Michael's House in respect of the way they continue to deliver high quality services. The major challenge for them now is that St. Michael's House has the largest waiting list for residential care in the country. Disturbingly, 240 of the parents who have sons and daughters with an intellectual disability are over 70 years of age and more than half of them are facing very serious difficulties.

The motion states "according to Census 2011, 13% of the population is coping with a disability". Those are manageable numbers that could be dealt with. The UN Convention on the Rights of Persons with Disabilities states that countries must remove the barriers that prevent participation and inclusion in society. Cuts to funding for those with disabilities are creating further barriers. The capacity legislation needs to be enacted to ensure the rights of people with disabilities are protected and there is a need to update.

As part of Ireland's Presidency of the European Union Council and membership of the UN Human Rights Council, Irish Aid should promote and ensure the rights of people with disabilities in developing countries also, particularly in times of environmental crisis and civil unrest. The motion basically calls on the Government to keep the promises it made in the programme for Government for people with disabilities.

Deputy Catherine Murphy: I thank Deputy Finian McGrath for tabling this Private Members' motion. I wish to address the Government's amendment to the motion. It refers to the greater participation in employment by people with disabilities. With 450,000 people unemployed, we know it is a very difficult and overcrowded jobs market. The sole function of the Kildare Coalition of Supported Employment Limited is to find work and support people with disabilities in employment. It has been in operation since 2000-01, and up to 2011-12 responsibility for the national supported employment programme lay with the Department of Jobs, Enterprise and Innovation. Responsibility has been transferred to the Department of Social Protection, but the transition has not been without very significant difficulties. The employability services across the country continue to deliver the services, even with those difficulties. However, they have certain very practical problems, including the delay in issuing contracts. Last year some of the contracts were not issued until October. Monthly payments that are paid in arrears have been so delayed that in many cases they had to get overdraft facilities, even though the Department of Social Protection do not allow them to get such facilities. They could not pay Revenue on time and ended up having to pay penalties, which is shocking.

More than 3,000 people with a disability are availing of the service nationally and several thousand other people are now in employment as a result of the programme. The difficulties

being experienced threaten the programme and the support given to people with disabilities to secure and maintain employment. Staff may need to be put on protective notice and members of the boards of directors are not fulfilling their legal role as members of the company. Is it bureaucracy or a shift in policy? If it is bureaucracy, can it please be sorted out? It is putting at risk a service for very vulnerable people. It is not acceptable that a transfer from one Department to another should present such problems.

The Government amendment “welcomes the total commitment of €1.5 billion this year on health and personal social services for people with disabilities”. It is framed in a way that gives the impression that it is an increase, whereas we know that is not the case. We know about the domiciliary care allowance problems last year, the respite care cuts and the changes to the mobility allowance. Even the most basic of front-line services have been cut. For example, home help hours were cut for a second time last year, including 500,000 hours cut in the final two months of last year. That service has become considerably more robotic. The carer gets ten minutes to dress a person and 15 minutes to give a shower. If somebody needs to be dressed and needs to be supervised when having a shower, how can he or she possibly get out to the shops, cook a meal and function safely on those kinds of hours? This must be seen as a front-line service to keep people in their homes and independent for as long as possible.

Private companies, including, for example, Comfort Keepers, are given tax relief. In 2007-08, the amount that company got from the Government was approximately €1 million, and in 2011, it was approximately €3.7 million. Those who can afford to get private companies to provide services are getting tax relief from Government. How can that be right when we are cutting services to people who are very vulnerable?

I accept the Government faced a legal problem in how the mobility allowance was to be provided. However, the way it was handled was the problem, with people not having certainty before it was cut. Even now the ring-fencing of the €10.6 million is happening alongside a review of the rural transport scheme. Some of that will go to the local authorities, but they do not want it. Without the local input it is impossible to tailor that kind of local transport system. In rural areas or even in urban areas where the bus fleet cannot accommodate wheelchairs, it will be almost impossible to deliver a service to people in the timeframe being mentioned. I question whether that will be the kind of service that will meet the needs of those who formerly had that grant.

The “additional funding of €4 million to help address the service needs of school-leavers in 2013” is additional over what was provided in 2012, but not over what was provided in 2011 or 2010 because there was a complete cut in 2012. The way the Government amendment is presented is fundamentally dishonest. The HSE had to meet those needs out of its own budget.

This afternoon I raised the issue of therapy services. The Minister of State, Deputy White, told me that the €20 million would be ring-fenced and would be spent. The longer we go into the year, the more that €20 million is at risk. I am not convinced there is not a risk to it because there was no risk to it last year until it disappeared into thin air. Once we reach the second half of the year, everybody is scratching around their budgets to see where they can get money. If the people budgeted for are not employed, then it gives the HSE an argument. New university courses were added in addition to the TCD course to ensure we had enough speech and language therapists. There is no shortage of people to take up these jobs. However, there is a postcode lottery in terms of the services available.

8 o'clock

For example, there is no community-based adult speech and language therapy service in the Kildare-west Wicklow area, which means any person over 18 years who has an impairment receives no service whatsoever. There is no list to which a child with occupational therapy needs who has left primary school can be added. Yesterday, I met a parent of a child with Asperger's, dyspraxia and a morbid mood disorder. There is no service available to that child. A young child on a waiting list for two years for speech and language therapy on reaching the top of that list is given six weeks' therapy on a once weekly basis. This means that a child with communication, eating, drinking or swallowing needs receives the same amount of therapy as a child with a significant developmental delay or disorder. A child who requires further therapy is returned to the bottom of the list and could be years waiting for a further six weeks' therapy.

I am constantly told by parents that there is no service available to their children. These children are not even counted in the system. For example, Beechpark services which offers support services to schools with special classes for children with autism and Asperger's is not taking on new schools because it does not have the staff required to provide the additional service. I hope that these therapists will come on stream quickly.

In my view, there is a system failure in terms of the design of services. I referred to this issue during the debate on the Health Service Executive (Governance) Bill 2012. Unless we address this issue and have an equality of service across the country we are on a hiding to nothing and will always have system failure.

Deputy Finian McGrath: Hear, hear.

Deputy Shane Ross: I join in congratulating Deputy Finian McGrath for once again bringing to our notice the plight of people with disabilities, the continuous neglect of them by Government and its willingness to inflict cutbacks on them.

I was struck by Deputy Murphy's reference to the figure of €20 million in the context of the cutback in this area. The disproportionate chaos and misery caused by cutbacks of this amount is difficult to understand. The sum of €20 million in terms of the overall budget is very little. To a project which aids the disabled, a group of disabled people or voluntary organisation, €20 million is an enormous amount. In terms of the public purse, it is a tiny amount. I am continually surprised by the willingness of this Government to cut back in the disabilities sector when plenty of slack remains in the public purse. For example, it costs €20 million per week to run FÁS. The waste in FÁS is unfathomable yet the Government is still prepared to regard it as a political sacred cow-political protectorate, to appoint people to its board and to pay €20 million per week to subsidise it. There is masses of money to be saved in not giving favoured directorships in semi-State bodies and agencies and other areas of public patronage. They have not been cut back, and where they have, they have been cut to an absolute minimum yet the Government is continually prepared to impose cuts on mobility allowances, respite care and so on. It is staggering that it does so while continuing to promote other areas of naked political patronage which are undoubtedly doing little for the public good.

We must ask the reason this is happening and why it is continually left to the Opposition to be the voice of the disabled. Deputy Finian McGrath and a few others aside, the disabled have few voices in this House. This is partly because acknowledgement of disability is only still coming out of the dark ages. When I was young, autism was not a big problem because people

20 March 2013

would not acknowledge it was a problem. I do not believe Asperger's was even spoken of and dyslexia was pretty well ignored. All of these disabilities are now in the public arena thanks to Deputy Finian McGrath and others. We have come out of the dark ages in that way. However, we have not done enough for the disabled.

Deputy Maureen O'Sullivan mentioned that she was particularly surprised by a demonstration by people in wheelchairs outside this House. It should not take, as it did some weeks ago, an extremely vivid demonstration by people in wheelchairs in front of this House and Government Buildings in full view of the cameras to move Government some way down the road to helping people with disabilities. Government did move as a result of that demonstration and media exposure of the heartlessness of what it was doing. It did move because of the imagery of that demonstration. While it is good that it moved, why in the name of God did it in the first instance inflict these cuts on people who undoubtedly had no strong voice within Government to represent them? The disabled are soft targets. It should not take an all night vigil by people with disabilities to change the Government's mind.

There is in the Government philosophy behind this proposal a type of silent acceptance that everybody must take their share of cuts. I do not understand why people who were born with a disadvantage should take a share of cuts: they have already taken their share of cuts. I have no conception of the reason parliamentarians have not given an in-built and rights based voice to the disabled in these Houses. The Seanad, which has heard representations from voices of all types of different organisations and interests, has never given *ex officio* the right to the disabled to have a voice there. Representation of the disabled in the Seanad would have been an extraordinarily suitable gesture. Also, it should be provided in the Constitution that a particular percentage of the budget every year be put to one side for the disabled so that governments do not have the discretion to pick on this easy target, as they do from time to time. The Government should not have the ability to make cuts in this sector and should be tied to having to give a particular amount to people who cannot help themselves. This would provide the disabled with constitutional protection financially on an annual basis.

For some time, there has been in place a target for aid to under-developed countries, although it is not one to which we have adhered as it is not a constitutional issue. The idea that we should aim to give a percentage of our budget to the Third World and not be prepared to give the same percentage to people here who are disabled is totally and utterly unacceptable, particularly at a time when Government is prepared, as mentioned earlier by other speakers, to throw its weight behind paying vast sums to bankers in State banks who do not deserve it. A cutback in the amount paid by the State to the directors of State banks would make a direct difference to the disabled. In the light of the announcements this morning and yesterday about vast payments going to bankers, I ask the Minister of State to pledge on behalf of the Government to vote against any increases in bankers' pay at Bank of Ireland, as the Government has the power to do, and pledge to give this money to the less well off, in particular those who are disabled.

An Ceann Comhairle: I call the Minister of State at the Department of Health, Deputy Kathleen Lynch, who is sharing time with Deputies Jerry Buttimer and Derek Nolan.

Minister of State at the Department of Health (Deputy Kathleen Lynch): I move amendment No. 1:

To delete all words after "Dáil Éireann" and substitute the following:

“recognises the Government’s commitments to people with a disability in the Programme for Government, including greater participation in employment, training and education with a revitalised National Disability Strategy;

notes the considerable efforts to reform existing legislation to bring it into line with international standards and good practice;

welcomes the total commitment of €1.5 billion this year on health and personal social services for people with disabilities;

acknowledges that the Government has honoured its commitment to maintain the rates of core weekly social welfare payments to recipients, including people with disabilities;

notes the position of the Ombudsman with regard to the legal status of the mobility allowance and the motorised transport grant;

acknowledges the Government’s commitment to:

— finding a solution to the issues identified, involving representatives of people with disabilities, relevant Government Departments and agencies; and

— protecting the €10.6 million allocated to the schemes, which will be reinvested in total in solutions to address priority mobility and the transport needs of people with disabilities;

supports the commitment to maintaining personal assistant services for people with disabilities this year at a level consistent to that provided in 2012 and the additional funding of €4 million to help address the service needs of school leavers in 2013;

welcomes the recent publication of the National Implementation Framework for the Value for Money and Policy Review of Disability Services, which provides an overarching framework for the implementation of recommendations to ultimately move to individualised funding for disability services, in order to provide greater choice and control for people with disabilities; and

notes the Government’s commitment to introduce National Standards for Residential Centres for People with Disabilities in 2013.”

The HSE national service plan for 2013 reflects the priorities of the Government and the significant programme of reform being undertaken, in the context of significant funding challenges. It is timely to remind the House of the significant levels of specialist services provided for people with disabilities. Personally I believe we have moved away from language such as “disabled”. The Government provides funding of €1.5 billion to the disability services programme. We are committed to protecting front-line services, and the HSE is seeking to maximise the provision of services within available resources. In 2013 the following specialist services will be provided: residential services to more than 9,000 people; day services to more than 22,000 people; respite residential support for more than 7,500 people; and 1.68 million hours of personal assistant and home support hours.

A total of 700 school leavers will require services in 2013, and this will continue to present a challenge. Last year the HSE and the voluntary service providers rose to meet this challenge

without additional funding and I would like to acknowledge the efforts they made in this regard. Organisations such as St. Michael's House stepped up to the plate to provide a service with no additional funding. For years previously, significant additional funding was provided but it was used on a year by year basis with no substantial sustainable service being put in place to meet future needs. This is the challenge for all of us. In 2013 an additional €4 million has been allocated to provide training places and day services for school leavers. This is outside of the €1.5 billion funding referred to.

A major commitment in the programme for Government is to ensure we get the best outcome for people with disabilities from the resources we put into the health sector. I recently published the national implementation framework for the value for money and policy review of disability services. The review recommends a significant restructuring through migration towards a model of person-centred, individually chosen supports and implementation of a more effective method of assessing need, allocating resources and monitoring resource use. Choice and control will therefore shift to where it rightfully belongs, with the individual and his or her family.

The Government recognises the importance of strengthening cross-sectoral collaboration with regard to disability. In the case of children with disabilities, responsibility spans a number of Government Departments, including Health, Education and Skills and Children and Youth Affairs. It is vital these Departments co-operate on a regular basis to ensure their services are as integrated as possible and targeted to the areas of greatest need. A dedicated cross-sectoral team, comprising representatives from these three Departments and the Health Service Executive, plays a key role in this regard. These Departments are collaborating on children's disability issues, including autism.

Many organisations provide excellent support and interventions for children with a disability and their families. However, they have developed independently and were often established to serve one specific group of children only, resulting in a wide variation in the services available. I take very much on board what Deputy Catherine Murphy said. Some areas have very good services while other areas have quite poor services. We can speak about this later.

To increase the level of consistency and standardisation in the way early intervention services and services for school-aged children with disabilities are delivered, the HSE is engaged in a reconfiguration of existing therapy resources. This aims to achieve a unified approach which will result in a clear pathway for all children to the services they need regardless of where they live, what school they go to or the nature of their disability or developmental delay. While the programme supports the principle of providing access to mainstream education, it also recognises the continuing role of special schools. Significant progress has been made since the programme was established in 2010.

The Government and I are committed to ensuring vulnerable people with disabilities in residential services are safeguarded and protected, and that their quality of life is enhanced. The programme for Government includes a specific commitment to put these standards on a statutory footing and ensure the services are inspected by HIQA. I expect the standards will be approved and published in the coming weeks. Work on the regulations required to bring the standards into law is under way while further discussions are taking place on the resources and staffing required by HIQA from 2013 onwards. It is anticipated that the new registration and inspection regime will commence in the third quarter of this year.

The HSE's report, *Time to Move on from Congregated Settings*, proposes a new model of support where people will move to housing in ordinary communities, provided mainly by housing authorities. They will have the same entitlement to mainstream community health and social services as any other citizen, along with specialised and hospital services based on an individual assessment, to help them to live independently as part of their local community. The HSE also supports a number of initiatives throughout the country to expedite moving people from institutions. The not-for-profit organisation Genio supports the move of up to 170 people to more appropriate settings through projects which commenced in 2011 and 2012.

The Department, together with the Department of the Environment, Community and Local Government, has developed a housing strategy for people with disabilities. We are working closely together to ensure that at a strategic level those who are currently in institutional or congregated settings will be eligible to be assessed for access to appropriate housing. The joint departmental approach aims to develop proposals on how a housing strategy can contribute to the implementation of a deinstitutionalisation programme, in parallel with the planned implementation of the congregated settings report. In 2013 initial funding of €1 million was given to the Department of the Environment, Community and Local Government to support progress on the transitioning programme. The funding has been ringfenced to meet the housing needs of people leaving institutions in 2013 and will enable housing authorities to provide up to 150 new homes in the community for people with disabilities.

The Government is very conscious of the needs of people with a disability who require mobility and transport supports, and we are also conscious of the position of the Ombudsman on equality issues regarding the mobility allowance and the motorised transport grant schemes. A special review group has been established to seek an alternative method to provide for the needs of people in a manner that does not run counter to equality legislation. The initial phase of the group's work will concentrate on issues regarding the mobility allowance and the motorised transport grant. The results of the review will be presented to the Government before any final decisions are made on future arrangements. The payment of mobility allowance will continue for a period of four months for existing recipients and the funding of €10.6 million remains committed to meeting the priority transport needs of people with a disability.

In so far as such supports are concerned, the primary focus in budget 2013, as it was in budget 2012, is to maintain the level of weekly primary social welfare payments. Expenditure on social welfare payments and services reached approximately €20.8 billion in 2012 and expenditure in 2013 is expected to be approximately €20.26 billion. Maintaining rates for all core weekly payments represents a real achievement and demonstrates the Government's commitment to protecting those who are most in need of the support of the Department of Social Protection, including in particular people with disabilities. The Government's commitment to supporting people with disabilities is also reflected in measures which enable those who are able to secure employment to participate in the labour market. The partial capacity benefit scheme was introduced in 2012 and recognises that some claimants can be facilitated in taking up employment opportunities while continuing to receive income support from the State. In addition, with the support of the European Social Fund, the Department is investing more than €7 million under the disability activation project between now and 2015. Some 14 separate projects are being funded within the Border, midlands and west region, which aim to create enhanced linkages between employers and people with disabilities, and which will better enable the untapped potential of people with disabilities to flourish.

On coming into office, this Government made a firm commitment in the programme for

national recovery to introduce a mental capacity Bill that is in line with the UN Convention on the Rights of Persons with Disabilities. The enactment of new capacity legislation is one of the core elements of the remaining work to be completed before we can ratify the convention. Consultations on reform of the law in this area were initiated by the Law Reform Commission which published its report on vulnerable adults and the law in 2006. The report's recommendations informed to a great extent the scheme of the mental capacity Bill as published in 2008.

Work is being completed to properly align the provisions of the Bill with the principles contained in the UN convention on supporting people with impaired capacity in making decisions and exercising their basic rights. The amended title of the Bill, the assisted decision-making (capacity) Bill, which I think everyone will agree is a much better title, reflects this approach. The guiding principles in the Bill reflect convention principles of respecting the dignity and autonomy of each individual person, including the presumption of capacity unless the contrary is established, and the freedom to make his or her own choices. Drafting of the Bill is being finalised with a view to meeting the commitment in the Government legislation programme which indicates that the Bill is expected to be published in the current session.

The intention is that the assisted decision-making (capacity) Bill will specifically support the right of all persons to equal recognition before the law, as set out in the UN Convention on the Rights of Persons with Disabilities. The Bill will reform the law in respect of adults who are vulnerable in that they lack some or all mental capacity to make important decisions for themselves. It will also provide a legal framework to support such persons in fully exercising their decision-making capacity. It will modernise the law on capacity and bring Irish capacity legislation into line with current thinking and modern legislative frameworks worldwide.

The Bill proposes replacement of the wards of court system with a modern statutory framework to support persons with impaired decision-making ability. The wards of court system is regarded as unsuited to modern conditions and incapable of coping with projected demographic growth and increased need for the management of the affairs of persons who lack capacity. The terminology and concepts used in the existing legislation of 1871 are inappropriate to the modern understanding of mental illness and capacity.

The national disability strategy was launched in September 2004 and its implementation continues to be the focus of Government policy for the sector. However, a specific implementation plan for the strategy had not previously been developed. The Government is now addressing this. I have established and I am chairing a national disability strategy group to develop an implementation plan for progressing the national disability strategy in line with the commitment in the programme for Government. This new group maintains the cross-departmental focus and is also strong on collaboration with stakeholders.

Deputy Finian McGrath said that we should listen to people with disabilities, and we are doing so. We are listening to them at the centre of Government. Discussions are ongoing between the disability stakeholders group, DSG, and Departments in an effort to reach agreement on the suite of actions contained in the plan. I am pleased to inform the House that one of the main aims of the implementation plan is engagement with the disability sector and building on the traditional problem-solving and constructive approach of the community and voluntary sector to make progress to achieve our common interests.

More targeted, innovative and flexible services, designed and delivered on the basis of the evidence drawn from systematic evaluation, will help to ensure available resources are used to

deliver services that meet the needs of the community as efficiently and effectively as possible. A broad representation of disability organisations and individuals is included on the national disability strategy interdepartmental group, NDSIG. It also includes a representative from the National Disability Authority, NDA. While acknowledging the current economic climate and diminished resources available across Government, the implementation plan will seek to ensure available resources are used to best effect in ensuring living standards and access to essential services for people with disabilities are maintained.

As an additional means of engagement, I set up a disability forum under the stewardship of the NDA which will operate in a similar manner to the social inclusion forum. It has the specific aim of engagement with individuals as opposed to organisations. People whose lived experience of dealing day to day with disability, either as a person with a disability or a carer for someone with a disability, can be taken on board. In this manner, the voices of people who might be overlooked in a more formal structure are heard and considered.

The first meeting of the disability forum was held in June 2012 and the views expressed at that meeting form part of the considerations of the NDSIG in relation to actions in the implementation plan. The NDA is helping Departments in setting performance indicators and outcomes for the plan's targets. These targets give firm commitments throughout the wide range of Departments, agencies and local government. These targets are tied into timelines and monitored for success or blockages. Where there are blockages, these can be identified early and whatever new approach is required can be put in place. The NDSIG process is also identifying actions which will be required to ensure Ireland will be in compliance with the UN Convention on the Rights of Persons with Disabilities when ratification takes place.

We are not just listening but are also deeply committed to mainstreaming. If people want to be part of society, and we should insist they are, then we should give them all the supports we can. We should get away from the segregated thinking that has gone on. We need to listen to people with disabilities, not just organisations and those who purport to represent them.

As regards the lady who wrote to Deputy Finian McGrath, I have never claimed to speak on behalf of people with disabilities. I would not dare to do that. I simply listen and, I hope, put in place policies and actions to ensure their voices are heard in their own right and not through anyone else.

Deputy Jerry Buttimer: I welcome the opportunity to speak on this important motion. I recognise that the issue of disability is both emotive and complex. I accept that at times people who are disabled, their families and those who purport to represent them feel disenfranchised. In addition, they may feel they are the victims of a game of political football and feel badly treated by all of us in this House. In the main, however, my experience of talking to people with disabilities and their families is that they recognise the Government is trying to make a difference. The Government is undertaking a new way of politics regarding disability by putting the person who is disabled first.

We are privileged and fortunate that we have a Minister of State of the calibre of Deputy Kathleen Lynch. She has had a long-standing interest in the disability sector, attending and addressing conferences. In addition, she has visited and spoken and listened to people with disabilities. I want to put that on the record because Members opposite can throw political brickbats but will not give recognition where it is due.

I want to remind Deputy Finian McGrath and Deputy Ross that I have spoken on disability issues both in this House and previously as a Member of the Seanad. I come from a family that is deeply immersed in issues of disability. I am proud to be an advocate for the disabled in this House. Like the Minister of State, I listen to them every day of the week. I understand the frustration and annoyance people feel, but they should not have to feel that way.

While this motion is timely, I had to scratch my head when I read it because I saw nothing positive in it at all. All I saw was negativity and emptiness. In his summation tomorrow night, I challenge Deputy Finian McGrath to come forward with solutions. While it is all fine to be critical and to be giving out, Members opposite should give solutions. They should come forward with their programme, blueprints and workable meaningful solutions. This is the challenge I put forward to Deputy Finian McGrath and his colleagues on the Technical Group benches, wherever they are at present. I do not see them. Deputy McGrath also has an obligation to do this and contrary to the remarks of Deputy Ross, he does not have a unique capacity of understanding and meeting people. I did not need to be told about disability by Deputy McGrath, as I live it every day of the week in my office, in my community and in my city of Cork.

The Government has a duty to treat all the citizens in a way that is fair and equal and this is what the Government will be and is doing. The Government will spend €1.5 billion this year on disability services. I note the complete absence, in the motion before Members tabled by the Technical Group, of a mention of the additional €4 million to provide training places. There is not a line on it, just as there is no mention of the €20.26 billion the State spends on social protection measures. As the Minister of State rightly noted, in budget 2013 the key aim was to protect and maintain the core social welfare payment, which affects and is needed by people with disability and this has been done. There is no easy way, magic formula, fairy godmother or tooth fairy to give us money. In his remarks, Deputy Ross made reference to FÁS. He is driving a clapped-out train and should move off that model. The Government has reformed FÁS and is changing FÁS and while there is a new mode of being there, Deputy Ross does not recognise that. The Government will protect and is protecting the most vulnerable in society.

Much comment has been passed on the issue of the mobility allowance and the motorised transportation grant. In this context, I note the Minister has appeared before the Joint Committee on Health and Children with the Secretary General of the Department. In addition, the Ombudsman has made known her viewpoint and I greatly welcome the establishment of a review group under the chairmanship of Ms Sylda Langford. I hope that sooner rather than later, an alternative model of funding will be put in place. I also greatly welcome that €10.6 million still is available to be given out again and I hope those who require access to public transportation will not be denied it.

Deputy Kathleen Lynch: No.

Deputy Jerry Buttimer: This is an extremely sensitive issue and as one must not discommodate or disempower those who require the Government to assist them, this review group will report back promptly.

Much has been made of the HSE service plan that was announced in recent weeks. If I may, I will make reference to the area of Cork from which I come. I greatly welcome the initiatives included in the HSE's service plan under the heading of disability services. In particular, I again commend the Minister of State on the issue regarding Grove House and how the first group of ten clients are to relocate to what is now termed more appropriate accommodation

with the COPE Foundation. In a collaboration between the HSE and the COPE Foundation, gargantuan change will now occur on behalf of those who require such change to take place, which is to be welcomed. Equally, in the south of Ireland, regional eight-bedded specialised therapeutic services are about to be opened in the Cork and Kerry area. HSE south, in partnership with COPE Foundation, will do something that could not be done by the Government of which Deputy Kelleher was a member but which will be done by the Government. At last, it will open the eight-bedded regional specialised therapeutic service to support adults with intellectual disability, which constitutes progress and change. I will conclude by making a point in the context of the issue of congregated settings. Members must move with care and caution on behalf of those whom they represent because they are aware that moving into a community requires more than just a name on a plate or a door or a line in a report, as it also requires support. However, I commend the Minister of State's amendment and Members should support it.

Deputy Derek Nolan: In common with Deputy Buttimer, I am delighted to have an opportunity to speak on this topic. It is one that is debated regularly in the House and rightly so, because it certainly is extremely important and has an impact on many people's lives. I revert a little to a point made by the Minister of State, which is that when Members talk about people with disabilities, they do so as though they were discussing a country or a generic group of people who all have the same wants, needs, desires, abilities and so on. However, Members actually are discussing a collection of individuals, each with vastly different experiences of life and with different needs. This was brought home to me when I got into this job, in which one meets so many different people from many different walks of life. As Deputy Buttimer observed, the Opposition Members are not alone in meeting people in this country. At one end of the scale, one could have children with profound and severe intellectual and physical disabilities who will spend most of their lives in bed, with a few hours per day out of bed, and who probably will never leave their houses for their entire lives. At the other end of the scale, one may meet another person with a disability with whom one will engage and talk without ever knowing. In other words, the breadth of individuals under discussion is extremely wide. This is the reason I thought the suggestion by Deputy Ross that there should be a Senator for the disabled was such a stupid thing to say. I am sorry to say it in that way but each Member of this House and all Members of the Seanad should be representing people with disabilities and to suggest that one person could represent such a vast array of individuals or that it would be one person's job to be the spokesperson is a nonsense. It betrays a lack of understanding of the degrees and variance of those who have disabilities in this country. Moreover, this does not simply pertain to the individuals themselves. They have family members, carers, brothers, sisters and children and this involves so many different families with such widely differing circumstances that Members really must have a grown-up and informed discourse when discussing the issue of disabilities.

As for the question of resources and so on, Members opposite asked whether it was fair that people with disabilities should be obliged to suffer or whether it was fair that people should want for this or that. No, it is not fair. No Member on this side of the House wants that or considers it to be fair that the country should be on its knees or that there should be a financial crisis. However, they are trying to fix it and to do their best to sort it out. I never tell anyone that the state the country is in at present is fair or right because it is totally unfair. Moreover, people here must pay and are paying for an extremely unfair situation. However, just because something is unfair does not mean one can simply wish it away. One must deal with it and do one's best and try to protect people as best as one can.

I wish to discuss the concept of individuality a little, as individuality links to choice and

choice leads to freedom. This is the subject about which Members should be talking and in fairness to the Minister of State - all credit to her - it is what she has spoken about from the first day since she came into this job, that is, empowering people to live the lives they wish to lead and perceiving them as individuals and as people with different wants and different needs. I remember the Minister of State travelling to Galway to attend an Ability West annual general meeting, at which she spoke about money people might have and the purposes for which they might use it. She referred to little things, such as how people might use it to go to the park for the day or to the cinema or to have a cup of coffee in town. These are the kinds of real activities people do in their lives about which Members should be discussing. If they talk in the abstract about services and so on, they should bear in mind that people with disabilities have lives, wants, needs and aspirations, which is what Members should be servicing. I like the approach towards which the State is moving of person-centred funding, in which the family or the person can decide what he or she wishes. That is what it is all about and when this is done, it will change completely the manner in which such services are provided because when one has choices, one is giving people the option to decide they do not want this or are not happy with that service. They will have the freedom to express their unhappiness with particular services or the manner in which they were treated or the accommodation they were provided and so on. Moreover, standards will improve when people are being reacted to and listened to as individuals. This approach also will solve another major problem, which again has been pointed out by the Minister of State, namely, the scattered approach wherein one can have excellent facilities in some areas but not in others. However, when people have choice and the ability to pick, the services will come to those people because funding will be available to provide it and it will sort out, once and for all, that institutional-centred approach that is in place at present. I acknowledge that getting there is a long way off and one thing I have learned in politics is that change takes time and is slow. One must dismantle what is there at present and put in place a new system, while not hurting those involved in the meantime while going through that transition.

The service providers with whom I deal in Galway on a regular basis include the Brothers of Charity services, based in Renmore but with facilities throughout the county, and Ability West, which does excellent work in community homes and is based in Salthill. While the motion states the disability sectors were targeted, I will provide an example of how I believe the disability sector was protected. I know of and can vouch specifically for the work of the Minister of State in reducing the proposed budget cut for disabilities this year to 1.2%. This was done having listened to service providers in Galway when the Minister of State visited them and having listened to the troubles they were in, the difficulties they faced and so on. This year, the service providers have told me that while it will be challenging, it is something they can manage. This is the kind of engagement that is needed and on which the Minister of State must be commended. However, this movement towards individuality will not be done easily and will require a change in structures. When one is reducing a budget to try to change a structure or making something more efficient or taking money from an area to provide it somewhere else, it is not necessarily a cut. Reform is not always a cut, but people can play on that type of budget change.

This is a very important topic. I commend the Minister on her work. Her speech detailed the actions that have been taken, the resources that have been allocated and some of the positive steps that have been taken.

Deputy Billy Kelleher: I welcome the opportunity to speak on this motion and compliment Deputy Finian McGrath and the other Members of the Technical Group for tabling it.

I do not question anybody's integrity or ability to advocate, campaign on or highlight the issue of disability in this House. In fact, one would think that it should be an obligation and duty for Members to do that, as elected representatives. The idea that one group or party has a franchise in this area is just disingenuous, to say the least. We are talking about disability among a large cohort of our people and every Member of this House has a duty to ensure that they are well represented and protected.

The difficulty, and where I perhaps part company with what has been said by some Members, is that we must ensure we protect the services available for people with disability, older people and others who might not and are not able to advocate for themselves. Clearly, how one would assess and adjudicate on any government or democracy is on how it caters for and allows people to fulfil their full potential during their lives. That, in essence, is what this motion is about. It is about asking the Government to reverse certain cuts that are unacceptable, to ensure that certain provisions are put in place so people with disability can live as independently as possible and to ensure that supports are tailor made for that reason. When one looks at the HSE's disabilities services plan, it is hard to reconcile the words with the actions. As Deputy Keaveney said, acting on *verba* in this case is critical. While we all advocate, what is necessary is substance to that advocacy in terms of delivery of services.

The last two budgets, for example, have been regressive. There is no point in pretending otherwise. Being regressive means that those at the bottom must carry a heavier burden than those at the top. All independent adjudication and commentary, including that of the Economic and Social Research Institute has stated that those two budgets were regressive. That simply means that services to people with low or no incomes are hit hardest, and all the statistical data show that people with disability are largely in that category. We talk about protecting, ring-fencing and ensuring that services and supports are maintained, but the way to adjudicate on that is by assessing what happens on the ground. When one examines the service plan for the HSE nationally, break it down on a regional basis and looks at the wholtime equivalent numbers of staff, one can see quite a large reduction in the area catering for older people and for physical and mental disability. There is no point in pretending this is not the case.

The question that must be asked is whether we can deliver the same service with fewer people at the front line. At a certain time one reaches a tipping point, and I believe we are at that tipping point. We simply do not have the resources in terms of personnel to deliver front-line services to the people who need them most. The national disability strategy is very clear, as are all the other strategies that have been published in recent years, in terms of tailor-making a suite of services for the individual needs of the physically and intellectually disabled and of older people. Those supports must be put in place. However, if one looks at the budgets that have been provided and the level of services committed to in the service plans, it is clear there will be a reduction. That is not just me saying it but also the HSE. It has stated that there will be a cut to services. It stated as much in the last service plan as well. No matter what way it does its work there will be a cut, because the efficiencies expected by the Government will simply not accrue. If the efficiencies do not accrue, the *quid pro quo* is cuts to services. Otherwise, a supplementary budget would be sought at the end of this year.

Last year, when there were pressures on the health budget, the first services that were cut were special personal assistants, home help hours and other services for disability. While we all advocate and highlight, as is our duty, the fact of the matter is that what is voted on in this Dáil and what happens on the ground are sometimes at variance. No group that advocates for, represents or works with people with disabilities says the services have improved. They patently

have not improved. At best they have stagnated and in many cases they are worse.

When we debate these issues it is important that we are honest and robust in highlighting our perspective of where services and supports are deficient. Equally, however, we must be objective in how we go about ensuring a better delivery of services. Clearly, that must be done in the context of the policies of the various parties. In the meantime, people with disabilities and older people cannot wait forever and a day for verbal commitments from the Government to be translated into action through services. That is why this motion is important. It highlights and keeps a focus on the Government's policies and actions.

Elsewhere, one can look through the service plan and how it goes about the delivery of the national disability strategy. It is of huge importance that there is an implementation process in place. The same applies to A Vision for Change, if we intend to be serious. For a long time there has been a debate about the ring-fencing of €35 million for mental health. There is no doubt it was not available last year but let us hope it will be this year. The prospects so far are positive in the sense that the recruitment has taken place. However, last year that budget was snaffled and put into the central budget. There is no point in saying otherwise or in denying it. It clearly happened. We must ensure that the HSE, which is the main service provider, will have the flexibility to ensure that if there is a deficiency in savings, cost realisations or income streams, the first people to be hit again next September will not be those who need personal assistants, special needs assistance and learning supports. People who need supports should not be the people who are affected first.

I commend the motion. It keeps to the fore the accountability of the Government for the provision of funding for services for disability.

Deputy Éamon Ó Cuív: I compliment the Technical Group for tabling this motion. I do not believe we can discuss disability issues too frequently in the Dáil.

There are hard choices to be made when money is scarce. The idea that we should throw endless money at a problem is a fallacy. However, there are things we could tackle and things we could do better. I believe the Minister of State, Deputy Kathleen Lynch, is genuine in her concern, so I will put forward a number of ideas that could be taken on board and point to where I believe things have gone wrong.

The first thing we must do is ensure that the primary care budget, from which disability money is provided, is totally immune from any overspend in the hospital sector affecting that budget once it has been decided for the year. Time and again over many years, the hospitals have overspent and the hand is put out to the primary care budget. People involved in primary care tell me that is exactly what happens. When the hand goes to primary care, one cannot get rid of all one's fixed overheads half way through the year.

I will now address home help hours and all the other areas where it is easy to make a cut. In using the word "easy", what I mean is that one can make adjustments because the people in question do not have permanent, long-term contracts. When the most vulnerable sectors are cut, it always impacts on the disability sector. At one stage, I suggested to my colleagues that we should have two separate Departments of Health, one for hospitals and one for primary care, as this would prevent the perennial robbing of the primary care side to fund the overspend in hospitals.

The mobility aid fiasco did not arise overnight or without warning but is indicative of the

lack of urgency that bedevils the system. Whereas everyone knows there is a problem, one cannot get the system to deal with it or provide a viable answer. The result is that one hits a wall which, in the case of mobility aid, meant the Government pulled the payment. Some have argued that we should issue people aged in their 30s, 40s and 50s free bus tickets in lieu of mobility payments. Such arrangements are not a substitute for cash payments because the mobility payment provided a flexibility that other arrangements cannot provide.

On the issue of social welfare reform, as Minister for Social Protection I was criticised for cutting the disability allowance. I explained the dilemma I faced in my contribution on the relevant budget. The reason I had to cut disability allowance and invalidity pension was that the number of recipients of these schemes was so high that failure to reduce the two payments would have prevented me from achieving a raft of savings and resulted in migration between schemes. I stated that I was working on a concept to which the Department was strongly wedded that would have categorised recipients of the invalidity pension and disability allowance as profoundly, moderately and mildly disabled. This proposal offered many advantages. For example, the creation of a mild category with a payment set at a level similar to payments for the unemployed would eliminate the temptation to secure a disability rather than unemployment payment. One could then shield people with profound or moderate disabilities because the numbers in these two categories would be small and one could target available moneys at people with more significant disabilities. If we are not willing to make these types of decisions, the numbers involved will be so large that the Minister will not have any room for manoeuvre when faced with budgetary pressure.

As I stated, one also must face up to the migration issue at the margins. We all know from our constituency clinics that people just about manage to get over the line to qualify for a disability payment. Such individuals are much different from people who cannot walk, talk or do anything for themselves, but the system does not recognise this distinction. The model I proposed was being developed and is evident in the partial capacity benefit, about which I hear very little. The model I proposed should be implemented now.

I would prefer to take €1 from everybody than take the Government's approach of writing to everybody on invalidity pension and domiciliary care allowance informing them that their entitlement is being reviewed. Large numbers of people have had their payments withdrawn. Most of them appeal the decision and in 90% of cases they win their appeals by presenting overwhelming evidence. The sudden withdrawal of a payment from people who have depended on payments for years is causing serious worry. This issue needs to be addressed. In cases where people have a payment reinstated on appeal, they should be classified in the manner I outlined in order that we can protect them forever and a day, except at the margins.

Disability allowance should not be paid to children. As Minister, I intended to switch this payment to a domiciliary care payment because I considered it wrong to give a disability allowance payment of €188 to a teenager. I planned to hermetically seal this money in the domiciliary care allowance budget. It would have been paid directly to parents because no one under the age of 18 years should receive a direct payment of that magnitude from the State. This argument was made to me by many parents of children with disabilities when I was Minister. I would have decreased the payment for 16 year olds and allocated the money saved to early intervention. In other words, I would have maintained the budget and allocated savings to three and four year olds. By providing additional money to parents, one allows them to pay for early interventions that would have long-term benefits for children. As I indicated, I do not agree with giving any substantial payments directly to young people under 18 years. The payment

should be made to parents rather than children.

Deputy Sandra McLellan: I welcome the opportunity to speak on this issue. In many respects, this is an issue unlike any other in that it highlights the extraordinary lengths to which the Government is willing to go to appease its European masters. What rationale would see differently abled people and the State supports that allow them to live with dignity as fair game when it comes to Government cutbacks?

Unfortunately, the facts speak for themselves. As a result of Government policy, disabled people are now more at risk of falling into consistent poverty than they were two years ago. I am not suggesting this diverse group ever had things easy to begin with. The 2011 census shows that of the 13% of people with a disability, more than 16% of those aged between 15 to 49 years had not completed a level of education higher than primary school. In the general population, the comparable figure is 5%. In the area of employment only 30% of people with a disability are active in the labour force compared to 61.9% of the overall population. Even more startling is that according to census figures just under 200,000 people or 4.1% of the population were providing unpaid assistance to others in 2011. Of these, 61% were women and, even more shocking, 2.3% were children under the age of 15 years.

I have no wish to engage in a bleeding heart rant about all the different areas of society where disabled people are under-represented or excluded. Suffice to say that on all the key indicators, including education and employment, people with a disability experience higher levels of exclusion than those in the general population. Furthermore, when it comes to accessing health care and housing, all the evidence suggests further exclusion and discrimination.

Differently abled people are not some special species. They are Irish citizens who have, in theory at least, the same rights and responsibilities as the rest of us. However, if one happens to have a disability or one is the parent or sibling of a disabled child or adult, the future is bleak. It does not have to be like this because the Government could, if it so wished, exercise its power to change this dreadful situation.

The figures I cited are all taken from the 2011 census. Since then, the Government has slashed home help hours and reduced by an estimated 25% funding to many of the voluntary organisations that work with disabled people and their families. As if to symbolically tear up its programme for Government, it also scrapped the mobility allowance recently. While we should never confuse ethics with politics as they are distinctly different fields, as elected representatives, we have nevertheless a duty to ask why someone would defend such draconian and downright cruel policy decisions.

In my constituency of Cork East I know of one 40 year old man who has worked in sheltered employment for the past 22 years. The individual in question, who has cerebral palsy, lives with his elderly mother and going to work is the highlight of his week. Outside of his mother, it provides him with his only other source of social interaction. He was in receipt of €50 a week towards the cost of a taxi which took him to and from work. In total, the fare came to €100, with the additional €50 coming from his disability allowance. Such was the importance of work to him that he told me he simply had to get to his place of employment. What, one wonders, does the Government expect him to do now that his allowance has been withdrawn? How, in heaven's name, is he supposed to get to work?

Sinn Féin supports the motion and calls on the Government to immediately restore the mo-

Dáil Éireann

bility allowance and give an undertaking that it will, for the duration of its time in office, ring-fence all services for the disabled. People with a disability did not cause the economic crash and they should not be made pay for it with cruel and ill thought out policies.

Debate adjourned.

The Dáil adjourned at 9 p.m. until 10.30 a.m. on Thursday, 21 March 2013.